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Liquor &
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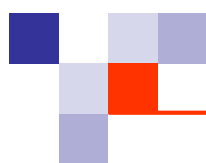
The Impact of Gambling Help Services on problem gambling in NSW

Research report - 2016

The Impact of Gambling Help Services on problem gambling in NSW

Final Report

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Australia's Health P/L

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Acknowledgement

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Table of Contents	
Abbreviations	3
Executive Summary	4
Aim of Research	7
Project Scope	7
Overview of Methodology	8
Background	9
The gambling environment	9
Who participates in gambling?	9
Expenditure on gambling	10
What is problem gambling?	11
Defining problem gambling.....	11
Factors associated with problem gambling	12
Comorbidity with problem gambling	13
How many problem gamblers are there in NSW?	13
Calculating prevalence rates	13
National prevalence	14
NSW prevalence rate.....	14
Who are problem gamblers?	15
What are the consequences of problem gambling?	16
Consequences of Problem Gambling	16
Delays in seeking help	17
Natural recovery without intervention	17
Professional intervention	18
Treatment models.....	21
Modes for service delivery	22
Self-exclusion programs	24
The NSW government’s problem gambling strategy	25
NSW services for the prevention and treatment of problem gambling.	27
Overview of the gambling help services in NSW	28
The Responsible Gambling Fund	28
Figure 1: RGF NSW Gambling Help Services program model	30
Outline of the NSW Gambling Help services.....	31
Methodology	35
Impact evaluation design	35
Data sources	37
Data from RGF	37
Data specific to this Impact Evaluation	39
Data analyses	39
Results	40
RGF CDS data – 2014-15	40
How do clients find out about Face-to-face Counselling service for Problem Gambling?	41
What do clients think of the service they received?.....	42
Gambling Help Online – 2014-15	44
NSW users of Gambling Help Online.....	45
What registered users are seeking from Gambling Help Online.....	45
Profile of registered users of Gambling Help Online	46
Gambling Helpline – 2014-15	47

Numbers of callers	47
Profile of callers to the Gambling Helpline	48
Gambling Help services client follow-up data – 2014-15	48
Losses per week	49
Days per week spent gambling	50
Hours per day thinking about gambling.....	52
Impact evaluation survey data - 2016	53
Client survey.....	54
Gambling Help services survey.....	57
Findings.....	60
What impact are the Gambling Help services having on problem gambling in NSW?	60
The services engage their predicted target group.	60
The combination of different service modes is responsive to the needs of clients.	61
Counselling service hours and locations are accessible and convenient for clients.....	61
Specialised services are engaging communities with specific needs.....	62
The services promote community awareness and access to services.....	62
Gambling Help services are effective in reducing problem gambling by their clients.....	63
Gambling Help service counselling is helping reduce the harms from problem gambling.....	64
Clients report a high level of satisfaction with the quality of services provided.	65
Impact of the Gambling Helpline on problem gambling	65
Impact of Gambling Help Online on problem gambling	66
Impact of the Gambling Help face-to-face services on problem gambling.....	67
What do the Gambling Help services achieve for their funding?	67
NSW costs per service and interstate comparison	68
Strengths and weaknesses of the Gambling Help services overall	70
Strengths	70
Weaknesses.....	70
Strengths and weaknesses of the Gambling Help services in preventing problem gambling.....	71
Strengths	71
Weaknesses.....	71
Strengths and weaknesses of the Gambling Help services in intervening early in the development of gambling problems	73
Strengths	73
Weaknesses.....	75
Strengths and weaknesses of the Gambling Help services in treating problem gambling	76
Strengths	76
Weaknesses.....	77
Strengths and weaknesses of the Gambling Help services in preventing relapse of problem gambling.....	78
Strengths	78
Weaknesses.....	80
Unintended consequences produced by the Gambling Help services	80
What else can the Gambling Help services do to prevent, intervene, treat and prevent the relapse of problem gambling in NSW?	80
References	88

Abbreviations

ABS	Australian Bureau of Statistics
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CATI	Computer Assisted Telephone Inventory
CDS	Client Data Set
CPGI	Canadian Problem Gambling Inventory
EGM	Electronic Gaming Machines
FC	Financial Counselling
GHL	Gambling HelpLine
GHO	Gambling Help Online
GHS	Gambling Help Services
MHS	Medibank Health Solutions
MVSE	Multi Venue Self Exclusion
OLGR	Office of Liquor, Gaming and Racing
PG	Problem Gambling
PGSI	Problem Gambling Severity Index
RGF	Responsible Gambling Fund
SE	Self Exclusion
SOGS	Southern Oaks Gambling Screen
TAB	Totalisator Agency Betting

Executive Summary

In 2015 the NSW Responsible Gambling Fund (RGF) requested an evaluation of the RGF funded Gambling Help services to provide information about the impact the services are having in relation to problem gambling in NSW; what outcomes they are achieving; what is working well and what can be improved. The scope of the evaluation covered 56 problem gambling and financial counselling services and the NSW components of the Gambling Helpline and Gambling Help Online services.

Australia's Health P/L was contracted to undertake the research which was conducted between November 2015 and April 2016. Benchmarks for comparison were derived from a comprehensive literature review, identifying the characteristics of problem gamblers, the impacts of problem gambling, and predicted help service use and treatment outcomes.

Impacts were assessed using quantitative and qualitative data on service and client activity, outputs and outcomes. In addition to data obtained from the RGF Client Data Set, the evaluation received input from 43 counsellors and service managers, including CALD and ATSI specialists, 11 stakeholders and experts, and visited services in metropolitan, regional and rural regions. A written survey of current clients provided 137 responses from 13 Gambling Help services.

The RGF program goal is to reduce gambling related harm in the NSW community. The program uses primary, secondary and tertiary strategies directed to the community, at-risk gamblers and problem gamblers respectively. The Gambling Help services included in this evaluation contribute to each of the three strategies, with the majority of resources directed to secondary and tertiary counselling treatment.

Analysis of 2014-15 utilisation data shows Gambling Help services engaged about 4800 new clients with gambling problems across the three service platforms. This is consistent with the numbers and demographic profile of people with gambling problems in NSW that are predicted to seek help, based on population prevalence estimates.

When returning clients and family members are included, the program provided local counselling services to over 5500 people; and received almost 7000 Helpline calls and 38000 national website visits from NSW residents. The majority of these users met the target group criteria of problem gambling.

Analysis of Gambling Help services' client outcome data demonstrates significant reductions in their gambling frequency and spending, and improvements in psychosocial wellbeing. Most clients surveyed for this evaluation reported they had either partially or completely resolved their gambling problems as a result of the counselling they had received.

There are few barriers to access within the program model. Services are free to the user and responsive to user demand. Clients across all three program components consistently report a high level of satisfaction with the services provided, on a range of measures. The majority are seeking and receive individual counselling which is provided from 276 locations across the State. One in ten counselling sessions are provided outside Monday-Friday

business hours and both services and clients report that this availability is valued by those users.

The Gambling Helpline receives many of its calls out of business hours and from mobile phones, illustrating its role in providing assistance to clients at a time when needed and through the mechanism immediately at hand. A small but growing number of program clients are using online counselling as their primary means of support. This is reported to be useful for those who may not be able to readily use other modes, such as shift workers and fly-in, fly out workers.

Specialised services for culturally diverse (CALD) and Aboriginal communities are provided by Gambling Help services and reported to be both valued and useful. The literature shows there are particular cultural and systemic barriers to access that need to be addressed for these groups and the Gambling Help services we consulted are both aware of these issues and working actively to engage clients who may experience these barriers.

NSW Gambling Help services are principally engaged in secondary and tertiary program strategies, but each program component also contributes to primary prevention. The evaluation shows successful impacts from these activities: sixteen percent of Gambling Help service clients report learning about the services through local awareness activities; while RGF contact information distributed online and in gaming venues are important sources for awareness of and access to the Helpline and Online services.

The principal weaknesses identified in the program are inherently related to the nature of problem gambling. When help seeking occurs, it is often in a crisis; if the client is not effectively engaged at that time, the opportunity to intervene can pass. It was suggested that the Helpline may sometimes miss these opportunities by providing incorrect or inadequate information about NSW services. The second weakness is stigma, which is a significant disincentive to disclosure and help seeking, especially in some CALD communities, and inhibits services' promotion and engagement with target groups.

The only unintended consequence identified in this evaluation was about the promotional message to "gamble responsibly". This was variously described by a number of participants as promoting and endorsing gambling; not providing a normative benchmark against which to measure one's own gambling behaviour; and implying problem gambling is a personal failing, which may both increase personal distress and reinforce shame and stigma.

The primary opportunity identified for the NSW counselling and treatment services by those consulted for this evaluation is for allocation of some resources for regional community development and health promotion workers, specialised in these roles. A second opportunity is promoting more systematic awareness and training about problem gambling among both emerging and practicing professionals and community service providers.

There is also significant potential for further collaborative development and ongoing quality improvement in problem gambling research and training drawing on the skilled resources in the Gambling Help services program. Opportunities include further development of outcome measures, data collection and program key performance indicators; staff training,

including further development of internship programs; and local and State-wide conferences on key topics in the field.

Finally, further research, policy and program development is needed about the emergence of online and sports gambling through internet and phones. All expert advice is that the extensive promotion and uptake of these is potentially developing a new, larger and more difficult to reach cohort of problem gamblers who, consistent with current help seeking patterns, will present for assistance in subsequent years.

Aim of Research

Project Scope

The NSW OLGR sought quotes to undertake an impact evaluation of the Government's Gambling Help Services, comprising the 56 funded counselling services and the NSW component of the 24 hour Gambling Helpline Service (1800 858 858) and 24 hour Gambling Help Online counselling service (national service: <http://www.gamblinghelponline.org.au>).

The research is intended to provide the NSW Government with information about: the impact its Gambling Help services are having in relation to problem gambling in NSW; what outcomes the services are achieving; and identify what is working well and what can be improved.

The research question posed in the Brief was "What impact are the Gambling Help services having on problem gambling in NSW"? The Brief indicated the evaluation should investigate the impact the Gambling Help services are having on problem gambling in NSW including prevention, early intervention, treatment and relapse.

The Brief indicated the methodology may include: examination of data collected by the Gambling Help services and their annual reports; talking to services about their activities and outcomes; talking to current and former clients about their experiences of the Gambling Help services and their outcomes; and comparing the impact of the NSW Gambling Help services to interstate gambling help services and/or to similar help services in NSW.

The brief posed seven questions:

1. What impact are the Gambling Help services having in helping people better manage their gambling and problems arising from their gambling
2. What outcomes are being achieved by the Gambling Help services given the level of funding provided?
3. What are the changes in problem gambling directly attributable to Gambling Help services?
4. What is the comparison between what is being achieved by Gambling Help services and what would happen in absence of these services?
5. What are the key activities being undertaken by Gambling Help services that are most effective at targeting various levels of gambling problems and reducing harm?
6. What are the key activities being undertaken by Gambling Help services that are the least effective at targeting various levels of gambling problems and reducing harm?
7. Are there any unintended outcomes being produced by the Gambling Help services and if so what are they?

The Brief indicated a number of reports and publications from OLGR would be made available to the consultant.

The original timeframe for the evaluation was for commencement mid-April 2015 and completed by end of November 2015. Australia's Health P/L was commissioned by OLGR to undertake the research between November 2015 and April 2016, with an allowance for participant availability during the Christmas/New Year and Australia Day periods, and a final Report due in May 2016.

The Consultants designed and implemented the evaluation methodology in consultation with OLGR and conducted the evaluation activities as agreed, including progress meetings with the Project Contact Officer, and a scheduled brief presentation to the RGF Trustees to outline the key findings of the evaluation.

Overview of Methodology

A multi-methods approach to data collection and analysis was staged over the duration of the project.

In brief, this comprised a combination of: comprehensive document review, and examination of data extracts provided; consultation with expert informants; interviews and/or surveys with stakeholders, including Gambling Help service managers, counselling staff and where possible, current clients of the services; meeting with former clients of Gambling Help services, including people with gambling problems and family/supporters where available; meeting and discussion with representatives of gambling venues and agencies also assisting people who have gambling problems; and site visits in a sample of Gambling Help services, stratified by location and community.

An experimental design using a control group was not possible in this evaluation, thus the strategy adopted to determine outcomes was designed to reflect this. Benchmarks for help outcomes were drawn from the literature and document review; causal relationships were inferred from analysis of quantitative and qualitative data measuring service and client activity, outputs and outcomes. Triangulation of data was used where possible to enhance its reliability and validity.

Consultations were structured around prompt questions provided in advance to stakeholders, and either conducted face to face or by telephone, with individuals or groups as convenient to each.

Background

The gambling environment

There are a wide variety of gambling products and services available in Australia. They include poker machines, lotteries, keno, horse and greyhound racing, sports betting, casino table games, online poker and online casinos. The national industry peak body representing licensed clubs describes the distribution: “Gambling products and services are offered by a wide range of business entities including those that integrate gambling into a wider service offering such as newsagents, hotels, clubs and casinos. There are also a number of dedicated gambling businesses such as bookmakers, totalisator agencies and online gambling operators (both domestic and offshore)”¹ (p 7).

The gambling environment is not static: gambling products are increasingly available on portable devices, such as smartphones and tablets; on PCs and laptops, and on web-enabled TVs – all of which significantly increase accessibility, both in the home and outside. These new technologies are also changing the nature of gambling, permitting more interactive modes of betting and for greater time periods– such as the introduction and growth of online gambling and online sports betting, which increase the opportunities and immediacy of gambling.

The interactive forms are increasingly popular: the Gambling Helpline NSW Annual Report 2014-15 notes that the prevalence of sports betting as the primary type of gambling demonstrates an upward trend from 3.2% in 2013-14 to 3.9% in 2014-15² (p24). These forms are considered by some to be associated with the development of higher rates of problem gambling – three times higher than non-interactive gambling³ (p1).

Who participates in gambling?

Gambling is a very popular activity across Australia and in New South Wales. Several studies conducted between 2006 and 2012 show up to 70% of the NSW adult population had gambled at least once in the previous 12 months⁴ (p xi),³ (p 24).

Different gambling products are preferred at different rates by males and females. In a 2011 NSW prevalence sample, the most frequent gambling activities reported for males (in descending order) were lottery products, pokies/gaming machines, horse/greyhound racing, instant scratchies, Keno, bets on sporting events, table games in casinos, private card games, casino/pokies on the internet, bingo/housie, and betting on non-sporting events. For females, the most frequent gambling activities reported (in descending order) were lottery products, instant scratchies, pokies/gaming machines, horse/greyhound races, Keno, bingo/housie, table games in casinos, betting on sport events, casino/pokies on internet and private card games⁵ (p 35).

Recent NSW prevalence data shows that being a regular gambler is significantly associated with a number of variables: being male, single or separated, divorced or widowed; having a low educational attainment⁵ (p 37); being less than 34 years of age or older than 55 years; in full time employment; and living in the Riverina/Murray region⁵ (p 41). People of

Aboriginal and Torres Strait Island (ATSI) background are also reported to be more likely than others to gamble overall ⁵ (p 39), and more likely to experience gambling problems than non-indigenous people ⁶ (p 8).

Across NSW regions there are differences in the rates of participation and preferred forms of gambling. Overall gambling on any activity is highest in the Hunter region and lowest in Coastal Sydney ⁵ (p 36), with higher participation in gambling on pokies/gaming machines in the Hunter NSW compared to Coastal Sydney (34% vs. 21%). There is higher Internet gambling on the Central Coast compared to New England/North West and Western NSW and higher casino gambling in South West Sydney compared to South East and New England/North West ⁵ (p 36).

Expenditure on gambling

The NSW Legislative Council Select Committee on Gambling reported that in 2011-12, national gambling expenditure (which refers to net losses) exceeded \$20 billion for the year ⁴ (p xi). Gambling expenditure in NSW was reported to be the highest of any state or territory in 2011-12 at \$7.76 billion ⁷ (p 62), and according to the NSW Select Committee, this had risen to \$7.91 billion in 2012-13 ⁴ (p 8). More than 66% of this spending (\$5.25 billion in 2012-13) was on electronic gaming machines (EGM) in clubs and hotels ⁴ (p 8).

Translating these figures to individual spending is reported to be difficult to calculate, as people tend to underestimate their gambling spending. A 2012 report found that 8% of the NSW adult population reported a usual monthly gambling spend of between \$101 and \$500; 1% reported spending \$501 or more per month; and 6% were unable to say ⁵ (p 33). The Productivity Commission is reported to have found that gamblers have difficulty remembering losses, and data from the Australian Household Expenditure Survey shows that people significantly underestimate their gambling spending ⁸ (p 84). The Productivity Commission also noted findings by Blaszczyński et al (2008) that a self-reported daily record was around 60% higher than recall-based spending; and people confuse cumulative amounts staked and actual losses made ⁹ (p B.4).

When the focus shifts to people who have initiated contact with a dedicated gambling help service, and reported their own or family member's gambling spend, the numbers are significant.

The Gambling Help Online website for people seeking information, support and assistance with their gambling behaviours, incorporates in its Online Community Forum, a Gambling Calculator that estimates the amount of spending of (GHO-only) clients per year. The 2015 data derived from this Calculator averaged across the GHO clients was \$72,900 per capita, with an average of 25.78 hours spent on gambling annually. Converted to a national rate, this Report indicates a national total of \$66 million and 23,365 hours lost to gambling ¹⁰ (p 13).

Higher spending on gambling has been associated with social disadvantage. It has been reported in mainstream media that within the city of Sydney boundaries, the greatest

gambling losses are occurring within the suburbs ranked as the most disadvantaged by the ABS (taking into account average incomes, education, family stability and English skills) ¹¹.

Problem gamblers spend more than the community average. According to the Productivity Commission's analysis of a 2006 NSW gambling prevalence study, average EGM expenditure by playing adults was \$1,737, while average EGM expenditure by problem gamblers was \$20,642 ⁹ (p B. 14). The usual monthly spend reported by problem gamblers in the NSW Prevalence Study (2012) was \$501 or more (13%) and \$201-\$500 (19%) ⁵ (p 75).

What is problem gambling?

Defining problem gambling

Gambling behaviours can be described on a continuum ranging from no gambling, through healthy gambling to unhealthy gambling, with an associated increase in the level of severity of problems ⁸ (p 30).

According to the Australian Psychological Society (APS), there is clearly a point beyond which gambling can present as *problematic* or *pathological*. Problematic gambling is where "difficulties limiting money and/or time spent on gambling leads to adverse consequences for the gambler, others, or for the community" ⁶ (p 6). Pathological gambling refers "to the existence of a diagnosable disorder defined in terms of impulse control disorders; addiction, with concomitant elements of tolerance, withdrawal, craving and impaired control; and significant disruptions to everyday functioning" ⁶ (p 6). The pathological classification uses clinical assessment against items related to tolerance, withdrawal, difficulties controlling urges, preoccupation, chasing losses and harms associated with the behaviours ⁶ (p 10).

Hodgins, Stea & Grant (2011) describe problem gambling as an "informally defined category, often reported in prevalence surveys, typically seen as a less severe form of gambling disorders, and has been referenced extensively among several diagnostic instruments". These authors noted that pathological gambling is medically defined using criteria defined in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (DSM-IV-TR) and the International Classification of Diseases, 10th revision (ICD-10) ¹² (p 1874).

A key distinction between problem gambling and pathological gambling is that problem gamblers have a greater capacity to cease gambling on their own volition or in response to brief cognitive interventions, whereas pathological gamblers demonstrate an inability to cease despite repeated attempts ¹³ (p 73).

Gainsbury, Russell, Hing, Wood, Lubman & Blaszczynski (2014) indicate that difficulty limiting gambling expenditure, chasing losses, lying about gambling, and severe negative consequences of excessive gambling represents a recognised mental health condition - disordered gambling ³ (p 1).

Problem gambling is therefore a more general term that incorporates subclinical conditions where an individual experiences significant negative consequences as a result of gambling ³ (p2), but nevertheless represents an important mental and public health issue ⁷ (p7).

Gainsbury et al (2014) observe that this more general term is appropriate “.. to use in relation to harm minimisation policies, and is generally used in research where screening measures are used to identify problem gamblers without confirmation through clinical interviews, and as such typically includes disordered gamblers”³ (p 1).

The Productivity Commission’s view in its 2010 Report was that problem gambling represents a “cluster of behaviours and sufficiently severe problems”⁹ (p 5.1). These are characterised by difficulties limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community⁹ (p 3.8).

Assessing problem gambling is usually by questionnaire, the most widely used being the South Oaks Gambling Screen (SOGS), and the Problem Gambling Severity Index (PGSI) derived from the Canadian Problem Gambling Index (CPGI)⁶ (p 11). Of these, the CPGI (and its PGSI) is the preferred tool in Australian prevalence research because it appears to have superior psychometric properties, and generates a ‘continuum of risk’ valued in public health approaches⁶ (p 12). Questions in the PGSI assess the extent of gambling-related harm experienced over the past 12 months³ (p5) and its scores indicate the risk level of gambling problems from ‘no problem’ to ‘low risk’, ‘moderate risk’ and ‘problem gamblers’² (p 21).

Factors associated with problem gambling

Regardless of their classification, gambling problems can give rise to different types and levels of harm – personal, social, vocational, financial and legal⁶ (p 7), and there are multiple factors that contribute to their development. Evidence in the literature implicates factors about the gambler, such as their personal characteristics and attitudes, behaviour control, faulty cognitions, misconceptions about gambling and motivation to gamble; factors associated with the availability of gambling opportunities, the intensity of exposure, the risk associated with different gambling activities, aspects of the gambling environment; and factors about the gamblers resources, such as rates of expenditure and sustainability of losses.

According to Kushnir et al (2015) research in both community and treatment samples has found that women more often report gambling to escape problems, out of boredom or due to loneliness, whereas males are more likely to gamble for thrill-seeking or excitement, or when triggered by sensory stimuli¹⁴ (p 2).

Blaszczynski et al (2005) consider the point at which gambling becomes problematic appears to be dependent on two parameters - ‘discretionary disposable income’ and ‘discretionary leisure time’); which vary across the gambling population and can result in gambling-related harm to the gambler, their family and friends, and to the community¹³ (p 70). Blaszczynski et al (2005) consider the extent to which these parameters are exceeded determines both the relative severity of the harm, and the threshold level for intervention¹³ (p 74).

It also appears that there a differential risk of harm associated with different types of gambling activities. The Productivity Commission concluded that some forms of gambling are riskier than others – with electronic gaming machines posing the greatest problem⁹ (p

4.24) and “are the likely source of most gambling problems in Australia”⁹ (p 5.25). Gaming machines with free games or spins, and games with frequent wins and large payouts were an especial attraction for the problem/moderate risk gamblers² (p 67). Certainly, according to the APS, electronic gaming machines are the form of gambling associated with the most harm⁶ (p 8).

Gainsbury et al (2014) report it is “widely accepted that different gambling activities pose variable risks, with factors such as bet continuity, rapidly determined outcomes, high stake size, betting with credits, high accessibility and availability, perception of skill, captivating lights and sounds, and gambling environments with few distractions, contribute in various measures to the “addictive” potential of gambling activities”³ (p 2).

The same authors suggest that problem gambling may be exacerbated by EGMs and interactive gambling forms (i.e. Internet, online, remote gambling via computers, mobile phones, tablets and interactive TV)³ (p 2), and the development of problem gambling may be related to the intensity of the gambling activity³ (p 8).

The increased vulnerability reported for indigenous people “has been attributed to a variety of factors, including the limited range of leisure activities in some areas, co-morbidities including greater substance abuse and psychological problems and the general attractiveness of gambling to communities with lower incomes and fewer other opportunities to earn money”⁶ (p 9).

Comorbidity with problem gambling

There are high levels of comorbid mental health problems experienced by people with problem gambling, including depression, anxiety and substance use disorders³ (p 2).

The APS reports that clinical depression has been found in 40-60% of people receiving problem gambling treatment⁶ (p 7). Other reports indicate high levels of other comorbid health problems, including anxiety and substance use disorders³ (p3), smoking and generally poorer physical health⁶ (p 7).

Drinking alcohol while gambling and self-reported alcohol problems are reported to be associated with problem and moderate risk gamblers² (p 32 and 64).

How many problem gamblers are there in NSW?

Calculating prevalence rates

There are some issues about calculating prevalence rates for problem gambling. These relate to the certainty with which inferences drawn from sample populations can be extrapolated to the whole population; and whether *regular* (frequent) and/or *episodic* (irregular) gamblers over a defined period (usually taken as the previous twelve months) are included in problem gambling surveys.

The Productivity Commission notes that prevalence surveys infer the properties of a whole population from a sample of that population, and estimates of problem gambling prevalence remain imprecise because the target group is only a small proportion of the population⁹ (p 5.36). There is also the potential for underestimating the actual incidence of problem gambling depending on how the assessments are completed: for example, the Commission noted that problem gambling assessment of only those who gambled *regularly* may possibly exclude those gamblers with *episodic* severe problems and lead to a potential for understatement of the extent of the problem⁹ (p5.13).

National prevalence

The 2010 Productivity Commission Inquiry estimated that there were between 80,000 and 160,000 Australian adults suffering severe problems from their gambling (0.5-1.0% of adults). An additional 230,000-350,000 people were at moderate risk, who experience lower levels of harm and who may progress to problem gambling (1.4-2.1% of adults)⁹ (p 2.03).

Gainsbury et al (2014) conducted a national survey of 15,000 adult Australians in 2011, with the data published in 2014, which indicated that the prevalence rate was 0.6%, with an additional 3.7% of adults experiencing moderate gambling-related harms. Among those who gambled in the past 12 months, 1.0% were classified as problem gamblers and a further 5.8% indicated they experienced moderate gambling-related harms³ (p5).

Across Australian jurisdictions, the prevalence rate may vary. The Productivity Commission, citing data which was reported in different years from each State and Territory, found the prevalence of problem gamblers in the adult population was highest in Victoria (2008 at 0.70), followed by NT (2005 at 0.64), SA (2005 at 0.52), NSW (2009 at 0.4), Q (2009 at 0.37) but reported no figures for ACT and WA⁹ (p 28).

NSW prevalence rate

A 2012 NSW report on the prevalence of gambling and problem gambling noted that including only those who gambled *regularly* (at least weekly) in PGSI assessment runs the risk of missing problem gamblers who gamble less frequently than once a week, and reduces the prevalence rate⁵ (p 55).

When *regular* gamblers were assessed (which the report indicates is the most appropriate figure for comparison to other Australian jurisdictions) the prevalence rate in the NSW study sample was 0.4% for problem gambling, 1.5% for 'moderate risk' gamblers, and 2.5% for 'low risk' gamblers⁵ (p 56). Problem and moderate risk gambling was higher in people of ATSI descent (1.7% and 4.3% respectively) than non-ATSI population⁵ (p63). These figures would suggest the prevalence of problem gamblers in NSW is lower than all the other jurisdictions. The moderate risk prevalence is in line with other jurisdictions, and the low risk prevalence is lower than ACT but higher than Tasmania⁵ (p 56).

In comparison to other studied countries, using the comparable prevalence for *all past year gamblers*, NSW has more non-gamblers (35.1%) than any of the studied overseas jurisdictions, but a higher prevalence of problem gamblers (0.8%) than all other countries

(but lower than Canada), and the highest prevalence of moderate risk (2.9%) and low risk gamblers (8.4%) all studied overseas jurisdictions ⁵ (p 56).

Taking the approach of international prevalence studies by including *all past year gamblers* regardless of their frequency of gambling, the incidence of problem gambling in the 2011 NSW sample was 0.8% for problem gambling; 2.9% for moderate risk, and 8.4% for low risk gamblers ⁵ (pp. 57-8). Problem gambling prevalence was the same as in 2006 ⁵ (p 54) although the size of the group with some level of gambling risk had increased ⁵ (p55).

Applying the prevalence rate of 0.8% to the 2012 NSW population of adults aged 18 years meant that 39,840 or more people would experience problem gambling ⁵ (p54).

The Productivity Commission noted that the NSW prevalence data from the 2008-09 NSW Health survey showed that problem gambling may have dropped by around 50% in NSW and while not statistically significant, adds weight to the possibility that adult prevalence rates have fallen ⁹ (p 5.38).

The NSW Select Committee on Gambling also concluded that the problem gambling prevalence rate has trended slightly down from 0.95% of the adult population in 2006 to a current (2014) figure of 0.8%, but by its calculation, this rate nevertheless indicates that there are about 47,000 people who would be classified as problem gamblers ⁴ (p xi).^a

Problem and moderate risk gambling was higher in NSW people of ATSI descent (1.7% and 4.3% respectively) than non-ATSI population ⁵ (p63).

It has been reported elsewhere that the prevalence of problem gambling for interactive gamblers (i.e all forms of gambling, including wagering, via the Internet through varied media including computers, mobile phone, tablets, and interactive TV) is three times higher (2.7%) than the general rate ⁴ (p6).

Who are problem gamblers?

Consistent with the gender distribution of regular gamblers in the NSW population, data reported over several years indicates that men are more likely than women to be problem gamblers – reflecting the disparity also seen in other countries ⁵ (p 60).

Problem gamblers are significantly more likely to be younger (18-24 and 35-54 years), single or be divorced/separated/widowed, be unemployed, have low educational attainments (p 61-65), and be regular gamblers on gaming machines, horse/greyhound races, and on sports or non-sports events ⁵ (p v).

^a The Australian Bureau of Statistics estimates the NSW resident population of working age (i.e. 15-64) at June 2014 was 4.9million, and a further 1.2 million older than 65.
<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3235.0Main%20Features152014?opendocument&abname=Summary&prodno=3235.0&issue=2014&num=&view=> (accessed 12/11/15). Using the 0.8 prevalence rate for problem gambling identified earlier, this suggests that at 2014, there might be 39,200 people with gambling problems.

They mostly prefer to access gambling in person, however there is a growth over the past five years in the numbers who prefer to access gambling via the Internet - from 3.0% in 2010-11¹⁵ (p 12), to 4.6% in 2012-13⁴⁸ (p 12), to 6.2% in 2014-15¹⁵ (p 12). The MHS Gambling Helpline Report 2014-15 indicates most callers prefer to gamble in person (consistent with previous figures) and preference for online gambling remaining relatively stable over two years² (p 26).

The RGF Client Data Set 2014-15 indicates the most common preferred gambling venues amongst problem gamblers were clubs, hotels/pubs¹⁶ (p10). These preferences are seen in other reports, including the MHS Gambling Helpline Report in 2014-15² and in the 2012-13 RGF Client Data Set Report⁴⁸ (p11). There are some differences in which venues are preferred by males and females: in 2014-15, hotels and pubs were the venue of choice for more males than females, clubs the venue of choice for more females than males³ (p 25).

In 2014-15 the majority of problem gamblers report gaming machines as either the principle or a secondary gambling activity; preferences for other forms of gambling were: horse/dog races (12.6%), sports betting (5%), casino table games (2.9%), card games (1.4%), other (0.9%), Keno and lottery products (0.4% each), TAB (0.2%) and Bingo (0.1%)¹⁵ (p 10).

What are the consequences of problem gambling?

Consequences of Problem Gambling

Problem gamblers experience distress and disruption to their own lives and the harms often extend to those around them. The Productivity Commission reported problem gambling was associated with significant financial loss⁹ (p 16), and the problem gambler's actions negatively affect between 5-10 other people through a range of personal, interpersonal, financial, legal, community and professional impacts⁹ (p 4.4).

In a 2005 study of the effects on the lives of partners and spouses, problem gamblers caused significant burden to the family. These ranged from emotional distress and uncertainty, financial and health problems - which may be under-recognised by the problem gambler themselves (p 3) - and resulted in significant negative impacts on relationships¹⁷ (p 6).

The APS notes that many problem gamblers report intimate relationship and family difficulties, or having lost or jeopardised relationships as a result of gambling⁶ (p 7). This was confirmed in a 2012 NSW report on problem gambling prevalence which showed that 1 in 10 problem or moderate risk gamblers suffered a breakup of an important relationship, including divorce or separation as a consequence of their gambling⁵ (p 84).

The APS also notes that, although less well understood, problem gambling has been linked to poor employment outcomes. These include time off work to gamble, loss of employment due to gambling, and work-place crimes to fund gambling¹⁸ (p 3).

At the extreme end of consequences, 39% of the problem gamblers accessing help services in NSW in 2014-15 reported suicidal thoughts, 12.0% had attempted suicide and 14.0% had committed an offence relating to their gambling problem ¹⁶ (p 15). Amongst callers to the NSW Gambling Helpline, risk of suicide was identified in 9.9% of callers (increase from 7.96% the previous year) and risk of harm to others identified in 3.06% of callers ² (p 27).

Delays in seeking help

Pulford et al (2009) note that problem gamblers who do not seek help “.. continue to expose themselves and others to these significant and potentially resolvable harms” ¹⁹ (p 20). In their view, these non-help seekers may have “current circumstances that have not sufficiently deteriorated for them to feel the need to seek help” (p 24).

Problem gamblers may take some time to recognise the presence of gambling problems: MHS Gambling Helpline notes the 2014-15 callers’ first recognition of gambling problems occurred ‘over 10-15 years’ (for 35%) and ‘over 2-5 years’ (for 23%) ² (p 26). Male problem gamblers were more likely than female problem gamblers to report the length of time since first experiencing problems with gambling as being more than 15 years ⁴⁸ (p 12). This gender difference in reporting of problem gambling is noted in published studies – where it is observed that this occurs in a later age in women and their progress towards problem gambling occurs faster than for men ¹⁴ (p 2).

There are several key barriers to seeking professional help that are reported by problem gamblers. They include stigma, shame, denial, lack of awareness of services or of the quality and efficacy of treatment, difficulties attending services because of location, time commitments, and lack of understanding of the treatment process. Of these, the psychological barriers (including wanting to solve the problem on their own) are considered the most salient barriers to seeking help, although geographic location may create specific difficulties in accessing treatment ²⁰ (p 4), and low levels of awareness of treatment services limits the extent to which problem gamblers are going to utilise these ²⁰ (p 15).

While the precise number of problem gamblers remains uncertain, it is clear there is a significant disparity between the number predicted by prevalence rates and the actual number of people seeking help. Currently, available data indicates about 10% of those with gambling problems seek assistance (and as reported in some literature, there may be a gender bias with more women than men recognising they have a problem for which they need help to resolve). This does not however, necessarily mean that the rest retain ‘problem’ status. As indicated in the next section, there is a view that a percentage of problem gamblers recover in the absence of any professional intervention.

Natural recovery without intervention

Since the estimated number of problem gamblers is considerably more than those seeking professional treatment, the issue of what happens to the remainder of the affected population has been the subject of some research.

Evans & Delfabbro (2005) considered that either the vast majority of problem gamblers “address their problems without professional assistance, or are reluctant to seek help perhaps because they are unwilling to admit they have a problem and therefore continue to gamble” ²¹ (p233).

A significant number of problem gamblers (estimated in some studies to be as high as 82%) may recover without professional intervention ²² (p 425). Australian studies, such as Blaszczyński et al (2005) estimate this natural recovery rate to be about 39% ¹³ (p 59). This ‘unassisted’ or ‘natural’ recovery, ‘spontaneous remission’ ‘self-recovery’ or ‘self-change’ is higher among men than women ²² (p 425). Slutske et al (2009) consider natural recovery may for some individuals, be a deliberative, active, intentional process in response to gambling problem recognition, but for others occurs because gambling problems are developmentally or situationally limited - resolved by for example a change of environment or lifestyle, or becoming ‘older and wiser’ ²² (p 426).

Slutske et al (2009) report that knowing the extent to which natural recovery occurs in the absence of treatment is important for two reasons: it can provide a baseline against which to compare treatment effects; and assist accurate estimation of the costs associated with problem gambling ²² (p 429).

Professional intervention

Despite the negative consequences that gambling has for them, problem gamblers do not necessarily actively seek professional help ²⁰ (p 1). Prevalence studies such as those cited earlier in this report consistently show that despite their problem levels of gambling, only a small proportion of these gamblers seek professional help ^{9 12 20} - a number significantly less than professional help-seeking rates found in populations with other mental health disorders ²⁰ (p 2). Allowing for some potential unreliability of self-reported data (e.g. recall and interpretation biases), this low rate is confirmed in national telephone surveys of regular gamblers, including indigenous and CALD gamblers, gamblers calling telephone helplines, problem gamblers attending face-to-face counselling services, recovered problem gamblers, and family members ²³ (p xvii).

A NSW prevalence report in 2012 noted that fewer than 1 in 10 problem gamblers had sought help in the previous 12 months ³ (p 88). However 45% said they had tried to get help at some point in the past, and 18% who identified as current ‘low risk’ gamblers had tried in the past to get help for gambling problems ³ (p 89).

Hing et al (2011) reported that most of the respondents in their sample of gamblers (including regular gamblers, helpline callers, those in treatment and CALD gamblers) indicated they would use non-professional sources of help in preference to professional help services ²³ (p xx).

The RGF Strategic Plan 2015-17 indicates that only 8% of problem gamblers seek help with their gambling problem, and those who do wait an average of 5-10 years after they realise they have a problem ²⁴ (p 3). It is also recognised that some problem gamblers do not want counselling and prefer to quit with the support of friends and family ²⁵ (p 4).

The Research into Alternative Treatments Report (2014) similarly indicates a low rate of seeking professional help but some preference for self-help strategies, including strategies to facilitate controlled gambling⁷ (p 7). Problem gamblers, at least initially, may prefer to use self-help strategies (such as limiting access to money for gambling, setting a budget for gambling expenditure, using diversionary tactics, avoiding the primary gambling venue, and sourcing information about how gambling works) to avoid the shame and embarrassment of other treatment, and these self-help strategies are sometimes enough for success²³ (p 17).

It is reported that the decision to seek treatment is influenced by demographic factors (age, gender, ethnicity, and level of education) and attitudinal factors such as perception of the helpfulness of services, perceived stigma, shame and health literacy. Gainsbury et al (2013) found reasons for reluctance to seek help among Australian gamblers included feelings of shame or threat to family pride, and a desire to solve the problem on their own²⁰ (p 1). Other studies have also identified the influence of personal attitudes including denial; belief the problem can be resolved without external assistance; unwillingness to accept advice; adherence to the belief that gambling can be used to resolve financial difficulties,²¹ (p 241) and religious orientation/beliefs²¹ (p 244). In the case of CALD problem gamblers, it is reported that a “strong reticence to confide in others, strong family ties and a desire to keep the problem hidden” often exacerbates the gambling problem²³ (p xx).

Generally, problem gamblers become motivated to present for treatment when the severity of their difficulties drives them to treatment as a last resort²⁰ (p 3). Most reports (such as that by Evans & Delfabbro, 2005) indicate that help-seeking is crisis-driven, rather than motivated by gradual recognition of problematic behaviour²¹ (p 232).

There is evidence in the literature that financial reasons are a major motivational driver for problem gamblers seeking help²⁵ (p 15),¹⁹ (p 29). However financial hardship is not the only factor: Pulford et al’s study in NZ found ‘psychological distress’, ‘prevention’ (of gambling becoming a major problem), ‘rational thought’ (costs outweigh continuation), and ‘physical health issues’ were also identified as reasons for seeking help in their sample of problem gamblers¹⁹ (p 29).

Recent research also indicates there are gender differences in the motivation to quit, with women problem gamblers exhibiting greater shame and guilt proneness compared to men¹⁴ (p 1). The study reported by Slutske et al (2009) also indicated that, while women are less likely than men to suffer from problem gambling, they have a greater propensity to seek treatment for their gambling problems²² (p 429). This study suggested the differences may be associated with women recognising the existence of a problem and following recognition, the belief that professional help is needed²² (p 425).

Professional help-seeking may be limited by awareness of help and support services, and the options that exist for treatment of problem gambling. In Gainsbury *et al*’s 2013 study of Australian problem gamblers drawn from the general population, there was a low level of awareness of professional help services²⁰ (p 1). Amongst those reluctant to seek professional help, the study reported significant barriers to seeking treatment related to denial of problem severity and concerns about the ability to access low cost treatment

services (pointing to the value of promotional activities increasing awareness of relevant services among specific populations ²⁰ (p 1).

The low level of awareness of professional gambling help services is also replicated in other studies that have included regular gamblers, CALD gamblers, indigenous gamblers and older gamblers in their sample ²³ (p xix). In relation to indigenous and CALD gamblers “there are some questions around the cultural appropriateness of online and telephone services, self-exclusion, mutual support groups and non-indigenous face-to-face services” ²³ (p xix). A 2012 needs analysis of the NSW Problem Gambling program suggested the needs of cultural groups and gender-specific needs may not be adequately met by gambling support services ²⁵ (pp. 292-3).

The Productivity Commission, in considering the evidence relating to the low rate of help seeking among problem gamblers, noted that there is some evidence that community awareness campaigns drive an increase in demand for help. The Commission observed that “overall community campaigns can build community resilience to problem gambling by dispelling myths about gambling and making people aware of strategies to control their gambling.

Awareness of how to gamble without getting into trouble is critical to people making rational choices, minimising harm and encouraging earlier help seeking. The evidence suggests that campaigns that focus on the threat of future consequences (financial loss, relationship breakdowns) could promote earlier and increased rates of formal help seeking. There is also evidence of a relationship between social marketing aimed at raising awareness about common signs of problems and help available, and increased help-seeking behaviour and interventions by family and friends” ⁹ (p 7.14).

The Productivity Commission noted that early intervention requires improved pathways for referral between gambling counselling services and other professionals and services who are likely to encounter people experiencing problems with gambling – such as general practitioners, financial counsellors and community groups – especially where it is understood that people may be presenting to such professionals and services for help with ‘other’ problems ⁹ (p 7.14) rather than actively seeking formal help for gambling a gambling problem ⁹ (p 7.16).

The Productivity Commission noted the 2008 KPMG survey in Victoria found the majority of problem gambling clients experienced between 4 and 7 other issues in addition to their gambling ⁹ (p 7.15). Part of the issue here though, is the ability of these other professionals (particularly those working in primary health and community settings) to recognise gambling problems, and The Commission noted the evidence suggests that few health professionals screen for problem gambling ⁹ (p 7.15).

This points to a continuing need to provide “professionals with information, a screening tool and appropriate referral options (including where to access self-help material and online counselling) strategies” ⁹ (p 7.16) “to increase the awareness and skills of other professionals to identify and provide appropriate responses to people with gambling problems when presenting to other services” ²⁶ (p 24).

Treatment models

There are a number of treatments available for problem gambling, reflecting various theories of how the condition develops and is maintained. Three models underpin the majority of treatment approaches:

1. the *medical* model, which sees problem gambling as an addiction or impulse-control disorder which needs to be treated as an illness;
2. the *behavioural* model, which interprets gambling as a learned behaviour motivated and or reinforced by the personal experiences and social context of the gambler. Treatment is focused on ‘unlearning’ bad habits and learning how to minimise the harm arising from gambling through controlled gambling;
3. the *cognitive* model, which proposes that problem gambling behaviours can be explained by irrational beliefs and attitudes about gambling. Treatment aims to challenge and change these beliefs and attitudes.

Treatments for problem gambling may include pharmacotherapy and brief interventions (such as telephone and internet support), and in fact it is common for multi-modal approaches to treatment to be used: combinations of psychopharmacology, psychotherapy, and financial, educational and self-help interventions ⁹ (p 7.29).

Toneatto & Ladouceur expressed the view that there is limited reliable evidence for what constitutes effective treatment for problem gambling ²⁷ (p 284), in part because many of the studies of gambling treatment outcomes suffer from methodological flaws. A number of studies have noted it can be difficult to distinguish between the impacts of primary interventions when other interventions are being used simultaneously; there is a lack of clear outcome measures (abstinence, reduced gambling); there are variations in follow-up intervals (many studies cover relatively short periods, three-six months after treatment) and there is a lack of long-term outcome data (Walker 2005, Blaszczynski 2005, Battersby et al. 2008) ⁹ (p7.29).

The Australian Psychological Society in its review paper (2010) noted that “while there is some empirical evidence for a number of different interventions, the literature does not provide a strong basis for differentiation of the available options. Nevertheless, cognitive behavioural therapies (CBT) have been cautiously recommended as ‘best practice’” ⁶ (p 27). It also noted that the recent emergence of a substantial body of literature on pharmacological interventions appear to demonstrate these are more effective than no treatment or placebo ⁶ (p 32).

The most robust published evidence and support is for the efficacy of cognitive-behavioural treatment which are used in a range of other mental health problems, and in particular, the utility of self-directed and short term cognitive and behavioural interventions challenging distorted beliefs, attitudes and behaviours. A survey of gambling counselling services found a high proportion of agencies used cognitive and CBT techniques ⁹ (p 7.29).

Adoption of the CBT approach to the treatment of problem gambling has produced results that are fairly consistent with the evidence for efficacy of CBT for other clinical conditions⁹ (7.31). Gainsbury et al (2013) report that “CBT therapies, including motivational interviewing have the most support for effectively treating gambling problems, with large and significant positive effects and robust short and longer-term outcomes” and in addition, “brief interventions such as telephone and internet-based support are also reported to be clinically useful”²⁰ (p 2).

There appear to be positive outcomes for those who complete problem gambling treatment, and professional help is reported to assist problem gamblers to regain control of their gambling and alleviate associated problems.

The Productivity Commission concluded that most gambling outcomes studies, irrespective of the type of treatment provided, reported that the majority of people receiving treatment respond to and benefit from it (with abstinence or controlled gambling). Treatment is also often reported to be accompanied by more general improvement in psychosocial functioning – at least in the short term, but that generally, studies show the probability of relapse increases with time⁹ (p 7.30).

Modes for service delivery

As noted earlier, gambling is an activity that provides enjoyment for many people who apparently remain unaffected by gambling problems, and “is a significant source of revenue to government and private enterprise”¹⁸ (p 2). However the capacity of some people to limit their gambling may become impaired, causing harm to themselves, family and the community. For these people and those who care for them, effective interventions that reduce harm and protect them from further harm are necessary.

Services for people with problem gambling can be classified according to the relative intensity of the effort required by the individual to fully engage with the intervention to achieve the desired outcome:

- *Low intensity interventions* – such as online screening and automated feedback, or receiving SMS motivational messages or using online tools to monitor gambling urges, gambling budget and estimated expenditure - have the merit of offering brief, awareness-raising interventions for those with relatively little motivation to change or those with low levels of gambling problems or seeking to take the first steps towards behavioural change. These, according to Gainsbury et al should be available via the Internet, able to work offline, and adapted for mobile devices as appropriate. These low intensity interventions can “offer positive experiences and are likely to enhance uptake of more intense treatment options among individuals who may initially be reluctant to engage with treatment services”³ (p 6).
- *Medium intensity interventions* (requiring more effort on the part of the individual with gambling problems) include self-directed CBT online programs with interactive resources – components of which may be delivered as low intensity stand-alone interventions, such as SMS motivational messages and budget tools; and direct therapist contact for single or multiple sessions via telephone, email, or online chat³

(p 6). Gainsbury et al note that “offering these through technology for remote communication is reportedly as effective as face-to-face support and overcomes many barriers to seeking help”³ (p 6).

- *High intensity interventions* include treatment for those with serious issues related to gambling and those with complex and co-morbid issues. Counselling may be provided face to face, or via telephone, teleconferencing, email and online chat, for those who prefer not to meet face-to-face³ (p 6).

Widespread access to Internet, computer and mobile devices may enhance treatment accessibility and acceptability (such as privacy, anonymity and convenience), offering online screening, assessment, forums, message boards, self-help interventions and support. These interactive technologies can be offered remotely, be anonymous and completed at a convenient time and location, although may still require enrolment in a treatment program, and provision of identifying information to meet duty of care requirements⁵ (p 19).

Email, familiar to most people, is reported³ to allow both brief and more involved intervention, feedback and support⁵ (p 13).

Mobile apps, SMS and notifications allow delivery of messages and reminders in a private way – including reminders, prompts, alerts, that can be automated and customised by users such as mode of delivery, frequency and timing⁵ (p 27).

Peer support (including via online forums or mobile apps) providing low-intensity interventions, may be helpful for individuals managing gambling-related problems, providing social support and motivation, including seeking further help where necessary⁵ (p 23).

In New South Wales, professional help services for people with problem gambling are provided in stand-alone gambling-specific services, or as a part of mainstream services. The latter include general practitioners, financial and relationship counsellors, legal advisors, alcohol and drug services, community health and general counselling services²⁰ (p 2).

Gambling-specific services in New South Wales currently offer three types of services for people seeking assistance:

1. Gambling Help services provide free counselling by trained gambling counsellors in 253 locations across the State. Many Gambling Help services offer extended hours, telephone or email support options; and face to face counselling for families or groups as well as individuals,. A number of services also have a trained financial counsellor. There are specialised services for a number of specific ATSI and CALD communities; and State-wide services for CALD clients and clients requiring legal assistance.
2. A national telephone gambling helpline offers 24/7 information, advice and support from trained counsellors.
3. A national gambling help online website also staffed 24/7 by trained counsellors offers online information and support, including information and directory pages, self help modules, individual and forum chat and email support. A NSW-specific

gambling help website is both linked to the national website and accessible as a stand-alone information site.

In addition to professional gambling help and mainstream services, community organisations such as the Gambling Impact Society, Gamblers Anonymous and Pokies Anonymous offer problem gambling information and support. Services are also offered by gambling venues themselves – such as programs for self-exclusion and information about gambling help services.

Self-exclusion programs

Self-exclusion programs are offered and used by many gambling venues. They are designed to limit access to gaming opportunities²⁰ (p 59) in conjunction with offering help to the patron to cease or limit their gambling. The patron signs an agreement to ban themselves from entering, or allow themselves to be removed from specified gaming venues²⁸ (p 86). The ban may be permanent or issued for a limited duration, and is usually initiated by the gambler, although other individuals or family members may also initiate the process²³ (p 60).

Self exclusion is not a formal treatment intervention; it presents an opportunity to directly limit access to gaming venues²³ (p 60). In 2007, it was reported that between 0.4% and 1.5% of problem gamblers utilized self-exclusion programs in Australia²⁸ (p 87). The Productivity Commission (2010) indicated there were around 15,000 self-exclusion agreements in force in Australia, suggesting that between 10-30% of problem gamblers were currently self-excluded⁹ (p 10.7).

Evaluation of their effectiveness from the few studies to date has shown mixed results. In one Canadian study, while 97% of participants reported confidence that they would stay away from casinos in the self-exclusion period, only 30% complied with their initial agreement and remained abstinent during their self-exclusion period. However 36% actually breached the agreement by entering the casino, going back an average of 6 times; in addition 50% reported gambling on other games during their self-exclusion period²⁸ (p 87).

Gainsbury (2014) conducted a meta-analysis of published studies reporting the efficacy of self-exclusion programs. This showed that while many of the programs enabled the problem gambler to exert significant control over their gambling, about half of the studies reported gambling prohibitions were breached within 6 months by more than 30% of those enrolled; many of those breaches occurred on multiple times; and many of these breaches were not accurately detected by the participating casino staff²⁹ (p 232).

Pickering & Blaszczynski (2016) reported that in their study based on the retrospective recall of NSW Multi-Venue Self Exclusion (MVSE) program participants (n=85), 66% started gambling at other venues; 40% entered a nominated self-exclusion venue (averaging 5.85 times) and 66.7% who breached their self-exclusion had been detected by staff at least once³⁰ (p 12).

Despite these findings, self-exclusion programs are regarded as valuable options for problem gamblers to modify their behaviours, but require increased understanding of the process, systematic monitoring and a continuous evaluation of the outcome ²⁸ (p 94). They may also act for some participants as a ‘springboard’ to seeking additional (professional) help. For example, in their 2016 study, Pickering & Blaszycynski noted that before joining an MVSE program, more than 50% of participants had sought gambling counselling ³⁰ (p 5); since joining an MVSE program, and during that agreement, 23% sought additional help from gambling counsellors, and nearly 59% planned to seek further professional treatment for their gambling problems ³⁰ (p 6).

The NSW government’s problem gambling strategy

In 1998 the Independent Pricing and Regulatory Tribunal (IPART) held an inquiry into the social impacts of gaming in NSW ⁵ (p 15). Recommendations arising from that Inquiry, intended to address the negative impacts of problem gambling, were that appropriate support services be developed for problem gamblers and that responsible gambling be fostered through appropriate research and regulatory measures ⁵ (p 16).

Hing & Dickerson (2002) (cited in Gambling Research Australia, 2005, p 48) found responsible gambling legislation and regulation (at that time) varied greatly across Australia. Practices included consumer protection, consumer education, harm minimisation, and treatment. They noted “Harm minimisation measures are also part of a public health strategy: they aim to reduce the consequences of irresponsible gambling without necessarily reducing gambling” ³¹ (p 48).

According to Gambling Research Australia (2005), “recent public policy and industry efforts in Australia have been focused on responsible gambling, and many Australian States are attempting to implement responsible gambling strategies, one of the objectives of which is to minimise the adverse impacts of gambling, in addition to putting in place strategies to address the problems of those who are already experiencing harms as a result of gambling” ³¹ (p 47).

Blaszycynski (2014) – cited in the NSW Legislative Council Select Committee on Gambling report – was of the view that ‘Responsible gambling’ is fundamentally to ‘instigate interventions, promotions, strategies, that enable people to gamble within affordable levels’ ⁴ (p 19).

In 2010 the Productivity Commission noted that all jurisdictions had in place strategies to raise community awareness about gambling and help services (including media campaigns, gambling websites, problem gambling material, and school educational material ⁹ (p 7.8).

The 2013 policy statement of the NSW Coalition Government recognised that effective measures were required to address, mitigate and prevent problem gambling. The policy was multifaceted: support for a national voluntary pre-commitment program for electronic gaming machines (EGM); collaboration with clubs and gaming venues for introduction of voluntary pre-commitment; establishment of an industry advisory council to develop a plan for the roll out of targeted counselling and support services for problem gambling at gaming

venues, and develop self-help and brief treatment options; work with the other jurisdictions to develop more effective self-exclusion programs; legislate where required to control gambling advertising; prohibition of credit gambling ³² (p 4).

According to the NSW Legislative Council Select Committee on Gambling, the NSW Government “has set itself the objective of minimising problem gambling while concurrently promoting the development of the gambling industry for social and economic reasons”, and this objective underpins the NSW Government policy approach to gambling ⁴ (p 20).

In its 2015 response to the Select Committee’s report, the NSW Government indicated it recognised that for a small proportion of the community, gambling causes problems to them, their families and communities, and the Government seeks to balance this harm with the need to ensure there is not undue impact on those who enjoy gambling and for whom it does not pose any associated problems ³³ (p 1).

Other reports have noted the NSW Government’s response to problem gambling and the attempt to minimise the associated harm takes place within the broader context of regulatory framework, industry education, information and targeted enforcement, and a program to assist people who have a gambling problem or those who are affected by the activities of a problem gambler ³¹ (p 50).

In relation to policy, there are decisions regarding the accessibility of gambling, tax rates, harm minimisation and consumer protection, and the number of provider licences. In the regulatory domain, there are laws and rules governing allocation of licences, venue-located machines, technical standards for machines and penalties for breach of licence conditions; monitoring, enforcement and adjudication on compliance matters; and revenue assessment and collection ³⁴ (p 9).

Legislation allows for the making of regulations with respect to responsible practices in the conduct of gambling. These include standards and prohibitions for preventing the misuse and abuse of gambling activities; and the display of notices about the availability of gambling counselling ³⁴ (p 8). Legislation also restricts the number of poker machines that can be kept by registered clubs ³⁴ (p 9) together with the requirement for a publicly-available social impact assessment to be prepared where clubs or hotels apply to increase the number of gaming machines they can keep ³⁴ (p 9).

Clubs Australia Incorporated lists the common harm minimisation regulations in force for poker machines in Australia. They include: “advertising restrictions or bans; state-wide caps on the number of poker machines; social impact assessments prior to an increase in poker machine numbers; restrictions on minors accessing gambling; bans on inducements (e.g.free alcohol); bans on credit gambling; payments of large prizes via cheque; restrictions on the locations of ATMs; mandatory shutdown periods; restrictions on cash promotions; self-exclusion schemes; provision of information about problem gambling help services; compulsory responsible gambling training for staff; clocks on gaming machines; and signage creating awareness about the risks of excessive gambling” ¹ (p 10).

In NSW, codes of practice for the gambling industry operate within a co-regulatory framework (as for ACT, Queensland & Victoria), unlike the self-regulatory codes of practice operating in SA, NT, Tasmania and WA ³⁴ (p 8). The NSW legislation has provisions for codes of practice to be developed by industry and approved by the Minister ³⁴ (p 9) in order to provide practical guidance for the promotion of responsible gambling.

In addition to the regulatory approach controlling the gaming industry, the involvement of industry participants in gambling harm minimisation policy and strategies is well established in Australia. Clubs Australia Incorporated noted that “Industry recognises the need to adopt a cooperative and transparent relationship with all gambling stakeholders, including promoting a culture of responsible gambling and help-seeking among problem gamblers” ³⁵ (p 3).

Clubs Australia Incorporated reports that across Australia it has trialled and initiated many innovative harm minimisation policies. Examples developed in NSW include the recent implementation of a multi-venue self-exclusion (MVSE) online program; a consumer narrative program administered by Unifam; and the trialling of a club chaplaincy program administered by the Salvation Army ³⁵ (p 3).

A Memorandum of Understanding (MoU) between ClubsNSW (the NSW Clubs’ peak industry body) and RGF funded gambling help services has been entered into by a majority of services. The MoU represents the ClubsNSW’ intention “to reduce the negative impact of problem gambling on NSW individuals and communities, including through collaboration in initiatives to strengthen and support existing harm minimisation regulations and strategies; ensure that ClubsNSW patrons impacted by problem gambling are able to identify and access free help easily and effectively, including Gambling Help services; enabling and supporting RGF’s funded services and members of ClubsNSW to work locally to promote responsible gambling and Gambling Help services through events, displays, public talks and other activities; and pooling relevant information such as research and consumer feedback in order to better understand problem gambling and emerging trends” ³⁶ (p 1).

[NSW services for the prevention and treatment of problem gambling.](#)

The NSW government provides gambling help services through the Responsible Gambling Fund (RGF), which draws its income from a levy paid by the operator of the Sydney Casino in respect of its licence, as required by the Casino Control Act 1992 ¹⁶ (p 5).

The Casino Control Act “... provides that the money in the Responsible Gambling Fund is to be subject to a Trust Deed appointing Trustees and containing provisions - approved by the relevant Minister – for the expenditure of the money for purposes relating to responsible gambling. The applicable Trust Deed specifies that moneys may be directed to projects and services that aim to reduce and prevent the harms associated with problem gambling” ¹⁶ (p 5).

The NSW Government has committed \$48 million over four years (2013-14 to 2017-18) to fund face to face counselling services for problem gambling; \$831,890 in 2013-14 on the 24/7 Gambling Helpline, and \$250,269 in 2013-14 on the 24/7 Gambling Help Online service

⁷ (p 9). In early 2015, the NSW Government allocated up to \$1.9 million for a new and enhanced gambling helpline service model for 1 July 2015-30 June 2017 – a model which includes responsibility for the RGF’s social media sites, and oversight of online community forums ¹⁶ (p 15).

Overview of the gambling help services in NSW

The Responsible Gambling Fund

Expenditure of funds from the Responsible Gambling Fund (RGF) “is required by law to be for projects and services that aim to reduce the harm associated with problem gambling. To this end, funds are used to deliver counselling and support services that will assist people with gambling-related problems, and those close to them, to reduce the negative impact of problem gambling on their lives; ensure a greater understanding of the nature of gambling, the potential for harm, and the availability of help and support, through a range of industry and community awareness and education activities; and undertake research to better inform the development and implementation of responsible gambling and related policy” ³⁷ (p 4).

The focus of the RGF, according to its 2015 Annual Report, is on reducing the impact of problem gambling through effective prevention programs and free help and support for problem gamblers and their affected family members ¹⁶ (p 1).

The website for RGF ³⁸ indicates it aims to:

- increase awareness and use of Gambling Help services in NSW;
- have fewer at-risk gamblers becoming problem gamblers;
- increase awareness and understanding of problem gambling in the NSW community.

The website also indicates RGF has a number of priorities:

- all problem gamblers and their families are aware of and able to access quality counselling and support programs and tools;
- a safer environment for at risk gamblers;
- an informed community that makes good decisions about gambling;
- evidence-based decisions about gambling policy and actions ³⁸.

The RGF Annual Report 2014-15 describes the assignment of priorities, strategies and targets directed at three key areas of operation:

1. *primary interventions* (community education and social marketing campaigns targeted at the general population);
2. *secondary interventions* (early and brief interventions, including possible industry engagement and regulatory strategies, that target gamblers, especially those at risk of escalating to problem gambling behaviours); and
3. *tertiary interventions* (treatment and support interventions, including online and self-help that target problem gamblers) ¹⁶ (p 5).

To this end a variety of organisations are funded to deliver counselling and support services that will assist people with gambling related problems and those close to them to ensure

increased understanding of the nature of gambling, the potential for harm, and the availability of help and support through industry and community awareness and education activities; reduce the negative impact of problem gambling on their lives; and undertake research to better inform the development and implementation of responsible gambling and related policy ²⁴ (p 1).

Programs and services funded by the RGF are managed by staff in the NSW Office of Liquor, Gaming and Racing (OLGR). Funding is provided to problem gambling counselling, financial counselling, legal advice and training services specifically tailored to those affected by a gambling problem ³⁷ (p 5).

The Responsible Gambling Fund Annual Report 2013-14 ³⁹ indicates that it supports a wide range of organisations to deliver problem gambling counselling and support services to NSW residents with gambling problems, and those close to them. Gambling Help services are located throughout NSW, and include specialist services for culturally and linguistically diverse (CALD) groups. Gambling Help Services comprise the Gambling Helpline (NSW); Gambling Help Website; Gambling Help Online; and face-to-face counselling services (Gambling Help Services) ³⁷ (p 11-13).

The number of RGF-funded gambling help counselling services across NSW has increased from 44 in 2012-13 ¹⁵ (p 14), to 55 in 2014-15. These now comprise:

- 55 Gambling Help face-to-face counselling services in 276 suburbs and towns across NSW including 4 ATSI-specific services located in Parramatta, Kempsey, Newcastle and Wagga Wagga, and 8 Gambling Help services offering specialist assistance to the Chinese, Italian, Arabic and Vietnamese communities, and a state-wide multicultural service providing specialist assistance in 21 community languages
- A 24-hour Gambling Helpline service (1800 858 858)
- A 24-hour national Gambling Help Online counselling service, and
- Two specialist support services providing training programs for problem gambling counsellors and expert legal advice for individuals and services on gambling-related matters ¹⁶ (p 8).

Financial counsellors represent an important part of the process of helping problem gamblers improve their circumstances. RGF funds some counselling services to provide an in-house financial counsellor ³⁷ (p 16).

The following diagram shows the RGF Gambling Help program components, strategies, targets and goal.

Program goal: Reducing gambling related harm in the NSW Community

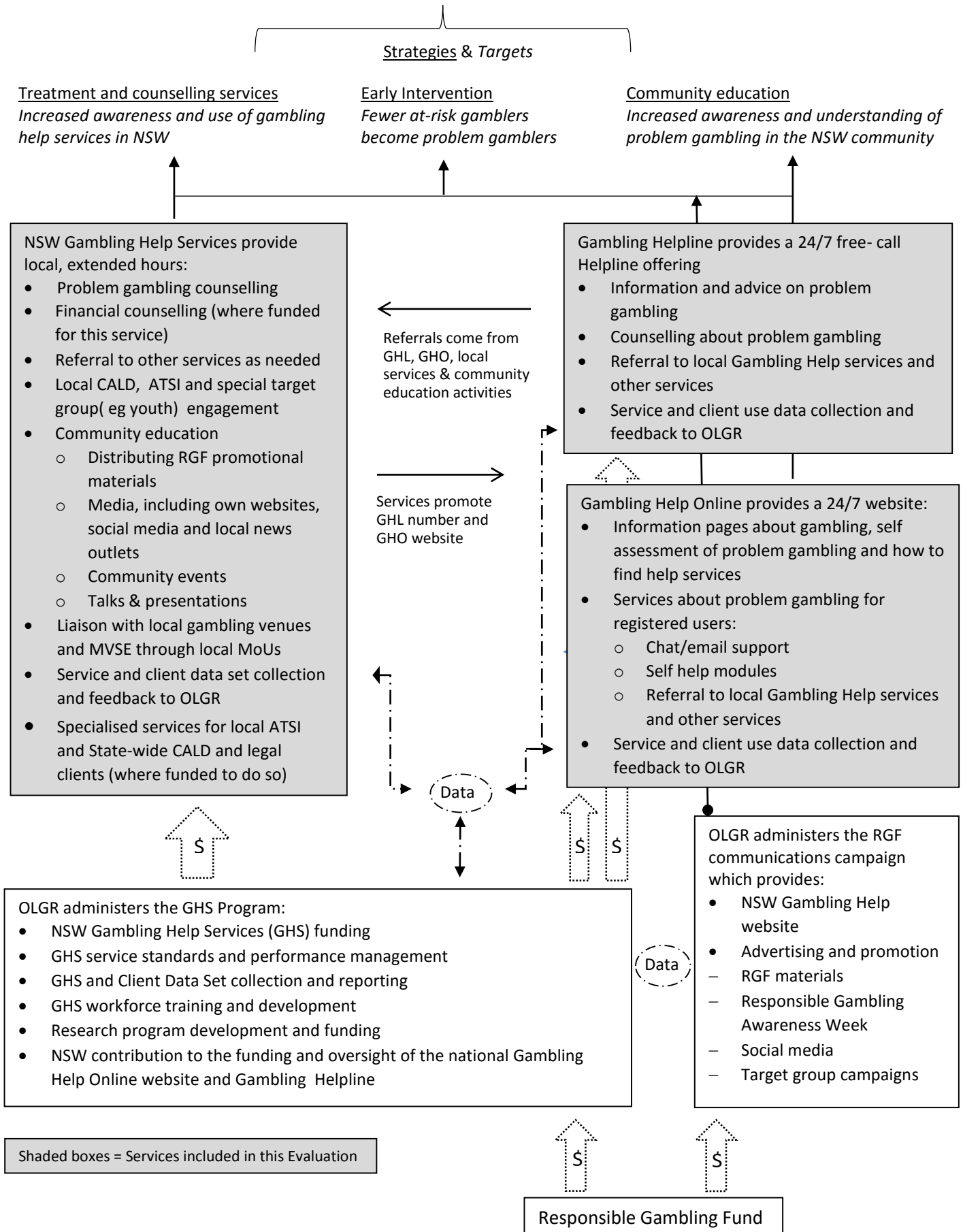


Figure 1: RGF NSW Gambling Help Services program model

Outline of the NSW Gambling Help services

Gambling Helpline

Telephone helplines can play an important role in providing immediate and one-off support, as well as referral to treatment interventions, augment self-directed (self-help) programs and allow anonymous, easy and convenient access to treatment ⁷ (p 13). The RGF provides funding for the NSW Gambling Helpline (GHL) which is a 24 hour, seven day, crisis counselling, information and referral service for anyone impacted by problem gambling ¹⁶ (p 14). It is accessed on the 1800 858 858 number.

The Gambling Helpline was operated by Medibank Health Solutions on behalf of the OLGR from 1999 until 2015, with a team of counsellors comprising psychologists, social workers and mental health nurses ² (p 54). Gambling Helpline NSW is now operated by Turning Point – Eastern Health Victoria, which also provides the Gambling Helpline for Queensland, Tasmania, Victoria and South Australia, and the national Gambling Help Online service ¹⁶ (p 15). The Helpline is staffed by trained counsellors who assess callers for problem gambling and immediate risk.

The Gambling Helpline number is a key contact mechanism for Gambling Help services in NSW. It appears on all RGF branded materials, and is widely disseminated through RGF funded services and promotional activities, gambling venues and gambling advertising.

One of the primary objectives of the Gambling Helpline service is to connect callers to an appropriate, locally-based, face-to-face Gambling Help service ² (p 56). According to the Gambling Helpline Annual Report 2014-15 “the successful delivery of the Gambling Helpline service is assessed on the percentage of callers that are referred to services” ² (p 56).

Callers to the Helpline are transferred as necessary to speak to a local Gambling Help service counsellor who arranges to see the client for a face-to-face appointment ¹⁶ (p 14). Where possible, counsellors attempt to connect the caller in real time to a Gambling Help service agency based on their needs and location; this is known as a ‘warm transfer’ of the call to the agency.

Where a warm transfer is not possible due to operating hours or limitations in agency availability, the Gambling Helpline counsellors may make the referral by email (where callers leave email details for a local Gambling Help service counsellor to contact them) ¹⁶ (p 15). Alternatively they may provide the caller with the agency details for them to make contact in their own time ² (p 54). This requires the caller to take the initiative and follow through with the contact.

Gambling Help Online

Gambling Help Online is a national website jointly funded by an agreement between all State and Territory Governments and the Commonwealth ¹⁶ (p 15). It provides information about gambling, problem gambling and information on counselling and support services in

each State/Territory. According to the 2016 evaluation of Gambling Help Online, the service provides a range of web-based self-help information and referral and support materials including information on services across each jurisdiction. Registered users can access 24 hour live (real time) online counselling, 24 hour email-based counselling and support, moderated forums and self help modules ⁴⁰ (p 11). Information is provided in a number of community languages and there are specific resources for ATSI people.

These materials include links to services and resources in mental health and allied health areas; on-line self-assessment screen (using the PGSI ⁴¹ p 11), in relation to gambling risk; self-help modules covering a range of counselling practice elements; and a gambling calculator ⁴¹ (p 7).

There is currently also a mobile version of the website “which visitors are redirected to automatically if they are using a smartphone, tablet or other mobile device” ⁴¹ (p 9), however the operator of the Gambling Help Online –Turning Point – “is currently moving to develop a single responsive site rather than having separate mobile and desktop platforms” ⁴¹ (p 9).

The website commenced in 2009 and is funded until 2016. The national approach to online gambling counselling and support reflected the need for a strategic approach that recognised the reality of internet usage, online service funding and management; improve opportunities for data collection, referral, branding and promotional activity across jurisdictions; and support the national 1800 telephone gambling help lines ⁴² (p 3). An early evaluation of the service in 2011 determined the process and effectiveness of the first two years of the program, including accessibility, barriers, evidence base and alignment with national and international standards for the delivery of online counselling services ⁴² (p 4).

The 2016 Evaluation Draft Final Report indicates that “Gambling Help Online website users who wish to access online counselling via the live-chat or email, participate in moderated forums and/or access self-help modules are required to register as a site user” ⁴¹ (p 9).

The national service is currently delivered by Turning Point Eastern Health located in Victoria ¹⁶ (p 15), and is being evaluated by Health Outcomes International in order to determine consistency with best practice delivery of online counselling services, and effectiveness in reducing barriers to access ⁴² (p 3). This evaluation, scheduled for completion in late February 2016 ⁴² (p 12), will help inform the scope of future national online Gambling Help services ¹⁶ (p 15).

Gambling Help services

The RGF funded 56 services to deliver problem gambling counselling in 2015 ¹⁶ (p 8). The services employed 66 full time equivalent gambling counsellors, 14 full time equivalent financial counsellors as well as 47 sessional counsellors. In some services, interns and volunteers also provide the counselling ¹⁶ (p 10).

Gambling Help services undertake an assessment of clients to determine risk, information needs and preferences, provide information about services, programs and the counselling

process; and provide referral information to services such as self exclusion, financial, legal and mental health ⁴³ (p 3). Gambling Help services report client service utilisation and the characteristics of consenting clients in the RGF Client Data Set (CDS) and also report activities according to a set of Key Performance Indicators (KPI) ¹⁶ (p 10). These KPI include: community impact (service access and awareness of Gambling Help); program impact (response to awareness activities); client impact (response to service delivery); and service capacity (examples of innovation in service delivery) ¹⁶ (p 11)

As part of their funding agreement, Gambling Help services develop and implement a Local Promotion Plan agreed with OLGR. Components include engaging local community members, organisations and local gambling venues in the promotion of Gambling Help, such as the display of Gambling Help branded materials, hosting of public talks/presentations by Gambling Help counsellors, attendance at inter-agency meetings; or distribution of collateral and promotional items; items in local state and national media featuring services and/or responsible gambling message; support and integration with CALD and Aboriginal specific programs; and use of RGF and/or the agency's online and social media channels for service promotion ⁴⁴ (pp 2-4).

Responding to the recommendations of a 2012 Needs Analysis, the RGF sought to optimise service delivery through standardisation of intake and assessment, records, consent, treatment, case conferencing and materials and resources. It has produced guidelines on the intake and assessment of Gambling Help service clients⁴³ (p 1) to assist Gambling Help services to follow a structured process which balances the need for information against client need ⁴³ (p 3). RGF also provides services with evidence-based guidelines for client follow-up, and encourages them to do so where practicable at post-treatment, and at 6 months ⁴⁵ (p 1).

Long term treatment outcomes for clients seeking assistance from the Gambling Help Services are difficult to determine, especially given the 'crisis' nature of help seeking, difficulties with recruitment and retention of study participants, and workflow demands on the services. Some attempts are now underway to help address the outcomes question. A pilot study on the proposed methodology in the first year of a 2 year longitudinal outcome study of NSW and ACT Gambling Help service clients including those seeking help for their own gambling problems and those seeking help for a family member's gambling problems has been reported in 2014 ⁴⁶.

Financial counsellors

Some Gambling Help services are funded by RGF to employ financial counsellors. Financial counsellors undertake tasks such as liaising and negotiating with creditors on behalf of clients, developing money plans for clients and assisting with bankruptcy proceedings where appropriate. In cases where a gambling counselling service does not have an (in-house) financial counsellor, or where non-gambling clients require financial assistance, clients should be referred to an RGF-funded provider.

The NSW Department of Fair Trading also funds financial counsellors to provide free financial counselling throughout NSW ³⁷ (p 16), and there is a program for financial

counselling provided by the Department of Families, Housing, Community Services & Indigenous Affairs ³⁷ (p 17).

Legal service

The RGF funds a specialist state-wide problem gambling legal service, provided by Wesley Mission. Solicitors at this service have expertise in providing problem gamblers and their families with specialist legal services related to problem gambling issues. The service provides information and legal advice to representation in court and advocacy for clients in dealings with the police, public and private organisations, creditors and external dispute resolution schemes ³⁷ (p 17).

The service provides assistance to clients in circumstances including: where a crime may have been committed to fund gambling activities; protecting family assets from a problem gambler; where complex legal issues relating to gambling debts or bankruptcy arise; where relationship breakdown is contemplated or has occurred due to gambling problems; or where responsible gambling legal issues arise ³⁷ (p 17).

The legal service is an important tool available to counsellors to assist their clients in dealing with their gambling problems. Overcoming legal difficulties which gambling has created can be a key step in reforming problem gambling behaviour. No referral is required to attend the RGF-funded legal service. As a result, if clients attend the legal service prior to counselling, Wesley Mission may refer them to a gambling counselling service ³⁷ (p 17).

CALD services for problem gambling

RGF recognizes the need to facilitate access to effective treatment services for CALD and Indigenous clients. The RGF Strategic Plan 2015-17 indicates it continues to build a high level of awareness of and trust in Gambling Help services, including through culturally-appropriate promotions to Aboriginal and CALD communities ²⁴ (p 4).

Problem gambling is an issue in many CALD communities, however help-seeking may be reduced due to a real or perceived lack of culturally and linguistically appropriate services ²⁰ (p 4). There may also be a greater degree of stigma and shame associated with help-seeking ²⁰ (p 4), as well as fear of losing respect and cultural resistance to discussing problems in support groups or in front of an unknown counsellor ²⁰ (p 13). Gainsbury et al (2013) also found that CALD gamblers had the greatest awareness of online counselling, but lowest awareness of face-to-face and telephone counselling ²⁰ (p 7).

RGF is working to ensure that CALD communities with a high risk of problem gambling can access culture-specific information and counselling in their own language ²⁴ (p 4).

There are 8 Gambling Help services offering specialist assistance to the Chinese, Italian, Arabic and Vietnamese communities, and a state-wide Multicultural Problem Gambling Service [MPGS] providing specialist assistance in 21 community languages ⁴⁸ (p 14).

The Gambling Help Online website provides information in a range of languages on gambling help and counselling ³⁷ (p 44).

Gambling Helpline staff are required to complete cultural awareness training to enable effective communication with this client culture ⁴⁷ (p 141). Where direct language-specific support is not available, Gambling Helpline service provision may include use of a 24/7 telephone interpreter service ⁴⁷ (p 142).

ATSI services for problem gambling

The NSW Prevalence Study (2012) found that people of ATSI background were more likely than others to gamble overall, and on most types of gambling ⁵ (p 39). The study reported they were more likely than non-indigenous gamblers to be problem gamblers (1.7% vs 0.8%) and moderate risk gamblers (4.3% vs 2.9%) ⁵ (p 65) and may experience greater harm from problem gambling than non-Indigenous Australians ⁴⁷ (p 143).

Cultural barriers may impede treatment for problem gambling, with Aboriginal people reported to “often face difficulties in accessing gambling treatment services because of ‘a lack of confidence with the service to understand and recognise their cultural needs and sensitivities’” ⁵ (p 87).

RGF funds 4 ATSI-specific services located in Parramatta, Kempsey, Newcastle and Wagga Wagga ⁴⁸ (p 14). The Waruwi Aboriginal Awareness program - which is the RGF’s Aboriginal community engagement and awareness program - commenced in 2014 ⁴⁸ (p 30). This program supports two strands of activities within the Aboriginal community: an awareness program that works directly with local communities and a training and workforce development program ⁴⁸ (p 1). Across NSW 21 communities developed their own strategies to manage problem gambling ⁴⁸ (p 30).

The RGF Orientation Guide 2014 ³⁷ (p 45) indicates that from late 2013 to late 2016, an Aboriginal-specific awareness program will be delivered in 60 communities around NSW, providing Gambling Help services with the opportunity to participate in the local area activities.

Methodology

Impact evaluation design

Impact evaluation determines whether an intervention has the intended effects on its target group and to what extent those effects are attributable to the program intervention. Impact evaluations can also explore the unintended consequences, whether positive or negative, of an intervention.

Designing an impact evaluation relies on clear identification of the intended recipients and the factors the intervention is intended to influence. Because impact evaluation is about cause and effect, the concept of a “counterfactual” is important. The counterfactual is an assessment of what would have occurred in the absence of the intervention.

An experimental design is ideal for impact evaluation, whereby participants are randomly assigned to matched target groups and a clearly defined intervention is applied under controlled conditions to one group and not the other; the outcomes at the end of the intervention period being compared, to identify what changes have occurred as a result. Unintended consequences are also readily identified in the experimental design.

Impact evaluation of an existing service delivery program involving participants in the real world setting is more challenging. For ethical as well as practical reasons it is not always possible to set up a control group. The number of variables affecting the participants, the program and its delivery are considerable and include environmental, personal, process and structural factors. Outcomes are not always clearly identifiable or attributable in a strict linear causation model; while unintended consequences may arise from any combination of factors.

To overcome these methodological challenges it is necessary to adopt a number of practical alternatives to the experimental design. For this evaluation it was not feasible to establish a control group, so the benchmark against which to determine outcomes has been inferred from literature review, identifying the characteristics of problem gamblers, the impacts of problem gambling, and predicted help service use and treatment outcomes. This also assists consideration of the counterfactual question: without Gambling Help service intervention, what will happen to this population?

We have assessed causal relationships by analysing quantitative and qualitative data on service and client activity, outputs and outcomes. Information was obtained from RGF data sets, written surveys of current services and clients conducted by this evaluation, and previous client outcome studies and evaluations of Gambling Help service programs and components. To enhance the reliability and validity of our analysis, we also visited a stratified sample of services and regions and talked with managers, counsellors, stakeholders and experts using structured interview questions to explore interpretations of service design, delivery and evaluation.

This multi-method approach has enabled the evaluation to:

Identify the target group characteristics and expected outcomes

- A comprehensive literature review has provided information about the target group for which gambling help services are provided: problem gamblers. This has enabled identification of a number of key characteristics including their demography, gambling behaviour, aetiology and consequences of problem gambling, and help seeking behaviour.

Identify the interventions and their expected effects

- Each element of the gambling help services program has been clearly identified to establish what activities are intended to produce which outputs and outcomes.
- The literature review also provided information about the use and effectiveness of interventions for problem gamblers and their families.

Identify the reported intervention outputs and outcomes

- Comprehensive utilisation data for each element of the program has been reviewed and analysed to identify what services are being provided to which client group.
- Data on client satisfaction with service elements has been analysed
- Pre- and post-treatment data of a sample group of program participants has been analysed to determine self reported treatment outcomes for that group.
- A sample of counselling service clients was surveyed for their views on service quality and their own treatment outcomes.
- A sample of Gambling Help service managers and counsellors completed surveys and attended on-site structured meetings with the consultants to obtain their views on client and service delivery factors and issues.
- The consultants also held structured meetings and interviews with a number of other stakeholders, including community organisation and gambling industry representatives; and with key experts in the field.

Analyse the impact of the program by comparing the expected and actual:

- Characteristics of the target group using the services
- Utilisation of different services by different target group participants
- Outcomes of different interventions offered by the services, including changes in problem gambling and associated consequences

Consider and report on:

- Strengths and weaknesses of program elements
- The costs of counselling services in NSW compared with a similar interstate program
- The likely consequences of no service being provided to the target groups (the counterfactual) and
- Unintended consequences of the program

Data sources

The data sources for this evaluation consisted of material provided by RGF derived from the CDS; reports provided to RGF from the face-to-face Gambling Help services, Gambling Help Online and Gambling Helpline; independent evaluations of Gambling Help Online and Gambling Helpline; and *de novo* data generated specifically for this Impact Evaluation.

Data from RGF

The services

Extracts from the CDS quantifying the activities of the Gambling Help counselling Services were provided by OLGR. These extracts provided data about each of the counselling services, derived from their annual performance reports to RGF: the grant received and information about staffing including number of counsellors active in reporting period, counselling sessions provided, and duration of sessions; information about the number of

clients attending, completions, improvements; calculations of costs per session and per client; promotional activities undertaken by the Gambling Help services and outcomes; training types and hours per FTE; and service delivery innovations developed by some Gambling Help services. It included a regional breakdown of service data.

Data relating to the activities of the Gambling Help Online and Gambling Helpline were derived from their Annual Reports to RGF, and a number of evaluations of their activities and functions also reported to RGF.

The clients

Information about the clients of all the Gambling Help services was derived from Annual Reports and CDS extracts. The reports provide RGF with aggregated client self-reported scores for a number of variables relating to their gambling behaviours, collected during the initial intake assessment. These variables include: numbers and characteristics of the client group, including demographic descriptions, gambling behaviours and problem gambling, and duration of problems.

CDS data was provided showing summarised ratings by clients of their experience of the counselling service they received. This data is obtained through a brief client service questionnaire completed at their last session or by email if they are not returning.

Follow-up data

Data drawn from the routine follow up of clients six months after completion of treatment program was also provided. Follow-up information relates to the key questions provided to services in the RGF Client Follow-Up Guidelines 2013. This information is aggregated in the CDS and was made available to the Consultants for this Evaluation.

Not all clients participate in the follow up. In 2014-15, Gambling Help services collectively saw 5,750 clients (RGF CDS Annual Report 2014-15 p 1) of whom 975 were eligible for follow up. The follow up data set provided included 445 consenting clients at the time of initial assessment, and 905 consenting clients at the follow up time.

There were three challenges to using this primary data set for comparison purposes:

- (1) there are clearly different numbers of cases at the two times, with about twice as many records of clients at follow up compared to client records at intake.
- (2) Some data fields on the records have a “Null” entry showing for some clients, which was taken to mean a missing value for that data point.
- (3) Some records included a client identifier number that duplicated the number also used for a different client in a different service.

Our initial data preparation addressed these challenges by including in these analyses, only those cases that had intake and follow up data points; excluding “Null” responses; and matching all records by service to address the duplicate identifier.

This 'data cleaning' resulted in 281 valid records for which both intake and follow up data was available. This 'cleaned' data set however included 22 cases for which the client reported a "\$0" spend on gambling at intake. Given the data set relates to those assessed as Problem Gamblers, a zero value for gambling spend at intake was considered likely to be an anomalous entry, and so these cases were also excluded from subsequent analyses. This provided an *N* of 259 valid cases for inclusion in the following analysis.

Data specific to this Impact Evaluation

The Consultants developed two brief written surveys: one for completion by the Gambling Help services and one for completion by an opportunistic sample of their clients attending the service in the month of March 2016. These items were intended to augment the data available in the RGF reports and CDS. The survey forms are attached as Appendices B and C.

All 56 Gambling Help services were invited to participate in the Evaluation data collection, by email addressed to the service manager. This invitation was accompanied by a project information sheet (Appendix A) and the two survey forms.

Services were invited to discuss survey return options with the consultants. These included E-versions which could be returned by email and this option was preferred for a number of the service surveys.

Mail return was the most common preference and used for all the client surveys. Where requested, services were provided with sufficient paper copies of the client survey, each of which was attached to a stamped addressed envelope for return mail. In some cases services collected the completed survey returns and mailed them back to the consultants; in other instances the client mailed their own return.

The Consultants developed a meeting discussion guide which was used in all meetings and interviews with participants in the project. A copy of this Guide is attached at Appendix D.

The consultation data collection is summarised below:

- We met with or received written survey responses from 43 counsellors and service managers in 31 (55%) Gambling Help services in 7 of 9 NSW service regions;
- We visited 5 services in 4 of 9 NSW GHS regions (Coastal Sydney, Sydney South-West, Central West and Illawarra)
- We received written survey responses from 137 current clients (30% of projected monthly clients) of 13 (23%) Gambling Help services in 6 of 9 service regions
- We interviewed or received written comments from 11 stakeholders and experts in 5 organisations.

Data analyses

The Consultants made every effort to reconcile data sets across Reports, the RGF CDS extracts made available to them, and the published RGF Annual Reports. Where necessary, clarification of CDS data was sought from, and provided by, OLGR staff.

This composite data set – data extracted from the Annual Reports and the RGF CDS for the period 2014-15, and that obtained from the 2016 specific survey - was used to address the key questions posed in this Impact Evaluation. Where it was deemed relevant to do so, the 2014-15 data set was augmented with data reported in earlier years – usually to demonstrate a trend, or illustrate significant variations over time.

We note that the RGF CDS Annual Report advises that there are a number of instances where the data reported may not include some clients. For instance, it notes that in any instances where client responses were recorded as ‘Data not collected’ or ‘Not stated/inadequately described’, these data were excluded from percentage calculations⁴⁸ (p 1).

Similarly, we note this Report also advises that while non-consenting clients were counted in the current report, their demographic and gambling related data were not included; that client and session data from Wesley Community Legal Service was not included as this provides legal services rather than problem gambling counselling or financial counselling services; and no data from the Gambling Helpline services were included as this has an independent data collection system⁴⁸ (p 3).

Qualitative data was subject to thematic analysis and reported as appropriate to answer the impact questions. Quantitative data was subject to descriptive and, where appropriate, parametric analysis. Follow-up quantitative data was all at the interval level of measurement, and the same group was assessed at both time points.

Cross-tabulations for descriptive data is presented as counts, averages and where relevant, ranges. Where parametric analysis was appropriate, results are presented by the statistical test calculation, with probability values for significance set at the $p=0.05$ level

In the Results section, data from the 2014-15 RGF CDS and relevant reports from the Gambling Help Online and the Gambling Helpline is presented first, then the 2014-15 follow up data, and then the survey data generated for this evaluation.

Results

RGF CDS data – 2014-15

The RGF 2013-17 funding round for Gambling Help counselling services supports 66 FTE gambling counsellors, 14 FTE financial counsellors and over 47 sessional gambling counsellors to deliver counselling and support to NSW problem gamblers and their families¹⁶ (p 10).

There were 56 organisations providing counselling services in 2014-15. Services were provided from 253 separate locations in 187 suburbs across the whole of NSW¹⁶ (p 7). There are two State-wide services funded for legal assistance and CALD communities respectively, and four specialised Aboriginal services.

The following table summarises program utilisation in 2014-15 by problem type: Problem Gambling (PG) and Financial Counselling (FC).

2014-15		Number (PG and FC)		
Clients		5,750		
Counselling sessions		28,801		
Counselling sessions		Individual face to face	Telephone sessions	Group meetings
PG	85.5%	76.7%	16.0%	7.3%
FC	14.5%	50.4%	38.0%	11.6%

Source: RGF CDS Annual Report 2014-15 ⁴⁸ (p 5).

More males than females (61.8% c.f. 38.2%) are counselling clients. Male clients generally tend to be younger (77.3% in the 18-49 age range), while female clients tend to be older (65.6% in the 35-64 age range). Almost 20% of clients were partners/ex partners or family members of a problem gambler and both of these groups were both more commonly female (79%) ¹⁶ (p 8).

Among the problem gamblers reported in the 2014-15 RGF Client Data Set, 37.3% had been diagnosed with anxiety (more females than males), 48.1% had been diagnosed with depression (more females than males), 29.0% had a problem with alcohol (more males than females), and 20.3% a problem with other drugs (more males than females) ³ (p 15). These figures are largely unchanged over recent years, with the 2012-13 data reporting similar percentages (except the problem with other drugs, which has increased from 17.8% reported 2012-13) ⁴⁸ (p 13).

Almost 20% of clients spoke a language other than English at home and 6.7% identified themselves as Aboriginal or Torres Strait Islander or both ¹⁶ (p 9).

How do clients find out about Face-to-face Counselling service for Problem Gambling?

Awareness of treatment options, their privacy safeguards, benefits and effectiveness is a key barrier to problem and at risk gamblers in accessing help. The Alternative Treatments Report notes that problem and at risk gamblers are most aware of (and prefer) face to face treatment as a way of seeking professional help (but there is limited awareness of existing Internet-based interventions) ⁷ (p 30).

Clients may hear about the Gambling Help service as a result of awareness campaigns, community engagement activities and/or referrals from other agencies.

While the 2012 Prevalence Report found an age related decrease in the level of awareness of the promotional activities of the NSW Gambling Help Services – highest in the youngest age groups, and men were more likely than women to have heard of these services ⁵ (p 93), the RGF Annual Report 2015 notes that 16% of clients reporting they contacted a Gambling Help service after learning about it through community engagement activities ¹⁶ (p 11).

The RGF Annual Report 2014-2015 notes that community awareness activities have assisted growth in the numbers of clients contacting Gambling Help services by 16% over the previous year, and the higher client and session numbers mean that the average cost per counselling session decreased by 26% compared to the previous year. This growth was attributed to the *You're stronger than you think* awareness campaign, a better client referral rate from the Gambling Helpline, greater flexibility and access to counsellors through telephone and online counselling, and extra Saturday and after hours appointments ¹⁶ (p 10).

The RGF Annual Report 2014-15 indicates the main sources of referral to the Gambling Help counselling services were from another agency (20.4%), self referral (17.7%) the Gambling Helpline (17.7%), and family/friend/partner/neighbor (15%). Smaller numbers of clients were referred from other sources: media (8.4%), within the agency or from the correctional system/legal/police (4.1%), from another counsellor or psychologist (3.4%), or from a medical practitioner (2%). A minor percentage were referred from a gambling venue (1.3%) ¹⁶ (p 13).

Preliminary results from the Longitudinal Study (underway, due for completion in 2018) indicate that almost half (45.4%) of participants were referred to the counsellor through another service (eg. Health, legal or gambler's helpline); 13.6% found the service online and 18.2% via a family/friend. It also indicates that the most common reasons for seeking help (from the Gambling Help service) were for financial (77.3%) or psychological problems (72.7%) rather than relationship (50%) or legal (22%) problems, and while half aimed to stop gambling altogether, around 32% simply wanted to cut down their gambling ⁴⁹ (p 13).

The Longitudinal Study also noted that for the family/friend cohort (N=5) seeking help for their partner's gambling, the most problematic consequence of the partner's gambling behaviour was financial stress and breach of trust. Some family/friends were focussed solely on stopping the gambling behaviour and some more on protecting themselves from distress or financial ruin, or supporting their partner ⁴⁹ (p 16).

Clients attending the Gambling Help service may, depending on their needs, be referred to another service provider. The RGF Client Data Set Report 2014-15 indicates that across all clients, while 60% of callers to Gambling Help services were referred to no other service provider, 17.8% were referred to financial counselling services, 8.4% to self-help groups, 8.0% to other health and welfare services, 5.5% to other problem gambling services and 5.2% to legal services. Less than 5% were referred to mental health or drug and alcohol services ⁴⁸ (p 14).

What do clients think of the service they received?

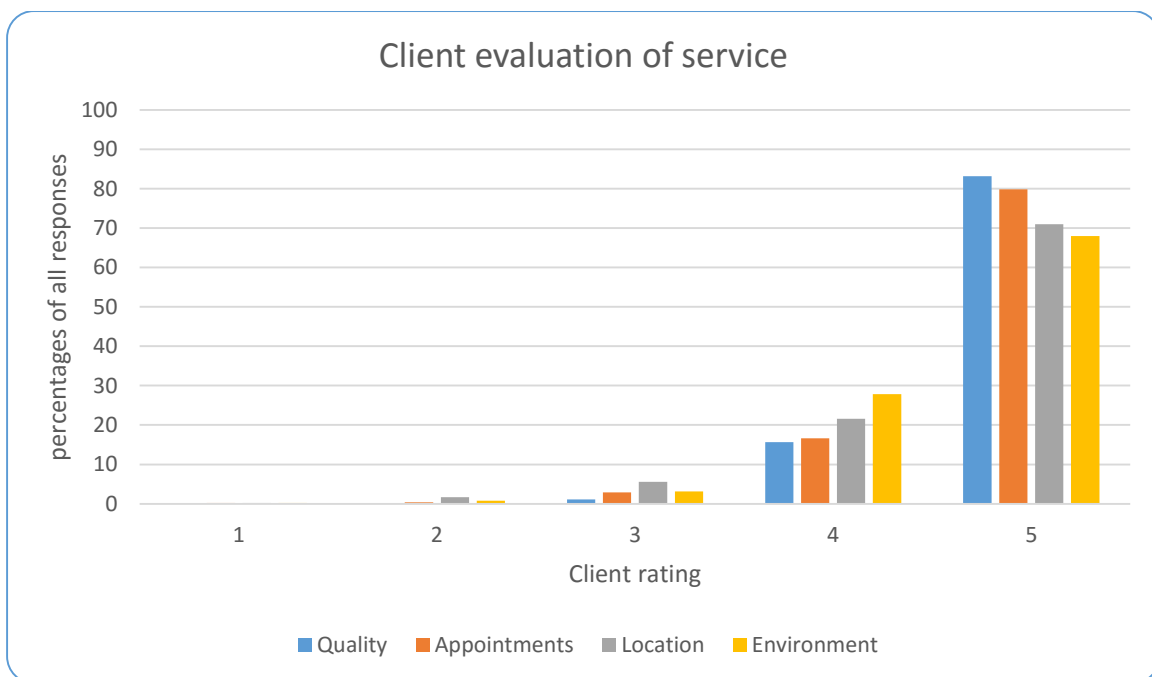
RGF requires services to seek client comment at their last session or where the client indicates they are not returning for further counselling. Attachment B of the RGF Annual Performance Guidelines provides services with a template for this survey. Four questions relate to aspects of the service they received: overall quality of service; counselling environment; ease of making appointments; location of service; progress in managing

gambling problems as a result of counselling. There is an additional question about their progress in managing their gambling problems as a result of counselling.

The RGF CDS records responses received. The extract from CDS recording the 2014-15 data provided to the Consultants indicated that responses were received from 1513 clients. There is no raw data provided, rather client responses have been expressed as percentages responding to each rating point, for each of the services.

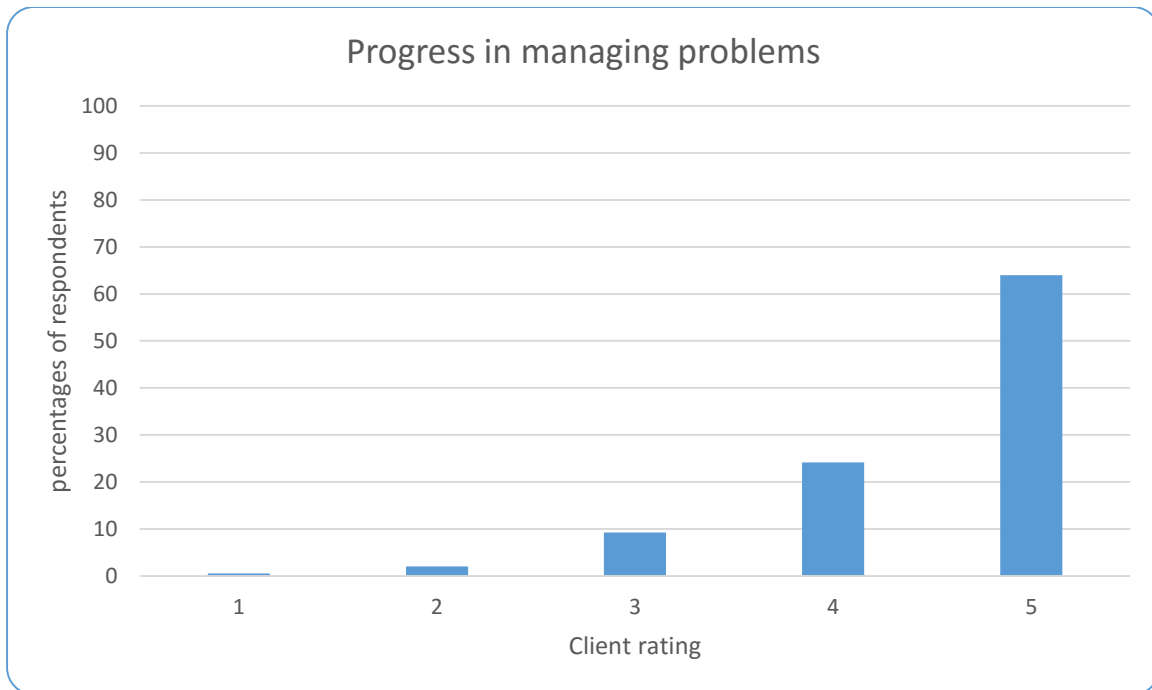
There were two services for which no data was recorded and one service where the percentages recorded did not total 100%. These three services were removed from the analysis. Valid responses from N=1504 clients were included in the analysis.

Because this Impact Evaluation was not evaluating any individual service, the percentages for each point on the rating scale were averaged across all 56 services. The following chart shows the averages for each of the points on the 5 point self-rating scale evaluating client service.



Source: RGF CDS 2014-15

The following chart illustrates the averaged responses to the fifth question in the RGF Evaluating Client Service survey – Attachment B of the RGF Annual Performance Report Guidelines. These responses are the rating clients give for progress made for managing their gambling problems as a result of counselling. Responses were sought against a 5 point Likert scale, where 1=poor and 5=excellent.



Source: RGF CDS 2014-15

Gambling Help Online – 2014-15

The Gambling Help Online website offers services including online counselling or information provided by live-chat or email, moderated discussion forums and self-help modules for completion on-line. Visitors to the website who wish to access these services must first register as a site user ⁴² (p 9). There is both a desktop and a mobile version of the website ¹⁰ (p 6).

Gambling Help Online received 110,682 visits from Australian IP addresses in 2014/15 ¹⁰ (p 17). IP address and Google Analytics showed 83.6% of visitors were located in Australia, 16.4% overseas. The primary sources of visits to Gambling Help Online include results from search engines (42.3 per cent), referrals from various other websites (40.5 per cent) and directly entering the website address (16.5 per cent). There are 883 other websites which provide a link to Gambling Help Online ¹⁰ (p 14).

For the registered clients, the majority of them (68.6%) found out about Gambling Help Online from an Internet search, 0.8% through promotional material, 1.7% through TV, 4.1% through family/friends, and 2.1% through the Victorian Responsible Gambling Foundation's promotional campaign ¹⁰ (p 9).

Tracking the number of visits over recent years by site, unique visitors, new site visitors and new registered clients, there are reportedly similar patterns for the use of the site, including a decline in the number of site visits, but an increase in the number of registered clients year by year ⁴⁰ (p 32). The 2016 Evaluation Draft Final Report indicates while the majority of site visits originate in Victoria, Victorian visits make up less than 30% of the registered users ⁴⁰ (p 34).

Data from the 2016 Evaluation Draft Final Report, demonstrating the site use overall, is presented in the following table ⁴⁰ (p 32).

Type of contact	2012-13	2013-14	2014-15	Total 3 years
Total site visitors	235,572	146,010	140,700	522,282
New site visitors	181,790	109,622	106,204	397,616
New registered clients	2,846	3,550	3,662	10,018

Source: *Evaluation of Gambling Help Online 2012-2015 Program, Draft Final Report, 1 February 2016.*

This 2016 Evaluation Draft Final Report indicated that the number of visits from outside Australia (primarily from United States, United Kingdom and Canada) has continued to increase even as the number of visits originating from Australia has fallen⁴⁰ (p 34).

The Draft Evaluation Report observed that one explanation for the decline in total site visits may be due to changes in the focus of jurisdictional advertising “from Gambling Help Online as an independent brand and towards advertising their own website (where Gambling Help Online is part of the suite of options available to users)” ⁴⁰ (p 33). The Gambling Help Online Annual Report 2013-14 had also considered that campaigns that direct users to other sites (e.g. to the VRGF website rather than the Gambling Help Online website) may perhaps account for the decline⁵⁰ (p 12).

Visits have remained relatively consistent across all jurisdictions with the exception of Victoria where visitors are going to the VRGF website ⁵⁰ (p 13).

NSW users of Gambling Help Online

In 2015, the highest number of visitors from any jurisdiction originate from NSW ¹⁰ (p 18), translating to 27.3% of new registered users ⁴⁰ (p 47). This figure appears to have remained fairly stable over the past two years.

Gambling Help Online	2013-14¹	2014-15²
Total NSW visits	38,436	39,161
NSW % of all visits	30.2%	35.4%
NSW new registered clients ³	1035	990
NSW % of all new registered clients ³	29.2%	27.3%

Source: ¹GHO AR 2013-14 p 16; ²GHO AR 2014-15 p 18; ³Health Outcomes International: GHO Draft Final Evaluation Report 2016 p.47

What registered users are seeking from Gambling Help Online

The Gambling Help Online website provides information pages under four topics. Gambling Help Online tracks the number of page views for each topic. Recent analysis of the total number of page views by all users over 3 years of these topics shows usage in the following order: *Accessing support* (page views 92,447) *Regaining control* (page views 73,033), *Gambling issues* (page views 63,176), and *Concerned about someone?* (page views 48,329)

¹⁰ (p 37) . The majority of page views are on information about gambling and gambling related problems, rather than for finding access to services. For example there are only about 1000 views of the NSW-specific service information page per year ⁴⁰ (p 40).

Nationally and in NSW about 80% of users are seeking assistance in relation to their own gambling, 10% about their partner and the remainder about another family member or friend ⁴⁰ (p xx).

Across all registered users, the Gambling Risk Assessment completed with the 2014-15 Gambling Help Online cohort indicated 90.5% experienced problem gambling with negative consequences and a possible loss of control ¹⁰ (p 7). There were 1,333 requests for online counselling resulting in 1,299 directly answered by a counsellor, 407 email-based counselling interactions, and a high completion rate (76.8%) of self-help modules ¹⁰ (p 6).

Gambling Help Online data for 2014-15 shows 399 clinical contacts for NSW involving a gambling presentation or concern only. The majority of services^b provided to this group were counselling and support (80.5%), followed by information/education (32.1%) and agency referral (28.8%) ¹⁰ (p 24).

In 2013 an online counsellor moderated community forum was introduced as part of the Gambling Help Online service ¹⁶ (p 15). It provides opportunities in a public space for anyone affected by problem gambling to connect with others similarly affected to share gambling problems, coping strategies or stories of recovery ¹⁰ (p 11). In 2014-15 there were 85 unique users participating nationally in this forum ⁴⁰ (p 44).

Email support is also offered by Gambling Help Online as an alternative to live chat. In 2014-15 there were 283 email clients nationally, receiving an average of 2 emails each ⁴⁰ (p 44). The Gambling Help Online Annual Report 2014-15 indicates that 81 of the email clients (25.6%) came from NSW ¹⁰ (p 24).

The site also offers nine self help modules to registered users. Over three years, 380 people from NSW have used these modules, representing 13% of total national users in that time period. On average, 2 modules are completed per user ⁴⁰ (p 45).

Profile of registered users of Gambling Help Online

The 2016 Evaluation of Gambling Help Online reports that the majority of registered users are males (57.0%) and persons aged 20-34 years (53.8%). Looking at age and gender combined, the highest proportion of registered users are males aged 20-34 (36.5% of total users) followed by females aged 20-39 (21.4%) ⁴⁰ (p 48). More registered users in all age groups 45 and over are females compared to male users ⁴⁰ (p 48). This profile is broadly consistent with NSW jurisdiction data for Gambling Help Online users in 2014-15. The predominant cultural background recorded is Australian (61.5%) followed by Aboriginal (3.9%) and Chinese (3.1%) ¹⁰ (p 18). NSW data from 2014-15 shows a higher numbers of Chinese ((6.8%) and Lebanese (3.8%) users ⁴⁰ (p 48).

^b More than 1 service may be recorded for the same contact ⁴⁴ (p 32).

The Gambling Help Online 2014-15 Annual Report showed the preferred gambling activity of Gambling Help Online clients was pokies (45.9%), followed by horse/dog races (23.4%), then sports betting (10.5%)⁵⁰ (p 20). The percentage reporting sports betting is higher than the 3.9% reported by Gambling Helpline clients in 2014-15³ (p 24) and the 5% of Gambling Help service clients reported in RGF CDS 2014-15⁴⁸ (p 10) as a preferred gambling activity.

The preferred method of gambling reported by Gambling Help Online clients is via PC/laptops (63.2%) compared to telephone betting (32.1%) and venue gambling (27.8%)¹⁰ (p 21). Gambling Help Online reports that in 2015, its users are increasingly choosing to gamble at home, with sports betting being the type of gambling most frequently undertaken from home¹⁰ (p 24).

The predominant age group for the live chat sessions was 20-24 years (73.2%)¹⁰ (p 18). Most of the live chat requests took place after hours, and 32.7% were received over weekends, with 75.4% originating from metropolitan areas¹⁰ (p 16).

Surveys conducted with 8.5% of chat users after their counselling session found 70% rated the experience of the service as positive and 80% would either use it again, or recommend it to others⁴⁰ (p 6). For the majority of registered users (76.4%), this was the first time they have sought help, and 20% indicated they would not seek other forms of counselling⁴⁰ (p 6).

Gambling Helpline – 2014-15

Numbers of callers

In 2014-15 the Gambling Helpline received a total of 12,674 calls from NSW² (p 6). These are categorised as “target” (about problem gambling) or “non-target” calls (that is wrong numbers, prank calls or hang-ups). The total number of calls is an increase of 13% over the previous year² (p 6), however it is worth noting that there is fluctuation over time:

Calls	2012-13	2013-14	2014-15
Total calls	11,848 ¹	10,337 ¹	12,674 ⁵
Target calls	8,358 ⁶	6,990 ²	7,496 ³
Non-target calls	3,490 ⁶	3,347 ⁴	4,058 ³

Source:¹ *GHL Annual Report 2013-14* (p 6);² *Ibid.* (p 10);³ *GHL Annual Report 2014-15* (p 14);⁴ *GHL Annual Report 2013-14* (p 8);⁵ *GHL Annual Report 2014-15* (p 6);⁶ *GHL Annual Report 2012-13* (p 11)

The RGF Annual Report 2015 indicates the growth in callers to the Gambling Helpline was up 7%¹⁶ (p 1). The Gambling Helpline Annual Report 2014-15 notes that there was a significant increase (21.2%) in the number of non-target calls – that is wrong number (59.2%), prank calls (16.8%), or hang up (16.8%) – compared to the decrease^c in target calls of 9.5% over the 2013-14 figures² (p 14).

^c The decrease in target call numbers in 2014-15 appears to reflect a historic trend since a 2000 high of 12,594² (p 14).

Target calls in 2014-15 represent a 7% increase over the previous year⁵¹ (p 10). The majority of target callers were calling the Gambling Helpline for the first time, which also reflected an increase over the previous year² (p 14). Only 2.8% had previously contacted the Gambling Helpline for support² (p 23).

Most often, callers to Gambling Helpline indicated they had heard about it from Internet searches (30%)⁴⁸ (p 5) or from gaming venues (28%)⁴⁸ (p 14); followed by hearing about it from family/friends (10.8%), another agency (7.7%), Gambling Help Card (4.6%), or reading about it on a brochure/poster on display other than in a gambling venue (3.1%)⁴⁸ (p 15).

Profile of callers to the Gambling Helpline

In 2014-15, 76% of the target group calls were from gamblers and 24% were from relatives, friends, parents, partner/work colleagues, professional advisers or counsellors² (p 14). The majority of target callers were males (65.8%)² (p 17), and this is a decrease over the two previous years, 2013-14 and 2012-13 (74% and 77% respectively)¹⁶ (p 14). Conversely, the number of female callers identifying themselves as problem gamblers in 2015 (32%) has increased over the rate in 2013 (26%) and 2012 (23%)¹⁶ (p 14).

While there was a decline across most age groups, there was an increase in the male callers in the 30-39 year age group and most female callers were in the 50-59 and 60+ age brackets² (p 17).

Primary preferences for gambling activities among the Gambling Helpline callers is similar to that described earlier in this Report, with the exception that a larger proportion of female callers than males listing gaming machines as their primary type of gambling² (p 24).

The Gambling Helpline Annual Report 2014-15 noted that over 64% of the callers were using a mobile phone to ring the Helpline, and as this often happens at a time of crises, they do not always have the means to physically record the details of the agency recommended by the Gambling Helpline counsellor to them.

To address this Gambling Helpline introduced an SMS solution that allows the Helpline counsellor to send the contact details directly to the mobile phone of the caller, enabling calls to the agency to be initiated directly from the SMS message² (p 54). The Gambling Helpline Annual Report 2014-15 indicates that nearly half of all agency referrals offered to callers are now sent direct to the caller's mobile phone via SMS. At the time of this Annual Report, it was unclear what impact the use of SMS has had on the rate of caller connection to the recommended agency² (p 55).

Gambling Help services client follow-up data – 2014-15

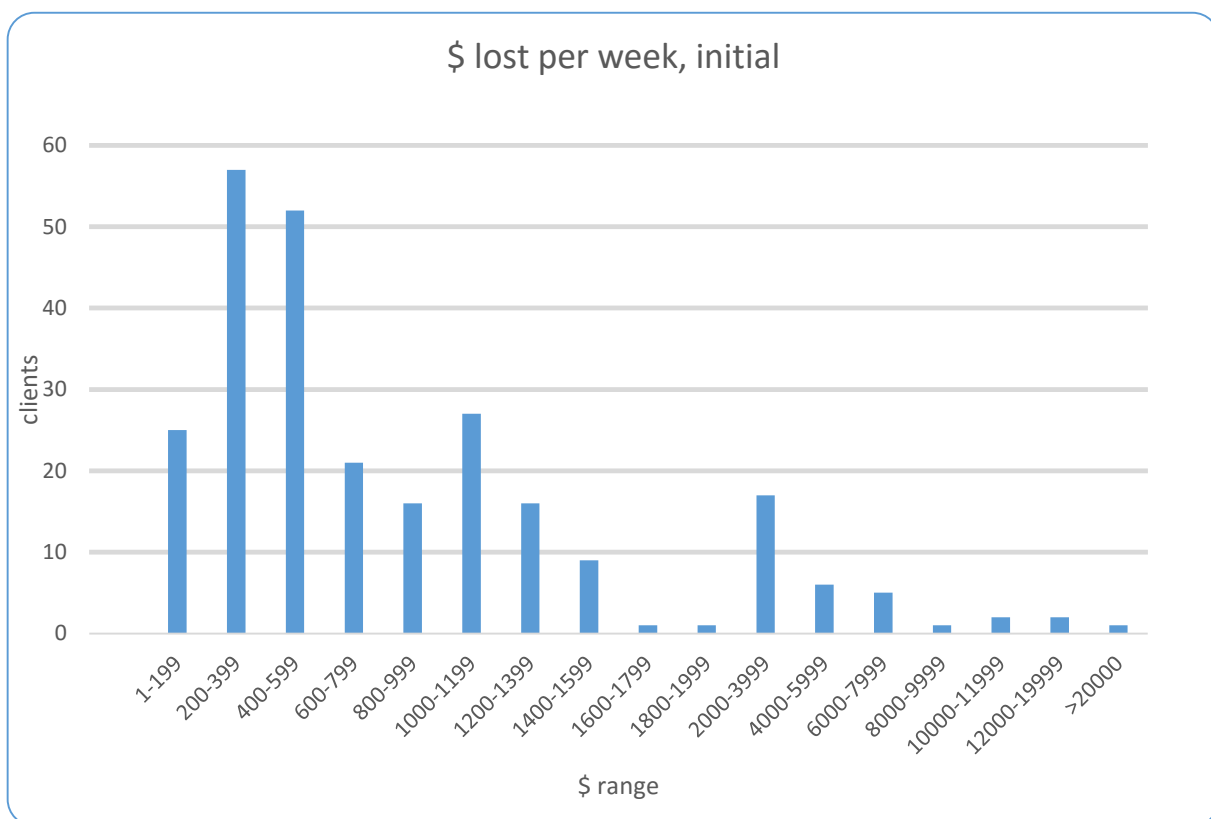
Since 2008, RGF has required Gambling Help services to complete a structured follow up of clients and report outcome data as part of their Annual Report, and provides Client Follow-up Guidelines to facilitate consistency and accuracy of reporting⁴⁵ (p 5). RGF recommends that Gambling Help services ask for client consent to follow-up during their initial

counselling session⁴⁵ (p 2). This structured follow-up is in addition to the Annual Performance Report requirement for services to seek client comment on the service they received either when they complete counselling or left the service⁴⁵ (p 1).

According to the Annual Report 2015, 43% of clients completed their counselling program and 79% of clients followed up 6 months after completing their counselling reported reduced gambling¹⁶ (p 11). The following histograms provide graphic representation of the means of client responses for each question at intake and at follow up.

Losses per week

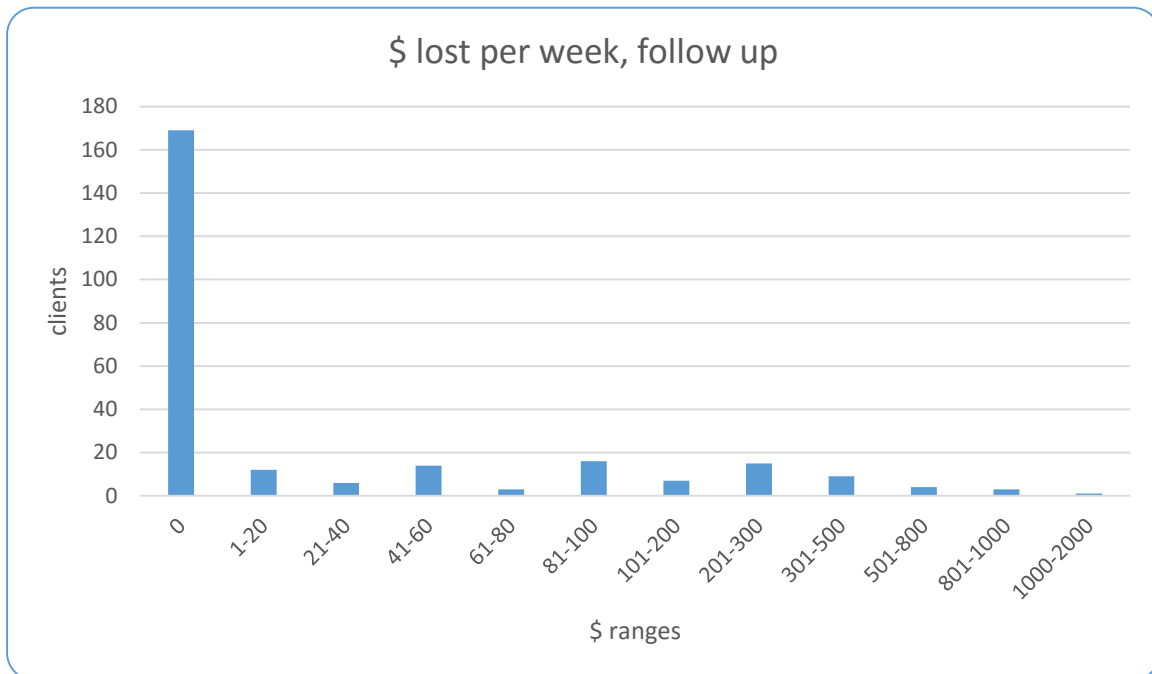
Self report data on the mean dollar loss per week on gambling at initial assessment is shown in the chart below ($n = 259$). The data is not normally distributed, rather it is skewed by a number of clients ($n = 45$) who reported gambling the largest amount per week, while the greatest number of clients reported spending a few hundred dollars per week on gambling.



Source: RGF CDS 2014-15

The reported spending per week on gambling is impressive: the majority of clients in this sample reported spending between \$200 and \$2,000 per week. 10% of clients reported spending between \$1 and \$199 per week; 68% of clients reported spending between \$200 and \$1,199 per week; 11% reported spending between \$1,200 and \$1,999 per week; 9% reported spending between \$2,000 and \$5,999 per week; 2% reported spending between \$6,000 and \$9,000 per week; and 4% reported spending between \$ 10,000 and \$25,000 per week. The mean loss per week gambling at intake was \$1,183.89.

The next chart shows the mean loss per week on gambling had dramatically reduced at the six month follow up time to \$78.29, with a reported range from \$0 to \$2000 per week. There was a wide distribution of dollar amounts reported, but clearly nearly 86% of all clients in the sample reported spending \$100 or less per week on gambling; 72% of the sample reported spending nothing at all on gambling; and just 14% reported spending more than \$100 per week on gambling. Because of the range of amounts reported, for convenience these have been arbitrarily grouped into ranges in order to represent the results graphically.



Source: RGF CDS 2014-15

The differences between the means before counselling and at follow-up are statistically significant using paired *t* tests. *T* values (df = 258) = 7.879; *t* crit (2 tailed) = 1.969, $p < 0.0001$.

Days per week spent gambling

Self report data on the number of days clients estimated they spent on gambling activities at initial assessment and at six months follow up was analysed and is shown in the following charts. There were 25 cases for which this data was recorded as 0 at the initial assessment time, and these were excluded from this analysis.

The mean time spent gambling at initial assessment was 3.12 days per week (range reported from 0.5 to 7 days).



Source: RGF CDS 2014-15

The mean time spent gambling reported at six month follow up had reduced to 0.65 days (range 0 to 7 days).



Source: RGF CDS 2014-15

The differences between the means at intake and at follow up are also statistically significant (paired t (df = 255) = 20.781; t crit (2 tailed) = 1.969, $p < 0.0001$).

Hours per day thinking about gambling

The number of hours per day clients estimated they spent thinking about gambling is shown in the following charts. There were 44 cases recording 0 at the initial assessment time, and these cases were excluded from this analysis. In the resulting sample of 237 clients, the mean time at initial assessment was 4.15 hours per day (range 5 to 24 hours).



Source: RGF CDS 2014-15

The mean time at six month follow up had reduced to 0.83 hours (range 0 to 8 hours).



Source: RGF 2014-15

Clients at follow-up demonstrated a significantly reduced mean time thinking about gambling than they did at intake: (paired t (df = 236) = 13.390; t crit (2 tailed) = 1.970, p <0.0001).

The six month follow up assessment form also asks clients whether the Gambling Help service experience had assisted them to better manage their gambling. In the 253 responses to this question, 243 (96.05%) responded yes, and 10 (3.95%) responded no.

In summary, the follow up assessment of responding 2014-15 clients demonstrated the effectiveness of counselling interventions from the Gambling Help services:

- The amount of money lost per week on gambling (excluding any wins re-gambled) had significantly decreased
- The number of days per week gambled had significantly decreased
- The number of hours per day spent thinking about the next gambling session had significantly decreased; and
- Overwhelmingly, clients reported the Gambling Help service experience had assisted them to better manage their gambling

Impact evaluation survey data - 2016

For the purposes of this Impact Evaluation, separate surveys of current clients and services were developed in consultation with the OLGR (see Methodology). Copies are attached at Appendices B and C.

Both surveys were distributed to all RGF funded services in an email inviting them to participate in the evaluation, together with the project information sheet (Appendix A). The service survey could be completed as preferred by a manager from a whole-service perspective, or by individual staff; and returned by email, mail or E-form.

Services were invited to conduct the client survey as preferred and convenient to them. Some elected not to conduct this survey, citing concerns about the existing research burden on the service or clients, or practical and process constraints.

Where services agreed to conduct the client survey, a number of methods were used. Services distributed the survey in waiting rooms or in counselling sessions. Some asked clients to complete the survey at that time and collated them in a batch for collection and mailing back to the consultants. The Gambling Help service services were able to reproduce additional copies of the survey as needed.

In other cases the Consultants provided the services with an estimated number of printed surveys accompanied by a stamped addressed envelope and the client completed the survey at the time of attendance or subsequently, and sealed the completed survey for return mailing.

A cut off date for all surveys was set for the end of March 2016.

Client survey

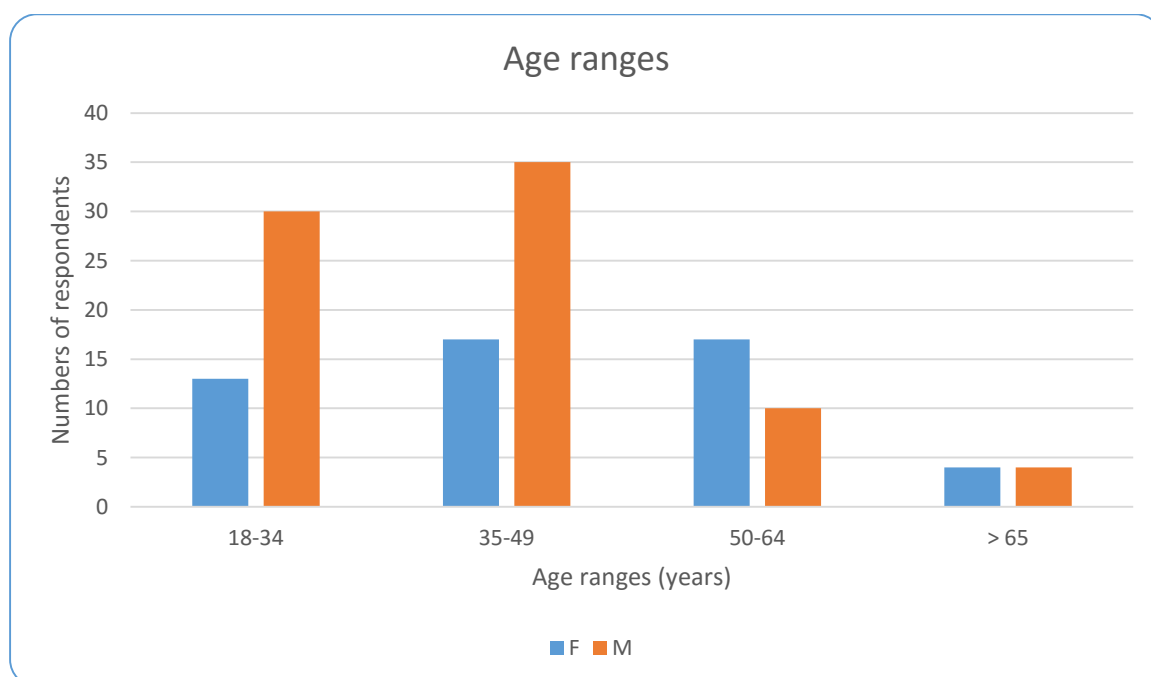
There were 137 client responses from 13 services. All were from current clients of the Gambling Help service, attending during March 2016.

Demographic information included gender and age range; respondents were requested to indicate the location of the service they were attending; whether they were attending for their own problem gambling or for problem gambling affecting a member of their family or a friend; provide a rating of aspects of their experience with the service, and indicate their perception of how the service had affected their gambling behaviour at this time.

Some respondents did not provide answers to some items. The missing data was excluded from subsequent analyses as relevant.

Five respondents did not indicate if they were attending the service for their own gambling or for a significant other or family member's gambling. Among the respondents, 120 indicated they were attending the service for their own problem gambling and 12 for support to deal with the problem gambling of a family member.

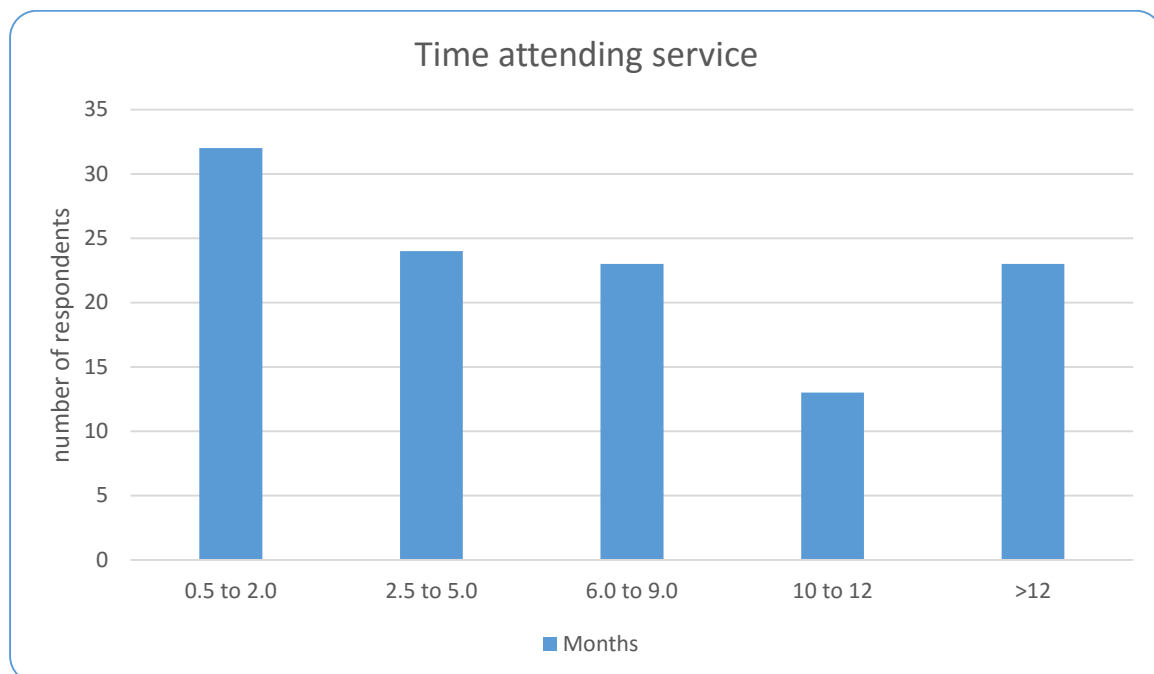
The following chart illustrates the age ranges by gender of respondents attending the Gambling Help service. For consistency with RGF data, the age ranges used are the same as those used in the 2014-15 RGF CDS Annual Report. There were 7 respondents who did not provide this information, and 4 who did not indicate their gender.



Source: Australia's Health P/L, 2016

The mean age of the respondents was: females 45.5 years; males 40.2 years. The RGF Annual Report 2014-15 indicates the mean age of female clients in 2014-15 was 46.0 years; males 40.1 years, and in 2013-14, female mean age was 46.4 years, male mean age was 40.2 years.

Respondents were asked to indicate how long (in months) they had been attending their Gambling Help service at the time of the survey. Twenty-two respondents did not provide this information.

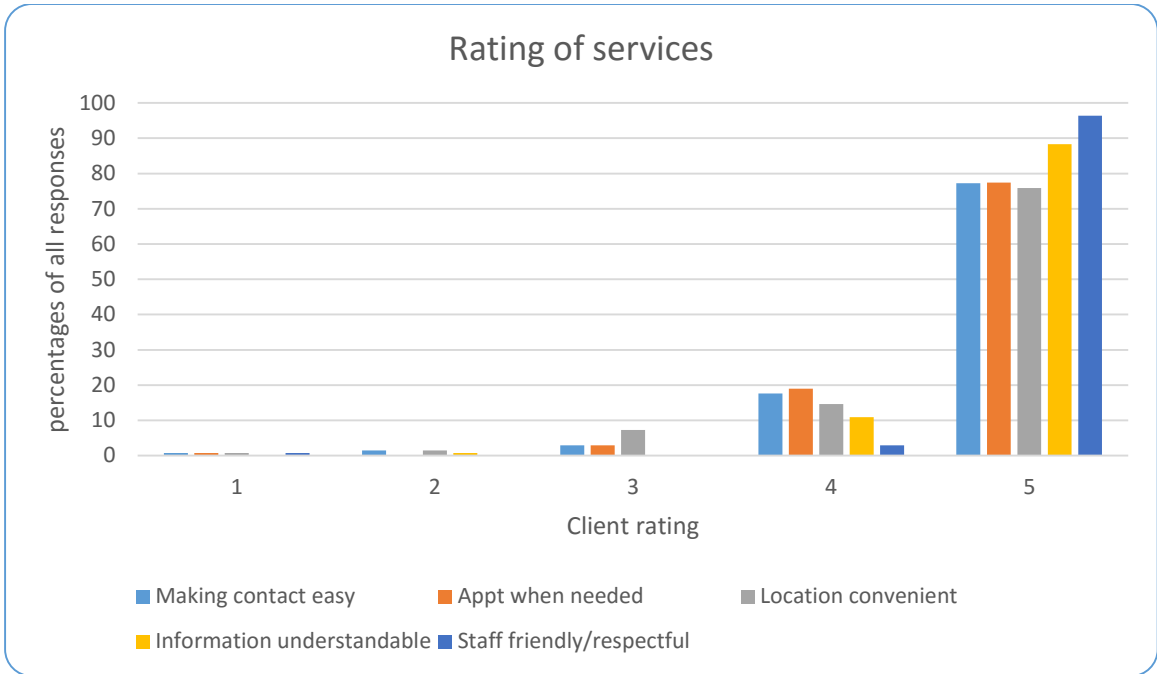


Source: Australia's Health P/L 2016

The duration of attendance was reported from 2 weeks to more than 12 months for around 25% of the respondents. Respondents were not requested to indicate whether their attendance had been for a consecutive time, so the longer periods may include breaks in attendance, periods of re-engagement, or protracted counselling as appropriate to their particular problem gambling needs.

The survey presented a number of statements about the service, and respondents were asked to indicate the extent of their agreement or disagreement with these. Statements were about: ease of making contact, ease of securing an appointment, convenience of service location, easily understood information about the service, and friendliness and respectfulness of staff. Responses were to a Likert rating were 1=strongly disagree to 5=strongly agree. The following chart shows responses to these items.

There were no missing responses. N = 137. Numbers were expressed as percentages of total number of responses to each item to facilitate comparison with RGF CDS data.



Source: Australia's Health P/L 2016

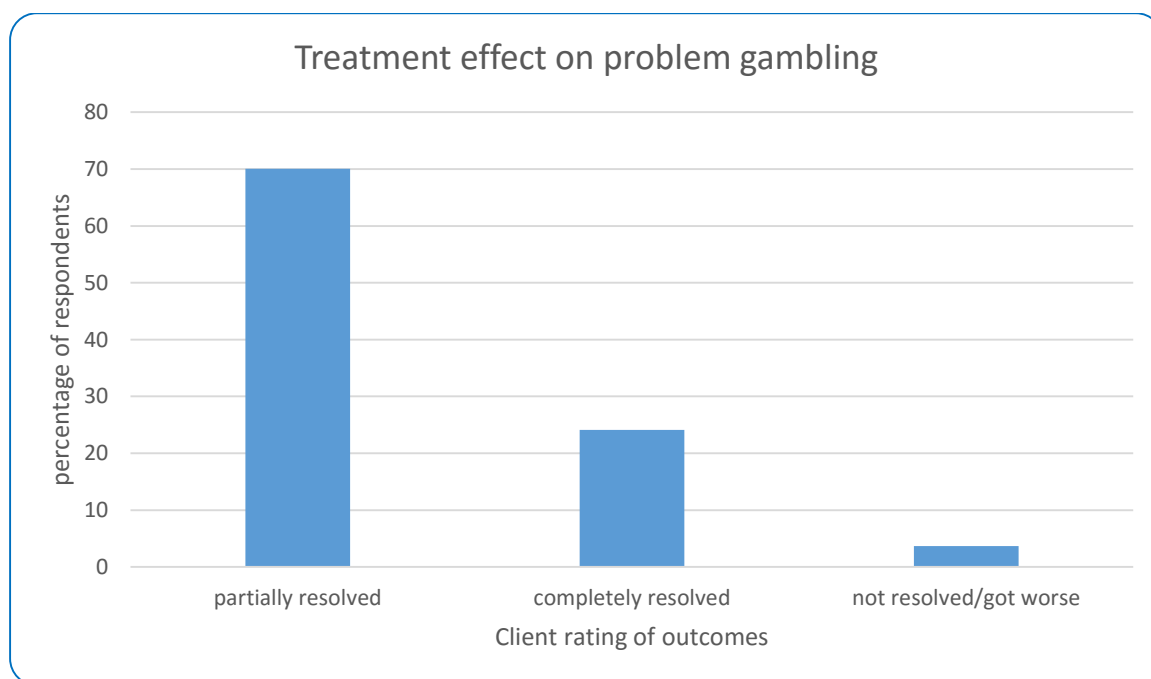
Respondents were asked to indicate how confident they felt in managing their problem gambling or that of their family member, as a consequence of attending the service.

Responses were provided for 133 of the 137 surveys returned. Numbers were expressed as percentages of total responses for each item, to enable easier comparison with RGF CDS data.



Source: Australia's Health P/L 2016

Respondents were also asked to indicate whether, as a result of attending the service, their gambling problems were partly resolved, completely resolved or unimproved or had got worse. Of the 137 survey respondents, 4 did not provide information about this.



Source: Australia's Health P/L 2016

The majority of respondents (70.07%) indicated they felt, at the time of the survey, that their gambling problems or that of their family member were partly resolved; 24.09% considered their problems were completely resolved; and 3.65 % indicated their problem gambling was unimproved or had got worse at that time.

Gambling Help services survey

The Gambling Help services were asked a number of questions about assessment of impact, client outcomes and completion of treatment, effectiveness of outreach activities, key factors which help or limit their impact on problem gambling in their region and any other comments they wished to make relevant to the evaluation. There were 19 written responses from 11 organisations representing 16 services.

In relation to client outcomes, the survey asked of the total number of problem gambling clients seen by the service in the past year, what percentage completed a recommended course of treatment and whether their gambling problems were completely or partially resolved, not resolved or had got worse.

An average of 67.3% of their clients were considered to have completed a recommended course of treatment and the percentages estimated for the different outcomes are shown in the following chart.



Source: Australia's Health P/L 2016

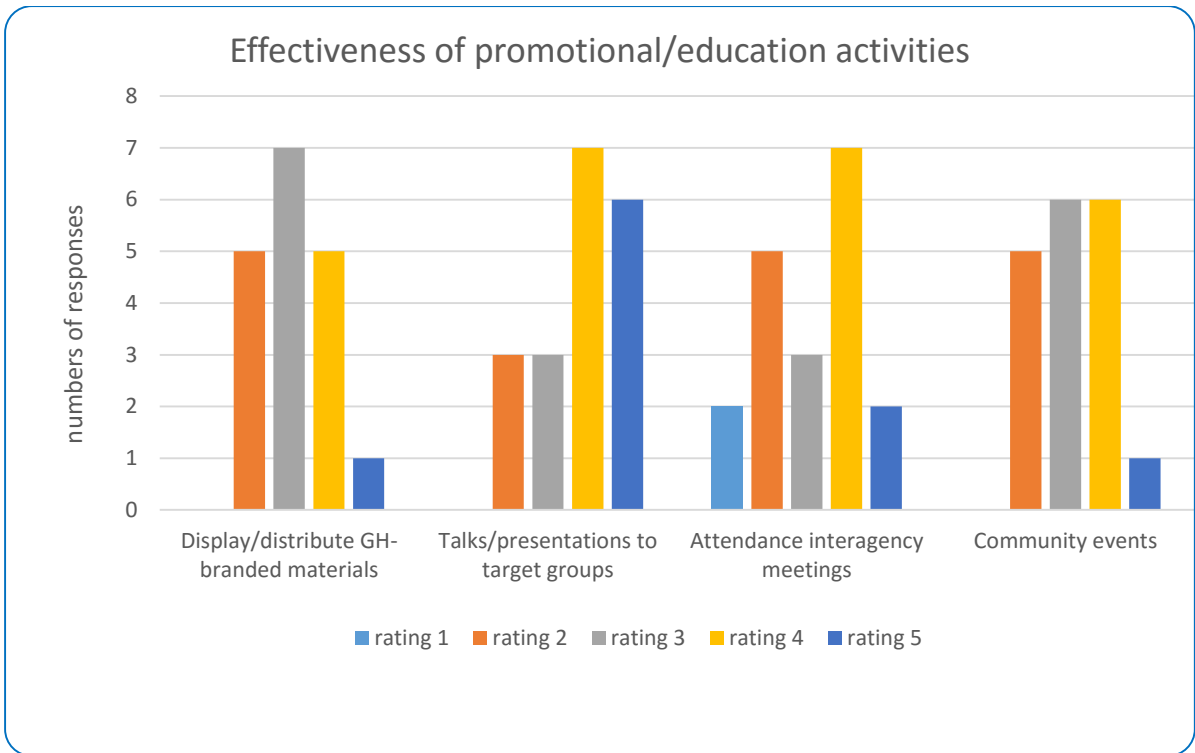
It is worth noting the Gambling Help service respondents' estimate of the effect of counselling on their client's problem gambling is a little more optimistic than the rating provided by the clients surveyed for this Evaluation.

Whereas Gambling Help service respondents estimated that overall, 38.8% of clients had partially resolved their problem gambling; 49.5% had completely resolved their problem gambling; and 16.9% had not resolved or their problem gambling had got worse; surveyed clients provided different estimates: 70.07% for partially resolved, 24.09% for completely resolved and 3.65% for not resolved or got worse.

Gambling Help service respondents were asked to rate the effectiveness of different types of outreach activities in achieving their aims of educating communities and promoting awareness of gambling help. These activities are included in the RGF key performance indicators for services and a measure of their impact is the number of new clients to the service generated as a result of the activity.

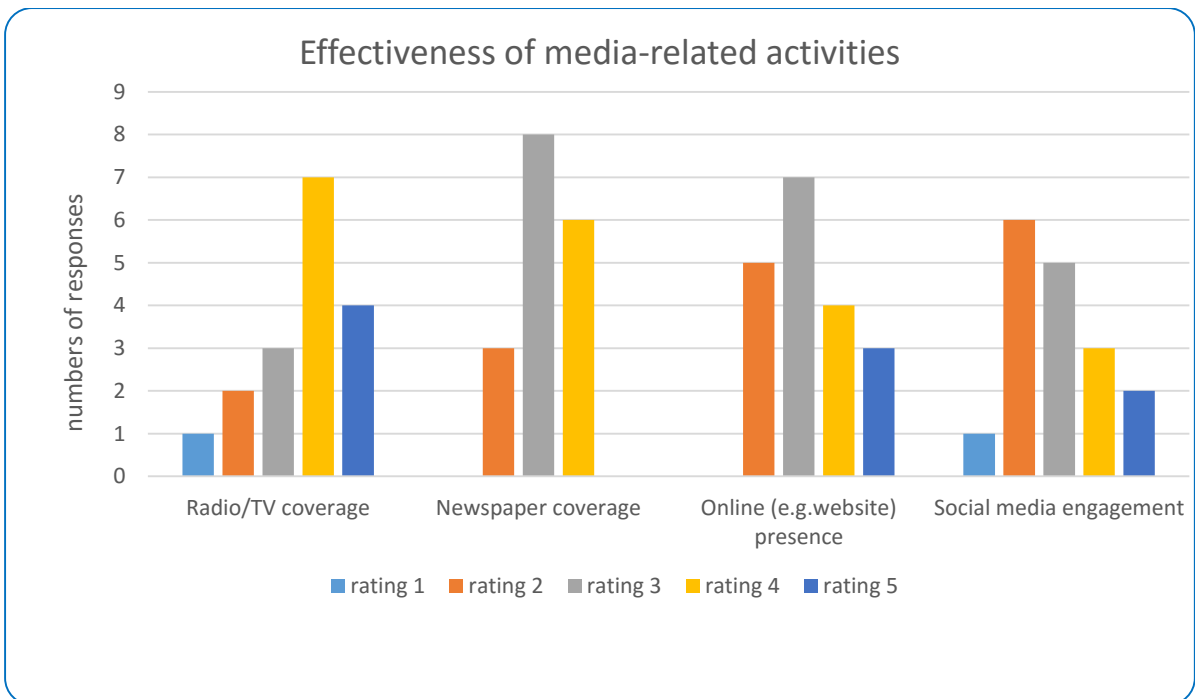
Respondents' ratings of effectiveness are shown in the following charts. For display convenience, the activities are presented in two groups: the materials, presentations, meetings and community events; and the media-related activities.

There is a degree of variability in how effective the various activities were rated, but when the higher scores (4 and 5) are considered, there appears to be an order to the perceived effectiveness of these activities. Talks and/or presentations to target groups were the most highly rated, followed by interagency meetings, community events, and the GH-branded materials.



Source: Australia's Health P/L 2016

The media-related activities also attracted a spread of responses, but when the higher ratings (4+5) are combined, radio and/or TV coverage appears to be considered most effective, followed by on-line (web) activities, social media engagement and newspaper coverage.



Source: Australia's Health P/L 2016

Findings

What impact are the Gambling Help services having on problem gambling in NSW?

The services engage their predicted target group.

It is challenging to accurately quantify the demand and utilisation of problem gambling services. Most expert analyses apply estimated prevalence rates to populations for demand calculation, which enable calculation of likely numbers of clients. As has been noted earlier in this report, there is considerable discussion among researchers and experts as to how these prevalence rates are derived and their accuracy. In addition, research has shown that only a small percentage of the predicted population of people with gambling problems will seek help.

Tracking client utilisation of services present additional problems. A single client may use multiple service modalities (phone, internet and face to face) on multiple occasions in a given time period. While each occasion of service or episode of care is recorded by that service provider, it is not currently possible to track an individual client's service use over time within aggregated data sets.

Recognising the data limitations above, we have compared expected prevalence with client utilisation data and concluded that Gambling Help services in NSW are engaging their predicted target group. Applying the population prevalence rate of 0.8% for problem gambling identified earlier to the 2014 NSW population aged over 15, indicates 48,800 people in NSW with gambling problems. It is estimated only about 10% of adults experiencing problem gambling will seek professional assistance. For NSW this equates to approximately 4900 people who are likely to be seeking help at any one point in time.

In 2014-15 Gambling Help services across NSW counselled 5700 clients. Of that number it is estimated that approximately 20% are family or friends of people with a gambling problem. This leaves just over 4500 clients who are problem gamblers. Annual figures do not record clients who are continuing counselling from the prior year, however data from our client survey and feedback from services suggest about 25% of clients may be engaged with the service for over 12 months. This would suggest an annual new client intake of around 3300 problem gamblers per year.

There were 7500 NSW callers about problem gambling to the Gambling Helpline in 2014-15. Of that number 25% were family or friends of people with a gambling problem, while about 75% were problem gamblers. Almost one third of callers had not previously sought help for gambling issues. This suggests about 1900 new clients with gambling problems are contacting the NSW Helpline per year. Gambling Help services records 18% of their clients are referred from the Helpline, which would mean about 600 clients are likely to use both services. This suggests that the Helpline may be the sole source of assistance for about 1300 new problem gamblers from NSW per year.

There were 39,000 visits to the Gambling Help Online website from NSW internet addresses in 2014-15 and almost 1000 registered users of chat, email and other support services. Of those registered users, 80% are problem gamblers, 20% are family or friends. For 75% of registered users this was their first occasion seeking help and 20% indicated this was the only form of help they wished to access. Gambling Help Online also recorded almost 400 clinical contacts with registered users in 2014-15, offering agency referral to about 25%. Extrapolating this data suggests the Gambling Help Online website is providing the main source of assistance to between 160 to 240 new problem gamblers from NSW per year.

Based on these estimates, Gambling Help services are engaging about 4800 new clients with gambling problems *each year* across the three service platforms. This is consistent with the numbers of people with gambling problems in NSW that are predicted to seek help, based on population prevalence estimates.

The demographic profile, gambling history and gambling preferences of these clients is consistent with that predicted by the literature.

The combination of different service modes is responsive to the needs of clients.

The different modes of service provision are effectively meeting the needs and preferences of clients with gambling problems. The majority of clients are seeking and receive face to face counselling, as shown in their utilisation of Gambling Help services.

About one in six problem gambling clients and one in three financial counselling clients use telephone counselling provided by Gambling Help services.

A large number of calls to the Gambling Helpline occur out of business hours and from mobile phones. This illustrates the important role of the Helpline in providing assistance to clients at a time when needed (frequently in response to a crisis) and through the communications mechanisms immediately at hand. The Helpline has been innovative in responding to this pattern of help seeking through the use of text messaging help and referral information to clients using mobiles. A small number of Gambling Helpline clients use telephone counselling through the Counselling Case Management program.

A small but growing number of clients are using internet based counselling as their primary means of support. Gambling Help Online data indicates this is especially the case for younger users (also consistent with their preferred mode of gambling), but is also reported to be useful for clients who wish to access services at hours convenient to them. Online support is also reported by services to be useful for those who may not be able to readily use other modes, such as shift workers and fly-in, fly out workers.

Counselling service hours and locations are accessible and convenient for clients.

While the literature shows psychological factors are reported to be the major obstacle to problem gamblers seeking treatment, service locations and operating times are also cited as obstacles.

In 2014-15 RGF funded 56 problem gambling and financial counselling services. These services are provided from 253 separate locations in 187 suburbs across NSW. There are two State-wide services funded for legal assistance and CALD communities respectively, and four specialised Aboriginal services.

There are few barriers to access within the program model. Services are free to the user and responsive to user demand with limited waiting times for access and scalable capacity to take additional clients at short notice. One in ten counselling sessions are provided outside Mon-Friday business hours and both services and clients report that this availability out of hours is valued by those users.

The Gambling Help services ask clients to complete a service evaluation survey at their last session or by email where they have indicated they will not be returning. This survey is recorded in the CDS. In 2014-15 the majority of clients surveyed rated the service environment, ease of making appointments and location as good to excellent. This was confirmed by our survey of current Gambling Help services clients, the majority of whom strongly agreed that making contact was easy, they were able to get appointments when needed, and the service location was convenient.

[Specialised services are engaging communities with specific needs.](#)

Specialised services for CALD and ATSI communities are provided by Gambling Help services and reported to be both valued and useful. The literature shows there are particular cultural and systemic barriers to access that need to be addressed for these groups and the Gambling Help services we consulted are both aware of these issues and working actively to engage clients who may experience these barriers. Strategies include engaging with key community leaders to promote awareness and reduce stigma, working within communities to encourage help seeking and familiarity with service providers rather than relying on telephone and internet contact which may be unfamiliar or untrusted, and offering materials and support in community languages.

With the support of RGF awareness campaigns and the program's move to an increased focus on community engagement in prevention and early intervention, Gambling Help services have been innovative in addressing at risk target groups including school-age and university students, young offenders, migrants and refugees and shift workers.

[The services promote community awareness and access to services.](#)

A strategic priority for RGF is in promoting awareness of problem gambling in the NSW community. This primary intervention is aimed at helping people make informed decisions about gambling and also supports the secondary and tertiary strategies of early intervention for at-risk gamblers and raising awareness and access to treatment services for problem gamblers. NSW Gambling Help services are principally engaged in the secondary and tertiary strategies, but each program component also contributes to primary prevention. The outcomes of this engagement are consistent with the literature which shows a significant

barrier to accessing treatment is awareness of treatment services and confidence in their efficacy.

NSW Gambling Help services participated in 3,553 community engagement activities in 2014-15. This included 915 talks and presentations and 415 community events such as open days. The services generated 326 local media items and 248 online activities, as well as 1390 other activities including engagement with gambling venues attending interagency meetings and service networking events. Sixteen percent (872) of 2014-15 Gambling Help service clients reported learning about the services through these awareness activities.

The Internet and gaming venues are the two most common sources cited by callers for hearing about the Gambling Helpline, while family and friends remain the third most commonly cited source. This suggests online promotion and disseminating information materials in gaming venues are important vectors for awareness of help services.

The role of the internet as an access point for gambling help information and support is reinforced by data which shows that the primary sources of visits to Gambling Help Online are results from search engines and referrals from various other websites accounting for 40% each. Sixteen percent of visitors directly enter the website address, suggesting the uptake of this information from promotional materials and advertising.

[Gambling Help services are effective in reducing problem gambling by their clients.](#)

While the literature shows that a significant number of people may resolve their problem gambling without intervention, there is clear evidence that the majority of those who access treatment respond to and benefit from it. The evidence gathered for this evaluation strongly corroborates these findings and indicate that the Gambling Help services are effective in reducing problem gambling by their clients.

Analysis of 2014-15 de-identified data from 259 clients provided to us by OLGR shows statistically significant reductions in gambling behaviour at 6-month follow-up compared to pre-treatment assessment. These improvements include reductions in the money spent, the time engaged in gambling and being preoccupied with thinking about gambling.

The majority (94%) of current Gambling Help services clients surveyed for this evaluation reported they had partly or completely resolved the gambling problems they sought help for. Gambling Help Service managers and counsellors consulted for this evaluation also reported that the majority of their clients (88% in their estimate) had partly or completely resolved their problem gambling after counselling. A similar majority of clients completing the Gambling Help service client service evaluation survey in 2014-15 reported good to excellent progress in managing their problem gambling.

It is important to note that clients and services engaged in this evaluation emphasised that managing the addictive nature of gambling related problems requires ongoing effort, and that for many people, reporting partial rather than complete resolution reflects this continuing challenge and commitment. This suggests to us that, while self-reported outcomes are sometimes regarded with some scepticism, many people who engage in

professional treatment are at a point where they have experienced the significant harms of problem gambling, and are realistic about the challenges they face in overcoming it. In short, we consider their self-reported progress as generally valid and reliable.

These survey outcomes are also consistent with comprehensive studies previously conducted by two RGF funded Gambling Help services (University of Sydney Gambling Treatment Service, and the North Sydney Drug, Alcohol and Gambling Service) which demonstrated reductions in problem gambling after their interventions⁹ (p 7.34). The North Sydney service reported significant reductions in Problem Gambling Index scores, number of days gambled, number of hours spent thinking about gambling and money spent per week on gambling after treatment; the University of Sydney Gambling Treatment Service reported more than 54% abstinence from gambling, 94% reduced gambling significantly, and 100% no longer met DSM IV criteria for pathological gambling⁹ (p 7.34).

Other outcome data following interventions show positive changes: for example, the Gambling Helpline reported that clients participating in their Counselling Case Management program recorded improvements in problem gambling scores² (p 29) and Gambling Help Online indicates that for the email counselling and the moderated chat forum, these programs are effective (p 30) and that more than 30% of clients reported the service was very helpful for them⁴² (p 57).

[Gambling Help service counselling is helping reduce the harms from problem gambling.](#)

The RGF program goal is to reduce gambling related harm in the NSW community. The literature shows that problem gambling behaviour negatively impacts on the gambler's mental health and their interpersonal, family, social and work relationships. This is confirmed in data from the Gambling Help services Client Data Set which shows up to 50% of problem gamblers accessing the services experience anxiety and depression, 40% have had thoughts of suicide with 12% having made suicide attempts, while up to 30% have problems with alcohol and or drug abuse⁴⁸ (pp. 15-16).

Consistent with the literature, both counsellors and clients consulted in this evaluation reported that relationship and family breakdown is common and often a key trigger for seeking help; while financial and legal problems and loss of accommodation and employment are also commonplace.

Gambling Help services counselling helps reduce these broader harms arising from problem gambling. Clients, family members, counsellors and stakeholders all consistently reported significant positive impacts on these factors. The majority of current clients surveyed for this evaluation reported a high level of confidence that the service could assist them in managing their own or their family member's gambling problems.

These are illustrated in representative examples of comments in our survey of current Gambling Help service clients:

- *(the counsellor) has turned my life completely around without exaggeration. I was totally at rock bottom and now I feel I can manage my life again.*

- *(the counsellor) was able to help me steer my way out of a very dark time of my life. I will always be eternally grateful for all of her help.*
- *Counselling for me has been extremely necessary to my ability to deal with everyday life. I feel very grateful for this organisation being made available.*
- *This service has changed our lives and I don't think our circumstances would have changed without their support.*

Utilisation data shows Gambling Help services are well positioned to help people who are experiencing gambling problem related harms, with up to 30% of their referrals coming from health and community service providers such as general practitioners, emergency departments, social service agencies and legal services. In turn, they often refer clients to other agencies for specialised mental health, legal and community services, treatment and support.

The Gambling Help services financial counsellors were consistently described by both clients and services to be very effective in providing practical assistance to clients in dealing with the financial consequences of problem gambling. Almost 18% of clients are referred to financial counsellors.

Clients report a high level of satisfaction with the quality of services provided.

In the 2014-15 CDS client service evaluation survey the majority of clients rated service quality as good to excellent. This experience was supported by items in our survey of current Gambling Help services clients, with the majority reporting the service had given them information that was easy to understand and that they found the service friendly and respectful.

When asked if there were any other forms of help for their gambling problems they would prefer, over 95% did not specify any other preference. Of those that did suggest other forms of help, most suggestions were of social changes such as a complete ban on electronic gaming machines or gambling advertising.

Gambling Helpline users sampled also show high levels of satisfaction. In 2014-15, 7% of all target callers participated in a satisfaction survey and most rated the quality of the service, the informative nature of the call and their level of confidence in using the information provided to manage gambling problems at 4 or above on a scale of 1 to 5 ²(p 37).

Gambling Help Online has conducted surveys with 8.5% of chat users after their counselling session and found 70% rated the experience of the service as positive and 80% would either use it again, or recommend it to others ⁵² (p 6).

Impact of the Gambling Helpline on problem gambling

The greatest impact of the Gambling Helpline is its information and crisis support role particularly for people seeking help out of hours. While not providing gambling help therapy per se, the Helpline is an important mechanism for screening and referring callers

affected by problem gambling to treatment services or other support services; providing an immediate crisis response where necessary by referral to emergency services; and providing advice and information for callers about problem gambling.

- The Helpline number is widely disseminated through RGF funded services and promotional activities, gambling venues and gambling advertising.
- Almost 7500 NSW people called the Helpline for gambling related help in 2014-15.
- Over 60% of callers ring the Helpline from a mobile phone, often at a time of crisis.
- Three quarters of callers to the Helpline are from gamblers, while one quarter are from relatives or others concerned about a gambler.
- The majority of callers are males but the percentage of female callers identifying as problem gamblers has increased over time to now constitute just over 30%.
- There has been an increase over time in the number of male callers in the 30-39 year age group and females in the 50 to 60+ age group.
- The Helpline is a major referral mechanism for people to make contact with Gambling counselling services. Over 40% of callers were referred to NSW gambling help services in 2014-15 and this number has increased over time
- The Helpline provides a telephone counselling option for a small number of clients who choose this option.
- The majority of callers who participate in satisfaction surveys rate the service highly.

Impact of Gambling Help Online on problem gambling

The greatest impact of Gambling Help Online is as a low intensity intervention providing information and raising awareness for site visitors about problem gambling. It also provides information about NSW counselling and treatment services to a small number of visitors affected by problem gambling. For a similarly small number who choose to register, it provides support services, and for half of those it is the primary source of medium intensity treatment and support using chat, email and self help modules. However the demographic using this aspect of the site indicates it may see greater utilisation in the future by younger people who are reluctant to use face to face services.

- The Gambling Help Online website address is widely distributed through all RGF branded materials, Gambling Help service provider information, gambling venues and gambling advertising.
- In 2014-15, there were over 39,000 site visits originating from NSW. The majority of page views were for general information about gambling and related problems.
- Fewer visitors use the site to find access to local services, with NSW-specific pages receiving only about 1000 views per year.
- In 2014-15, 990 people from NSW were registered users of Gambling Help Online services and there were 399 registered users of the online counselling and support service. Of this group, 25% were provided with referral to another agency.
- Gambling Help Online counselling options are reported to be valued by people who prefer privacy and anonymity, an immediate response, flexible hours of contact and a preference for interaction which does not involve talking.
- The demographic profile of registered users, nationally and in NSW is younger than

those using telephone and face to face counselling and includes a greater proportion of people who use internet and sports betting.

Impact of the Gambling Help face-to-face services on problem gambling

There are two major impacts of the NSW Gambling Help services on problem gambling in NSW. The first is providing high intensity interventions using specialised counselling treatment to clients in their local area. This treatment has a significant impact on the outcomes of problem gambling for a majority of service clients. The second key impact is providing the local face of problem gambling support and services in their communities. They demonstrate an important role in community education and awareness, liaison and referral with other local service and agencies, and providing known and trusted professionals who can successfully engage with hard to reach clients experiencing significant stigma.

- Gambling Help services are the major provider of specialist problem gambling counselling services in NSW. In 2014-15 they provided counselling to 5759 clients in 28801 sessions.
- There are 56 services distributed across 9 NSW regions, providing access in 253 separate locations. Counselling is offered in both business and extended hours; in different modes; and to individuals, groups and families affected by problem gambling.
- Services provide trained counsellors in problem gambling and a number also provide trained financial counsellors. There are specialised services available to CALD and ATSI clients and for clients experiencing legal problems.
- Services are organised through a variety of auspice agencies including religious and secular community organisations, health services and academic institutions.
- They provide specialised local support to other health and community service providers and agencies through networking, liaison and referral. In turn they enable referral of problem gambling clients to other agencies and professionals where needed.
- They have key roles in community education and awareness through locally based events, activities, media and liaison with gambling providers.
- The demographic and problem gambling profile of clients is consistent with that predicted by the literature demonstrating that the services are reaching their intended target group
- Analysis of treatment outcomes shows a significant impact on client problem gambling and problem gambling related consequences.
- Service clients report high levels of satisfaction with the services.
- Service community education and awareness activities demonstrate significant reach and effectiveness in engaging clients at risk of, and experiencing problem gambling.

What do the Gambling Help services achieve for their funding?

While it was beyond the scope of this evaluation to provide an analysis of the economic impacts of problem gambling, the evidence suggests the effects on individuals, families and

the community are clearly significant. These include the individual financial losses arising from gambling, effects on employment and accruing loss of assets such as savings and property. Information provided in this evaluation suggests that financial and asset losses frequently extend to family members who may provide money or assets to the gamblers to support them. Additional and substantial economic impacts can include those associated with mental health problems for the gambler and those immediately affected, crimes such as fraud, and suicide.

The total funding provided by RGF to the three program components is substantial, however they provide a comprehensive response to the needs of problem gamblers, their families and the broader community for education, early intervention and treatment and counselling services. Their activities and interventions are likely to represent good value for the investment in preventing, reducing and mitigating gambling related harms in New South Wales.

The data below provide some average costs of program expenditure per occasion of service across the three components, comparing these between NSW and Victoria. It should be noted that this method of costing occasions of service aggregates different types of activities conducted by each of the services and the different types of costs within overall service expenditure.

NSW costs per service and interstate comparison

Data was provided to the consultants showing expenditure and activity on NSW Gambling Help services and the NSW contribution to the Gambling Helpline and Online services.

Expenditure: NSW Gambling Help Services, Helpline and Online	
Gambling Help services ¹	\$10,535,666.00
Gambling Helpline ²	\$831,890
Gambling Help Online ²	\$250,269

Sources: ¹ 2014-15 expenditure: Copy of CDS extracts: 14-15 summary data email 1 December 2015;
² 2013-14 expenditure. Impact Evaluation of Gambling Help Services in NSW. Request for proposal p.1.

Activity and expenditure – NSW Gambling Help services	
Total clients	5750
Total sessions	28801
Total grant paid	\$10,535,666.00
Average session cost	\$365.81

Source: 2014-15 expenditure: Copy of CDS extracts: 14-15 summary data email 1 December 2015.

In 2014-15, 56 services were provided funds by the Responsible Gambling Fund to deliver problem gambling and financial counselling. They treated 5750 clients providing 28,801 counselling sessions. Using the CDS spreadsheet figures for the total grant paid, the average cost of a NSW counselling session in 2014/15 was \$365.81.

Victoria is the closest comparable jurisdiction to NSW in terms of population size and organisation of Gambling Help services. In 2014-15 the Victorian Responsible Gambling Fund funded 11 organisations to deliver Gamblers Help Services through face to face counselling in 92 locations. These services counselled 6,962 clients for a total of 24,111 problem gambling and 6892 financial counselling sessions^d. The total grant for these services was \$14,532,260^e. This results in an average session cost of \$469.

There are some important differences in the scope of services and associated costs between NSW and Victoria:

- in NSW, Gambling Help services are required to undertake health promotion and community education activities. In Victoria these are funded as separate activities^f.
- in NSW, the total Gambling Help services grants allocation includes State-wide services for CALD communities, which in Victoria are also funded separately^g.

When these additional services are added in, the comparable total grants allocation for Victoria rises to \$18,935,002. Using like-for-like comparison with NSW, this results in an average counselling session cost of \$610.75, forty percent more than the NSW average session cost of \$365.81.

Activity and expenditure - Gambling Helpline and Online		
Gambling Helpline	NSW	Victoria
Contribution	\$831,890 ¹	\$676,388 ²
Callers	6990 ³	11,722 ⁴
Cost per caller	\$119.00	\$57.60
Gambling Help Online	NSW	Victoria
Contribution	\$250,269 ¹	\$179,592 ²
Visits	34,436 ⁵	34,783 ⁶
Cost per visit	\$6.50	\$5.16

Sources: ¹ 2013-14 expenditure. *Impact Evaluation of Gambling Help Services in NSW. Request for proposal p.1*; ² Victorian Responsible Gambling Foundation. *Annual Report 2014-15. p.21*; ³ *Gambling Helpline Annual Report 2013-14 p.10*; ⁴ *Gambling Helpline Annual Report 2014-15 p.13*; ⁵ *Gambling Help Online Annual Report 2014-15 p.13*; ⁶ Victorian Responsible Gambling Foundation. *Annual Report 2014-15. p.33*

The NSW contribution to the Gambling Helpline in 2013-14 was \$831,890. In that year the Helpline received 6,990 calls from NSW about gambling help. This equates to an average cost of \$119 per caller. Using 2014-15 information, the Victorian RGF contribution to the Helpline was \$676,338 and there were 11,722 calls. This equates to an average cost of \$57.60 per caller.

The NSW contribution to Gambling Help Online in 2013-14 was \$250,269. In that year the service received 38,436 page visits from NSW. This equates to an average cost of \$6.50 per page visit. Using 2014-15 information for comparison, the Victorian RGF contribution to

^d Victorian Responsible Gambling Foundation. *Annual Report 2014-15. p.21*

^e *Ibid. p.21*

^f *Ibid p.35*

^g *Ibid p.34*

Gambling Help Online was \$179,592. There were 34,783 page visits from Victoria. This equates to a cost per page visit of \$5.16.

Strengths and weaknesses of the Gambling Help services overall

Strengths

The NSW Gambling Help services program offers a range of high quality, well-regarded services that are providing effective interventions for people with problem gambling.

The program provides local counselling services to over 5500 clients, and receives almost 7000 Helpline calls and 38000 national website visits from NSW residents. The majority of the users of the counselling services and Helpline meet the target group criteria of problem gambling.

A major strength of the NSW Gambling Help services program lies in its specialised focus and scope. This allows clear definition of its target groups and strategic goals, supporting a strong “brand” definition within its service and community contexts.

The program is resourced by funding which is legislatively mandated and dedicated for the purpose. This has resulted in stable resourcing and program development over time.

Client services are provided by highly motivated staff. In our consultations with service managers for this evaluation, they frequently commented on the commitment and quality of their staff and their exemplary service to their clients. These views are supported by client survey feedback cited later in this section.

Problem gambling has complex aetiology and help seeking is frequently delayed until the consequences are well advanced. Motivation and commitment to accessing help often fluctuates according to a range of personal, social and environmental factors. The combined Gambling Help service modes offer a range of interventions of differing levels of intensity which are accessible and responsive to the problem gambler or those affected at the time they are motivated to take action.

Weaknesses

Some stakeholders see the location of the Gambling Help services program within an agency involved in gambling regulation as a potential conflict of interest. An additional view is that the program should be placed within the health portfolio as community health is its primary objective and the principal focus is on addictive behaviours. However it was also noted that there would be a risk of funds and effort being subsumed or diffused within a larger portfolio and competition from other programs and priorities.

Some stakeholders were concerned that given the length of time it can take to engage with priority groups, nominating different priority groups by RGF each year creates difficulties in having sufficient time to get involved and follow through with each group in the medium and longer term. Some stakeholders also felt the identification of priority groups was not

done collegially, so in their experience, there was some discontinuity in who they were required to focus their attention on year by year.

Strengths and weaknesses of the Gambling Help services in preventing problem gambling

Strengths

The three program components offer multiple channels through which NSW community awareness and understanding of problem gambling can be addressed. Gambling Help Online provides 24/7 online information about gambling related issues which are accessed by significant numbers of users annually. The Gambling Helpline provides 24/7 access to both real time and email information and support. NSW Gambling Help services operate in over 250 locations across the State and delivered over 1200 community education activities and events in their local communities in 2014-15.

Access to the services is aided by widespread distribution of the Gambling Helpline contact number and Gambling Help Online website address in gambling venues, community advertising and information materials. Almost 60% of Helpline callers cited either a gambling venue or the internet as their source for the Helpline number.

The RGF communications program provides online, social media and advertising resources including an annual campaign for Responsible Gambling Awareness Week. Though not the subject of this evaluation, the communications program ensures consistent branding and messaging in the materials used for information and education activities, and increased media and online activity during targeted campaigns which is reinforce key messages and help each service platform to engage with potential clients.

Information resources are available in a number of community languages, supporting uptake and awareness in different CALD communities and there is a specific engagement and awareness campaign for ATSI communities.

The use of community leaders and role models in awareness campaigns and community education activities is reported by services to be effective, especially among specific target groups such as ATSI and youth.

Weaknesses

Gambling Help service counsellors report a number of concerns with the requirement to undertake promotional and community awareness-raising activities. Some feel that this requires specialised skills in health promotion and community development, when a counsellor's specific skill set is clinically focused, and as a result may be a less effective use of counsellors' skills and time.

The requirement to undertake these activities can also be unduly time consuming in preparation and delivery, reducing the time available for providing their core business of

counselling.

It was also suggested that staff may not be appropriately remunerated for these activities, in some cases having to use their own vehicle without reimbursement or working unpaid out of business hours.

There were a number of concerns expressed by many participants in this Evaluation about the visibility and utility of gambling awareness and help messages. For example:

- problem gambling prevention messages are neither sufficiently prominent nor easily read in much TV advertising, if they are present at all. In short duration exposures, such as during TV commercials, the inclusion of mandatory subscript messages, in extremely small, close spaced text low down on the screen, did not present a reasonable opportunity to read the content.
- Gambling help information and prevention messages are often not presented in community languages in venues and locations that have high numbers of CALD users. Many participants thought that these messages were primarily written in English, presented in small font, and tended to be located in venue foyers away from the actual location of gambling activity. This meant they were likely to be missed or not understood.
- In addition, there was a view that Gambling Help service help information and prevention messages may not be accessible to family members who do not visit gambling venues, and may be avoiding such locations because of their experiences with the problem gambler. Some client partners indicated that they were completely unaware of such information at the time they needed it most. They also indicated they had been unaware that Gambling Help services were able to provide support and information to them as well as the person with problem gambling.

Prevention activities are reported to be challenged and even overwhelmed by the current gambling environment. Gambling opportunities are already extensive and are growing. In addition to physical venues in which gambling products are available, there is an exponential increase in the number and availability of gambling opportunities on mobile and interactive platforms, including phone, tablets, laptops and TVs. These platforms enable personalized, discreet gambling activity, in the privacy of the home or workplace, day or night 24/7. Participants in this evaluation warn of a potentially major increase in problem gambling emerging in subsequent years, especially given these problems develop over time and in many cases start at a quite young age.

A number of other activities are reported to be socialising and normalising gambling among vulnerable groups, with example cited of mobile apps and online games which require the purchase of credits to continue playing, apps directed at children which replicate EGMs using symbols which are the same as those on machines in gambling venues, and a growing trend identified of high school students playing card games for money. It was reported that many community members do not recognise these activities as gambling and are unaware of the potential harms that may result.

Cultural factors are also relevant, for example it was reported by some of the CALD

stakeholders who participated in this Evaluation, that card games and betting on them, were fairly common in ATSI communities, and these were not necessarily identified by participants or others as gambling. It was noted that there is a cultural norm of gambling within the Chinese community, so there may be quite unrealistic and unchallenged views of what constitutes problem levels of gambling.

Other cultural factors are discussed in the following section: early intervention.

Strengths and weaknesses of the Gambling Help services in intervening early in the development of gambling problems

Gambling problems often develop over a long period of time and it is common for clients to report a long history of gambling before seeking assistance. The variable ratio of reinforcement inherent in gambling also means that the distress of losing can quickly be displaced by the relief of winning and vice versa. The triggers for help seeking are reported to be strongly associated with crises, whether that be a single gambling session with catastrophic losses, the cumulative effects of losses resulting in severe financial or legal problems or a relationship breakdown. Participants in this evaluation reported that help seeking by people with gambling problems reflects these factors, meaning that motivation and commitment to seek help and deal with the problem fluctuates over time.

Help seeking is also reported to be strongly age related, where the negative effects from gambling may become more significant as mortgages and marriages are put at risk. Encouragement or an ultimatum from a partner or family member was reported to be a significant driver of help seeking.

Strengths

The Gambling Help services demonstrate significant strengths in providing early intervention. The Gambling Helpline and Gambling Help Online offer 24/7 access to information, help and support when the client chooses to make the approach or feels the need to do so. A large proportion of target calls to Gambling Helpline are reported to be made during times of crisis and for one third of callers it is the first time they have sought help. Most of the live chat requests to Gambling Help Online occur after hours from clients who report problem gambling with negative consequences and possible loss of control. It is also notable that up to 20% of Helpline and Online services users are family or friends of problem gamblers.

Our analysis of the utilisation of the NSW Gambling Help services suggests a similar pattern, with approximate 75% of clients being new users and 20% of clients being family or friends of problem gamblers. Feedback from services and counsellors indicates that the most common driver for seeking help is a personal or relationship crisis.

Localised community engagement is also effective in reaching out to people with gambling problems. RGF CDS data shows 16% of NSW Gambling Help services clients came to the service after learning of it through community engagement activities. Participants in this

evaluation who had conducted community information and education activities confirmed the importance of this personal engagement with potential clients.

There were two notable patterns of engagement. People seeking help tended to approach the presenter privately rather than in public, usually after the presentation or to one side of a public display, reflecting the stigma strongly associated with gambling problems. A second notable group were often younger people who engaged with presenters and appeared to be realising they were at risk of developing a problem, but had not considered this prior to the event. The provision of information for this group was reported to be effective in addressing their need; and this is consistent with both the literature and evaluation participant reports of younger people who may attend only one counselling session yet appear to benefit from this brief intervention.

Liaison activities with other agencies were also reported to be helpful in promoting screening for problem gambling and picking up gambling problems which may not be otherwise be disclosed or are presented as depression, anxiety or suicidal behaviour.

Community leaders and community attitudes were reported to be important in encouraging early help seeking. Participants working with various CALD communities noted the important influence of culture on gambling and problem gambling.

In some communities gambling is prohibited by religious edict and is collectively unacceptable; to acknowledge gambling can cause shame and isolation of the gambler and their family. Some community leaders were reported to be resistant to engagement with the Gambling Help services for these reasons; however we also heard examples where religious and community leaders considered support for the problem gambler and their family was of paramount importance and were actively promoting awareness and help seeking.

In other CALD communities, gambling may be acceptable and even encouraged as leisure, with the gambler characterised as one who is smart and intelligent – a winner. Conversely, identifying as a problem gambler may mean losing face, or be seen as inappropriate – it is nobody else's business. In each instance, the reaction of the gambler and the family is frequently to cover up the losses and associated problems, with evaluation participants citing examples of families losing considerable assets over time as they attempt to shield the gambler from these consequences. It was reported that service access patterns are distinctive in CALD communities: it is often the family who eventually contact the service, while the problem gambler continues to deny their need for help.

There were other examples of cultural barriers to early intervention cited by participants. People may come into the Australian environment from countries where gambling is prohibited, naïve about the potential impact, develop a gambling problem, but then not access help due to embarrassment and a lack of awareness and/or trust of services. Migrants and refugees were described as arriving in communities where the principal social meeting places are gambling venues, thereby facing a tension between exposure to gambling and the need to socialise and meet their peers. There were also reports of socially isolated overseas students with access to considerable resources intended for education

fees, accommodation and living expenses, being drawn to online gambling as a form of recreation and quickly developing gambling problems.

Access to gambling support information can also be challenged by cultural factors. Participants reported that some culturally specific venues and services may refuse to use or display gambling help materials because of the stigma and embarrassment associated with the issue. They fear that providing this material may either breach cultural norms or offend their own clients and patrons.

The lack of advertising in community language publications about problem gambling was also cited as a barrier to help seeking, when compared to the frequency of advertising of for alcohol and smoking campaigns.

For some communities the mode of service may itself may be an access barrier. ATSI and CALD people were reported to be unlikely to use the Helpline or contact a Gambling Help service because of a concern about their privacy and the risk that they may disclose personally sensitive information to a stranger, or worse to someone who may know them or their family.

Consistent with longstanding advice in working with such communities, direct, personal engagement by trusted support workers in the community is seen as the most effective way of educating and promoting early intervention. The RGF initiatives in CALD and Aboriginal specific services and community education were seen as positive and valuable developments.

Weaknesses

The crisis that spurs contact with treatment services can quickly pass given the variable reinforcement of gambling, so that a win may defer help seeking or even escalate the pattern of problem gambling, for example to a higher level of losses. Barriers to service access such as language difficulties or delays in response times that may occur in the referral process may see the person resume gambling and the immediate crisis pass until the next occasion.

Evidence shows that the aetiology of problem gambling is complex and long duration so early intervention is challenging. Both the literature and utilisation data from each of the program components shows it is often years before the problem gambler seeks help. Age related stages are also important, whereby monetary and relationship losses may be less significant to younger people than older people who may have more to lose.

The shame and stigma associated with gambling in some cultures makes disclosure and help seeking even more difficult and extends to their families who will cover for gambler and losses. In many CALD communities Gambling Help services face considerable challenges in the stance and willingness of community members and leaders to acknowledge and support early interventions for problem gambling.

Strengths and weaknesses of the Gambling Help services in treating problem gambling

Strengths

As noted under impacts, the combination of different modes and channels for information, support and help services (face to face, telephone and internet based) provided 24/7 addresses the needs and expectations of many clients.

The Gambling Help services are free to the client, which reduces a major entry barrier to users, especially those who are experiencing financial hardship.

There is evidence that the NSW counselling services are effective in reducing problem gambling by their clients and the literature suggests information and support accessed through the NSW community education activities, Helpline and Online services is likely to be effective in addressing lower level gambling problems, encouraging motivation to change and promoting access to treatment.

The therapeutic benefits of treatment extend beyond reducing problem gambling behaviour to addressing underlying issues and causes, and associated symptomatology and consequences. These include reductions in anxiety, depression and suicidal ideation, and improvements in personal and family relationships. Given the association between problem gambling and financial losses, work and legal problems, there are likely to also be flow on benefits in these areas as well.

Across all service modes, clients report a high level of satisfaction with the quality of services provided.

The services are a useful gateway for clients to other needed forms of support including financial counselling, mental health, family support and legal services. Utilisation data shows counselling services undertake extensive liaison and engagement with other service agencies and providers in their local areas and there are regular referrals from all service modes to other providers and agencies.

NSW Gambling Help services provide professional counselling services offered in flexible hours of operation in locations distributed comprehensively across NSW. The organisations providing the service are reported to be well known and trusted service providers in their local communities, enhancing their credibility among referrers and clients.

The NSW Gambling Help services are delivered by a well trained and experienced workforce who demonstrate high levels of commitment to their role and clients. Managers consulted for this evaluation repeatedly emphasised the skills and dedication of their staff as a key feature in the success of the service and its standing among clients and the community.

The NSW Gambling Help staff and services are highly regarded by their clients. Feedback from clients surveyed for this evaluation was highly complimentary to the skills of staff in providing trustworthy, expert information and guidance:

- *(Counsellor) is a very good therapist*
- *Having a counsellor to discuss the situation/problem has been very beneficial and instrumental in helping me deal with it.*
- *Always encouraging and helpful*
- *I am truly honored to feel for the first time I am being treated as a total equal and a real person*
- *Very helpful, professional. The best counselling I have ever received*
- *Excellent staff and service with skills and knowledge to help you solve the problem.*

The program is supported by an experienced and innovative administration group within OLGR. RGF Annual Reports demonstrate an ongoing commitment to continuous quality improvement in the program, with regular enhancements to data collection systems, client utilisation analysis, training and education for staff and services and supporting marketing and promotion. There is ongoing and regular dialogue between services and program administration in each of these areas.

There is significant research and development activity and capacity within the Gambling Help service personnel and services. A number of services participate in research activity through their organisations, reflecting the ongoing professional development activities of the workforce. NSW Gambling Help services have been research leaders in the field of problem gambling with two in particular (University of Sydney and North Shore Local Health District) routinely cited in national research and reports by agencies such as the Productivity Commission. With leadership from the OLGR program administration, Gambling Help services are involved in a number of important and innovative research studies such as the Longitudinal Outcomes Study being conducted by the Australian National University.

Weaknesses

The referral processes from the Gambling Helpline and Online services to Gambling Help services are not always effective. Comparing the reported referrals from the Helpline with the reported referral source of the Gambling Help services clients shows significant attrition (In 2014-15 for example the Helpline reported 3000 referrals to NSW Gambling Help services; while 1035 Gambling Help services clients reported the Helpline as the referral source). This may be explained partly by client loss of motivation, but also suggests some barriers in the referral process. Examples of process factors cited in this evaluation included:

- the time between clients making contact with the Gambling Helpline and a Gambling Help service may miss a window of opportunity to engage with the clients. While there has been substantial progress using the system of “warm transfers” this is not necessarily effective for clients who call out of business hours.
- the information provided by the Helpline about Gambling Help services may not always be accurate. Several participants in this evaluation described calling the Helpline and being given contact details for Gambling Help services which were not their nearest location and in some cases were several hundred kilometres away.
- CALD clients may not be given information about the availability of State-wide language-specific services available to them, but instead referred to their local generic Gambling Help services. It was reported that some clients had worked their

way through several recommended services before finding one which was appropriate to their CALD needs.

- the time and process involved in organising a translator for non-English speaking callers to the Helpline is likely to present a barrier to their effective use of the service.

During this evaluation, participants described common instances of clients who had been attending mainstream health, mental health and social services and receiving treatment for various psychological and social problems without disclosing their underlying problem gambling. It is reported that mainstream services often do not screen clients for problem gambling and that lack of enquiry, together with the client's lack of willingness to disclose can mean the gambling problem remains undetected.

Some participants noted the threshold definitions of problem gambling requiring treatment tend to focus on harms such as crises, significant losses and all-consuming gambling behaviour. It was suggested that lower level consequences are also significant, such as ongoing worry and anxiety about losing money, regular family conflict, or feelings of loss of control. Current approaches to client assessment and community information about problem gambling issues may be less sensitive to these harms and therefore be missing a significant client group in education and awareness activities.

The follow-up assessment of the outcomes of treatment for problem gambling is challenging in several respects. It was reported that some clients may not accurately disclose that they have not maintained progress due to ongoing stigma, or due to a culturally based reluctance to either disappoint the person enquiring or admit perceived personal failings. Follow-up contact after service engagement has ceased is also sensitive given client confidentiality and stigma especially where family or friends may not be aware of the problem. There is also some debate about the appropriate follow-up questions, for example whether they should focus on gambling spending and gambling behaviour or also include broader health and welfare issues.

It was suggested that current financial counselling resources are stretched, given the prominence of financial issues for people with gambling problems, and the time consuming nature of financial counselling tasks such as liaising with creditors. It was also suggested that there are limited CALD financial counselling services available compared to the need for this service.

Strengths and weaknesses of the Gambling Help services in preventing relapse of problem gambling

Strengths

Gambling Help services take a positive rather than negative view of relapse. Relapse is a common feature of addictive conditions generally and can be expected to occur in people experiencing problem gambling. Counsellors reported that they encourage clients to adopt realistic expectations about their progress in dealing with their gambling problem, and

interpret relapse not as failure, but presenting a renewed opportunity to address the issues driving their gambling behaviour.

As part of this evaluation we surveyed current Gambling Help services clients and asked them to indicate if they felt at that point of time attending the service their gambling problem had partly or completely resolved, or had not resolved or got worse. In developing the survey, counsellors advised us that many clients might have difficulty with this concept – that dealing with gambling problems for many people is something that requires continuing effort. This appeared to be confirmed by the large percentage of survey clients who reported partial resolution, with a number commenting, for example:

- *This is a bit of a loaded question. My gambling has stopped but I believe that it will always be something I have to manage and the help I am receiving is helping learn to manage this problem.*
- *I am in recovery two years - It is never resolved*
- *This service has been my lifeline to sanity. I am in transition and am being supported through each phase. It gives me confidence to know this service is available if and whenever I should need it.*

This was supported by some clients we talked with in the evaluation who commented that their gambling problem is never fully resolved – they have to remain on the alert and manage their response to ongoing gambling opportunities and events.

Data from self exclusion programs provide one indicator of the challenges problem gamblers experience in relapse behaviour. The Multi-Venue Self Exclusion (MVSE) program is a web based system designed to assist people with a gambling problem to self exclude from gambling venues around where they live, work and socialise developed by ClubSafe NSW. It is reported to be a useful adjunct strategy for a number of people with gambling problems and can be seen in part as a relapse prevention strategy.

Most Gambling Help services have signed a Memorandum of Understanding (MoU) with ClubSafe which includes access to online MVSE enrolment and we were advised during consultations for the evaluation that the Australian Hotels Association has joined the program to include hotel gambling venues. Though not specifically included as a survey item, a few Gambling Help services clients in our evaluation survey noted they appreciated the opportunity to exclude across multiple venues and to enrol in confidentiality and consultation with their Gambling Help service counsellor, rather than in a gaming venue. Where gaming patrons enrol in MVSE in venues, this presents an opportunity for gaming managers to recommend they make contact with a Gambling Help services for counselling and support.

Despite this self exclusion program being a positive and supportive strategy valued by its clients, a study conducted by the University of Sydney for the MVSE program and shared with this evaluation by ClubSafe illustrates the extent to which relapse is a feature of problem gambling. Of 47 MVSE clients surveyed, 60% started gambling at other venues since joining the program; while 40% had entered a nominated self excluded venue since joining a program and had done so on average on almost 6 occasions³⁰.

Weaknesses

A number of participants in this evaluation pointed out that relapse is a term which depends on definition of the behaviour to be reduced. For some clients the goals may be complete abstinence while for others it is control of spending or the amount of time engaging on gambling. The term therefore needs to be contextualised to the client and therapy goals to be meaningful.

Services report that some clients may be reluctant to report relapse during follow-up surveys. This was attributed in some cases to feeling shame about not meeting therapy goals, or not wanting to disappoint the counsellor. It was suggested this reluctance may be more common with people from CALD backgrounds.

A major challenge to maintaining ongoing control over a gambling problem is that the environment is saturated with gambling opportunities and gambling promotion. These are increasing and expanding across settings. Leaving a gambling venue no longer means leaving the opportunity for gambling; as products are promoted and available online and in the media in any setting including the home.

Unintended consequences produced by the Gambling Help services

There was widespread concern from all participants in this evaluation that the message to “gamble responsibly” may have unintended consequences.

Firstly it is seen as both promoting and endorsing gambling, telling people to gamble. Secondly, it does not provide any normative benchmark as to what is meant by “responsible” gambling against which to measure one’s own gambling behaviour. Thirdly it implies the person who develops a gambling problem has done so through some inherent personal failing (acting irresponsibly) which both increases personal distress and reinforces shame and stigma.

This is despite clear evidence that problem gambling has multiple aetiological factors, including the inherent dangerousness of the gambling products themselves. Lastly, the message to “gamble responsibly” can be seen as shifting responsibility for gambling problems to the individual and away from the corporate responsibility of gambling product providers and promoters.

What else can the Gambling Help services do to prevent, intervene, treat and prevent the relapse of problem gambling in NSW?

It is clear from the literature review and our research for this evaluation that one key to addressing problem gambling and bringing those affected to assistance early in the development of problems, is community awareness and education. It is noteworthy that almost 30% of referrals to services come from the client themselves, or their family or friends.

The primary opportunity identified for the NSW counselling and treatment services by those consulted for this evaluation is for allocation of some resources for regional community development and health promotion workers, specialised in these roles. Many counsellors are uncomfortable performing these tasks and feel it is an inappropriate fit with their skill set. Specialised staff could be more efficient and effective in both prevention and early intervention strategies, helping drive localised referrals to treatment services. However it was recognised there is still an important role in the community for counsellors as expert presenters in community events and presentations and in interagency training and liaison.

Our research for this evaluation reaffirms the evidence that training for other providers in screening for gambling problems is important. Service data shows up to 30% of clients are referred from another agency or professional service provider. Participants in this evaluation noted that GPs, mental health services, emergency departments, social service agencies and student support workers may find problem gambling is a contributing or causative factor in client presentations if they check for it. However they report that little systematic screening for problem gambling appears to occur.

While Gambling Help services staff should continue to regularly engage in local interagency liaison, it was reported that frequent staff turnover in agencies and liaison groups means continuing awareness and systematic engagement effort can be difficult to maintain. It was also suggested that undergraduate and professional training programs pay cursory attention to problem gambling and usually only in the context of other addictive behaviours such as drugs and alcohol, if at all.

This feedback suggests an opportunity for promoting more systematic awareness and training about problem gambling among both emerging and practicing professionals through their training and continuing professional development in service delivery organisations, such as schools, universities, primary care and other health care organisations and social service agencies.

There is significant potential for further collaborative development and ongoing quality improvement in problem gambling research and training drawing on the skilled resources in the Gambling Help services program. It was suggested during this evaluation that there are additional opportunities for collaboration between program administrators and experts in the services to further review and develop tools for use in the services, such as outcome measures and outcome data collection strategies; program key performance indicators; local promotion and service marketing strategies and resources, specialised staff training, including further development of internship programs; and local and State-wide conferences on key topics in the field.

Consultations for this evaluation revealed a number of examples of constructive development of initiatives between the program and local services with venues and industry representatives. Venues are a major channel for distribution of Gambling Help messaging. MoUs have been useful in formalising relationships and clients value the option to enrol in MVSE through counselling rather than venues. A new ClubSafe initiative with Salvation Army

personnel based in venues provides opportunity for education, liaison and referral links with local Gambling Help services to be further strengthened.

Finally, further research, policy and program development is needed about the emergence of online and sports gambling through internet and phones. All expert advice is that this is potentially developing a new, larger and more difficult to reach cohort of problem gamblers who, consistent with current help seeking patterns, will present for assistance in subsequent years.

Evaluation of the impact of Gambling Help Services on problem gambling in NSW

Project Information sheet January 2016

Background and goals

Gambling Help services in New South Wales are funded by the Responsible Gambling Fund. The Fund is administered by the Office of Liquor, Gaming and Racing, NSW Department of Justice.

Australia's Health P/L has been contracted to evaluate the impact of these services on problem gambling in NSW. Mr Tony Wade and Dr Derek Weir are the consultants conducting the evaluation.

This evaluation is intended to provide the NSW Government with information about the impact its Gambling Help services are having in relation to problem gambling in NSW, and what outcomes the services are achieving. It is also anticipated that the research will identify what is working well and what can be improved.

Stages and timeline

The project commenced in November 2015 with a review of relevant documents and publications. Information on the activities of Gambling Help Services has been obtained from published and reported data sets.

The evaluation is now moving into a consultation stage where Tony and Derek are seeking the views of GHS managers, counsellors, clients and other stakeholders on key evaluation questions. This stage includes written surveys distributed to all NSW Gambling Help Services, attending training forums occurring within the evaluation period to meet with GHS counsellors, and visits to a sample of services and regions for in-depth discussions. The consultation stage will be completed by April 2016 with the evaluation concluding in May 2016

Contact details.

The project is being conducted by Australia's Health P/L, PO Box 337 Gosford NSW 2250. The project manager is Mr Tony Wade who can be contacted on (02) 4307 9343 or email at mail@australiahealth.com

The project is commissioned by the Office of Liquor, Gaming & Racing, NSW Department of Justice. The contact officer for any enquiries about the authorisation of the project is Ms Jabez Allies, Principal Research Officer, Policy. Phone (02) 9995 0587 or email jabez.allies@olgr.nsw.gov.au

Privacy and confidentiality.

Australia's Health P/L complies with all relevant Commonwealth, State and Territory Privacy principles, and conducts its research and consultation activities according to National Health & Medical Research Council ethical, consultation and data management guidelines.

Information obtained through this project will be used solely for the evaluation of the impact of gambling help services on problem gambling in NSW. Personal identifying information will not be reported or shared with any third party including the NSW Government or any government agency. Individual contributions to surveys and group meetings will be de-identified and reported according to overall themes.

2016 Evaluation of the impact of Gambling Help services on Problem Gambling in NSW

Survey of Gambling Help Services

Gambling Help services in New South Wales are funded by the Responsible Gambling Fund. The Fund is administered by the Office of Liquor, Gaming and Racing, NSW Department of Justice. Australia’s Health P/L has been contracted to evaluate the impact of these services on problem gambling in NSW.
 Personal identifying information will not be reported or shared with any third party including the NSW Government or any government agency. Individual contributions to surveys will be de-identified and reported according to overall themes.

Name of person completing this survey Position

Service Location

1 In the RGF database, Gambling Help services record client responses on satisfaction with the service received in the first 3 sessions and responses to the six-month follow-up questions.

Does your service use any other means to assess the impact of treatment on clients with problem gambling, for example pre- and post- treatment measures of assessment or screening tools, follow-up studies or other measures? If yes, please list these below

.....

2 If you answered yes to question 1, what does this information show about your service’s impact on clients with problem gambling? If possible, please attach a client de-identified summary of this data, showing the number of clients and time period the data covers.

.....

3 Of the total number of problem gambling clients seen by your service in the last full year, approximately what percentage have the following outcomes?

- They complete a recommended course of treatment%
- Their gambling problems are partially resolved%
- Their gambling problems are completely resolved%
- Their gambling problems are not resolved or have got worse%

4 Gambling Help services use outreach activities to educate communities and promote awareness of gambling help. In your experience, **how effective** are the following types of activities by your service in achieving these aims? Please rate from 1 to 5 where 1 = Not effective and 5 = Very effective

Activity	Rating
Display and distribution of Gambling Help branded materials	
Talks or presentations to target groups	
Attendance at interagency meetings	
Community events	
Radio or television coverage	
Newspaper coverage	
Online presence e.g. website	
Social media engagement	
Other outreach activity/ies (please describe)	

5 In your experience what are the key factors which **help** your service to have an impact on problem gambling in your region?

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6 In your experience what are the key factors which **limit** your service having an impact on problem gambling in your region?

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7 Any other comments on issues affecting the impact of Gambling Help services on problem gambling in NSW ?

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Thank you for completing this survey.
Please return the completed survey to Australia's Health P/L PO Box 337 Gosford NSW 2250

Evaluation of the Impact of Gambling Help Services on Problem Gambling in NSW

Australia's Health P/L 2016

Meeting discussion guide

This guide is designed to assist structured discussion on topics relevant to the evaluation. Each of the topics is underlined and has a number of questions to prompt discussion.

You can choose to contribute on some or all of these topics and questions. We also welcome your input on any other issues you consider important for us to consider in the evaluation.

Client characteristics:

- How informed and aware is the general community about problem gambling?
- Are there particular groups who are more vulnerable to developing problem gambling?
- Is the number of people with gambling problems changing over time?
- How do people identify when they have problems with gambling and what are their help seeking behaviours?
- How do they find and engage with gambling help services?
- What are the characteristics of that engagement in the short and long term (such as readiness and motivation to change, commitment to therapy and achieving therapy goals, dealing with relapse and re-engagement)?

Service characteristics.

- How are gambling help services best structured to address their community and client needs, either as a stand-alone service or as part of larger organisations with other types of clients and services (for example within charitable, academic or government organisations)?
- How do they coordinate with the range of services available to deal with gambling problems (face to face, telephone and on-line) and with overall health and human services networks (for example mental health, family support or legal services)?
- What are the opportunities and barriers to enhancing service impacts within these settings and contexts?

Activities and interventions.

- How do gambling help services identify and engage their target groups (including community education, at risk groups and people with gambling problems)?
- What are the enablers and barriers to successful engagement?

Outputs and outcomes

- What are indicators of success for gambling help services in education, prevention, early intervention, therapy and follow-up?
- How do gambling help services identify and measure their service impact on their target groups?

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