Strategy for gambling harm prevention in the ACT: A public health approach 2019-2024

Strategy interim evaluation report 2019-2022



Knowledge translation for health and wellbeing impact

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Executive summary

The ACT Gambling and Racing Commission's vision is '*a Canberra free from gambling harm*'. The Commission's *Strategy for gambling harm prevention in the ACT: A public health approach 2019-2024* provides a guide for developing, implementing and monitoring initiatives designed to prevent and reduce gambling harm in ACT over five financial years from 2019-20 to 2023-24. The Strategy has five objectives and is to be implemented according to a suite of principles.

Interim evaluation of the Strategy used a mixed and participatory methods approach, comprised of critical review of documents and analysis of quantitative and qualitative information derived from existing information, and focus groups and interviews with key stakeholders.

The Strategy seeks to reduce gambling harm by preventing and reducing the risks of gambling harm through a public health approach. To achieve the Commission's vision requires addressing all the evidence-based factors that can influence the risk of gambling harm. The evaluation includes only those outcomes and impacts that can be attributed in part or fully to the Strategy. Thus, a number of factors that can influence the risk of gambling are not included in the evaluation. Specifically, this includes some components of gambling-specific factors related to the environment, exposure to gambling and the different types of gambling products, as well as general sociocultural and individual factors.

Changing population prevalence of gambling harm in the ACT will take many years. The risk of gambling harm has been reduced through implementation of the Strategy between 2019-20 and 2021-22. The Strategy has reduced some of the risks of gambling harm for some people in the ACT, with substantial opportunities for further gains to be made.

For almost all clients of the ACT gambling support services, counselling reduced the risks and impacts of gambling harm and increased the clients' capacity to manage the issues they sought help for. Counselling reduced the impact of gambling for 90 per cent of clients. Between 2020-21 and 2021-22, there was a 20 per cent increase in the number of people provided counselling support and 56 per cent increase in the number of gambling harm support sessions provided.

In 2019 it is estimated that there were about 3000 people in the ACT who would be classified as 'problem gamblers', with a total of about 44,000 people reporting having experienced harm from their own or someone else's gambling. In 2019, about 6000 adults, 1.5 per cent of gamblers, in the ACT had ever sought help for their gambling.

People seeking help to reduce gambling harm can access counselling services, self-exclude themselves from gambling venues and/or access services provided by the ACT Gambling Support Service, National Gambling Helpline, Gambling Help Online, as well as other more general support and information services.

Gambling support counselling, funded from the Gambling Harm Prevention Mitigation Fund in accordance with the Strategy, was provided to 365 people in 2021-22. On 30 June 2022 there were 163 active licensee exclusions and 482 active self-exclusions, a total of 645 exclusions. In 2021-22 there were 245 calls from ACT residents to the National Gambling Helpline to answer gambling harm related enquiries, and follow up support provided to 81 callers.

A public health approach to gambling harm prevention takes a broad perspective about responsibility and areas for action. Consistent with this approach, a wide spectrum of initiatives was undertaken in the first three years of the Strategy. The initiatives broadly addressed gambling harm by people who gamble, their families and the community, and encompassed prevention, harm reduction and community awareness, and building the evidence base to inform further harm prevention initiatives.

The Strategy increased focus on gambling harm prevention by the Commission and the Commission Board, including through provision of resourcing and support to obtain the required skill sets. The Strategy provided a publicly available platform for the public health approach to prevent gambling harm, enabling discussions with a broader range of stakeholders at strategic level and for specific initiatives. The Strategy provided consistent terminology for all stakeholders, the evidence-informed rationale for policies and initiatives, and consistent expectations of and for industry.

A partnership approach to gambling harm prevention has developed between the Commission, across Access Canberra, the ACT Government, funded gambling support services, industry and community sector organisations that address issues that can co-occur with gambling harm. The partnerships involve two-way engagement between stakeholders, including the Commission. The partnerships are developing and in particular are stronger with some parts of industry than with others.

The Strategy has accelerated change. A cultural shift towards understanding gambling harm and implementing gambling harm reduction activities as part of a public health approach has occurred in some individual licensed venues and representative bodies for clubs. Some increased their leadership in this regard; others began engagement and collaboration.

ACT and Commonwealth government policies and initiatives have been influenced through implementation of the Strategy. The Commission has taken a broader whole of ACT Government engagement approach about gambling harm prevention over the three years of the Strategy. The Commission has ongoing engagement with multiple Directorates of the ACT Government, and with governments of the other Australian jurisdictions and with the Commonwealth Government through membership of national committees and working groups. Within the ACT Government, engagement and influence have been with Justice and Community Safety Directorate; Alcohol, Tobacco and Other Drug Policy team; Preventive and Population Health; and Education Directorate. The Commission CEO meets with the Gaming and Business and Better Regulation Ministers of the ACT Government and relevant Justice and Community Safety Directorate executives regularly and is a member of the Community Clubs Ministerial Advisory Council.

The understanding of gambling harm and the public health approach amongst government, gambling industry and the community sector has increased through formal training, and outreach and engagement with these stakeholders. A Community of Practice was initiated with community organisations that address co-occurring issues, with inclusion of a broad range of organisations. Through formal training, licensee Gambling Contact Officers' knowledge and capacity to act increased, as a cornerstone of gambling harm minimisation in licensed venues. The GCO training provides industry a platform to build the experience of GCOs to undertake their responsibilities with confidence and impact.

However, the increased understanding of gambling harm varies markedly between individuals in the gambling industry, gambling venues and representative bodies for clubs. The level of understanding of the general public is unknown but will be assessed in 2024.

The exclusion scheme is a major initiative to prevent and reduce gambling harm in gambling environments. Gambling harm minimisation programs, both industry-led and industry and gambling support service collaboratives, also support gambling harm prevention. The exclusion scheme is accessible for patrons and venues. However, there are functional challenges for some venues in implementing the exclusion scheme and meeting the requirements of the Code of Practice, which can affect both venues and patrons. These principally relate to the requirement for manual recognition of patrons who are self or licensee-excluded, in the absence of technological solutions

facilitating the exclusion of patrons from gambling in venues under the Code of Practice. The Code of Practice specifies that licensees 'must keep a record of problem gambling incidents'. The legislative requirements for recording 'problem gambling' incidents in the register pre-date the Commission's adoption and communications surrounding a public health approach, including a shift in focus to addressing gambling harm. A small number of licensees have indicated confusion when recording signs in the incident register.

The ACT Gambling Exclusion Database (ACTGED) was substantially redeveloped, with activation in July 2022. The Territory-wide database is supported by stakeholders and enables improved monitoring and reporting procedures for venues and the Commission, ultimately providing a long-term harm prevention resource for the ACT.

The Commission is actively engaged in supporting and building the evidence base for gambling harm prevention. To focus research to meet the Commission's needs, under the Gambling Harm Prevention and Mitigation Fund there has been increased promotion and utilisation of the fund for harm prevention research, projects and events, and the release of the Commission's Research Agenda 2021-2024. The Commission's partnership with the ANU Centre for Gambling Research has been reviewed, with research priorities being overseen by a steering committee comprising of independent members and representatives from the Commission and the ANU. In addition, the Commission actively works with national and jurisdiction working groups to advance national research and evidence-informed policy and practice.

Funded research projects include the *2019 ACT Gambling Survey*, development of resources incorporating lived experience stories, research investigating gambling harm literacy and potential development of a population gambling harm literacy measure, and assessment of the impact of policy and regulatory settings on the risk of gambling harm.

There have been several functional and implementation challenges hindering achievement of the Strategy. The five main challenges were 1) COVID-19 restrictions; 2) challenges implementing the exclusion scheme for some licensees at some venues; 3) the legislation requiring licensees to record 'problem gambling' incidents pre-dating the adoption of the public health approach to gambling harm; 4) licensee use of the incident recording register; and 5) the Commission influences, but is not responsible for ACT Government legislation and policies. It is important to note that while the Commission has some influence to reduce these limitations, many factors are beyond the control or responsibility of the Commission.

The Strategy has been delivered according to the principles of the Strategy. The Strategy, with some modification particularly to align the objectives with the level of influence of the Commission, is highly suitable to continue for the remaining two years of the Strategy and to form the basis of subsequent strategies.

Stakeholders who participated in focus groups and interviews expressed their gratitude to the Commission for the opportunity to participate in the evaluation of the Strategy. Many stakeholders congratulated the Commission for undertaking this evaluation. In addition, many stakeholders acknowledged the value to their own organisation through participating in the evaluation.

Introduction

The ACT Gambling and Racing Commission's (the Commission) vision is '*a Canberra free from gambling harm*'.

The Commission's *Strategy for gambling harm prevention in the ACT: A public health approach 2019-2024* (the Strategy) provides a guide for developing, implementing and monitoring initiatives designed to prevent and reduce gambling harm in ACT over five financial years from 2019-20 to 2023-24.

The *Strategy for gambling harm prevention in the ACT: A public health approach 2019-2024* provides a guide for developing, implementing, and monitoring initiatives designed to prevent and reduce gambling harm in the ACT. The Strategy takes a public health approach to preventing and reducing gambling harm. A public health approach takes a broad perspective about responsibility for gambling harm and areas for action and includes treatment of 'problem gamblers' as well as prevention of problems and promotion of wellbeing. The approach enables informed choices of society, organisations, communities, and individuals. It relies on integrated and co-ordinated delivery of a wide spectrum of initiatives. The Strategy is the first strategy in the ACT for preventing gambling harms that takes a public health approach.

The Strategy has five objectives:

1. Ensuring Government policy and initiatives prevent and reduce gambling harm.
2. Increasing understanding about gambling harm amongst government, gambling industry, communities, families and individuals.
3. Providing a wide range of accessible, responsive and effective services and initiatives that prevent and reduce gambling harm.
4. Ensuring gambling environments and providers prevent and reduce gambling harm.
5. Supporting and building the evidence base for gambling harm prevention strategies and initiatives.

Building on the public health approach, the Strategy principles are:

1. Gambling harm is any negative consequence caused or made worse by gambling.
2. Gambling harm lies on a continuum.
3. Gambling activity is not homogenous, some products are more harmful than others.
4. Gambling harm prevention and reduction requires a multifaceted approach.
5. Initiatives need to be appropriately targeted and tailored.
6. A public health approach requires comprehensive and co-ordinated activity.

Evaluation purpose and objectives

The purpose of the Strategy interim evaluation is to assess the impact, outcomes and outputs of the Strategy for the years 2019-20 to 2021-22, and to assess the future direction of the Strategy. The evaluation includes outcomes and impacts that can be attributed in part or fully to the Strategy. Outcomes, impact, outputs and attribution are described in Appendix 1.

The evaluation objectives are:

1. Assess the achievements of the Strategy objectives.
2. Assess the outputs of the Strategy aligned with achievements against the Strategy objectives.
3. Assess whether the Strategy principles have been adhered to.
4. Assess whether the Strategy is fit-for purpose.
5. Inform the development of an Outcomes Monitoring Framework to guide the Commission's ongoing monitoring of the outcomes and impact of the Strategy.
6. Provide actionable insights to the Commission and stakeholders, and contribute to the evidence base to enhance prevention of gambling harm.

Evaluation principles

The Strategy interim evaluation was designed to provide information that will prevent gambling harm in the ACT. The evaluation was based on a suite of fundamental principles that were developed with the Commission, as follows:

- Provide actionable insights for improved delivery of gambling harm prevention initiatives. The information from the evaluation provides actionable insights to the Commission to support enhanced gambling harm prevention in the ACT.
- Collaborative and consultative process. All activities undertaken as part of the evaluation occurred in full consultation with Commission.
- Methodologically rigorous to provide the best evidence. The evaluation approach is methodologically sound and evidence-based processes are used to provide the strongest level of assessment.
- Respect for management of data and information. The management of information in the evaluation and the protection of confidentiality of individuals are in line with Australian Privacy Principles.
- Efficient information collection methods. The evaluation utilises existing information collection systems where possible to ensure participation in the evaluation did not place unnecessary burden on informants and stakeholders.
- Build capacity within the Commission. The Commission is supported in the development of capacity of staff in evaluation, the outcomes approach and reporting against the Outcomes Monitoring Framework.

Outcomes framework for future monitoring

An Outcome Monitoring Framework, including indicators of success, will be developed to allow the Commission to measure the impact of the Strategy for the remaining duration. The framework will build on the findings of the interim evaluation, including assessment of information gaps, to enable a more complete assessment of the impact of the Strategy after five years implementation.

Background

The ACT Gambling and Racing Commission is an independent statutory authority responsible for ensuring the lawful conduct of gambling and racing in the ACT. The Commission is established under the Gambling and Racing Control Act 1999. The functions of the Commission are to administer the gaming laws and to control, supervise and regulate gaming in the ACT.

The Commission has incorporated these requirements into its core objectives of:

- Implementing harm prevention strategies;
- Increasing compliance rates by engaging and educating licensees and the gaming industry; and
- Collaborating and consulting with stakeholders with a commitment to promoting continuous improvement particularly on areas relevant for the ACT Community.

A Memorandum of Understanding (MoU) between Access Canberra and the Commission governs the arrangements for the provision of regulatory and support services by Access Canberra to enable the Commission to fulfil its statutory functions. The current MoU was first formalised between Access Canberra and the Commission on 19 July 2017, with a revised MoU spanning 2020-2023.

Under the MoU Access Canberra provides staff, resources and support to the GRC to enable the GRC to meet these responsibilities and obligations. The following Access Canberra teams (the Commission Staff) provide support to the Commission — Gambling and Harm Prevention (GaHP), Liquor and Gaming Licensing, Investigation, Compliance, Finance and Secretariat. The GaHP team are dedicated to supporting the Commission's harm prevention and reduction functions.

Factors influencing the risk of gambling harm

The Strategy seeks to reduce gambling harm by preventing and reducing the risks of gambling harm through a public health approach. To evaluate the achievements of the Strategy, the factors that can influence the risk of gambling need to be considered, as listed in the Strategy and quoted in Box 1. These include gambling-specific factors and general factors such as sociocultural factors and individual factors.

Key components of the Strategy

The Strategy provides a guide for developing, implementing and monitoring initiatives designed to prevent and reduce gambling harm in the ACT. The key components of the Strategy inform the Strategy interim evaluation.

Key components of the Strategy are:

- Objectives, as listed above;
- Underpinning principles for a public health approach in the ACT, as listed above;
- Communications, with articulation of the Commission's approach;
- Stakeholder engagement, that is, working collaboratively with the diverse range of stakeholder groups;
- Monitoring and evaluation mechanisms for the Strategy and the Commission's annual work plans (AWPs);
- Governance, where the ACT Gambling and Racing Commission (GRC) Board oversees the development, implementation, monitoring and evaluation of the Strategy; and
- AWPs, which identify priority areas for the year and associated activities and initiatives reflecting the principles and objectives of the public health approach. In 2019-20 and 2020-21 the priorities were 1) Education and engagement, 2) Research and 3) Support services, with the additional priority of 4) Monitoring and evaluation added in 2021-22. Communication plans are incorporated into AWPs for each priority area to build better understanding of the range of harms from gambling.

Box 1: Factors that contribute to the risk of gambling harm*

Anyone can experience gambling harm. However, some people have a higher risk than others and a wide range of factors influence a person's risk of experiencing harm. These are complex and research is continuing to expand knowledge about the roles they play. Some factors are specific to gambling and others are more general.

Gambling-specific factors
A wide range of factors specific to gambling can influence the risk of harm.

They include:

i. The environment — the political, economic and public policy setting, as well as cultural beliefs about who carries the responsibility for gambling harm;

ii. Exposure to gambling — the setting, accessibility of products and locations, and marketing and messaging;

iii. The different types of gambling products; and

iv. Access to resources that might mitigate harm such as mutual support, self-help resources and formal services.

General factors
More general factors can also influence people's risk of experiencing harm. However, at times they can also be consequences of gambling harm.

They include:

i. Cultural factors — gender, age, ethnicity, traditions, religious groups and belief systems;

ii. Social factors — social demographics, family and peer gambling involvement, neighbourhood, education system, and stigmatisation;

iii. Psychological factors — personality, other health and well-being issues and coping styles;

iv. Biological factors — genetic inheritance and neurobiology.

* Quoted from the Strategy

Evaluation questions, methods, and data sources

The interim evaluation of the Strategy was against a suite of overarching evaluation questions, and Strategy objective-specific evaluation questions. Information was derived from critical review of Commission documents, and current and new information collections. The evaluation was undertaken in the period September 2022 to February 2023.

Evaluation questions

The overarching evaluation questions are:

A. Has the Strategy reduced gambling harm in the ACT?
B. Has the Strategy reduced the risk of gambling harm through implementation of the Strategy objectives?
C. What has enabled the achievement of the Strategy objectives?
D. What has hindered the achievement of the Strategy objectives?
E. Has the Strategy been delivered according to the principles of the Strategy?
F. Is the Strategy suitable to continue, with or without amendments, or is an alternative approach required?

In addition to assessment against these overarching questions, Strategy objective-specific questions are described in the Evaluation Framework in Appendix 2. The framework describes for each objective the evaluation questions and information sources for assessment. The collective of assessment against each objective specific evaluation question provided information for assessment against the overarching evaluation questions.

Methods

The evaluation used a mixed and participatory methods approach comprising the following broad components:

- Critical review of documents including the Strategy and AWPs for implementation.
- Analysis of quantitative and qualitative information on outputs, impacts and outcomes held by Commission.
- Collection and analysis of qualitative information from key stakeholders using focus groups and interviews.

Further details of specific information collection methods are described below.

Analysis of existing information sources

Information was derived for the evaluation from the following existing sources:

- *Strategy for gambling harm prevention in the ACT. A public health approach 2019 - 2024.* ACT Gambling and Racing Commission.
- *2019 ACT Gambling Survey.* Centre for Gambling Research, Australian National University.
- Australian Gambling Statistics, 37th edition, 1994-95 to 2019-20, Queensland Government Statisticians' Office, Queensland Treasury.
- GRC Annual Reports (2019-20, 2020-21, 2021-22).
- ACT Gambling and Racing Commission Research Agenda 2021-2024.
- GaHP Team GRC, AWPs (2019-20, 2020-21, 2021-22) and evaluation reports.
- ACT Gambling Support Services (AGSS) Annual Performance Reports (2019-20, 2020-21, 2021-22).
- Gambling Contact Officers (GCO) training surveys (analysis undertaken by GaHP team and Crondar Consulting).

- ACT Gamblers Exclusion Database (ACTGED) (analysis undertaken by GaHP team).
- Gambling Harm Awareness Week (GHAW) evaluations, including of the Community Sector Roundtable evaluation.
- Gambling Harm Prevention and Mitigation Fund (GHPMF) guidelines and project documentation.
- Gambling Help Online evaluations (2019-20, 2020-21, 2021-22).
- Evaluations of community sector activities.

New information sources

New information was derived from focus groups and interviews with key stakeholders of the Strategy.

Focus groups

Semi-structed focus groups were conducted with the following stakeholders:

- Internal to Access Canberra — information was derived from discussions and focus groups with multiple teams of Access Canberra. The GaHP team, Compliance team, Liquor and Gaming Licensing team and Investigations team are part of Access Canberra and contracted to GRC to undertake gambling regulatory and licensing activities and gambling harm prevention.
  - GaHP team in relation to evaluation of objectives one, two, three and five of the Strategy and the Strategy as a whole. Seven team members attended, with five attending face-to-face and two online.
  - GaHP team, Compliance team and Investigations team in relation to evaluation of objectives one and four of the Strategy and the Strategy as a whole. Seven team members attended the online focus group.
  - GaHP team and Liquor and Gaming Licensing team in relation to evaluation of objective one of the Strategy and the Strategy as a whole. Five team members attended the face-to-face focus group.
- Support services — AGSS (Commission funded gambling support services), in relation to evaluation of objectives two, three and four of the Strategy and the Strategy as a whole, attended by staff of Relationships Australia and CARE Financial. Five staff attended, with four attending face-to-face and one online.
- Government — Liquor Racing and Gambling Policy Unit, Justice and Community Safety Directorate, ACT Government, in relation to evaluation of objectives one and two of the Strategy and the Strategy as a whole. Three staff attended the online focus group, and one provided a written response.
- Gambling industry— GCOs in relation to evaluation of objectives two, three and four of the Strategy and the Strategy as a whole. GCO nominations were sought from ClubsACT, Canberra Community Clubs, the one independent club of Canberra, Tabcorp and the Canberra Casino. Four GCOs attended the first online focus group and two attended the second online focus group. Overall, the focus group attendees generally represented the type and size of gambling venues in the ACT.

Staff of the GRC, including staff of GaHP, were not in attendance at the support services, government or industry focus groups. GaHP staff welcomed focus group attendees and had no further involvement in the focus group or review of the discussion.

The transcript of each focus group was thematically assessed to capture the key findings.

A Community of Practice, linking community support services and community sector organisations that support people experiencing co-occurring issues, was established in October 2022, founded on a roundtable held in October 2021. Given that this forum had only recently been established, it

was determined by the Commission that the interim evaluation would not include discussions with the Community of Practice participants, excluding the GaHP team and AGSS.

Interviews

Semi-structed interviews were conducted with the following stakeholders:

- CEO GRC in relation to evaluation of the Strategy as a whole (online consultation).
- Chair Canberra Community Clubs in relation to evaluation of objectives two, three and four of the Strategy and the Strategy as a whole (online consultation).
- CEO ClubsACT in relation to evaluation of objectives two, three and four of the Strategy and the Strategy as a whole (online consultation).

Staff of the GRC, including staff of GaHP, were not in attendance at these interviews. GaHP staff welcomed attendees and had no further involvement in the interview or review of the discussion.

The transcription of each interview was thematically assessed to capture the key findings.

COVID-19 restriction implications

COVID-19 restrictions in 2020 and 2021 in the ACT resulted in substantial scaling back and modification of activities by the Commission and closure and restricted trading practices of all gambling venues for extended periods of time. As a result, assessment of trends over time in most achievements of the Strategy are inappropriate.

Impacts of COVID-19 restrictions included:

- Reduction in community awareness initiatives, particularly for the annual GHAWs.
- Changes to client access to and the mode of delivery of therapeutic and other gambling support services.
- Changes to and reduction of GCO and industry Board training.
- Reduced capacity of the Commission to engage with industry and the community sector, which was partly due to the impact of reallocation of staff to re-prioritised activities of Access Canberra as a result of activation of the Business Continuity Plan.
- Closure and trading restrictions of many gambling venues, and challenges for venues to employ enough staff when the venues were open.
- Changes in participation in venue-based gambling and potentially in online gambling. Changes in online gambling in the ACT during COVID-19 restrictions is unknown and will be assessed in the 2024 Gambling Survey.
- When COVID-19 restrictions required that masks be worn indoors including in licensed venues, manual facial recognition at venues became more difficult, creating challenges to implement the exclusion scheme.

Limitations of the evaluation

To achieve the GRC vision of '*a Canberra free from gambling harm*' requires addressing all the factors that can influence the risk of gambling (Box 1). As the evaluation includes outcomes and impacts that can be attributed in part or fully to the Strategy and not those that that fall outside this level of attribution, a number of factors that can influence the risk of gambling are not included in the evaluation. Specifically, this includes some components of gambling-specific factors related to the environment, exposure to gambling and the different types of gambling products, as well as the general sociocultural and individual factors.

The Strategy is one lever for change, one potential strategic and driving force for change for many of the stakeholders interviewed for the evaluation. In many of the discussions with stakeholders it was unclear whether the impacts discussed were a direct result of the Strategy or were influenced by the Strategy and the degree of influence of the Strategy. Inclusion of impacts that were either a partial or direct result of the Strategy in the evaluation findings is consistent with the evaluation approach to include outcomes and impacts that can be attributed in part or fully to the Strategy.

Overarching evaluation findings

Overarching evaluation findings and findings for the evaluation of each objective of the Strategy are presented over two chapters. Some findings maybe applicable to multiple sections of these chapters and where appropriate these are cross referenced. Individual stakeholders are not identified in the evaluation findings.

The six overarching evaluation questions encompass assessment of progress towards achievement of the Commission's vision, synthesis of the enablers and hinderances to achievement of the Strategy objectives and assessment of the suitability of the Strategy to continue.

The Implications and recommendations chapter of the report compiles the findings from the evaluation for future implementation of the Strategy and the Outcomes Monitoring Framework.

Many stakeholders who participated in focus groups and interviews expressed their gratitude to the Commission for the opportunity to participate in the evaluation of the Strategy. Some stakeholders congratulated the Commission for undertaking this evaluation. In addition, a few stakeholders acknowledged the value to their own organisation through participation in the evaluation.

Summary

Changing population prevalence of gambling harm will take many years. Furthermore, there is no data to assess whether there has been a change in the population prevalence of gambling harm in the ACT in that period. For clients of the gambling support services, gambling harm was reduced.

The risk of gambling harm in the ACT has been reduced through implementation of the Strategy between 2019-20 and 2021-22. The Strategy has reduced some of the risks of gambling harm for some people in the ACT, with substantial opportunities for further gains to be made.

A public health approach to gambling harm prevention takes a broad perspective about responsibility and areas for action, as stated in the Strategy. Consistent with this approach, a wide spectrum of initiatives was undertaken in the first three years of the Strategy. The initiatives have broadly addressed gambling harm by people who gamble, their families and the community, and encompassed prevention, harm reduction and community awareness.

The Strategy increased focus on gambling harm prevention by the Commission and the Commission Board, including additional and permanent funding for staff and initiatives, and increased promotion of the Gambling Harm Prevention and Mitigation Fund and increased utilisation of the fund for harm prevention research, projects and events. The Strategy provided a publicly available platform for the public health approach to prevent gambling harm, enabling discussions with a broader range of stakeholders at strategic level and for specific initiatives. The Strategy provided consistent terminology for all stakeholders, evidence-informed rationale for polices and initiatives, and consistent expectations of and for industry.

A partnership approach to gambling harm prevention has developed between the Commission, across Access Canberra, the ACT Government, funded gambling support services, industry and community sector organisations that address issues that can co-occur with gambling harm.

The Strategy has accelerated change. A cultural shift towards greater understanding gambling harm and implementation of gambling-harm reduction activities as part of a public health approach has occurred in some individual gambling clubs and representative bodies for clubs in the ACT. Some venues and representative bodies increased their leadership, others began engagement and collaboration.

There have been several functional and implementation challenges hindering achievement of the Strategy. The five main challenges were 1) COVID-19 restrictions; 2) challenges implementing the exclusion scheme for some licensees at some venues; 3) the legislation requiring licensees to record 'problem gambling' incidents pre-dating the adoption of the public health approach to gambling harm; 4) licensee use of the incident recording register; and 5) that the Commission influences, but is not responsible for ACT Government legislation and policies. It is important to note that while the Commission has some influence to reduce these limitations, many factors are beyond the control or responsibility of the Commission.

The Strategy has been delivered according to the principles of the Strategy. The Strategy, with some modification particularly to align two objectives with the level of influence of the Commission, is highly suitable to continue for the remaining two years of the Strategy and to form the basis of subsequent strategies.

Of note, these overarching findings relate only to the evaluation questions in this chapter, and not to the evaluation of each objective, as discussed in the next chapter.

A. Has the Strategy reduced gambling harm in the ACT?

There is no data to assess whether there has been a change in the population prevalence of gambling harm in the ACT in the three years of the Strategy. Changing population prevalence of gambling harm will take many years. For clients of the gambling support services, gambling harm was reduced (see Question 3.2).

There was no evidence of a change in gambling participation or gambling harm or problems amongst adults in the ACT between 2014 and 2019, according to the *2019 ACT Gambling Survey.* The next survey will be conducted in 2024, enabling assessment of changes in gambling prevalence and gambling harm over the duration of the Strategy. The 2024 survey will also provide evidence of any changes in gambling products used in the ACT, which was not included in the 2019 survey report.

One in ten ACT adults in 2019 experienced at least one harm from gambling in the past 12 months, and 10 per cent of adults reported at least one symptom of the Problem Severity Gambling Index (PGSI). According to the PGSI, 2.5 per cent of adults were classified as moderate-risk gamblers and 0.8 per cent as 'problem gamblers' (about 3000 people). Considering the broader impact that gambling may have on others, 13.6 per cent (about 44,000 people) reported having experienced harm from their own or someone else's gambling in the past 12 months, with 9.6 per cent (about 31,000 people) experiencing harm from their own gambling.

In 2019, 60 per cent of adults in the ACT had participated in at least one form of gambling in the past 12 months, including purchase of lottery tickets. In the past 12 months, one in five (20 per cent) of adults used electronic gaming machines (EGMs), 14 per cent bet on horse or greyhound races and 10 per cent bet on sports. One in five adults gambled online in the past 12 months in 2019, more than twice the prevalence in 2014. About one-third of all adults who had gambled in 2019 had ever gambled online.

Gambling harm, the negative consequences caused or made worse by gambling, can include relationship, health, emotional/psychological, financial, work/study and other harms. Gambling harm was assessed in 2014 and 2019, with a wide range of harms assessed in both surveys. The Short Gambling Harm Screen (SGHS) was developed in 2016 and included in the 2019 survey for the first time. Trends over time between the two surveys cannot be assessed

because gambling harm was assessed using different methods across surveys. Currently, the most regular statistics available relate only to the financial impacts of gambling.

Trends in expenditure on gambling are unable to be assessed for all three years of the Strategy. Regardless, the interpretation of expenditure data during the first three years of the strategy would be confounded and difficult given the closure and restrictions of gambling due to COVID-19 restrictions. According to Australian Gambling Statistics, in 2018-19 $779.75 was the CPI adjusted (real) per capital expenditure on gambling in the ACT. A similar value of $835.95 was expended in 2019-20. Data for subsequent years is not available to date. These values are almost 50% lower than the 1994-95 expenditure. The Australian Gambling Statistics underestimate expenditure on gambling as they do not include all interactive gambling conducted via the internet.

B. Has the Strategy reduced the risk of gambling harm in the ACT through implementation of the Strategy objectives?

Assessment of whether the Strategy has achieved changes in the risk of gambling harm is based on the factors that influence the risk of gambling harm, as described in the Strategy and in Box 1. In summary, the risks relate to environmental and accessibility factors, sociocultural factors and individuals' behavioural, psychological and biological factors.

The Strategy has reduced some of the risks of gambling harm for some people in the ACT, with substantial opportunities for further gains to be made. Each Strategy objective relates to one or more of the evidence-based factors that contribute to the risk of gambling harm. As the objectives of the Strategy are evidence-informed, positive impacts of any of the objectives, as described in detail later in the next chapter, will reduce the risk of gambling harm in the ACT for the total population and/or specific target populations.

People seeking help to reduce gambling harm can access counselling services, self-exclude from gambling venues and/or access services provided by the ACT Gambling Support Service, National Gambling Helpline, Gambling Help Online, as well as other more general support and information services. In 2019, 5886 adults in the ACT had ever sought self for their gambling, according to the *2019 ACT Gambling Survey.* In total, 1.5 per cent of gamblers had ever sought help for their gambling. Gambling support counselling, funded from the Gambling Harm Prevention Mitigation Fund in accordance the Strategy, was provided to 365 people in 2021-22 (see Question 3.1). On 30 June 2022 there were 163 active licensee exclusions and 482 active self-exclusions, a total of 645 exclusions (see Question 4.1). In 2021-22 there were 245 calls from ACT residents to the National Gambling Helpline to answer gambling harm related enquiries, and follow up support provided to 81 callers (see Question 3.1).

In summary, gains and thus reduced risk of gambling harm have been made in:

- Increased government understanding of gambling harms and their preventability, and the influence or potential influence of that understanding in development and implementation of policies and initiatives in a number of government ACT Government Directorates and the Commonwealth Government (see Question 1.1 and Question 2.1).
- Engagement of a broad range of community organisations that support people experiencing co-occurring issues and establishing a Community of Practice (see Question 2.3).
- Increased community sector organisation's understanding of gambling harm (prevalence and preventability) and co-occurrence with other issues, and the potential influence of that in policies, programs, client services and advocacy (see Question 2.3).

- Increased two-way engagement with the gambling industry and increased understanding of gambling harm prevention and reduction by industry management. In addition, increased recognition of the social responsibility of clubs and the value of the public health approach to gambling harm prevention (see Question 2.2).
- Increased scale and scope of industry-led and collaborative activities to prevent and reduce gambling harm, with many clubs undertaking a broader scope of activities to address the wellbeing of patrons inclusive of gambling harm and co-occurring issues (see Question 2.2).
- Increased GCO's knowledge of the signs of gambling harm, their obligations as GCOs and their ability to support patrons, as a result of formal training (see Question 2.2).
- Substantial re-development and technological update of ACTGED, with activation in July 2022. The Territory-wide database is supported by stakeholders, and enables improved monitoring and reporting procedures for venues and the Commission, ultimately providing a long-term harm prevention resource for the ACT (see Question 4.1).
- Increased types of gambling support services offered, and a 20 per cent increase in the number of people engaged in counselling support and 56 per cent increase in the number of gambling harm support sessions provided between 2020-21 and 2021-22. The therapeutic counselling reduced the impact of gambling for about 90 per cent of clients (see Question 3.1 and Question 3.3).
- Increased public awareness of gambling harm, particularly during GHAW as evidenced by increased calls for counselling and assessment and reach of social media and Commission website visits (see Question 2.4). No assessment of the impact of public awareness campaigns on knowledge of gambling harm was undertaken.
- Increased building of the evidence base for the prevalence of gambling literacy, gambling prevalence, and targeted and tailored interventions to prevent gambling harm (see Question 5.2 and Question 5.3).

Most significant changes as a result or partly the result of the Strategy, as reported by the industry, government, support services and Commission stakeholders, were:

- Increased focus on gambling harm prevention by the Commission and the Commission Board, including additional and permanent funding for staff and initiatives. The Commission GaHP team was dedicated to supporting the gambling harm prevention activities of the Commission at the start of implementation of the Strategy, and additional and permanent staff built the capacity and expertise of the team in health promotion, communications, the public health approach and gambling harm prevention research.
- Development of a proactive strategic approach to communication based on an Always On communication approach initiated in 2020-21 (see Question 2.4). Capacity for this was built on permanent funding for a dedicated communications officer in the GaHP team.
- Increased promotion and utilisation of the GHPMF to support projects, events and research for the purpose of preventing gambling harm. Based on a research agenda to address evidence gaps, three research projects and the *2019 ACT Gambling Survey* have been funded in the first three years of the Strategy and the Commission's partnership with the ANU Centre for Gambling Research has been reviewed (see Question 5.3).
- Provision of a publicly available platform for the public health approach to prevent gambling harm, enabling discussions with a broader range of stakeholders at strategic levels and in relation to specific initiatives. The Strategy provided consistent terminology for all stakeholders, evidence-informed rationale for polices and initiatives, and consistent expectations of and for industry.

- Fundamental change in the language of most stakeholders, including industry, government and across Access Canberra, from 'problem gambling' and 'responsible gambling' to 'gambling harm', consistent with the public health approach of the Strategy.
- Provision of a strong structure that guides consistent engagement with venues by the Commission, through applying the Strategy principles. The structure provided the integrated basis for the Commission's AWPs, Communication and Engagement Plan, and Research Agenda.
- Development of a stronger and broader partnership approach to gambling harm prevention, inclusive of the GaHP team, gambling support services, community sector and industry. There was increased recognition by many stakeholders that preventing gambling harm requires a multifaceted approach and needs to be addressed in partnerships with a broad range of stakeholders. The partnership approach strengthened two-way outreach and engagement of stakeholders including the Commission, and built trust between partners. The collaboration, engagement and responsiveness with industry requires further development and tailoring.
- Creation of the platform for engagement with community agencies that address co-occurring issues, as a foundation for a Community of Practice.
- Changed and/or accelerated approach and outlook to preventing gambling harm by industry, of which the Strategy was an element influencing the change. The changed approach was based on a greater and shared understanding of what the Strategy seeks to achieve. The approach changed from blaming the individual to a cultural shift of partners taking action to support individuals to prevent harm or to seek help. Included in this was the building of more understanding by GCOs of co-occurring uses and the need for a holistic approach to prevent gambling harm and increase wellbeing. Within the cultural shift was also a change to greater *'walking the talk*' of clubs addressing gambling harm reduction in their own venue, less defensiveness in the relationship between industry and the support services and less demonisation of the gambling sector. The extent of these cultural shifts varied markedly across industry from individual clubs, representative bodies of clubs, Tabcorp and the casino.
- Enabled a shift of focus by stakeholders to the full range of gambling harm including harm experienced by others. Incorporation of lived experience in capacity building activities under the Strategy was a substantial contributor to this shift in focus. The changed focus informed the basis of identification of people experiencing harm by industry and community organisations supporting people with co-occurring issues.
- Created the opportunity for review of the support services to provide a more evidence-informed, broader and tailored scope of services. The broader scope of services included peer-support services and more industry and community sector engagement using a community and partnership approach.

C. What has enabled the achievement of the Strategy objectives?

The Strategy has achieved its purpose of being the guiding document for the Commission and is used in all planning undertaken by the Commission, particularly the GaHP team. The extensive influence of the Strategy was due to the '*sum of the parts'* of the Strategy, that is the whole document rather than specific components. The Strategy is universally supported by all stakeholders interviewed. The Commission's vision and the Strategy objectives resonate with all stakeholders.

There are five core enablers for the achievement of the Strategy objectives:

1 The Strategy is evidence-based.
2 Resources have been provided to and allocated by the Commission to implement the Strategy. Additional resources were used to employ experts, broaden the suite of gambling support services provided, and develop a research agenda and fund research to improve the evidence-base.
3 Taking a broader whole of government approach to engagement with the ACT Government by the Commission.
4 Industry and community sector organisations preparedness to actively engage in gambling harm reduction and prevention.
5 Building and strengthening the partnership approach.

The Commission have engaged and influenced many sections of the ACT Government, taking a broader whole of government approach to gambling harm prevention than at the start of the Strategy, The Commission CEO meets with the Gambling and Regulation Minister of the ACT Government and Justice and Community Safety (JACS) Directorate management regularly and attends Community Clubs Ministerial Advisory Council (CCMAC). Commission staff regularly engage with the JACS Directorate. In addition, they have built links with the Alcohol, Tobacco and Other Drug Policy, ACT Health Directorate; Preventive and Population Health, ACT Health Directorate; and Education Directorate (see Question 1.1).

The Strategy is based on the public health approach to prevent gambling harm. The partnership approach is fundamental to the public health approach. Working in partnership is a strength of the Strategy. Development of a better functioning and more inclusive partnerships has enabled achievement of the Strategy. Development of the Community of Practice will continue to strengthen the partnerships (see Question 2.3).

Building the partnership approach was enabled by strong engagement by the Commission and the funded gambling support services with the government, across Access Canberra, individual gambling venues and industry leaders, and with organisations that address issues that can co-occur with gambling harm.

The partnership approach has enabled the public and those seeking gambling support services to increase understanding of gambling harm and support available through many channels. The approach has also enabled a more comprehensive suite of initiatives to be undertaken to prevent gambling harm. The Strategy generally changed the approach from blaming the individual to partners taking action to support individuals to prevent harm or to seek help.

Inclusion of the impact of lived experience of gambling harm in stakeholder engagement, communication and training was important in building awareness and knowledge of gambling harm and of engaging stakeholders in prevention activities.

The Strategy provides a framework for the work of the Commission. Development and evaluation of AWPs enables flexibility to change focus areas for a particular year and to learn from year to year.

D. What has hindered the achievement of the Strategy objectives?

Factors that have hindered achievement of the Strategy objectives can be categorised as functional or implementation factors. The order that the factors are described below is not the rank order of impact of the factors.

Functional factors

COVID-19 restrictions in 2020 and 2021 in the ACT resulted in substantial scaling back and modification of activities by the Commission and closure of many gambling venues. As a result, implementation of components of the Strategy and potentials impacts of the Strategy were reduced or delayed.

The ACT — Gambling and Racing Control (Code of Practice) Regulation 2002 refers to problem gambling rather than gambling harm (see Question 1.1). To align with the Strategy and create a consistent language and focus of effort for the Commission, government and licensed venues, the legislation should be altered.

Gambling regulation and licensing is a politically contested area. The Commission influences but is not responsible for ACT Government legislation and policies. An added structural complexity is that the Commission has a function independent of government but is also answerable to government. That is, the Commission is independent whilst also being part of the government policy development and implementation structure.

While resources for gambling harm prevention within the Commission have increased, it's resources are finite. As a result, there is limited resource capacity of the Commission and support services to engage with all components of the gambling industry and undertake all community and sector evidence-informed activities.

Implementation factors

Discussions with industry and the Commission have indicated that there is variation in the gambling harm prevention cultures and commitment in licensed venues in the ACT, and in the ability to implement the exclusion scheme and other functions of venues in gambling harm reduction.

The exclusion scheme has some functional challenges for some venues and patrons (See Question 4.1). The redevelopment of ACTGED has substantially improved the processes of exclusion recording for both licensees and the Commission. The functional challenges for some venues and patrons relate to their implementation of the legislative requirements. These principally relate to the requirement for manual recognition of patrons who are self or licensee-excluded, in the absence of technological solutions facilitating the exclusion of patrons from gambling in venues under the Code of Practice. It should be noted that the Commission has influence over the development and implementation of the exclusion scheme but is not responsible for the legislation that lies behind the scheme. The Commission is responsible for provision and administration of a functional database for the exclusion register and incident recording, provided as ACTGED.

The legislative requirements for Licensees in recording signs of 'problem gambling' pre-dating the ACT's adoption of a public health approach to gambling harm prevention is a barrier to achievement of the Strategy. In addition, the evidence-base and rationale of incidents recording is not understood by a small number of industry staff.

While also an enabler, use of the partnership approach has created two factors that have hindered achievement of the Strategy objectives. By necessity, partners have their own agendas, priorities and resource allocations. Even with a clear shared agenda, reliance on partners is a challenge to delivery of the Strategy because of competing priorities and resource allocation. Some industry stakeholders report that the business of venues is not understood by the Commission and the support services, resulting in ineffective engagement and responsiveness and reduced collaboration. They report that they perceive that they are not

considered a productive part of the gambling harm framework, but rather a problem. In contrast, all industry stakeholders considered themselves part of the solution and that they share the gambling harm minimisation agenda with all stakeholders. In addition, it is important to industry that industry-led initiatives to prevent gambling harm for individual patrons and for patrons as a group are recognised.

A second hindering factor related to the partnership approach, is determination of which stakeholders are included within partnerships. Partnerships have developed between multiple types of stakeholders including industry and the Commission and the funded gambling support services. However, some industry stakeholders report that they are a core element of the partnership required to prevent gambling harm and should be included in forums similar to the Community of Practice, as developed for the community sector.

As part of building mature partnerships, greater sharing of the work and achievements of partners should be considered, as reported by some industry staff. This may include provision of a broad overview of the GaHP team AWPs and their evaluations, and the numbers of counselling services and activities undertaken by the support services.

Recognised by both industry and the Commission, greater tailoring of engagement and communication with individual industry venues is required. Differences between venues relate to size, gambling offerings, floor plans and food offerings. Differences also relate to their understanding of how harm prevention aligns with the venue's objectives.

While industry engagement and reciprocity have improved, some members of industry have stated that additional improvements could be achieved through regular and structured engagement between Commission and industry at Board, CEO level and at operational level. It was stated that this engagement would be in addition to the existing Governance of the CCMAC and the Gambling & Racing Commission Advisory Committee (GRCAC).

The Strategy delivery has included few initiatives related specifically to online gambling, which is the fastest growing mode of gambling. There is a perception of some in the gambling industry that there is too much focus on clubs, and particularly EGMs, with no focus on online gambling. While the regulation of online gambling is a federal responsibility, it was reported by some industry members there can be greater inclusion of online gambling in community and community sector organisation awareness programs. It was reported that a systems approach needs to be taken to gambling harm prevention that recognises that changing the environment for on-site gambling may affect the prevalence of online gambling, and similarly changing on-site gambling in ACT may affect the prevalence on on-site gambling in neighbouring NSW areas. It was suggested that initiatives to address online gambling could involve the major employers such as governments and large corporations, and major employer peak groups such as Master Builders, Chartered Accountants and Public Service Commission.

Before the Strategy interim evaluation, monitoring and evaluation of the Strategy was based on evaluation of the annual GaHP team AWP and the AGSS performance reports. To build a stronger learning organisation, the planned Outcomes Monitoring Framework will enable annual monitoring of a suite of impact and outcome measures.

E. Has the Strategy been delivered according to the principles of the Strategy?

The six Strategy principles are interwoven, and the delivery of the Strategy according to each principle is interdependent on the other principles. Thus, assessment of whether the Strategy has been delivered according to the principles assessed the principles as a collective rather than individually.

The principles are strongly supported by all stakeholders. The principles are reported by Commission staff to daily and concretely underpin what the Commission does to prevent gambling harm. Commission stakeholders report that there are inconsistencies in the application of elements of the principles in the implementation of the Strategy. Some inconsistencies in delivery were due to the impact of COVID-19 restrictions.

A public health approach to gambling harm prevention takes a broad perspective about responsibility and areas for action, as stated in the Strategy. Consistent with this approach, a wide spectrum of initiatives was undertaken in the first three years of the Strategy. The initiatives have broadly addressed gambling harm by people who gamble, their families and the community, and encompassed prevention, harm reduction and community awareness. The impact of the initiatives is described against the relevant objective-specific evaluation question in the next chapter.

The following are examples of how the Strategy has been delivered according to the principles of the public health approach:

- The principles, particularly principles 1 and 2 (Gambling harm is any negative consequence caused or made worse by gambling; and Gambling harm lies on a continuum) are a constant theme and focus of all the Commission's communication and messaging.
- The GHAW includes media engagement, activities and events (where COVID-19 restrictions permitted) for the public including young people, community sector organisations and industry. Many events were industry or sector led (see Question 2.3 and Question 2.4).
- The redesign of the Commission website provided improved access to licensing and gambling harm prevention materials, as well as gambling harm and signs of gambling harm and help information and tips (see Question 2.4). Similar information was available at venues and through the support services and some community sector organisations who support people experiencing co-occurring issues,
- People seeking to reduce their gambling harm can self-exclude from one or more licensed venues for a range of time periods and/or they can access the ACT gambling support services, and/or they can call the National Gambling Helpline. Within the gambling support services clients can choose from a variety of types and modes of counselling.
- The public health approach requires supply reduction and tailored strategies for different gambling products. The most problematic form of gambling of new gambling support services counselling clients of the support services was gaming machines and thus the harm prevention and reduction focus of effort of the Commission is venues with EGMs.
- Development of the Community of Practice will be instrumental in providing a multifaceted approach to gambling harm prevention (see Question 2.3).

F. Is the Strategy suitable to continue, with or without amendments, or is an alternative approach required?

The Strategy, with some modification particularly to align two of the objectives with the level of influence of the Commission, is highly suitable to continue for the remaining two years of the Strategy and to form the basis of subsequent strategies.

Strategy components

- Objectives: The Strategy provides a guide for the Commission's implementation of a public health approach to preventing and reducing gambling harm. The Commission is unable to ensure changes in government policy or in gambling environments. That is, achievement of two of the five Strategy objectives is greater than the level of attribution of the Commission's work to affect change. It is recommended that the Objective 1 '*Ensure Government policy* ….' Objective 4 '*Ensure gambling environments* ….' be revised to a level of attribution to affect change that is the responsibility of the Commission.
- Approach: The public health approach of the Strategy is evidence-based and the most appropriate approach to prevent gambling harm. The public health approach recognises the broader range of socio-cultural, environmental, commercial and political determinants that may contribute to gambling harm.

  The public health approach requires a partnership approach to achieve outcomes. While implicit, the Strategy makes limited reference to the partnership approach. It is recommended that future strategy documents strengthen the language of the partnership approach as a fundamental and evidence-based approach to preventing gambling harm. The partnership approach will enable clarity of the shared agenda of the partners and be inclusive of initiatives led by any of the partners.
- Principles: The principles are strongly supported by all stakeholders, although there are some inconsistencies in approach and application of some principles (see Question D).
- Communication and stakeholder engagement: No changes recommended.
- Monitoring and evaluation: Monitoring and evaluation of the Strategy currently includes process and limited impact assessment of the AWPs and most of the activities undertaken under the Strategy including the support services.

  However, there are gaps in the monitoring of the impact of components of the Strategy, which are summarised in the Implications and recommendations chapter of the report. The Outcomes Monitoring Framework will guide the Commission's ongoing monitoring of the outcomes and impact of the Strategy.

Implementation

The Strategy provides a framework for implementation. There are broad and specific implications from the evaluation for further implementation of the Strategy. The broad implications are described below. The specific implications are listed as recommendations in the Implications and recommendations chapter of the report.

Implementation of the Strategy must be flexible enough to learn from the regular monitoring and evaluation and from new evidence of interventions to prevent and reduce gambling harm that are applicable to ACT context.

Within the broader public heath approach, it is suggested that a greater person-centered approach be taken in the implementation of the Strategy. The current Strategy, or more

specifically the implementation of the Strategy, can take an overly administrative approach rather than viewed through a behavioural lens, recognising the person at the centre may have co-occurring issues and that their gambling maybe a symptom of other factors.

Objective 2 of the Strategy seeks in part to reduce the stigma associated with gambling harm. Implementation of the first three years of the Strategy has had limited focus on addressing self or societal stigma.

Engagement, communication and support with industry and the community sector must be further tailored to the organisations and undertaken in a partnership approach.

Review

Involvement of all stakeholders in review of current Strategy and development of next strategy will increase ownership of the outcomes and engagement in implementation of Strategy. Some industry staff actively welcomed inclusion in the review of the current Strategy for development of the next strategy.

Objective specific evaluation findings

The Strategy has five objectives. For each objective, specific evaluation questions are addressed.

Objective 1: Ensuring government policy and initiatives prevent and reduce gambling harm.

Summary

ACT and Commonwealth government policies and initiatives have been influenced through implementation of the Strategy. Taking a broader whole of government approach since the start of the Strategy, the Commission has ongoing engagement with multiple Directorates of the ACT Government, governments of the majority of other Australian jurisdictions and with the Commonwealth Government through membership of national committees and working groups.

Within the ACT Government, engagement and influence have been with JACS Directorate; Alcohol, Tobacco and Other Drug Policy, ACT Health Directorate; Preventive and Population Health, ACT Health Directorate; and Education Directorate. Collectively these influences have addressed gambling related legislation and integration of gambling harm prevention into broader health and wellbeing initiatives.

While the advocacy and engagement has appropriately targeted policies and initiatives where most gains can be made, there are opportunities where additional gains can be made. These include reviewing of the legislation and making recommendations to the Minister, greater coordination and collaboration between the JACS Directorate and each of the Commission staff and the GRC Board, and engagement with other directorates of the ACT Government.

1.1. Has the Strategy and its implementation influenced government policy and initiatives to reduce the risk of gambling harm?

ACT and Commonwealth government policies and initiatives have been influenced through implementation of the Strategy. The Commission has ongoing engagement with multiple Directorates of the ACT Government, governments of the majority of other Australian jurisdictions and with the Commonwealth Government. The engagement includes written submissions, regular and ad-hoc meetings and ad-hoc communication, and through membership of national committees and working groups. All the advice provided to governments is strongly grounded in the principles and objectives of the Strategy.

The Commission's engagement with the ACT Government has strengthened and broadened over the three years of the Strategy. Engagement has widened from relating to specific issues to a broad focus of gambling harm prevention, where appropriate.

Engagement has been with the following ACT Government Directorates:

- JACS Directorate, with ongoing engagement throughout the years of the Strategy.
- Alcohol, Tobacco and Other Drug (AOD) Policy, Population Health Division, ACT Health Directorate, where engagement started in 2021-22.
- Preventive and Population Health, Population Health Division, ACT Health Directorate, where engagement started in 2021-22.
- Education Directorate, where engagement started in 2021-22.

The Commission CEO meets with both the Minister for Gaming and the Minister for Business and Better Regulation of the ACT Government as well as relevant Justice and Community Safety

(JACS) Directorate executives regularly, is a member of CCMAC meetings and is the chair of the CCMAC ACT Gambling Exclusion Regime Working Group.

The majority of advice provided by the Commission to JACS Directorate has been input to policy papers, speeches, reviewing legislation and advice for the Select Committee on Estimates. As reported by stakeholders, advice provided by the Commission to the ACT Government, and JACS Directorate in particular, has provided a consistent message of the public health approach to gambling harm prevention and led change in terminology from problem gambling to gambling harm. For the ACT Government as reported by the JACS Directorate, the Strategy provides *'a touchstone'* for this approach and terminology in a public document and assists in provision of a rationale for change.

The advice on available research, up to date information and emerging issues has generally been useful as an input to develop the evidence-informed multi-factored approach taken by Government. As stated by the JACS Directorate, the usefulness of the information on the Commission website has improved over the years of the Strategy and is now generally considered current and useful, providing information on the broad policy requirements for gambling harm prevention.

A significant strength of the Commission in relation to engagement with JACS Directorate is the practical experience the Commission staff have with industry and their on the ground knowledge and contacts, which enable JACS Directorate to work with industry and develop appropriate policies. This includes advice to identify regulatory issues, legislative deficiencies, and operational issues. It is recognised that early advice from the Commission is critical to ensuring the government's legislative framework is workable, sensible, and practical for the Commission to enforce. Preserving and building on this knowledge and continuing to provide timely advice will enable the Commission to further influence government policy and initiatives.

Engagement with JACS Directorate has been strengthened by improved communication and collaboration within Access Canberra. An outcome of the strengthened internal engagement and the Strategy is development across the teams of a shared understanding of the public health approach and the scope and continuum of gambling harm. These in turn have enabled development of a more holistic wellbeing approach across multiple teams of Access Canberra. This has particularly influenced the way the Investigations and Compliances teams work.

The internal collaboration and shared vocabulary and knowledge base generally, although not always, enabled coordinated and cohesive submissions of the Commissions' advice to JACS Directorate.

The strengthened internal communication and collaboration within Access Canberra has been both ad-hoc in relation to specific initiatives and at regular intervals for broader and more strategic discussion. Ad-hoc collaboration related to initiatives such as a policy approach for legislation implementation, policy implications of investigation of breaches, and capacity building initiatives for industry. Monthly meetings of GaHP, Finance, Liquor and Gaming Licensing, Investigation and Compliance teams began in March 2022. In addition, teams across the Commission now undertake joint professional development to enable building and expansion of shared knowledge.

A strength of the Commission is the capability to bring a multi-jurisdictional view to the advice provided to the ACT Government. The Commission is represented by Access Canberra staff members of multiple national committees and inter-jurisdictional working groups that seek to influence national and harmonise multi-jurisdictional gambling harm prevention policies, initiatives and research. The number of groups and committees that staff participate in has

increased in the three years of the Strategy. The national committees include the Australian Casino and Gaming Regulator's CEO Forum, Responsible Gambling Training and Communication Materials Working Group, Gambling Research Australia (GRA), Australian Gambling Surveys Working Group, National Consumer Protection Framework Implementation Governance Committee and the National Gambling Help Online Interjurisdictional Working Groups (see Question 5.2). In addition, on an ad-hoc basis Commission staff regularly engage with and are engaged by gambling harm prevention entities in most other Australian jurisdictions.

Professional development opportunities for Commission staff increased over the three years, with more staff supported to regularly attend conferences and trade shows. Learnings and networks developed through these events have strengthened the capacity of the Commission to implement the Strategy.

The following are examples of the influence of the Strategy on government policy and initiatives.

Gambling and Racing Control (Code of Practice) Regulation 2002
The Commission provided an issues paper to the ACT Government recommending changes to the efficiency and effectiveness of the community contributions scheme. This paper formed the basis of reform to the scheme, including increased gambling harm contributions.

2019 ACT Gambling Survey
The 2019 ACT Gmbling Survey is a foundational doument for development of current policies and initiatives by the ACT Government. The survey was funded by the Commission during the Strategy. The detailed advice provided in the regular prevalence studies and other associated research undertaken by the Commission is used by government in establishing the prevalence of gambling harm and the forms of gambling undertaken. The data has provided evidence and justification for the Government's focus on EGMs in clubs and emerging risks such as online wagering. Because of the breadth of information, the 2019 survey is considered the most useful for government, compared with previous surveys.

ACT Government
Shane Rattenbury MLA became Minister for Gaming in the ACT in November 2020. The Commission met with the new Minister as part of his on-boarding into the portfolio. The Minister actively sought and continues to seek advice on gambling harm prevention from the Commission, including regular meetings with the Commission CEO, reflecting recognition of the expert knowledge of the Commission.

Preventive Health Plan
Recognising that addressing gambling harm is part of improving population health and wellbeing in the ACT, ongoing discussions have been had with the Population Health Division, ACT Health. Through sharing of analysis and research, these discussions resulted in increased knowledge about gambling harm, trends and proposed reforms amongst policy makers. While gambling harm is not included in the *Healthy Canberra: ACT Preventive Health Plan 2020–2025* because of timing of finalisation of the plan, it is anticipated that addressing gambling harm will be included in the next ACT preventive health plan.

Drug Strategy Action Plan
Recognising that AOD harms and conditions commonly precede and/or are consequences or exacerbating factors for people experiencing gambling harm, people who gamble and experience gambling harm are identified as a priority group in the *ACT Drug Strategy Action Plan 2022-2026*.

School-based education and awareness program

Gambling is being normalised as an accompaniment to sport and thus secondary school students are exposed to many advertisements for gambling. Recognising the value of early intervention to reduce gambling harm, the Commission and funded support services engaged with the Education Directorate to initiate capacity building initiatives for ACT public and private secondary school students and teachers.

Based on a review of initiatives in other jurisdictions and engagement with the Education Directorate, a schools-based program is proposed to cover the breadth of gambling harm issues. Resources will be mapped across various components of the curriculum framework and the National Curriculum Framework. The program will align with the Commission's public health approach to gambling harm prevention. It will include teacher professional development accredited through the Teacher Quality Institute, so that teachers can use the training to gain teachers' professional development points. Following GRC Board approval and Education Directorate agreement, project development with the Education Directorate is planned to begin in the second half of 2023.

NSW-ACT cross-border gambling trends

Understanding NSW-ACT cross-border gambling trends and implications, and developing insights into the context of gambling in the ACT are components of building the evidence base for gambling harm prevention strategies and initiatives.

The Commission is committed to ongoing collaborating with the NSW Government, sharing resources and information, particularly with regard to monitoring and responding to any emerging cross-border trends and issues. In 2020, in collaboration with NSW Office of Liquor and Gaming, EGM profits for clubs and hotels in ACT and NSW (as a whole and Local Government Authorities bordering ACT) was analysed by the Commission to monitor cross border trends. The research was updated in 2021 and included an assessment of the potential impact of COVID-19 restrictions on ACT and surrounds EGM expenditure. The discussion papers were provided to the ACT Minister for Gaming and the NSW Office of Liquor and Gaming.

National Consumer Protection Framework

JACS Directorate are a standing member of the National Consumer Protection Framework (NCPF) for Online Wagering Implementation Governance Committee (IGC). The Commission attends the IGC meetings and provides advice to the Directorate on the required measures to reduce online wagering harm and whether each proposed measures of the NCPF meets or exceeds current measures implemented to the ACT and is consistent with the public health approach of the Strategy. The NCPF was endorsed in 2018. All measures of the NCPF are consistent with the public health approach of the Strategy and meet or exceed measures implemented in the ACT. Of the 10 NCPF measures, six have been implemented in the three years of the Strategy.

National communication tag lines

Historically the national communication tag line was "gamble responsibly". In March 2023 the tag lines were changed to be consistent with the evidence-based public health approach to gambling harm prevention and to remove focus and blame from the individual. Through membership of GRA and project working groups and through provision of advice to JACS Directorate, who are members of the Commonwealth Department of Social Services working group, the GaHP team have been influential in development of this change in tag lines.

1.2. Did the advocacy and engagement with Government agencies appropriately target policies and initiatives where most gains can be made?

The GaHP team and the Commission more broadly advocated and engaged with ACT Government, other jurisdictions and within national working groups in relation to gambling harm prevention. In general, it was reported by all ACT stakeholders that the advocacy and engagement appropriately targeted policies and initiatives where gains can be made. Specific comments in relation to appropriate targeting of policies and initiatives are below. Additional opportunities for gains are discussed in Question 1.3.

ACT government:

- The Commission maintains ongoing dialogue with the appropriate staff in JACS Directorate. The Commission CEO attends monthly meetings with the Executive Branch Manager of the JACS Directorate.
- The Commission CEO attends the ACT Government CCMAC. The committee provides an advisory role for the ACT Government, with the purpose of building a long-term, sustainable clubs sector in the ACT.
- Some advice to JACS Directorate is not provided in a timely manner, as reported by the JACS Directorate. It was reported that on a number of occasions no issues were raised with a government policy proposal until the 11th hour, which limits the capacity for any issues identified to be addressed. No specific examples were provided.

Other jurisdictions:

- The primary relationships with other jurisdictions are with the Commission rather than JACS Directorate. These relationships enable learnings from other jurisdictions to be considered in the ACT. These relationships are leveraged by the JACS Directorate when required.
- There is ongoing collaboration, including provision of statistics, with NSW Office of Liquor and Gaming. This collaboration enables monitoring of cross-border gambling trends.

National forums and working groups:

- The CEO of the Commission is a member of the Australian Casino and Gaming Regulator's CEO Forum.
- The GaHP team participate in a number of interjurisdictional Government research related working groups (see Question 5.2).

1.3. Where can further gains be made through advocacy and engagement with the ACT Government?

Further gains can be made in the provision of expert and contemporary advice in the optimal format at the optimal time to influence government policy and initiatives.

The potential gains include:

- A gap in the provision of advice and thus potential influence by the Commission is greater implementation of the function of the Commission to review legislation and policies related to gaming and racing and making recommendations to the Minister. For example, in relation to legislative reforms to the Code of Practice, review of the Lotteries Act 1964 and review of the Racing Act 1999. Some of the legislation is not contemporary, including the use of the words 'problem gambling' and does not take account of the evidence-based public health approach required to prevent gambling harm.
- Gains could be made in gambling harm prevention by further coordination and collaboration between JACS Directorate and GRC, broadly through joint exchange of work or operational plans to maximise impact and reduce duplication, and through coordination of timing of when industry is consulted, where appropriate.
- GaHP team should continue to work with JACS Directorate to provide input into policy questions and implementation of the outstanding measures in the NCPF, to ensure the measures align with the Commission's approach to addressing gambling harm in the ACT.
- Ongoing advice to JACS Directorate is specifically required in relation to emerging gambling technologies and products, and annual contribution of clubs and hotels to the community contributions scheme.
- Further gains in influencing ACT Government policy could be made by additional engagement and stronger dialogue between the GRC Board and JACS Directorate, particularly in relation to legislation and legal issues related to policies.
- GaHP team should continue to engage with the AOD Policy and the Preventive and Population Health, Population Health Division, ACT Health Directorate, Education Directorate, to build the public health approach to gambling harm prevention through government policy and initiatives. In addition, further gains could be made through engagement with the other ACT Government areas working on other co-occurring issues such as homelessness and mental health.

Objective 2: Increasing understanding about gambling harm amongst government, gambling industry, communities, families and individuals.

Summary

The understanding of gambling harm and the public health approach amongst government, gambling industry and the community sector has increased through formal training and engagement with these stakeholders. However, the increased understanding varies markedly between individuals in the gambling industry, gambling venues and representative bodies for clubs. The level of understanding of the general public is unknown but will be assessed in the 2024 Gambling Survey.

Significant gains have been made as a result of or in part due to the Strategy. These include:

1 Establishment of a partnership approach of the Commission, the support services, community sector organisations that can co-occur with gambling harm and industry. The partnerships involve two-way engagement between stakeholders, including the Commission The partnerships are developing and in particular are stronger with some parts of industry than with others.
2 Development of Community of Practice with community organisations that address co-occurring issues, with inclusion of a broad range of organisations.
3 Increased reach of community awareness programs, despite the impact of COVID-19 restrictions on activities.
4 Increased knowledge and capacity to act of GCOs, as a cornerstone of gambling harm minimisation in venues. The GCO training provides industry a platform to build the experience of GCOs to undertake their responsibilities with confidence and impact.

There are gaps in increasing understanding of all stakeholders and monitoring the level of understanding. Potential and planned strategies to address these gaps are listed.

2.1. Has government understanding about gambling harm increased?

The understanding of government about gambling harm and the public health approach has increased, as stated by staff of JACS Directorate and implicitly through recent active engagement of the GaHP team with AOD Policy, and Preventive and Population Health in ACT Health Directorate, and the Education Directorate. For the JACS Directorate, the increased knowledge of the continuous and broad spectrum of gambling harm has influenced the narrative around gambling harm and the move away from the language of ‘problem gamblers’. Indicative of engagement of the government in the strategy approach, ACT government representatives attended the 2019 ClubsACT Gambling Harm Awareness Week presentation "Continuing Our Responsibility in an Era of Mistrust".

The knowledge about gambling harm across the Commission has increased over the three years of the strategy. The addition of permanent staff to the GaHP team has built the capacity and expertise of the team in health promotion, communications, public health approach and gambling harm prevention and reduction research. Further understanding of gambling harm was gained through discussion with people of lived experience. In addition, the knowledge of gambling harm has increased in the Compliance, Investigations and Liquor and Gaming Licensing teams of Access Canberra.

2.2. Has industry knowledge and capacity to act to address gambling harm reduction increased?

Industry knowledge and capacity to act to address gambling harm reduction has increased in the three years of the Strategy. This gain is the result of Commission-led, industry-led, and collaborative initiatives. The gains are not consistent across the industry.

The Commission and the funded support services built and enhanced industry knowledge and capacity through formal training and broader outreach activities, engagement and support. In addition, under the Strategy, Commission staff engaged with the gambling industry to implement the exclusion scheme, which is discussed in the evaluation of objective 4 of the Strategy.

Formal training

As a result of the formal training, industry knowledge and capacity to act to address gambling harm has increased at Board level and for GCOs. COVID-19 restrictions had a significant impact on training provided for GCO and industry Board members. Under the Code of Practice GCOs are required to participate in annual training. Training requirement exemptions because of COVID-19 restrictions were negotiated, as allowed under the Code of Practice.

The training for both industry Board members and the GCOs has been reviewed and updated twice between 2019-20 and 2021-22, particularly to refresh topics related to the public health approach of the Strategy, implementation of the exclusion scheme and redevelopment of ACTGED, and inclusion of the impact of lived experience of gambling harm.

Industry Board member training

Training for industry Board Members seeks to increase their understanding of where gambling harm prevention sits in their strategy, objectives and responsibilities, as board directors. This training was advocated for by leaders of some sections of industry as elemental to creating a '*cultural shift*' in the industry.

For industry Board Members, a single training session for 10 Board members of a single club was conducted in the three years of the Strategy, with no other training provided due to COVID-19 restrictions. The training resulted in increased knowledge and capacity to act to address gambling harm among the Board members of the club.

Specifically, as result of the training:

- 80 per cent of attendees reported that they gained a fuller understanding of gambling harm prevention;
- 78 per cent better understood where to find information and support for gambling floor staff;
- 67 per cent felt more confident to talk about gambling harm with the people they work with at their club;
- 89 per cent reported that they can now see how they can better contribute to preventing and reducing gambling harm as a Club Board Member; and
- all reported that they intend to incorporate the learnings from the training at their club.

The scenarios included in the training were reported as very relevant to Board members. Additional impacts of this training included a better understanding of the potential legal and reputational implications and risks for the club if the responsibilities are not fully met.

GCO training

For GCO training, a total of 23 sessions were conducted in the three years between 2019-20 and 2021-22 with a total of 414 GCOs. In 2019-20, 120 GCOs attended, 155 in 2020-21 and 139 in

2021-22. Sessions and attendees of the casino-specific GCO training are included in these numbers. Some industry managers also attended the GCO training.

GCO's knowledge of the signs of gambling harm, their obligations as GCOs and their ability to support patrons was increased through the training (Table 1).

Table 1: Abilities and intentions of GCOs pre- and post-training, by year.

Attribute	**2019-20**	**2020-21**	**2021-22**	**Interpretation**
Ability to identify the signs of gambling harm (Response option 1 in 2019-20, 20-21 and option 2 in 2021-22: range 1-5)				
Pre-training	4.1	4.3	3.8	Increase from 'somewhat confident' to 'somewhat to very confident'
Post-training	4.6	4.6	4.3	
Ability to list the key GCO obligations relating to gambling harm (Response option 1 in 2019-20, 20-21 and option 2 in 2021-22: range 1-5)				
Pre-training	3.4	3.8	3.5	Increase from 'nearly somewhat confident' to 'somewhat to very confident'
Post-training	4.3	4.5	4.4	
Ability to know how and when to appropriately assist patrons who show signs of gambling harm (Response option 1 in 2019-20, 20-21 and option 2 in 2021-22: range 1-5)				
Pre-training	3.8	4.1	3.6	Increase from 'somewhat confident' to 'somewhat to very confident'
Post-training	4.4	4.6	4.3	
Ability to choose the appropriate resource/s available to assist a patron (Response option 1 in 2019-20, 20-21 and option 2 in 2021-22: range 1-5)				
Pre-training	3.9	4.1	3.6	Increase from 'somewhat confident' to 'somewhat to very confident'
Post-training	4.5	4.6	4.4	
Ability to explain the public health approach to gambling harm prevention (Response option 1: range 1-5: not asked for the full year of 2020-21 or in 2021-22)				
Pre-training	3.3	3.8	n/a	Increase from 'neither not confident or confident' to 'somewhat to very confident'
Post-training	4.3	4.5	n/a	
Ability to initiate conversations with patrons and show understanding of their situation (Response option 2: range 1-5: not asked in 2019-20 and 2020-21)				
Pre-training	n/a	n/a	3.7	Increase from 'good to very good' to 'very good to excellent'
Post-training	n/a	n/a	4.3	
Intention to apply or experiment with learnings from the training back in the workplace (Post-training only)				
Response option scale 3 (range 1-3)	2.8	2.8	n/a	Somewhat to very accurate
Response option scale 4 (range 1-5	n/a	n/a	4.3	Agree to strongly agree

Response option scales:

1. 1= not very confident, 2=not confident, 3=neither, 4=somewhat confident, 5=very confident
2. 1=poor, 2=fair, 3=good, 4=very good, 5=excellent
3. 1= not accurate, 2=somewhat accurate, 3=very accurate
4. 1= strongly disagree, 2=disagree, 3=neither, 4=agree, 5=strongly agree

Over the three years, as a result of the training, GCOs reported:

- Increased confidence to identify the signs of gambling, increasing from 'somewhat confident' to 'somewhat to very confident'.
- Increased confidence in their ability to list the key GCO obligations relating to gambling harm, increasing from 'nearly somewhat confident' to 'somewhat to very confident'.
- Increased confidence in their ability to know how and when to appropriately assist patrons who show signs of gambling harm, increasing from 'somewhat confident' to 'somewhat to very confident'.
- Increased confidence in their ability to explain the public health approach to gambling harm prevention, increasing from 'somewhat confident' to 'somewhat to very confident'.
- Increased confidence in their ability to initiate conversations with patrons and show understanding of the situation, increasing from 'good to very good' to 'very good to excellent'.
- Intention to apply or experiment with learnings from the training back in the workplace.

There are limitations to the GCO impact assessment. The GCO training assessment is based on the average level of an attribute for all GCO's at the start and end of the session, rather than monitoring change in attributes for an individual GCO where the latter is the best-practice methodology. Some GCO training evaluation questions and/or response options varied up to twice during the three years of the Strategy, limiting comparisons of training impact between the year. The changes were designed to improve the sensitivity and specificity of the impact survey. Where questions and response options were similar across years, the response data was pooled. The response rate to the GCO training survey over the three years was 82 per cent.

Consistent with the GCO training survey results and recognising that annual GCO training is an appointment requirement, GCOs at the focus groups stated that overall, the training was engaging and '*freshened up'* the knowledge of the GCOs. For experienced GCOs it was reported that the training is becoming less relevant. This is unable to be quantitatively assessed as it is not possible to analyse the training survey data by the number of years respondents have been GCOs, or whether they had undertaken GCO or other training in previous 12 months. Suggested changes to the GCO training are discussed in Question 2.5.

As reported by many GCOs, an additional benefit of the training was that GCOs from multiple venues attended the same sessions, creating a sharing of knowledge, ideas and on the ground situations and experiences, and development of a GCO peer network. The benefits of the GCO training were recognised by the GCOs and by industry management as better equipping the GCOs functionally with their responsibilities.

Broader industry outreach activities, engagement, and support

The following evaluation findings are derived from the relevant focus groups and excludes engagement by the Commission at GCO and industry board member training, and provision of support by the Commission in relation to the implementation of the exclusion scheme.

At the start of the Strategy in 2019-20, the number of and extent that industry across the ACT took a pro-active response to reducing gambling harm varied. By 2021-22 the scale and scope of activities to minimise gambling harm had increased markedly, as reported by the Commission and industry. The increase was in Commission and industry collaborative activities, industry-led activities and Commission-led activities.

Some representative bodies of clubs in the ACT and particularly some individual clubs, engaged in a broader response to improve the wellbeing of patrons inclusive of co-occurring issues including mental health and engagement with community organisations for co-occurring issues.

Industry engagement and relationship management by the GaHP team and the funded support services has increased markedly in recent years, from little engagement near the start of the Strategy, as reported by each stakeholder of the relevant focus groups. Each stakeholder recognised the importance of this activity.

Since 2019-20 the relationship between clubs and the Commission and gambling support services has substantially advanced towards a partnership approach to collectively reduce and prevent gambling harm. The strength of these partnerships varies markedly across the club sector. It was reported by all stakeholders that in general in recent times the parties are not '*on two sides now they're coming into the middle*'. Stakeholders recognise that they have a common goal as well as additional goals, and that venues are part of '*the solution'* to gambling harm minimisation. There is two-way communication and engagement between the Commission, the support services and many clubs and representative bodies for clubs in the ACT.

Harm prevention engagement with Tabcorp and the casino, outside of the GCO training sessions, are entirely in relation to the exclusion scheme (see objective 4).

The understanding by industry that harm can be caused by gambling that would not be considered 'problem gambling', that is that a public health approach to reducing gambling harm is required, has grown, particularly for some club representative bodies and individual venues. In addition, for some clubs in particular, the current approach is based on a premise that gambling harm is not an individual responsibility of the patron, which contrasts with historical approaches.

There is increased awareness about the exclusion scheme, including the incident recording and exclusion system and ACTGED, amongst venues (see Question 4.1).

Examples of increased industry understanding and action to reduce gambling harm and taking a public health approach are:

- Inclusion of CEO of Relationships Australia (the provider of the gambling support services) on the Board of Canberra Community Clubs.
- The introduction to the *ClubsACT Gambling Harm Prevention Strategy 2020 – 2023,* states that it '*is the responsibility of the ACT Government, the Club industry and individuals to minimise harm from gambling. … This strategy outlines our member club's commitments to creating a safer and more responsible club gambling environment."*

2.3. Has the knowledge of gambling harm prevention and harm reduction in organisations that support people experiencing co-occurring issues increased?

Under the Strategy, for the first-time the Commission has established specific engagement with the community sector, specifically organisations that support people experiencing co-occurring issues. The engagement aims to increase knowledge of the sector about gambling harm, its co-occurrence with other issues, and the resources and services available to prevent gambling harm. The sector has been very willing to engage with the Commission, and the breadth of sector organisations engaged has grown.

The impact of the capacity building activities with community organisations on their knowledge of gambling harm prevention and harm reduction was not consistently or quantitatively assessed. Anecdotal reports suggest that the capacity building activities increased community sector

organisation's understanding of gambling harm (prevalence and preventability) and co-occurrence with other issues, and the influence of that in policies, programs, client services and advocacy of the organisations.

A substantial number of workshops and capacity building initiatives were undertaken under the Strategy to build the knowledge of gambling harm prevention and harm reduction in community organisations. Activities ranged from short presentations to a single stakeholder group to one day training workshops with multiple stakeholder groups.

The number of community engagement and capacity building activities increased over the three years of the Strategy. These activities were undertaken by the AGSS and/or the GaHP team. In 2019-20 six prevention of gambling harm training, education and engagement workshops or presentations were delivered. In 2020-21 and 2021-22 about 70 were delivered each year. Additional activities were scheduled in 2020 and 2021 but had to be cancelled due to COVID-19 restrictions. Activities were conducted with organisations that support and/or provide services for specific health or social issues, such as mental health services and AOD treatment and rehabilitation services, and with organisations that support the total population inclusive of people who may be vulnerable to gambling harm and/or co-occurring issues such as health services and detention centres.

Some of these activities were conducted during the annual GHAW (see Question 2.4).

In November 2019, 12 members of community organisations from a wide range of services participated in a one-day workshop focused on gambling harm prevention capacity building. Attendance at the workshop increased participants knowledge of gambling and gambling harm, and their confidence and likelihood to use the information including to raise the issue with the people they work with and support a person or a family member to reduce gambling harm.

As part of broad stakeholder engagement and collaboration, in October 2021 the Commission convened a Community Sector Roundtable during GHAW. Community sector participants were invited to the Roundtable to share ideas and perspectives on gambling harm prevention. The Roundtable was attended by 11 community sector representatives, as well as GRC Board members and GaHP staff. The sessions discussed gambling harm messaging and language, access to the services of the Commission and how the sector can work together to achieve the prevention and reduction of gambling harm through a public health approach. Participants strongly supported the proposal that a community sector network be established, facilitated by the Commission. COVID-19 restrictions caused delay in establishing the network.

The Commission, including the ACT Gambling Support Service, partnered to establish the Gambling Harm Prevention Community of Practice in July 2022, funded through the GHPMF. In August 2022 the Community of Practice had 25 members including ACT Council of Social Services, ACT Multicultural Advisory Council, Alcohol Tobacco and Other Drug Association, ACT Canberra Police Community Youth Club, Karralika Programs Inc Lifeline, Menslink, Mental Illness Education ACT, Office for Mental Health and Wellbeing, ACT Health, The Hope Project/Canberra Gambling, Reform Alliance Yeddung Mura, Capital Health Network and Youth Coalition of the ACT. The Community of Practice is further discussed in Question 2.6.

2.4. Has the reach and impact of community gambling harm awareness programs increased?

Community awareness programs became more strategic and increased in number and reach between 2019-20 and 2021-22, including establishment of continuous and broader communication with the community and a significant redesign of the Commission's website.

By 2021-22 the community awareness programs built on the deepening partnership approach of the Commission. They involved a broader range of partners than previously, including community sector organisations and industry. Based on stakeholder feedback, particularly from the community sector, the programs also evolved to include messaging of '*every story matters*' founded on lived experience stories and a more positive focus.

In 2020-21 the Commission initiated an Always On approach of community communication and engagement, rather than the historical campaign-led point-in-time approach. The approach was fully implemented in 2021-22. This approach provided continuous gambling harm prevention messaging across all forms of communication. The intended impact was increased community knowledge and understanding about gambling harm and signs of gambling harm, awareness of support resources and treatment, and reduced stigma. The Always On approach is fully supported by government and industry, in recognition that gambling harm outcomes are ongoing and often long-term.

The annual GHAW is a central Commission initiative to increase community awareness of gambling harm. In 2021-22 GHAW was a pulse event within the Always On campaign. GHAW is intended to include communication campaigns and events. However, in 2020 and 2021 COVID-19 restrictions resulted in a primary focus on social media led communications campaign rather than events in the GHAW.

The advertising budget for the 2019 GHAW campaign was $55,311, decreasing by 80 per cent in 2020 and to nil in 2021 (Table 2). The reach of community engagement in digital and social media and activation to call the National Gambling Helpline increased from 2019 in each subsequent year. This was despite the markedly reduced or nil advertising budget in the latter years and the impacts of COVID-19 restrictions.

The impact of GHAW and community awareness programs more broadly in terms of the awareness and understanding of gambling harm by the population or activity participants was not assessed. The 2024 Gambling Survey will assess the level of understanding of the population. Many industry stakeholders reported a perception that community awareness that gambling can cause harm had increased in the three years of the Strategy.

Increasingly over the three years of the Strategy, the community sector and industry were engaged in GHAW events, including industry-led events, and in the promotion of the gambling harm prevention messages and support services. The breadth of venues and modes for promotion of the messages increased over the years, including participation in Orientation Week at universities and TAFE (Canberra Institute of Technology). By the 2021 GHAW, the community sector very strongly promoted the prevention and support messages, including collaboration on drafting the messages. Industry was active in GHAW to a lesser extent than the community sector, where some gambling venues actively promoted the messages and resources, and some did not promote them at all.

In 2021-22 the Commission's 2022-23 Communication and Engagement Plan was released (see Question 2.6).

The 2021-22 redesign of the Commission website aimed to provide improved access to licensing and gambling harm prevention materials. The Gambling Harm website redesign included pages

covering (i) Understanding Gambling Harm, (ii) Managing Online Gambling, and (iii) Gambling Transaction Blocks on Credit and Debit Cards. Gambling harm information videos, signs of gambling harm, clear links to updated harm prevention materials for industry, and help information. Gambling harm prevention tips were added to the GRC website home page.

Table 2: Advertising spend and media-related impacts of GHAW by type and year.

Attribute	**Year**		
	2019-20 (2019 GHAW)	**2020-21 (2020 GHAW)**	**2021-22 (2021 GHAW)**
Advertising spend	$55,311 for social media and google display, radio, bus and office block advertisements.	$10,061 (for social media and google display advertisements)	Nil
Social media	759,276 impressions, reach of 157,952, and 8,257 clicks	365,390 impressions, reach of 76,240, and 5,022 clicks.	Impressions and clicks were not applicable as there was no advertising spend on social media. Social media: coverage by ACT Government and Relationships Australia. Lived experience media received positive, supportive commentary and over three times the 'likes' compared to ACT Government's selected imagery and factual approach to messaging.
Website	3,712 unique visits, compared with 963 average weekly visits in the 6 months prior. The most visited page was ‘don’t play it down’.	2,913 unique visits, compared with 904 average weekly visits in the 6 months prior. The most visited page was ‘gambling help’.	1,389 unique visits, compared with 1,129 average weekly visits in the 6 months prior. The most visited page was website landing page with ‘gambling help’ the fourth most frequently visited page.
Radio and TV media (excluding purchased advertising)	No information available.	15 articles and interviews. Broadcast audience reached is not available.	13 articles and five interviews. Broadcast audience reached, including syndication, was 70,000 — the equivalent to an advertising spend was $25,691.
National Gambling Helpline (ACT calls)	No difference in counselling/assessment calls between GHAW week and yearly average.	Increased calls for counselling/assessment (5/week during GHAW vs 3.2/week yearly average).	Increased calls for counselling/assessment (4/week during GHAW vs 2.2/week yearly average).

2.5. Did the capacity building activities under the Strategy target appropriately the key stakeholder groups?

Overall, the capacity building activities did target appropriately the key stakeholder groups, although there are gaps and potential additional gains which should be considered.

Industry

While engagement with industry has increased markedly during the Strategy, further tailoring of the engagement is required to meet the needs of venues. The needs are based on their current scale and scope of activity to minimise gambling harm, and their understanding of gambling harm prevention including co-occurring issues. It was suggested by some in the industry, that industry engagement with the support services needs to be both planned and incidental, two-way and not dependent on a single person. Involvement of a person with lived experience in industry engagement has been very strongly supported by industry.

The GCO training is generally meeting the needs of the GCOs (Table 3). The learnings from the training were relevant to the GCO role, and attendees reported that they were given adequate opportunity to participate in the training, that it was worth their investment in time and effort and that they would recommend the workshop to others.

Table 3: Change in abilities and intentions of GCOs following training, by year.

Attribute	**2019-20**	**2020-21**	**2021-22**	**Interpretation**
The learnings from this program were relevant for my current role as a GCO				
Response option 1 (range 1-3)	2.6	2.8		Somewhat to very accurate
Response option 2 (range 1-5)			4.5	Agree to strongly agree
I was given adequate opportunity to participate in the learning (Response option 2 in 2019-20, 20-21 and option 3 in 2021-22: range 1-5)				
	4.8	4.7	4.4	Agree to strongly agree
The program was worth my investment of time and effort (Response option 2 in 2019-20, 20-21 and option 3 in 2021-22: range 1-5)				
	4.6	4.4	4.3	Agree to strongly agree
Would you recommend this workshop to others?				
Response option 4 (per cent 'yes')	84%	94%	87%	Average 89% stated yes

Response option scales:

1. 1= not accurate, 2=somewhat accurate, 3=very accurate
2. 1= strongly disagree, 2=disagree, 3=neither, 4=agree, 5=strongly agree
3. 1=ineffective, 2=somewhat ineffective, 3=neither, 4=somewhat effective, 5=very effective
4. 1=yes, 2=no

It was reported by industry management that the GCO training provides them with a platform to start a conversation with GCOs, especially new GCOs, about how to apply the training on the ground and the context of patrons who experience gambling harm in the venue. GCO formal training is only part of the required capacity building for GCO's. The training equips them functionality with their responsibilities. Experience and support in venues is instrumental in building capacity of GCOs to undertake their responsibilities.

The GCO training seeks to provide and refresh the knowledge of GCOs. For people newly employed as GCOs the training is very valuable. However, in the gambling industry in the ACT there are a number of very experienced GCOs and thus even re-freshened training sessions provide little new knowledge. Because of the data collection methodology used in the evaluation of the GCO training, the information reported in Table 3 cannot be assessed for GCOs with varying years of experience. However, in each of the three years of GCO training reported in Table 2, the training increased the abilities of the GCOs, despite attendance of some of the same GCOs in multiple years.

It was suggested by some GCOs attending the focus groups, that there be a statute of limitations on the requirement of annual training, and recognition of prior knowledge and experience. Training for experienced GCOs could focus on changes in modes of gambling in the venues, legislation and implications of changing demographics of patrons in venues and on new research evidence of gambling harm prevention and reduction. It was also suggested that unless the refresh component of the training is significant, consideration should be given to changing the legislative requirements for GCO training for experienced GCOs.

Some clubs in the ACT have as few as one GCO on staff. Thus, in some clubs there are times when the gaming floor is operating but there is no GCO in attendance, although other staff are liaising with people on the gaming floor. It was suggested a GCO of a small club that most floor staff receive a basic level of training in gambling harm minimisation, which would be applied when a GCO is unavailable at a venue. The Canberra casino provide training to a far greater number of staff.

Some GCOs reported that the GCO training needs to include clearer information on the responsibilities of venues to meet legislative requirements and implement current ACT Government policies. They stated that the training should continue to be informed and updated by learnings from completed investigations of breaches if appropriate, although no examples were provided. In addition, the training should increase the additional information on the services provided by the gambling support services and those provided by the National Gambling Helpline.

For the training to be of more relevance to experienced GCOs, it was suggested by a GCO that the training needs to be more applicable to the demographics and technological capability of current venue patrons.

The training includes discussion with a person with lived experience of gambling harm, which is strongly supported by GCOs. To increase the relevance of this, it was suggested by a GCO that the lived experience discussion should be applicable to the environment of the GCO's venue.

For GCOs to undertake their responsibilities a breadth of skills is required. The current GCO training focuses on the gambling harm issues and public health approach. To undertake the GCO role effectively it was recognised by both GCOs and industry management that additional training is required for GCOs.

Specifically, it was suggested that additional training is required in:

- Communication and people skills in approaching patrons, initiating conversations that can be difficult and broaching the potential gambling harm issues with a variety of patrons.
- Awareness and understanding of the varying personal and situational contexts of gambling harm incidents that may occur in a venue and the potential co-occurrence of other social, mental and physical health issues and factors.
- Understanding of the breadth of skills required to undertake the role, self-assessment as to their skill levels and a path to obtain the outstanding skills. The GCOs guide patrons to support and counselling, "*but are not counsellors*", and understanding this difference needs to be more explicit.

Some GCO's stated that the Responsible Conduct of Gambling (RCG) training, which is approved but not provided by the Commission, includes completion of a self-exclusion deed. For some venues it was suggested that it would be more appropriate if this component of the RCG training was included in the GCO training, as it is the GCO's who undertake this task in a venue.

For Industry Board members, a single training session for one club was undertaken in the three years of the Strategy. Of the 10 attendees, all reported that the training was well organised, and

that the facilitator delivered the training well and 89 per cent thought the information was relevant to their role at the club.

Community sector

In the community sector outreach by the gambling support services, the discussion of gambling harm prevention is tailored to the focus of the organisation, for example domestic violence, mental health and AOD.

The understanding of the public health approach to gambling harm prevention varies markedly across community sector organisations, as reported by the Commission and support services. Some organisations appear to understand gambling harm through an individual lens rather than a broader public health approach.

2.6. What are the resources and information gaps, and what strategies have been put in place to address them?

In 2021, the Commission funded a research study to provide an evidence base for assessing awareness and understanding of gambling harms among the ACT general public and among those who gamble, to inform the ACT gambling harm literacy strategy. The research is expected to be completed in early 2024. It is anticipated that if a valid population gambling harm literacy measure is developed through this research, it will be incorporated into the 2024 ACT Gambling Survey (see Question 5.3).

The Australian Gambling Statistics do not include gambling conducted on international websites and a breakdown of interactive gaming is not provided, and thus information about interactive gambling in Australia has been limited. Through participation in a GRA working group, this information gap has been addressed at a national level in the release of the GRA's 2nd National Study of Interactive Gambling in Australia (see Question 5.2). The state prevalence surveys, including the ACT surveys, have all increasingly assessed interactive gambling over time - comprehensive assessment was undertaken in the ACT in both 2014 and 2019.

In 2021-22, the Commission's 2022-23 Communication and Engagement Plan was released. The plan provides a coordinated and collaborative approach to activities under the Commission's 'Education and engagement' priority area, including the establishment of a Community of Practice (see Question 2.3), exploration of school-based gambling harm education and awareness program (see Question 1.1), and strategic engagement with all stakeholders.

Industry

GCO training will continually be reviewed and provided. Question 2.5 provides some suggestions for consideration in revised GCO training. In line with these suggestions, in early 2023 a pilot of advanced GCO training in undertaking difficult conversations with people who are at risk of gambling harm began. The training development and piloting is funded by the GHPMF.

Training will be offered to all industry Board members in the future.

A greater level of tailoring is required in industry engagement to meet the needs of industry. Discussions with industry and the Commission have indicated that there is variation in the gambling harm prevention cultures and commitment in licensed venues in the ACT, and challenges to implement the exclusion scheme and other functions of venues in gambling harm reduction.

Industry stakeholders all suggested that further information should be provided to venue staff at training and through resources at the venue, as to the specific services provided by the support services. Separate resources detailing separately the financial counselling and family/friends counselling were suggested.

In addition, industry sought greater understanding of available community sector supports and initiatives for gambling harm prevention.

Community sector

A Community of Practice was established in August 2022. The group was established following strong support for the proposal at the October 2021 Community Sector Roundtable. From the original 11 community sector members, the membership has grown to 25 by August 2022. The Community of Practice is open to all organisations engaged in community and primary health care and have an interest in preventing gambling harm, including those from government, health, education, community and advocacy services.

As of August 2022, the Community of Practice membership includes client support services such as for suicide prevention, mental health and AOD, and peak bodies and organisations such as ACT Council of Social Services and Office for Mental Health and Wellbeing, ACT Health. It also includes a lived experience group to ensure representation from these stakeholders (see Question 2.3).

The purpose of the Community of Practice is to create a structure that allows community and primary health care workers to share learnings, build shared understandings and create opportunities for collaboration in gambling harm education, prevention, early intervention, counselling and referral across the ACT. The Community of Practice will facilitate shared learning in addressing public health issues and the potential application of that evidence to gambling harm prevention, such as from evidence of successful strategies to address AOD issues. These potentials have started to be realised as of November 2022.

There is little voice in the evaluation from the broad range of community sector organisations in the Community of Practice, excluding the GaHP team and AGSS. Given that this forum had only recently been established, it was determined by the Commission that the interim evaluation would not include discussions with the Community of Practice participants, excluding the GaHP team and AGSS.

The impact of the partnership approach with the community sector of community sector and of the Community of Practice should be regularly and consistently assessed and included in the full evaluation of the Strategy.

Community

The level of understanding about gambling harm of ACT residents is not known, although anecdotal information indicates that the level of knowledge is varied.

Commission strategies to increase community knowledge and assess the level of knowledge and impact of the activities include:

1 Implementing the Always On approach to communication and engagement (see Question 2.4).
2 Investigating the development of a tool to monitor the level of gambling harm literacy (see Question 5.3).
3 Developing a school-based harm awareness and education program (see Question 1.1).

Additional strategies suggested by stakeholders include:

1. Translation of resources and forms in other languages, including self-exclusion information to enable people who speak a language other than English to understand the support available to them and fully understand the self-exclusion deed and what they are signing (see Question 4.4).
2. Developing an awareness and education program for media personal, as part of a broader stigma reduction strategy.

Objective 3: Providing a wide range of accessible, responsive and effective services and initiatives that prevent and reduce gambling harm.

Summary

For almost all clients, counselling through the ACT gambling support services reduced the risk and impact of gambling harm and increased the clients' capacity to manage the issues they sought help for. Counselling reduced the impact of gambling for 90 per cent of clients.

The scope of support services was similar in 2020-21 and 2021-22. Between these two years, there was a 20 per cent increase in the number of people provided counselling support and 56 per cent increase in the number of gambling harm support sessions provided. The extent that the services met the needs of specific population groups is unable to be determined, based on the reporting.

Assessment of the impact of the services is based on a survey with response rate of less than 10 per cent, with response options that could be improved to increase the sensitivity of the survey. These attributes of the survey require improvement.

The evaluation of the therapeutic and financial counselling services requires review to ensure the provision of consistent information for assessment of the outcomes of the services and the Strategy, and that the evaluation is aligned with the theory of change of the services.

People seeking help to reduce gambling harm can access counselling services, self-exclude from gambling venues and/or access services provided by the ACT Gambling Support Service, National Gambling Helpline, Gambling Help Online, as well as other more general support and information services. Gambling support counselling, funded in accordance with the Strategy, was provided to 365 people in 2021-22. In 2021-22 there were 245 calls from ACT residents to the National Gambling Helpline to answer gambling harm related enquiries, and follow up support provided to 81 callers.

3.1. Were the gambling support services and initiatives accessible and responsive for the clients' needs?

ACT based and national gambling support services and initiatives were accessed by ACT clients to address their needs in relation to help with gambling support for themselves, family and/or friends.

ACT services funded under the Strategy provided counselling support to 300-400 clients each year between 2019-20 and 2021-22 (Table 4), despite the constraints to services as a result of COVID-19 restrictions. Appointments per person decreased from four per person in 2019-20 to 2.3-2.4 in 2020-21 and 2021-22. Variations in client and average appointment numbers, and in instances of support over the three years of the Strategy are difficult to interpret and maybe due to changes in demand for services, service scope, service delivery mode, recording practices and/or impacts of COVID-19 restrictions.

Table 4: Number of people and instances of support/enquiries provided, by year and type of support.

Year	Number of people engaged in counselling support	Instances of gambling harm reduction support sessions			
		Total	Counselling sessions	Casework sessions	Peer support sessions
2019-20	418	1682	1682	n/a	n/a
2020-21	305	2004	779	1206	19
2021-22	365	3126	827	2253	46

In 2020-21 the gambling support services began a new five-year contract with the Commission, which included changes in service scope and delivery (see Question 5.1). Peer support sessions were introduced in January/February 2021, as the only formal change in service scope for the counselling services provided under the Strategy. In July 2020 numbers of casework sessions to support counselling sessions began to be recorded, though these had occurred for the duration of the Strategy and may have been included as a counselling session previously. Gambling support enquiries occurred for the duration of the Strategy, although reporting criteria changed over the three years of the Strategy.

The scope of support services was similar in 2020-21 and 2021-22. Between these years, there was a 20 per cent increase in the number of people provided counselling support and 56 per cent increase in the number of gambling harm support sessions provided.

People sought help from gambling support for a variety of reasons. Counselling sessions were provided to individuals who gamble and to family and friends (collectively termed therapeutic counselling), and for financial counselling (Table 5 and Table 6)). The financial counselling was provided to clients for gambling-related reasons. There has been a shift in the number of active clients and proportion of services for each type, with a greater proportion of sessions of gambling support rather than financial support in the latter years of the Strategy. This change may be due in part with greater community and stakeholder understanding of the forms of gambling harm, particularly that gambling harm is not just financial harm.

Table 5: Number of counselling sessions provided and percentage of all sessions, by year and type of session.

Year	Counselling sessions	Counselling type (number and per cent of year total)		
		Gambling	For family and friends	Financial
2019-20	1682	544 (32%)	139 (8%)	999 (59%)
2020-21	779	453 (58%)	105 (13%)	221 (28%)
2021-22	827	362 (44%)	78 (9%)	387 (47%)

Table 6: Number of active clients and percentage of all clients, by year and type of counselling provided.

Year	Counselling clients	Counselling type		
		Gambling	For family and friends	Financial
2019-20	418	154 (37%)	56 (13%)	208 (50%)
2020-21	305	164 (54%)	51 (17%)	90 (30%)
2021-22	365	196 (54%)	67 (18%)	102 (28%)

Considering therapeutic counselling, all clients were satisfied with the service they received in each year, with about 90 per cent each year agreeing with the satisfaction statement and about 10 per cent tending to agree. Similarly, all clients felt listened to and that their issues were understood.

Almost all financial counselling clients were satisfied with the service they received (99 per cent in 2019-20, about 98 per cent in 2020-21 and about 97 per cent in 2021-22.

Considering national services to ACT residents by the Gambling Help Online, the number of online requests for gambling help that were answered increased between 2019-20 and 2021-22, with 75 requests answered in the first year, building to 101 in the second year and 95 in 2021-22. Over the three years 98% of requests were answered, with a similar proportion in each year.

Telephone calls were also made from the ACT to the National Gambling Helpline. The number of instances of telephone counselling doubled between 2019-20 and 2020-21 (Table 7). In 2021-22,

of the 245 callers 81 people in the ACT were provided with follow-up support by the National Helpline.

Table 7: National Gambling Helpline statistics for ACT residents, by year.

Year	Calls answered	Instances of telephone counselling	Callers supported with follow-up counselling
2019-20	277	90	n/a
2020-21	387	167	98
2021-22	245	184	81

People seeking help to reduce gambling harm can access counselling services, self-exclude themselves from gambling venues and/or access services provided by the ACT Gambling Support Service, National Gambling Helpline, Gambling Help Online, as well as other more general support and information services. In 2019, 5886 adults in the ACT had ever sought help for their gambling, according to the *2019 ACT Gambling Survey.* In total, 1.5 per cent of gamblers had ever sought help for their gambling.

3.2. Did counselling reduce the risk and impact of gambling harm and increase the clients' capacity to act

Counselling by the AGSS reduced the risk and impact of gambling harm and increased the clients' capacity to manage the issues they sought help for (Table 8 and Table 9).

Over the three years, three months after completing therapeutic counselling:

- 90 per cent of clients reported that counselling reduced the impact of gambling;
- 96 per cent that counselling made a positive difference to their lives;
- 74 per cent that counselling improved their relationship with their partners, family members and others; and
- 92 per cent that after counselling they were better able to manage the issue that they sought help for.

Table 8: Client reported impact of therapeutic counselling, by year and type of impact.

Year	Proportion of therapeutic counselling clients who reported that			
	Counselling reduced the impact of gambling	Counselling made a positive difference in their life	Counselling improved their relationship with their partners, family members and others	After counselling they are better able to manage the issue that they sought help for
2019-20*	88%	94%	65%	88%
2020-21*	100%	100%	80%	100%
2021-22	87%	96%	78%	91%
overall	90%	96%	74%	92%

* Unclear whether data for these years includes clients of family and friend counselling

Table 9: Client reported impact of financial counselling, by year and type of impact.

Year	Proportion of financial counselling clients who reported that	
	Financial situation had improved since engaging with the service	Better able to deal with the issue sought help for
2019-20	75%	n/a
2020-21	92%	n/a
2021-22	n/a	93%

The post-counselling survey was provided to all eligible AGSS clients with a closed service file. Eligible clients were those who had consented for follow up contact, where the date of last service provided was between 3-6 months before the survey. It should be noted that in 2019-20 only 17 clients responded to the voluntary post-service survey, 10 clients responded in 2020-21 and 23 clients in 2021-22. The average response rate over the three years was less than 10 per cent. Thus, caution needs to be applied in interpreting the findings.

Considering financial counselling, following the closure of counselling files, 75-93 per cent of clients reported positive outcomes from the counselling. While the response rate for the evaluation survey is unknown, results are based on reasonable numbers of clients (103 in 2019-20, 43 in 2020-21 and 111 in 2021-22).

3.3. Were the counselling services under the Strategy appropriately adaptive, targeted and tailored to meet the clients' needs?

The gambling counselling services were provided to clients with long standing problematic gambling, and/or who gamble frequently, spend over $1000 per month and displayed high levels of gambling harm at presentation (Table 10). The response rate for these survey questions is unable to be determined. However, all new clients are asked questions about their gambling if appropriate, and the majority of clients provide response to some or all the questions.

Table 10: Gambling characteristics of new gambling counselling clients, by year and characteristic.

Year	Proportion of new gambling counselling clients who			
	Report that gambling had been problematic for over 2 years before they sought help	**Gamble at least once a day (once a week)**	**Display high levels of gambling harm at presentation**	**Spent at least $1000 on gambling each month**
2019-20	35%	37% (90%)	87%	73%
2020-21	44%	31% (89%)	79%	55%
2021-22	31%	20% (85%)	n/a	46%

In 2019 it is estimated that there were about 3000 people in the ACT (based on the *2019 ACT Gambling Survey)* who would be classified as 'problem gamblers' based on the PGSI, with about 44,000 people reporting having experienced harm from their own or someone else's gambling.

The AGSS services, including counselling, are one of three gambling specific means of support open to ACT residents to address gambling harm, the others being self-exclusion from licensed venues (see Question 4.1) and services provided by Gambling Help Online (see Question 3.1). The extent that client demographics of the collective of these gambling specific means align with the demographic profile of 'problem gamblers' in the ACT cannot be determined.

Counselling clients ranged in age from 18-24 years to 65 years and older, with about half of the clients each year aged 25-44 years. About 5 per cent of clients identified as having Aboriginal and Torres Strait Islander background, and about 16 per cent reporting being of culturally and linguistically diverse background. The extent that the services met the needs of specific population groups is unable to be determined, based on the service's existing reporting framework.

The most problematic form of gambling of new gambling counselling clients of the support services was gaming machines, for each year in the period 2019-19 to 2021-22 (Table 11). Over the period, there was a doubling in reporting that internet gambling, either casino or sports betting, was the most problematic form of gambling.

Responding to client's needs, in addition to financial and therapeutical counselling, from 2020-21 peer support sessions were also provided under the Strategy, as discussed in Question 3.1. A dedicated peer support and community engagement worker was provided under the Strategy and began with the support services in 2020.

Face-to-face services needed to be provided online due to COVID-19 restrictions. The support services were agile and adaptable in continuing to provide services during the restrictions.

Service delivery was layered to enable services to be delivered for clients of different service needs and preferences, ethnic backgrounds, English proficiency, communication style and preferred level of anonymity. The gambling service system is a wraparound service such that clients can engage in services to address gambling harm through entry points. Additionally, clients can be referred to the gambling support services by community and health sector organisations (see Question 2.3, particularly in relation to development of the Community of Practice). The building of the Community of Practice aims to increase the channels of referral to the gambling support services.

Table 11: Most problematic form of gambling of new gambling counselling clients, by year.

Most problematic form of gambling	**2018-19**	**2018-19**	**2019-20**	**2020-21**	**2021-22**
Gaming machines	55%	68%	51%	60%	54%
Horse/dog racing	13%	12%	13%	10%	9%
Sports betting	8%	7%	12%	6%	13%
Card games	2%	1%	1%	2%	<1%
Casino table games	8%	5%	6%	7%	2%
Lottery products	2%	2%	1%	<1%	1%
Keno	1%	<1%	<1%	<1%	!%
Internet - Casino	2%	1%	5%	4%	5%
Internet – Sports bet	9%	3%	11%	11%	15%

Where possible support services and resources were tailored to meet the language and cultural needs of the culturally and linguistically diverse clients. In the allocation of a client to a counsellor, the support services considered the background of each client and made the best match between client and counsellor. Where possible and appropriate, the support services use the national Translating and Interpreting Service (TIS) to translate resources.

3.4. What are the resources and information gaps, and what strategies have been put in place to address them?

There are many challenges to showing the outcomes of the counselling services. The major information gaps relate to the counselling services impact survey:

- The therapeutic counselling evaluation should align with the program logic of the services, and be based on sensitive instruments to assess the impact of the services. The current survey instrument may not be sensitive enough to assess changes over time in the impact of the services. The five-point Likert scale for the questions is disagree, tend to disagree, neither agree or disagree, tend to agree and agree. If the scale was broadened to the more standard scale (strongly disagree, disagree, neither agree or disagree, agree and strongly agree), the sensitivity of the survey questions will increase.
- The response rate for the voluntary post-therapeutic counselling survey is less than 10 per cent. While this somewhat consistent with similar surveys in the literature, additional strategies should be put in place to increase the response rate so that more robust analysis can be undertaken.
- The impact of the financial counselling was inconsistently assessed over the period. In addition, the impact each year was assessed by a single survey question. These should be revised and strengthened in line with the program logic of the service, particularly for clients who attend the services because of financial harm associated with gambling.

Some strategies are in place to date to address these information gaps.

Objective 4: Ensuring gambling environments and providers prevent and reduce gambling harm.

Summary

The exclusion scheme is the major strategy to prevent and reduce gambling harm in gambling environments. Gambling harm minimisation programs, both industry-led, and industry and gambling support service collaboratives, also support gambling harm prevention (see Question 2.2).

On 30 June 2022 there were 163 active licensee exclusions and 482 active self-exclusions, a total of 645 exclusions. The exclusion scheme is accessible for patrons and venues. However, the scheme has some functionality challenges for venues and patrons, principally due to the requirement for manual recognition of patrons who are self-excluded or licensee-excluded from venues. How to use the incident recording register is not well understood by some staff at licensed venues, as reported by some focus group attendees.

ACTGED, the exclusions register and incidents recording database, was substantially redeveloped including technological updates, with activation in July 2022. ACTGED is part of the exclusion scheme. The Territory-wide database is supported by stakeholders and enables improved monitoring and reporting procedures for venues and the Commission, ultimately providing a long-term harm prevention resource for the ACT.

Evaluation of objective 4 includes evaluation questions in the evaluation of objective 1 (see Question 1.1), and objective 2 (see Question 2.1 and Question 2.2).

4.1. Are the exclusion scheme, including the exclusion register, and the incident recording register, accessible and functional for patrons and venues?

According to the Code of Practice licensees, to their best intentions, must prevent someone from problem gambling in their venue/s. The exclusion scheme is a key plank of the legislation. The legislation is implemented based on venue specific policies and practices. It is reported by the Commission that the legislation is inconsistently implemented by licensed clubs, as the legislation allows for a lot of leeway and varied interpretation of the requirements of the legislation and the responsibilities of the clubs.

The exclusion scheme is Territory wide, encompassing all gambling licensees (Clubs, Hotels, Tabcorp and the Casino). The exclusion scheme incorporates multiple components such as policy, the exclusion support team, email/phone, support/venue outreach and liaison with the AGSS, and the exclusion register. Under the Code of Practice licensees are required to include exclusions on the exclusion register, which is included in ACTGED. They are also required in record is someone has a ‘gambling problem’ in the incident recording register in ACTGED.

The Commission CEO chairs the CCMAC ACT Gambling Exclusion Regime Working Group, established in 2021. The working group was established to identify challenges on the ground of implementing the existing self-exclusion program and to develop principles and suggest practical improvements. The GaHP team prepares background information for these meetings and have presented at one of the self-exclusion working group meetings.

On 30 June 2022 there were 163 active licensee exclusions and 482 active self-exclusions, a total of 645 exclusions. The number of active exclusions at the start of the Strategy is unable to be determined.

Self-exclusion from licensed venues is one the three gambling specific means open to ACT residents to address gambling harm, the others being gambling support services and services provided by the National Gambling Helpline (see Question 3.3). Individuals can seek help from multiple means. The number of unique individuals seeking help from one or more of the support means is unable to be determined.

The number of new exclusions and breaches decreased between 2019-20 and 2021-22 (Table 12). The number of new revocations was similar over the three-year period. While the number of new incidents has increased markedly over the period, this change must be interpreted with caution, as there is variable interpretation of what incidents are to be reported, as discussed below.

Table 12: Number of new incidents, exclusions, breaches, and revocations, by year*

Year	General incidents	Exclusions		Breaches	Revocations
		Self-exclusions	Licensee exclusions		
2019-20	13,284	157	14	91	62
2020-21	16,489	168	13	79	56
2021-22	18,522	159	7	76	58

* Data derived from ACTGED. Numbers may differ slightly from those previous reported as a) some previously reported numbers were derived from the previous version of the exclusion data base and b) ongoing quality assurance will increase the accuracy of the number.

The exclusion scheme is accessible for patrons and venues. However, there are some functional challenges for some venues in implementing the exclusion scheme and meeting the requirements of the Code of Practice. The need to respect the privacy and safety of individuals is a priority of the scheme. Respecting and adhering to privacy laws necessarily creates boundaries around exclusion scheme.

Interdependent challenges to the functionality of the exclusion scheme for patrons and venues, reported by all or some stakeholders, are:

- Dependence on venue staff to visually scan all patrons, recall if they are on the exclusion system and exclude them from the venue, is recognised as a challenge to implementation of the exclusion scheme by all stakeholders. Some venues use membership cards as part of the venue practices for the exclusion system, though this system can be deceived as reported by some stakeholders. A systematic and technologically driven process is required to replace the staff requirement to remember all the faces of relevant patrons and thus remove the impacts of human error.
  Each Australian jurisdiction that has a self-exclusion scheme has similar challenges with the system, and a number of solutions have been considered and/or used in the ACT and elsewhere in Australia. These include:
  - Facial recognition software, which alleviates the requirement for manual recognition of excluded patrons at venues. This software is being implemented in South Australia an ACT venue has proposed to undertake a pilot. However, there are broad considerations and implications that need addressing before facial recognition software can be used in the ACT, including the impact on privacy for patrons.
  - Automated Risk Monitoring (ARM), using software that alerts venue staff of potential gambling harm based on patterns of play of a patron, has been piloted in South Australia.
  - Card based play, which can include mandatory pre-commitment and zero limits, would effectively excludes patrons from gambling and allow people to enter venues but not access the gambling facilities, and would protect the privacy of patrons.

- Patrons can request exclusion from one or as many licensed venues as they wish. This was reported as a limitation of implementing the exclusion scheme by a very small number of venue staff. However, this capacity of the scheme is intended to provide patrons with flexibility and control. There is evidence that supports flexible self- exclusion schemes as best practice. Licensee exclusions are a last resort, and effectively override the patron's control.
- While the exclusion is meant to be only exclusion from gambling at a venue, the layout of many venues prohibits selective exclusion, resulting in an effective exclusion of patrons from the entire venue, as reported by many venue staff.
- When COVID-19 restrictions required that masks be worn indoors including in licensed venues, manual facial recognition at venues became more difficult.

For patrons, the scheme can be accessed through venues, the Commission or the counselling support services. For patrons, anecdotal information provided by patrons to the Commission indicates that the exclusion scheme is generally accessible and functional for them, noting the significant challenges listed above. The evaluation did not seek advice from patrons regarding the accessibility and functionality of the scheme.

The lack of capacity of the exclusion scheme to include third-party exclusion is reported by some venue staff as a limitation to the accessibility and functionality of the scheme for patrons. However, family and friends can contact the venue staff requesting that they be aware and alert to behaviours, and they can also directly contact the Commission and the support services.

Over the first three years of the Strategy the new exclusion register and incidents recording database, ACTGED, has been continuously upgraded. The development has involved extensive consultation with industry, reviewing and updating privacy and security protocols, data cleaning and loading, flow testing as well as the development of new protocols, guides and forms for venues.

Most of the venues report increased awareness about the exclusion scheme, ACTGED and provision of patron support at venues. For most venues the uptake and utility of ACTGED is reported very positively, with the capacity to view the profile of a person strongly supported. For the small number of venues which also have venue-specific databases, the requirement to implement ACTGED has led to some duplication of effort.

Venues are required to record signs that someone has a 'gambling problem' in the incident register of ACTGED. While the Code of Practice mandates the recording of incidents, it does not provide a clear and practical definition of problem gambling incidents. Guidance for recording an incident is provided in a resource titled '*Learn the signs of gambling harm'.* Gambling incidents can only be viewed by the licensee who recorded the incident. The recording of incidents is intended to provide licensees with a means to monitor the gambling harm history of their patrons, and to provide licensees with data to inform when and how to best approach patrons or for considering licensee exclusions.

Implementation of the incident recording register varies across venues and remains a source of uncertainly and dissatisfaction for some venues, as reported by some venue staff. Much of the dissatisfaction for a small number of venues relates to lack of a clear and shared understanding of the basis for reporting of an incident, in particular how many of the 'signs of gambling harm' are required for reporting of an incident or whether each sign of gambling harm constitutes a separate incident. This variable understanding and interpretation of the basis of the incident

recording negatively impacts the functionality of the register, and the interpretability of trends over time in the number of incidents per year.

4.2. What is the value and appropriateness of the exclusion scheme and incidents recording register for patrons and for venues?

For venues, the value of a fully functional exclusion scheme is that patrons who self-exclude do not gamble at the venue and cause harm to themselves and others. The importance of this was acknowledged by all industry management and GCOs interviewed. In addition, the value for venues is for self-excluded people to be able to attend venues to enjoy non-gambling related services of the venue. This latter value is not able to be realised for some venues, which was reported by some focus group attendees to be a '*disincentive*' for some patrons to self-exclude and may stigmatise patrons, and be a hinderance for venues.

The purpose and usefulness of incident recording and the evidence-based of the rationale of recording the incidents is unclear for some venues and GCO's (see Question 4.1). Some clubs report receipt of inconsistent information about the incident reporting system. JACS Directorate also reported confusion of the evidence-base and application of the incident recording system based on the document '*Learn the signs of gambling harm'.*

The evaluation did not seek advice from patrons regarding the value and appropriateness of the exclusion scheme.

4.3. Is the voluntary referral to gambling support from the exclusion scheme pathway applied?

In the Deed of Exclusion for self-exclusion from gambling and the revocation form, people can select to be contacted by the ACT gambling support service. This optional exclusion process for referral for gambling support has been applied. In 2019-20 the support services contacted 15 people on the basis of their request, increasing to 33 people in 2020-21 and 36 in 2021-22.

Clients are also referred to the AGSS by the GaHP team if applicable.

4.4. What are the resources and information gaps, and what strategies have been put in place to address them?

The discussions with industry and the Commission have indicated that there is variation in the gambling harm prevention cultures and commitment in licensed venues in the ACT, and in the needs and ability to implement the exclusion scheme and other functions of venues in gambling harm reduction. In order to tailor industry engagement by the Commission and the gambling support services to support gambling harm reduction, further venue specific information is required.

The redeveloped version of ACTGED was fully activated in July 2022. It provides ACT gambling venues and the community with a significantly improved centralised and streamlined online means for reporting and reviewing exclusions and incidents for patrons. The new database is designed to improve monitoring and reporting procedures for venues and the Commission, ultimately providing a long-term harm prevention resource for the ACT.

The implementation, training needs and ongoing support required for ACTGED are significant. The GaHP team 2022-23 work plan includes substantial activity to support the implementation of the exclusion and incidents system. This reflects the importance of the system in preventing and reducing gambling harm, as well as the commitment of the Commission and the GaHP team to developing and supporting the system. In addition, the Commission established an industry engagement team in 2022-23. The first program of work of the team is proactive engagement and working with the gaming licensees on supporting the use of ACTGED. The team will also assist licensees to connect with different parts of Access Canberra.

As part of monitoring the impact of the exclusion scheme, the number of active exclusions should be monitored annually. To date, this information is unable to be retrospectively sourced from ACTGED.

While fully supported, the exclusion scheme has some limits to its functionality for venues and patrons, related to implementation of the exclusion scheme policy (see Question 4.1). The Commission, licensees and Government report that they will continue to work collaboratively to address the system challenges.

The policy and inconsistent recording of signs of ‘problem gambling’ are hinderances to achievement of the Strategy. Small numbers of venues require clarification and support in recording incidents in the incidents register (see Question 4.1).

Additional resources to support patrons of a broader range of age and language backgrounds are required, specifically:

- Age-specific resources, particularly for males aged 18-35 years.
- Multilingual resources, particularly in relation to the self-exclusion deed, and GCO training in how to complete a deed with a patron who does not speak English to the standard required to correctly understand what the patron is signing.

Objective 5: Supporting and building the evidence base for gambling harm prevention strategies and initiatives.

Summary

GRC is actively engaged in supporting and building the evidence base for gambling harm prevention. The Strategy is evidence-informed and the use of evidence is inform government submissions, services and other initiatives is standard practice for the GaHP team.

To focus research to meet the Commission's needs, there has been increased promotion of the GHPMF and increased utilisation of the fund for harm prevention research and evidence-generating projects, and the release of the Commission's Research Agenda 2021-2024. The Commission's partnership with the ANU Centre for Gambling Research has been reviewed, with research priorities being overseen by a steering committee comprising of independent members and representatives from the Commission and the ANU.

Funded research projects include the *2019 ACT Gambling Survey*, development of resources incorporating lived experience stories, development of a population gambling harm literacy measure, and assessment of the impact of policy and regulatory settings on gambling harm.

Planned research projects of the CGR include understanding the gambling experiences of young people aged 18-25 years, particularly in relation to online gambling, and what influences the transition of people from low-risk gambling to severe levels of gambling harm.

The GaHP team actively works with national and jurisdiction working groups to advance national research and evidence-informed policy and practice. Evidence gaps have been identified and strategies are in place to address them.

5.1. Are strategies, government submissions, services and other initiatives evidence-informed?

Strategies, government submissions and advice, gambling support services and other initiatives undertaken by the Commission for the prevention of gambling harm are evidence-informed. The Commission uses existing evidence and builds and funds new evidence to inform policy and practice. The evidence is derived from ACT, national and international studies, with consideration given to the applicability of national and international evidence to the ACT environment and population.

Examples of the application of evidence to inform policy and practice include:

- Development of the *Strategy for gambling harm prevention in the ACT: A public health approach 2019-2024.* The Strategy was drafted by a gambling research academic employed by the Commission. A breadth of evidence was used to inform the development of the Strategy, including research studies, the *2014 Survey on Gambling, Health and Wellbeing in the ACT*, National Association of Gambling Studies, and stakeholder input including from industry, the community sector, people with lived experience, the Public Health Association of Australia and some other Australian jurisdictions.
- Development of the 2019 Gambling Survey to enable monitoring of trends over time in gambling participation, problems or harms, while concurrently revising the survey to include contemporary gambling modes and available gambling harm scales of the highest sensitivity and specificity. The 2024 survey is under development which will include consultation and collaboration with government, academics, service support staff and industry. The 2024 survey will align with surveys in other jurisdictions where appropriate.

- Development of the scope of gambling support services funded by GRC. The gambling support services initial one year AGSS contract started in 2020-21, with the current extension expiring in June 2024, with one further 12 month extension available. To develop the evidence-informed contract, GaHP consulted with academic and service delivery experts and undertook a literature review. The contract was funded to provide a broader range of services including peer support and included the requirement for broad engagement with the industry and community sectors (see Question 3.1).
- ACT-NSW cross border gambling was researched by the GaHP team in collaboration with NSW Office of Liquor and Gaming. The research analysed monthly provisional data for EGM profits for ACT and for NSW as a whole, individual NSW LGAs and comparing NSW country and metropolitan LGAs. The analysis indicated that the impact of COVID-19 restrictions on EGM activity was more marked in the ACT than in Queanbeyan NSW (see Question 1.1). The research also documented the long-term decline in ACT EGM expenditure.
- In 2021-22 the Commission reviewed the 1) 2020 NSW Responsible Conduct of Gambling Study, 2) the NSW *Gaming Machine Amendment (Gambling Harm Minimisation) Bill 2020 and* 3) emerging licensing requirements for NSW Crown Casinos in response to the Statutory Report: Inquiry under section 143 of the Casino Control Act 1992 (NSW). The discussion paper was provided to the ACT Minister for Gaming and the ACT JACS Directorate. It has been relied upon and referenced in the CCMAC.
- A discussion paper on incident recording informed the development of ACTGED during 2021-22 (see Question 4.1).
- Gambling harm awareness communication and community sector engagement, including the annual GHAWs (see Question 2.4), national tagline development (see Question 1.1), and the community sector round table in 2021 (see Question 2.3).
- Development of gambling harm awareness education programs for schools. The discussions with the ACT Education Directorate were informed by up-to-date research and best practice (see Question 1.1).

5.2. Does GRC advocate for, participate in, support and influence national, cross jurisdictional research?

Over the three years of the Strategy, GRC has been an active member of a number of national committees and working groups, who aim to address evidence gaps in the monitoring and prevention of gambling harm in Australia and in some cases in specific jurisdictions.

The committees and working groups include:

- GRA, where the GaHP team served on working groups to:
  - Actively contribute to the tender process, research design, project development, risk management and review of reports for GRA's 2nd National Study of Interactive Gambling in Australia and Skills-Based Gaming (released in July 2021).
  - Develop skills and knowledge with regard to interactive gambling, skills-based gaming, voluntary pre-commitment, messaging, and sports data and integrity.
  - Review specifications and draft reports on GRA's research conducting behavioural trials of Consistent Gambling Messaging and Voluntary Opt-out Pre-commitment for online wagering, and the distribution of sports data. Reports were released in January 2022 and February 2023 respectively.
- National Gambling Help Online Working Group, where procurement of the new service provider for the National Helpline was the primary focus.

- Chair and organiser of the Australian Gambling Surveys (AGaS) Working Group for the three years of the Strategy, noting that the group was suspended in 2020 due to COVID-19 restrictions. The group aims to develop national alignment, where appropriate, in the measurement of gambling prevalence and harm.
- Interjurisdictional training and awareness working group.
- Responsible Gambling Training and Communication Materials Working Group, where the GaHP team provided, and continues to provide, leadership in advancing collaboration on development of gambling harm school education resources.

In addition, the GaHP team maintains ongoing communications with jurisdictions, particularly Victorian Responsible Gambling Foundation (VRGF) and NSW and SA government representatives, regarding research into issues of interest to the Commission. These have included gambling harm messaging and the direction of research into gambling harm prevention and its impact on public health.

5.3. What research was funded by the GRC in relation to the Strategy objectives, and what was or will be achieved by the research?

The GRC supports in-house research and funds research through external agencies. Evaluation Question 5.2 related to research undertaken by agencies external to GRC, but not funded by the GRC.

To focus and enhance the applicability and usefulness of research in meeting the Strategy and Commission's objectives, two core initiatives were undertaken:

- In 2019-20, the guidelines and application process were developed for the GHPMF and released in 2020-21; and
- The Commission's Research Agenda 2021-2024 was released in 2020-21. This outlined five research themes: Monitoring; Community impact; Modes of Gambling; Harm prevention; and Treatment and support. These are the priority areas for future support through the GHPMF.

To expand the evidence-base and address information and resource gaps required to meet multiple objectives of the Strategy, the GaHP team proactively engaged with multiple entities about applying to the GHPMF to undertake projects and research studies. Entities included the University of Canberra (UC), Australian National University (ANU), Mental Illness Education ACT (MIEACT), Alcohol, Tobacco and Other Drug Association ACT (ATODA) and the gambling industry.

Applications for projects and research studies have been reviewed and commissioned by the GRC in each year of the Strategy. Assessments of applications consider whether the study fills a gap in the evidence base and builds new knowledge, or builds on existing evidence to meet the needs of the Commission.

In 2019-20

- the *2019 ACT Gambling Survey* was funded by the Commission, with partial funding provided through the Strategy. The survey of 10,000 ACT residents, assessed their gambling related activity, impacts experienced from their own or another persons' gambling, information and help seeking, as well as their attitudes towards specific gambling activities and policies (see Question A.).

In 2020-21

- the Commission received and reviewed three GHPMF applications. No applications were funded.
- The ANU ACT research reports on stigma, self-exclusion, public health approaches, targeting interventions and 'problem gambling' expenditure were reviewed.

In 2021-22

- The Commission received and reviewed seven funding applications from gambling industry, academic and community sector organisations. Three of the projects were funded and the remainder were still under review as of June 2022. The funded projects were:
  - The *Voices of Gambling Harm* project to generate resources to enhance support services, co-designed with volunteers with lived experience of gambling harm. Completion of the project is planned for 2023. The resources will increase the representation of individuals with a lived experience story that includes a theme of gambling harm in the ACT community. These stories will reach specific vulnerable groups and contribute to increasing understanding about gambling harm in the ACT and reducing gambling harm associated stigma. As a result, it is envisaged that there will be an increase in self-identification of gambling harm concerns and help seeking behaviour.
  - Improving the understanding of gambling harm literacy and potentially the development of a population gambling harm literacy measure, to be used to monitor and improve understanding and awareness of gambling harms among the general public and among those who gamble. Completion of the project is planned for 2023. The research will also review the best approaches to enhance public understanding of gambling and its harms, and the interventions and resources needed to improve gambling harm literacy. The measure will be included in the 2024 Gambling Survey.
  - Review of gambling harm prevention strategies to better understand the impact policy and regulatory settings have on the potential to mitigate or exacerbate gambling harm and build the evidence base for gambling harm prevention strategies. The review will focus on the current evidence of the link between best practice policy and regulatory settings, and gambling harm. Completion of the project is planned for 2023.
- The Commission's partnership with the ANU Centre for Gambling Research (CGR) has been reviewed and the Collaboration Agreement between the ANU and the Commission finalised. The CGR is a vehicle for the Commission to progress the Commission's Research Agenda 2021-2024. The CGR seeks to promote and engage in rigorous academic debate and to inform policy and public discourse around gambling, gambling harm and the broader community impacts.

  Research priorities of the CGR are overseen by a steering committee comprising of independent members and representatives from the Commission and the ANU. In early 2022 two research proposals were submitted: 1) to address the knowledge gap of the online gambling of young people in the ACT and 2) to investigate harm profiles and trajectories associated with low-risk gambling. Funding for both projects were approved in July 2022.

5.4. What are the evidence gaps and what strategies have been put in place to address them?

Identified evidence gaps and strategies in place to address them include:

- To continue to monitor the prevalence of gambling and gambling-related problems, the next gambling prevalence study is planned for 2024 and is currently under development.
- Given that the majority of research into online betting is focused on general adult populations or children under the 18 years of age, there is a critical knowledge gap around the experiences of young people aged 18-25 years, representing the relatively largest group of online gamblers (see Question 5.3). Using funding from GRC, ANU will undertake research to address this knowledge gap.

  The research will provide information on the uptake and experiences of gambling, patterns of play, gambling motives, attitudes and expectations, and experiences of gambling harm of young people. The research will generate information about key areas where policy and public health interventions could intervene with youth online gambling.
- Evidence is required on what influences the transition of people from low-risk gambling to severe levels of gambling harm particularly in the ACT, and the risk and protective factors that influence whether that transition occurs. Using funding from GRC, ANU is undertaking research to address this knowledge gap.

Implications and recommendations

Implications and recommendations are derived from the responses to all evaluation questions in the Strategy interim evaluation report.

Strategy

In principle, the Strategy is highly suitable to continue for the remaining two years of the Strategy, and to form the basis of subsequent strategies. Two of the Strategy objectives require revision to align with the level of attribution of the Commission to achievement of the stated objective (see Question F).

The public health approach to preventing gambling harm requires a partnership approach to achieve the outcomes. Future strategy documents should strengthen the language of the partnership approach as a fundamental and evidence-based approach to preventing gambling harm (see Question F).

To address service, resource and information gaps, recommendations for consideration in the implementation of the remaining two years of the Strategy are listed below, aligned broadly with the Strategy objectives. These are in addition to or complementary to the planned initiatives, including for the AGSS.

Of note, the information analysed for this evaluation and thus the basis for these recommendations, was activity undertaken to 30 June 2022. A number of the following recommendations were programmed for the 2022-23 GaHP workplan.

1. Influencing government policy and initiatives

    1.1 To achieve greater functionality for venues and patrons, advocate for improvements in implementation of the exclusion scheme, the incident recording legislation and the use of the incident recording register by licensees (see Question 4.1).

    1.2 Greater implementation of the function of the Commission to review legislation and policies related to gaming and racing and make recommendations to the Minister. In particular the ACT — Gambling and Racing Control (Code of Practice) Regulation 2002 should be reviewed by the Commission and recommendations provided to the Minister for changes to the Code to incorporate a public health approach to gambling harm reduction. These changes should create a consistent language and greater focus of effort for the Commission, government and licensed venues, and alignment with the Strategy (see Question 1.1).

    1.3 Further coordination and collaboration between JACS Directorate and Commission staff and between the GRC Board and JACS.

    1.4 Continue to provide advice to JACS Directorate specifically in relation to implementation of the outstanding measures in the NCPF in line with the Commissions functions, and emerging gambling technologies and products.

    1.5 Continue to engage broadly with the ACT Government and build new relationships with other Directorates to build the public health approach to gambling harm prevention through government policy and initiatives, including a school-based harm awareness and education program (see Question 1.1 and Question 1.3).

2. Increasing understanding of gambling harm prevention

2.1 Implement the 2022-23 Communication and Engagement Plan inclusive of the Always On communication approach.

2.2 Strengthen and support the Community of Practice of community sector organisations that support people experiencing co-occurring issues with gambling harm.

2.3 Facilitate increased industry understanding of available community sector supports and initiatives for gambling harm prevention.

2.4 Continue to review and provide GCO and Industry board member training (see Question 2.5). In addition, consideration should be given to more accurate assessment of the impact of the training programs by monitoring change in attributes for an individual GCO rather than the current system of using the change in the average level of an attribute for all GCO's at the start and end of the session (see Question 2.2). Implementation of data analysis for individual GCO's will be a balance between increased accuracy of assessment of the impact of training, and the additional costs associated with data input and analysis.

2.5 In addition to provision of GCO training, supporting the ACT exclusion scheme and the use of ACTGED, ensure that all parts of the gambling industry are engaged by the Commission, including the casino and Tabcorp.

2.6 Increase the tailoring of industry engagement to meet the needs of the specific licensed venue.

3. Provision of services and initiatives

3.1 Develop and implement a school-based harm awareness and education program (see (Question 1.1).

3.2 Provide refreshed resources to support venues patrons to understand and seek gambling harm support. Provide resources for a broader range of age and language backgrounds than currently provided. In particular, information on the self-exclusion scheme to enable people who speak a language other than English to understand the support available to them and fully understand the self-exclusion deed and what they are signing (see Question 4.4).

3.3 Review the evaluation of the therapeutic and financial counselling services to provide consistent information for assessment of the outcomes of the services and the Strategy, and that the evaluation is aligned with the program logic of the services (see Question 3.2).

3.4 Gain additional understanding of the variation in the gambling harm prevention cultures and commitment in licensed venues in the ACT, and in the challenges to implement the exclusion scheme and other functions of venues in gambling harm reduction.

3.6 Provide additional training in the use and application of ACTGED (see Question 4.4).

4 Building the evidence base

4.1 Undertake the 2024 Gambling Survey, including where appropriate survey questions to report against the planned Outcomes Monitoring Framework.

4.2 Continue to fund research to address the evidence gaps in priority areas (see Question 5.3 and Question 5.4).

Outcomes Monitoring Framework

An Outcome Monitoring Framework, including indicators of success, will be developed to allow the Commission to measure the impact of its Strategy for its remaining duration. The framework will build on the findings of the interim evaluation, including assessment of information gaps, to enable a more complete assessment of the impact of the Strategy after five years implementation.

It is recommended that the outcomes monitoring framework and the final Strategy evaluation address the following evaluation and monitoring gaps in the interim Strategy evaluation:

Population

- Change in population prevalence of gambling and gambling harm from the 2019 baseline, including changes in the modes of gambling.
- Prevalence of gambling harm literacy and stigma by people and towards people who experience gambling harm.
- Reach of community awareness programs, based on consistent measurement.

Industry

- Assessment of the impact of licensees Board member training on understanding of gambling harm prevention, confidence to talk about gambling harm and better contribution to preventing and reducing gambling harm at their club/venue.
- Consistent assessment of the change in GCO's knowledge of the signs of gambling harm, their obligations as GCO's and their ability to support patrons as a result of the GCO training.
- Impact of outreach activities on industry knowledge, attitudes and initiatives.
- Number of active exclusions (self-exclusions and licensees-exclusions).

Community sector

- Impact of Commission and AGSS outreach on the Community sector via the Community of practice, and the strength of the partnerships built.
- Impact of community sector outreach activities on gambling harm.

Gambling support services

- Evaluation needs to clearly align to the program logic of the financial and therapeutic counselling services, with consistent evaluation questions used to allow for analysis of trends over time.
- Robust evaluation of the counselling service requires an increased response rate from attendees and greater sensitivity of the survey measures potentially as a result of a wider scale of response options.

Appendix 1: Key terms and abbreviations

Key terms

Commission staff	Gambling and Harm Prevention (GaHP), Liquor and Gaming Licensing, Investigation, Compliance and Finance teams of Access Canberra.
Expenditure	The net amount lost or, the amount wagered less the amount won. Alternatively, it is the gross profit due to the operators of each form of gambling.
Gambling harm	'Any negative consequence caused or made worse by gambling', as defined in the Strategy.
Outcomes	Outcomes are achievements in factors that change the risk of gambling harm. Some factors need to increase and other decrease. Outcomes are what needs to be achieved to attain the vision of the Commission. Desired outcomes include changes in gambling harm at an individual and population level, and the gambling-specific factors of the environment, exposure to gambling, types of gambling products and access to mitigating resources as described in the Strategy and in Box 1.
Impacts	Impacts are achievements on the evidence-based pathways to the achievement of outcomes to reduce gambling harm. Impacts include changes to sociocultural norms; industry, community sector and the public's knowledge and attitudes, including stigma; and the evidence-base to address gambling harm.
Outputs	Outputs are products or services delivered by the Commission and funded agencies. They can include quality and performance measures such as the number of research proposals reviewed, number of training sessions held and attendance numbers, and reach of social marketing campaigns.
Attribution	Attribution in evaluation is the assessment of how much the processes or achievements are a result of the works of a specific entity such as a strategy, organisation or partnership. For the purposes of this evaluation three levels of attribution are considered: • Control, where the entity has control over the achievement or processes — for example number of training sessions held by Commission, client satisfaction with initiatives and change in knowledge and confidence to act as a result of training; • Influence, where the entity has some level of influence over the achievement or processes — for example client reduction in gambling frequency/amount or a measure of harm as a result of initiatives and number of people registered on self-exclusion registers; and • Context, where the entity has very limited or no level of influence over the achievement or processes — for example changes in legislation enacted by the ACT Government or federal government, changes in the number of EGMs licensed in ACT and dollars spent on EGMs. The evaluation of the Strategy includes achievements and outputs that are under the control or influence of the Commission.

Abbreviations

ACT	Australian Capital Territory
ACTGED	ACT Gamblers Exclusion Database
AGaS	Australian Gambling Surveys
AGSS	ACT Gambling Support Service
ANU	Australian National University
AOD	Alcohol and other drugs
ARM	Automated Risk Monitoring
ATM	Automatic Teller Machine
ATODA	Alcohol, Tobacco and Other Drug Association ACT
AWP	Annual work plan
CCMAC	Community Clubs Ministerial Advisory Council
CEO	Chief executive officer
CGR	Centre for Gambling Research (ANU)
CPI	Consumer Price Index
EGM	Electronic gaming machines
GaHP	Gambling and Harm Prevention team, Access Canberra
GCO	Gambling Contact Officers
GHAW	Gambling Harm Awareness Week
GHPMF	Gambling Harm Prevention and Mitigation Fund
GRA	Gambling Research Australia
GRC	Gambling and Racing Commission
IGC	Implementation Governance Committee
JACS	Justice and Community Safety (ACT Government Directorate)
MIEACT	Mental Illness Education ACT
MoU	Memorandum of Understanding
n/a	Not available or not applicable
NCPF	National Consumer Protection Framework
NSW	New South Wales
PGSI	Problem Severity Gambling Index
RCG	Responsible Conduct of Gambling
SGHS	Short Gambling Harm Screen
TAFE	Technical and Further Education
TIS `	Translating and Interpreting Service
VRGF	Victorian Responsible Gambling Foundation

Appendix 2: Evaluation framework

The evaluation framework describes for each Strategy objective the key evaluation questions and information sources for assessment. The collective assessment against each Strategy objective-specific evaluation questions provided information for assessment against the overarching evaluation questions listed above.

Strategic objective 1: Ensuring Government policy and initiatives prevent and reduce gambling harm.

Key evaluation questions	Information source
1. Has the Strategy and its implementation influenced government policy and initiatives to reduce the risk of gambling harm?	GaHP document collation GaHP focus group Government policy team focus group[1] GRC CEO interview
2. Did the advocacy and engagement with Government agencies appropriately target policies and initiatives where most gains can be made?	GaHP document collation GaHP focus group Government policy team focus group GRC CEO interview
3. Where can further gains be made through advocacy and engagement with the Act Government?	GaHP document collation GaHP focus group Government policy team focus group GRC CEO interview

1. Representatives from Liquor Racing and Gambling Policy Unit, JACS Directorate, ACT Government

Strategic objective 2: Increasing understanding about gambling harm amongst government, gambling industry, communities, families and individuals.

Key evaluation questions	Information source
1. Has government understanding about gambling harm increased?	GaHP focus group Government policy team focus group GaHP and Compliance team focus group GaHP and Liquor and Gaming Licensing teams focus group GRC CEO interview
2. Has industry knowledge and capacity to act to address gambling harm reduction increased?	AWPs and evaluations Training evaluation (GCO and industry Board members) AGSS performance reports Industry focus group and interviews[2] GRC CEO interview
3. Has the knowledge of gambling harm prevention and harm reduction in organisations that support people experiencing co-occurring issues increased?	AWPs and evaluations AGSS performance reports AGSS focus group Community of Practice evaluation GRC CEO interview
4. Has the reach and impact of community gambling harm awareness programs increased?	AWPs and evaluations AGSS performance reports AGSS focus group Communication strategy evaluations GHAW conference evaluation GaHP focus group
5. Did the capacity building activities under the Strategy appropriately target the key stakeholder groups?	GaHP focus group AGSS focus group Industry focus group and interviews
6. What are the resources and information gaps, and what strategies have been put in place to address them?	GaHP document collation GaHP focus group Industry focus group and interviews AGSS focus group

2. Interviews with ClubsACT and Canberra Community Clubs and two focus group with GCOs

Strategic objective 3: Providing a wide range of accessible, responsive and effective services and initiatives that prevent and reduce gambling harm.

Key evaluation questions	Information source
1. Were the gambling support services and initiatives accessible and responsive for the clients' needs?	AGSS performance reports AGSS focus group Turning Point Gamblers Help Online statistics National Gambling Help Online evaluation
2. Did counselling reduce the risk and impact of gambling harm and increase the clients' capacity act?	Therapeutic client post-participation survey Financial counselling post-participation survey AGSS performance reports
3. Were the counselling services under the Strategy appropriately adaptive, targeted and tailored to meet the 'clients' needs?	AGSS performance reports AGSS focus group GaHP focus group
4. What are the resources and information gaps, and what strategies have been put in place to address them?	GaHP focus group AGSS focus group

Strategic objective 4: Ensuring gambling environments and providers prevent and reduce gambling harm[3]

Key evaluation questions	Information source
1. Are the exclusion scheme, including the exclusion register, and the incident recording register, accessible and functional for patrons and venues?	ACTGED AWPs and evaluations GaHP and Compliance team focus group AGSS focus group Industry focus group and interviews
2. What is the value and appropriateness of the exclusion scheme and incidents recording register for patrons and for venues?	GaHP and Compliance team focus group AGSS focus group Industry focus group and interviews
3. Is the voluntary referral to gambling support from the exclusion scheme pathway applied?	Training evaluation (GCO and industry) AGSS performance report AGSS focus group Industry focus group and interviews
4. What are the resources and information gaps, and what strategies have been put in place to address them?	GaHP and Compliance team focus group

3. Note: Evaluation of objective 4 includes evaluation questions in the evaluation of objective 1 (Q1. Has the Strategy and its implementation influenced government policy and initiatives to reduce the risk of gambling harm?), objective 2 (Q1. Has industry knowledge of and capacity to act to address gambling harm reduction increased?) and objective 3 (Q4. Did the industry and community outreach activities increase awareness of gambling harm and capacity to respond?).

Strategic objective 5: Supporting and building the evidence base for gambling harm prevention strategies and initiatives.

Key evaluation questions	Information source
1. Are strategies, government submissions, services and other initiatives evidence-informed??	GaHP document collation GaHP focus group GRC CEO interview
2. Does GRC advocate for, participate in, support and influence national, cross jurisdictional research?	GaHP document collation GaHP focus group GRC CEO interview
3. What research was funded by the GRC in relation to the Strategy objectives, and what was or will be achieved by the research?	GaHP document collation GaHP focus group
4. What are the evidence gaps and what strategies have been put in place to address them?	GaHP focus group