GambleAware Evaluation

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Prepared For :
Office of Responsible Gambling

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Contents

Executive summary

This report presents an evaluation of the GambleAware service system in NSW. The evaluation was conducted from October 2024 to January 2025 following establishment of GambleAware regions and services in 2021. This evaluation will support decisions about the future delivery of the GambleAware model, including any changes that can be made to enhance its efficiency and effectiveness.

A total of 37 evaluation questions across five Key Result Areas (KRAs) were developed in collaboration with the Office of Responsible Gambling (ORG) prior to commencement of the evaluation. Data to inform evaluation questions was sourced from several methodologies, which formed the overall approach to the evaluation. This included consultations with 131 participants, review and analysis of service system data, an online survey of 384 clients of GambleAware and a desktop review of service system documentation.

Overall GambleAware evaluation objective

The overall evaluation objective was to assess the extent that the GambleAware service system is efficient and effective by examining five key areas of service system performance. These were:

• **Key Result Area 1** – Service system processes, integration and monitoring • **Key Result Area 2** – Service system funding • **Key Result Area 3** – Service system capacity building	• **Key Result Area 4** – Service system planning • **Key Result Area 5** – Service performance and quality.

A high-level GambleAware service system evaluation was timely and appropriate, given that the new GambleAware service model had been in operation for just over three years following its establishment in 2021. Evaluation of individual service performance and other aspects of GambleAware such as statewide campaigns were outside the scope of this evaluation.

Background

The GambleAware service model includes ten service delivery regions across NSW aligned to Local Health Districts. Services receive funding from the Responsible Gambling Fund (RGF) to provide counselling (including gambling and financial counselling) and to conduct community engagement activity within each region. Three statewide services were procured to build the capacity of these services. Two statewide services build the capacity of GambleAware services to work with either Aboriginal or Multicultural communities (though the Multicultural service was not able to deliver on some aspects of procured service delivery), and a statewide Peer Support service has recently been established to support development of a Peer Support workforce (in late 2024).

The Office of Responsible Gambling manages the GambleAware service system on behalf of the RGF Trust. This includes developing and implementing programs, funded by the RGF, as part of a strategic approach to reduce gambling harm and to prevent and minimise the risk of gambling related harm in the community.

The GambleAware model was informed by a strategic review in 2019. It replaced the former Gambling Help Services and aimed to adopt an integrated, client-centered service delivery model, with a 'no wrong door' approach, that operated at a regional level across NSW.

Headline findings

Headline findings of the evaluation are summarised under the following Key Result Areas of the evaluation.

Key Result Area 1 - Service system processes, integration and monitoring

Findings of the evaluation highlight that the new GambleAware service system referral process is very efficient and effective, with services reporting that they receive a high number of referrals from the GambleAware Helpline. Client experiences with referral processes are also extremely positive, with clients feeling supported and consistently referred to the correct location within each GambleAware region. The new referral process has also produced a client profile, which is similar to the profile of high-risk gamblers and affected others within the NSW population.

However, gamblers 18-24 years and gamblers with lower education are over-represented in clients, and in relation to affected others, females are over-represented, and people aged 18-24 years are under-represented.

Client counselling session completion is also reasonably high, with 69.4% of gambling counselling sessions and 77.7% of financial counselling sessions completed by clients. Highlighting the value of other modes of counselling, completion of gambling sessions was highest for telephone (80%) and lowest for in-person attendance (64.6%). For financial counselling, completion was similarly highest for telephone (86.7%) and lowest for online video (68.8%).

While service system processes are working extremely well, there are some opportunities to improve the overall approach to data collection for service system monitoring. In particular, the digital platform is not viewed as efficient by GambleAware service staff for setting appointments due to the presence of the calendar module (as multiple calendars need to be checked by staff prior to setting appointments in the digital platform calendar). However, while services would prefer that the calendar module is optional for entering session data, calendar functionality will be imperative to enable clients to book counselling sessions online (which implies that this needs to be carefully considered prior to any adjustments to the digital platform).

It should also be noted that, as the updated digital platform release in December 2024 was only used by services after the conclusion of evaluation interviews, feedback on the new updated version of the platform (that allows online client bookings) was not part of this evaluation and implications of this new upgrade have not been able to be assessed (as such, whether the updates correctly identified issues should be examined prior to implementation of recommendations).

Data collection fields for gambling and financial counselling are similarly less than optimal. Services highlight a strong interest for the Office of Responsible Gambling to collaboratively work with the sector to co-design a refined set of fields that capture both service and government needs, and importantly, capture the work of financial counsellors. They also prefer reporting data on a less regular basis.

Similar issues apply to data collection fields in the community engagement Excel sheets. While many current data fields have excellent potential for high-value data collection, the current format, lack of suitable code frames and absence of cell validations have reduced the quality and integrity of data collected.

Due to issues with the above data sets, data available from 2021 to 2024 does not permit easy ongoing analysis for monitoring of services within the service system (as significant data cleaning and recoding is needed before trends can be analysed and there is significant missing data within datasets). A new Excel Community Engagement data and Peer support template was also reviewed (supplied December 2024, but not yet implemented in services), however, the absence of code frames and the potential for data entry error (given that data is entered into Excel) will not significantly improve data integrity.

Key Result Area 2 - Service system funding

This evaluation finds that the Office of Responsible Gambling has allocated available funding from the Responsible Gambling Fund based on very sound evidence and high-quality external advice. However, in spite of this, most GambleAware services hold a perception that current funding is somewhat less than optimal.

A review of budgets proposed by GambleAware services in early Service Delivery Plans highlights a possible reason for this perception. This is likely to be because services had not understood service delivery requirements of the new service model at the time of budgeting and thus, did not develop budgets that adequately covered their overheads (especially for community engagement). In addition, increasing costs have also placed pressure on actual service delivery.

Consequently, GambleAware services likely under-estimated the true costs of service delivery of the new model in 2021 (i.e., given that services had not previously budgeted for GambleAware service delivery at a regional level).

Key Result Area 3 - Service system capacity building

Three statewide capacity building services are working to increase GambleAware service capacity to provide safe and effective services to Aboriginal and Multicultural clients, and to provide peer support to clients. Findings of the evaluation highlight that the GambleAware Aboriginal service has played a significant role in developing service capacity to work with Aboriginal organisations and communities. Reflecting this, community engagement activity with Aboriginal people is well-represented relative to the NSW population. However, this is not the case for multicultural communities, where work is significantly under-represented (relative to population).

From this perspective, services highlight a need for advice on how to identify multicultural organisations in their region and how to build relationships. This is also seen as more useful than generic ‘multicultural training’. In addition, while services have undertaken excellent work with Aboriginal communities, services hold a view that there is not sufficient current resourcing to do this work well. It should be noted in this context, however, that services rather than the Office of Responsible Gambling, are responsible for allocating resourcing to service delivery.

While still very early in the establishment phase, the GambleAware Peer Support service is seen to have undertaken excellent work to embed lived experience into GambleAware services. However, peer workers raise a range of opportunities to improve the role clarity of their work and to better protect workers from harm.

Peer workers suggested to separate one-on-one client work from engagement work to allow workers to better adjust to their new roles (i.e., as engagement work in public settings can cause anxiety), to provide external counselling support to help workers psychologically (i.e., at an organisation other than at the GambleAware service or at the contractor with a professional able to provide psychological counselling), and for the Peer Support service to provide clearer guidance on appropriate and inappropriate work tasks for peer support workers.

Key Result Area 4 - Service system planning

The GambleAware service system was established to be a more coordinated and integrated approach to service delivery of treatment services for gambling harm across NSW. While this is largely very true for the service system overall, within regions, planning of community engagement is currently less than optimal.

Reflecting this, Service Delivery Plans are very generic, lack detail about engagement opportunities and use little to no Census or other data to profile and prioritise important segments within the regional population. This also makes it difficult for the Office of Responsible Gambling to monitor engagement activity against Service Delivery Plans. Services similarly report that they use limited prioritisation in their choice of engagement activities and do not generally follow a distinct strategy for engagement.

From this perspective, there is potential to further develop the capacity and skills of services in using Census and other data to become more skilled at planning and prioritizing engagement activity. This also has potential to further optimise the service system and importantly, help to generate an increasing number of referrals of clients to services. This is also low at present for engagement activities, as most services have not prioritised activities to facilitate this. Accordingly, there is also a need for capacity building in community engagement strategy and planning across the service system.

Key Result Area 5 - Service system performance and quality

GambleAware counselling services

Findings of the evaluation highlight that the GambleAware service system is performing very well and delivers high-quality, safe, efficient and generally effective services. GambleAware services can also largely meet the demand for gambling and financial counselling during most months of the year (although some exceptions are noted).

However, as a low proportion of clients are being offered gambling counselling together with financial counselling, client access to financial counselling across the service system could arguably be further improved.

This may be appropriate, in view of a report by Financial Counselling Australia (2016) that highlights that more than 30% of clients experiencing PGSI 8+ gambling are unable to pay debts or bills (implying a potential need for financial counselling for nearly one third of clients in treatment)[1].

Analysis of PGSI and K-10 measurements for GambleAware clients over time, and feedback from client interviews highlight that clients overall therapeutically improve due to their contact with GambleAware. However, reflecting the complexity of recovery from gambling harm, some unmet needs may still exist upon clients leaving the service system.

While this is difficult to accurately measure and pinpoint given the limitations of the PGSI (which is validated on a 12-month time frame), findings show that after a mean of around 180 days since counselling:

- Of High-risk gamblers in the digital platform sample available for analysis – 14.1% became Recreational gamblers, 9% became Low-risk gamblers, 15% became Moderate-risk gamblers and 62% stayed as High-risk gamblers.
- 46.1% of clients experienced a reduction in their psychological distress (i.e., they moved to a K-10 segment with lower distress), 42.5% of clients remained the same and 11.5% moved to a segment experiencing higher psychological distress.
- Based on client self-report in an online survey, 81.8% of clients in counselling recovered long-term and just under one in five clients (18.2%) did not recover long-term (i.e., relapsed after completion of GambleAware counselling).

Accordingly, such findings do warrant investigation to better understand reasons for relapse and recovery. They also highlight the importance of closely and carefully monitoring client recovery post-counselling and the need to potentially better support clients after they leave GambleAware services.

This itself should, however, not be assumed as a failure of GambleAware service system, rather should be seen as reflection of the very chronic nature of gambling harm and may reflect that needs of clients are complex and also change over time.

[1] Financial Counselling Australia (2016). Problem Gambling Financial Counselling. Survey and case studies. April 2016.

GambleAware community engagement activities

In relation to community engagement, activities delivered by GambleAware services since 2021 are seen as very effective by organisational participants, and GambleAware is seen to produce high-quality engagement resources (though organisations interviewed could not reliably distinguish resources produced by a GambleAware service or under the GambleAware brand).

However, a review of the profile of engagement activities since 2021 highlights the potential for a stronger focus on multicultural community engagement, engagement with venues (a key site of gambling harm) and engagement with health/allied health/mental health and other groups with potential to create referrals to GambleAware services.

In this respect, it is apparent that prioritisation of activities with potential to create referrals has not been a strong focus of GambleAware services and this is reflected in lower numbers of referrals generated from engagement activities since 2021.

Aboriginal organisations taking part in engagement activities similarly highlight the potential for services to use more culturally-relevant approaches to engagement including a shift away from purely 'lecture' style education and a greater focus on less stigmatized health promotion activities that address the social determinants of health. These indirect and more 'subtle' engagement activities are also seen as having greater potential to attract Aboriginal participants, and better align to the health promotion and wellbeing approaches used by Aboriginal organisations.

Accordingly, there are opportunities to fine-tune strategy development in the overall approach to community engagement both within the service system overall and in the context of planning engagement within GambleAware regions.

Quality standards within the Quality Standards Framework (QSF)

While the Office of Responsible Gambling has made an admirable attempt to focus GambleAware services on quality through a quasi-accreditation-style quality reporting process, service reporting against quality standards using the QSF questionnaire is not currently enhancing the quality of GambleAware services.

This is because the reporting process is viewed by staff as merely a re-confirmation of service design plans and documentation, rather than actual quality improvement. Reflecting this, staff find the quality questionnaire very repetitive and continually provide very similar information each report. Most staff cite as 'evidence' the same plans or approaches to service delivery as originally documented in Service Delivery Plans produced during the tendering process (e.g., Clinical Services Plans etc.).

This makes the overall process administratively burdensome and not value-adding. For this reason, services prefer a shift away from the current questionnaire and a stronger focus on actual quality improvement initiatives. This is seen to have potential to contribute to actual quality improvement within GambleAware services.

Conclusion

The GambleAware service system is efficient and effective and has functioned very well during the first three years since re-development of the service delivery model. Referral processes are working very well for clients and GambleAware services and clients are generally very pleased with the quality of services provided during counselling.

While admirable efforts have been directed to developing a minimum data set for the service system, some opportunities exist to further improve both the digital platform data collection and the community engagement data sets in terms of both measures and the quality and integrity of data collection.

This has potential to further enhance the monitoring of the service system and to provide higher quality data to both services and the Office of Responsible Gambling.

In addition, while counselling services are effective, there would also be value in examining why a reasonable proportion of clients do not move from high-risk gambling post-counselling and to also examine why clients relapse after leaving counselling. This highlights that the Office of Responsible Gambling may also need to explore if some broader needs of clients are not being met and to develop strategies to better meet those needs.

While community engagement activity, based on activities conducted, is quite effective, there are also opportunities to further build the capacity of the sector to better prioritise and plan community engagement activities and to ensure that there is a greater focus on engagement with important segments such as multicultural communities, venues and health and mental health services to better encourage referrals to GambleAware services.

Addressing these areas for improvement and taking the feedback of GambleAware services on-board will help ensure that the sector continues to flourish into the future and that GambleAware services can continue to make a significant contribution to gambling harm-minimisation in NSW.

Recommendations

A summary of recommendations based on major findings is below.

Recommendation 1. Provide the GambleAware Aboriginal and Multicultural capacity building services with increased access to more regular community engagement data and schedule more regular check-ins with services.

Recommendation 2. Re-assess progress in multicultural engagement in a further 12 months to assess if there are increases in community engagement and client help-seeking.

Recommendation 3. Co-design improved data collection for the digital platform with GambleAware services, including in relation to demographics and outcome measures.

Recommendation 4. Convert data fields for community engagement activities to an online survey tool to improve the ease and accuracy of data collection.

Recommendation 5. Replace the existing Client Experience Survey with an annual online client survey to explore longer term client recovery. Services should be required to identify and report on improvements made on the basis of survey findings.

Recommendation 6. Introduce a new process and template for planning community engagement activity, supported by capacity building for services to increase GambleAware service use of Census and other data for service planning.

Recommendation 7. Support better budgeting and resource allocation by GambleAware services by i) Providing a budget model for future recontracting of services; and ii) Encouraging subcontracting by GambleAware services to more efficiently cover service delivery regions.

Recommendation 8. Introduce new reporting arrangements for the Quality Standards Framework, to support a focus on improvements to GambleAware service delivery, and reduce the focus on the submission and review of the various mandatory service plans.

Introduction

This report presents an evaluation of the GambleAware service system in NSW. The evaluation was conducted from October 2024 to January 2025 following establishment of GambleAware regions and services in 2021. This evaluation will support decisions about the future delivery of the GambleAware model, including any changes that can be made to enhance its efficiency and effectiveness.

A total of 37 evaluation questions across five Key Result Areas (KRAs) were developed in collaboration with the Office of Responsible Gambling (ORG) prior to commencement of the evaluation. Data to inform evaluation questions was sourced from several methodologies, which formed the overall approach to the evaluation. This included consultations with 131 participants, review and analysis of service system data, an online survey of 384 clients of GambleAware services and a desktop review of service system documentation.

Overall GambleAware evaluation objective

The overall objective of the evaluation was to conduct a process and impact evaluation to identify the efficiency and effectiveness of five key components of the GambleAware service system. Evaluating these five key areas would permit an overall assessment of the performance of the new GambleAware service system and model.

In this context, a high-level GambleAware service system evaluation was timely and appropriate, given that the new GambleAware service model had been in operation for just over three years following its establishment in 2021.

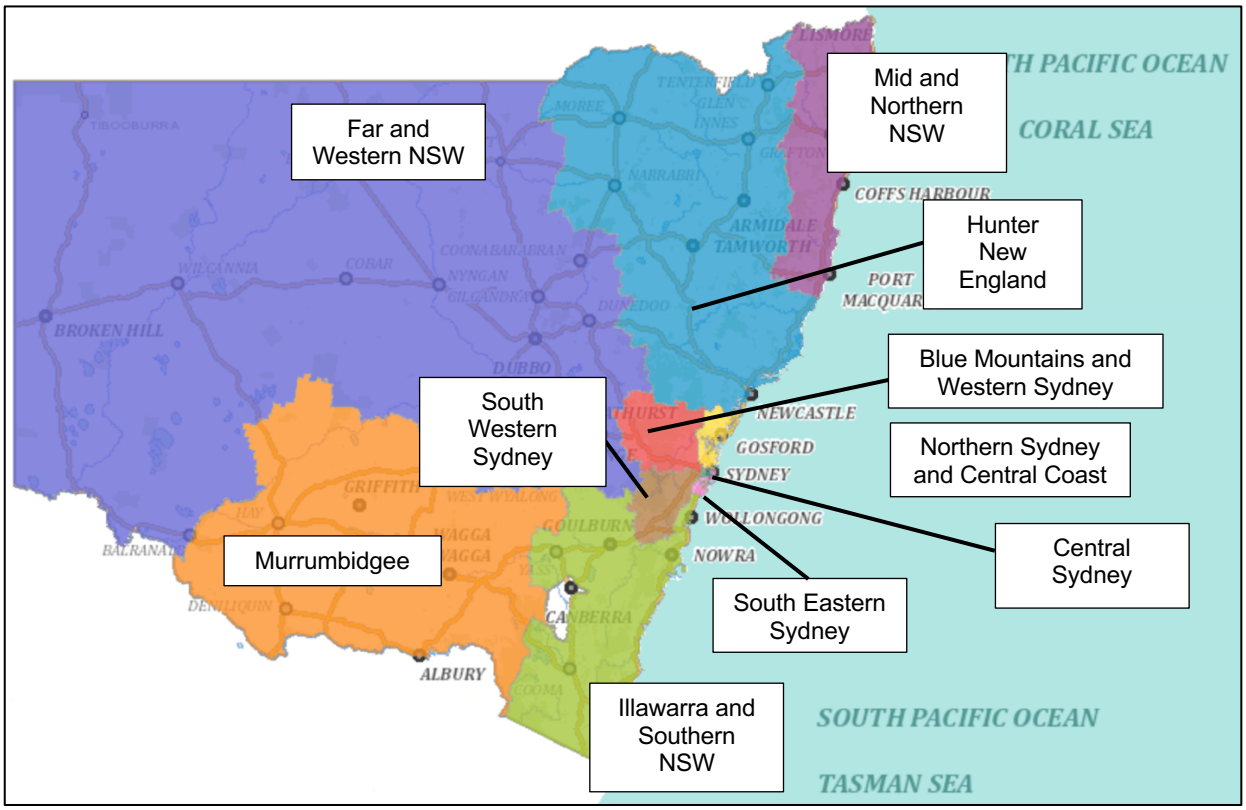
Accordingly, in line with KRAs, the objective was to examine if the new model was working efficiently and effectively in terms of processes, integration and monitoring, whether regional planning was effective, whether new capacity building services were working and whether the service system was performing overall at a high standard and delivering quality service to the people of NSW.

Overview of GambleAware service model

The GambleAware service model includes ten service delivery regions across NSW aligned to Local Health Districts. Services receive funding from the Responsible Gambling Fund (RGF) to provide counselling (including gambling and financial counselling) and to conduct community engagement activity within each region. Counselling is both face-to-face and online or via telephone, in line with client preferences. Peer support workers have also recently been funded within each GambleAware region. Funding to the RGF is largely derived from the responsible gambling levies paid by the two casinos in NSW, and revenue from taxes paid on online wagering.

The Office of Responsible Gambling NSW manages the GambleAware service system on behalf of the RGF Trust. This includes developing and implementing programs, funded by the RGF, as part of a strategic approach to reduce gambling harm and to prevent and minimise the risk of gambling related harm in the community.

The GambleAware model was informed by a strategic review in 2019. It replaced the former Gambling Help Services and aimed to adopt an integrated, client-centered service delivery model, with a 'no wrong door' approach, that operated at a regional level across NSW.



GambleAware statewide capacity building services

In addition to the ten GambleAware services operating in different regions across NSW, there are three statewide services funded under GambleAware.

The GambleAware Aboriginal Service was established to build GambleAware service capacity to provide services to, and community engagement activities with, Aboriginal communities and organisations across NSW. The GambleAware Aboriginal Service has conducted Cultural Capability Assessments and has developed Action Plans to help services improve their cultural capability. The objective is to ensure that services are safe and effective for Aboriginal clients.

The GambleAware Multicultural service provides counselling in multiple community languages. The service was originally funded to also deliver multicultural capacity building to all GambleAware providers, similar to the capacity building role of the Aboriginal service.

However, as the funded provider was not able to deliver this aspect of the service, the contract had to be adjusted to remove capacity building service delivery. As such, in 2024, a second provider was contracted to deliver multicultural capacity building. Initial capacity building assessments were underway at the time of this evaluation, so were outside the scope of this evaluation.

A further new service was established in 2024 to support implementation of Peer Support workers in GambleAware services. As this has only just commenced, only minor aspects of this service are examined in this evaluation.

GambleAware Helpline, Gambling Help Online (NSW) and GambleAware website

Two other RGF-funded services also play a significant role in the GambleAware service system. The GambleAware Helpline is contracted as a free call number (1800 858 858) to provide 24/7 counselling for people impacted by gambling harm across NSW. Calls are received by the Helpline and referrals for more in-depth counselling are allocated to staff in GambleAware regions.

Gambling Help Online (NSW) is an online 24/7 chat service that offers free online support for anyone affected by gambling. Counsellors undertake text counselling and provide referrals to GambleAware services. This service is nationally funded as a cooperative initiative of all state and territory governments.

The GambleAware website contains a diverse range of materials and resources on gambling harm related topics that can be accessed by both GambleAware staff and the general public (www.gambleaware.nsw.gov.au). All materials are branded under the GambleAware brand and GambleAware services also design materials with identical branding.

GambleAware Service Agreements and Service Delivery Plans

GambleAware services are delivered by eight auspice agencies, which were funded following a competitive procurement process managed by ORG. Contracts commenced in 2021 and existing contracts end in June 2026. Some providers also work with partners that operate as subcontractors and one provider is contracted to deliver services in three regions.

Service Delivery Plans are a key part of GambleAware Service Agreements and outline each region's approach to providing services. These were developed in response to a detailed specification designed by ORG, and document each service's approach to providing GambleAware services within each region.

Service Delivery Plans include approaches to stepped care of clients, approaches to community engagement, approaches to meeting the GambleAware Quality Standards Framework (QSF), a Clinical Services Plan, the service's commitment to using the digital platform to provide data for the service system and their commitment to working in Communities of Practices within the service system (held on different topics to encourage greater collaboration and sharing across the ten GambleAware regions).

GambleAware data supply and reporting to the Office of Responsible Gambling

GambleAware services develop reports and supply data to the Office of Responsible Gambling as part of their service agreement. Reporting includes monthly reports on community engagement activities, six-weekly meetings (with GambleAware service managers) to discuss key service delivery issues and six-monthly detailed reports against the twelve standards within the Quality Standards Framework (a bespoke quality framework developed for the service system).

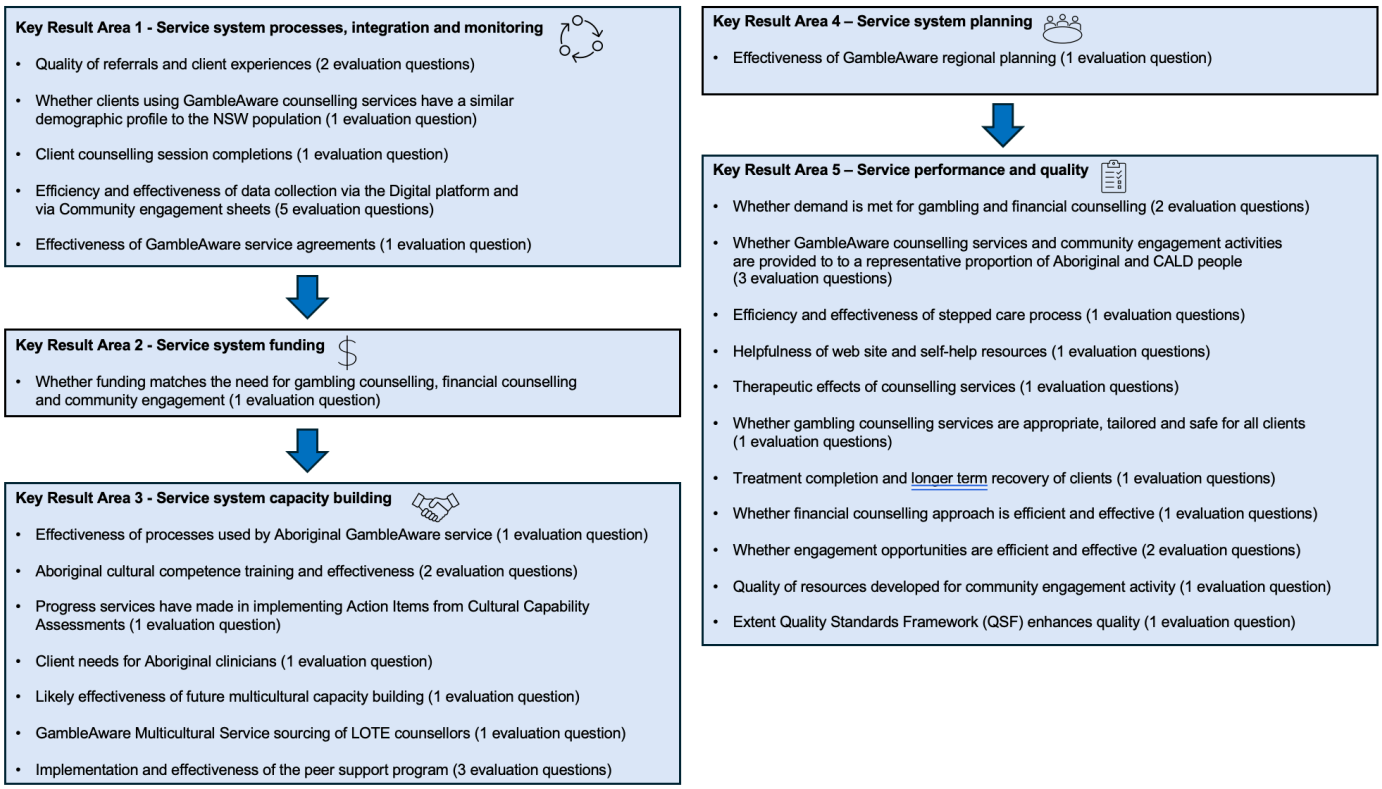
Data is additionally supplied to the Office of Responsible Gambling on an ongoing basis via a digital platform on clients and counselling sessions, and community engagement activities are entered into four Excel sheets. The GambleAware digital platform has been released for use by the ten GambleAware services in line with the following time frames from 2021 to 2024:

- Phase 1 (April 2021) – GambleAware website
- Phase 2a (October 2022) – Release of GambleAware digital platform. All staff began using the system in February 2023 to manage clients and bookings, schedule and track appointments and to submit reporting.
- Phase 2b (December 2024) – Release provided a more efficient way for GambleAware staff to book and manage appointments.

In 2025, a digital platform release has also been made available to allow the public to book appointments online and access services in real-time. As Phase 2b occurred outside the fieldwork associated with the evaluation, some of the findings in relation to the digital platform, particularly the calendar functionality, may no longer be current.

GambleAware evaluation questions and methodology

To guide the evaluation, the Office of Responsible Gambling worked with the evaluator to design an Evaluation Framework. A total of 37 evaluation questions formed the focus of the evaluation across five Key Result Areas that captured important areas of performance for the GambleAware service system. These are summarised below.



The methodology for the evaluation engaged with 131 participants. This included 47 qualitative interviews with organisations and clients involved with GambleAware, interviews with 58 GambleAware staff across the ten GambleAware services and 11 focus groups with 12 individual staff members within the Office of Responsible Gambling. It should also be noted that the 12 staff within Office of Responsible Gambling had roles that were relevant to multiple aspects of the GambleAware service system and consequently some participated in multiple discussions.

Major evaluation findings

Major evaluation findings of the GambleAware service system are presented in the following report sections:

- **Key Result Area 1** – Service system processes, integration and monitoring
- **Key Result Area 2** – Service system funding
- **Key Result Area 3** – Service system capacity building
- **Key Result Area 4** – Service system planning
- **Key Result Area 5** - Service system performance and quality.

Key Result Area 1 - Service system processes, integration and monitoring

1

1a. How many referrals are made by different sources to GambleAware services and were referrals made to the correct location?

Major findings

Referrals by the GambleAware Helpline and Gambling Help Online

GambleAware services receive calls from the GambleAware Helpline, which is currently operated by Wesley Mission (since January 2023). From July 2021 to October 2024, 58,028 calls were received by the Helpline, of which 13,780 calls were classed as 'genuine' (the classification of calls as 'genuine' commenced in January 2023).

Of these 13,780 genuine calls, 4,607 were referred to GambleAware services, implying that one third of genuine calls were referred to GambleAware services.

Data from 2021 to 2024 also highlights that Gambling Help Online received a total of 8,927 requests for information and made 1,033 referrals to GambleAware services (where clients are provided contact details of the GambleAware provider) and 33 warm referrals (where client details are sent for a GambleAware service to call the client).

Self-reported referrals of clients attending GambleAware services for counselling

Data from the digital platform presents the proportion of counselling clients reporting a referral from different sources from 2021 to 2024. Approximately 20.1% of GambleAware clients reported receiving a referral from the GambleAware Helpline, 42.2% reported receiving a referral from a community source and 2.2% reported receiving a referral from a gambling venue (e.g., a club, pub or casino). This highlights that a reasonable proportion of referrals are from community sources and a lower proportion are from industry sources.

Referrals to the correct location

The online survey of 384 clients of GambleAware services explored whether clients felt that they were referred to the best GambleAware service location. Findings highlighted that 91.4% of clients receiving referrals from either the GambleAware Helpline or Gambling Help Online reported that the GambleAware service recommended was the closest to their preferred location. The result was 92.5% for the GambleAware Helpline and 86.4% for Gambling Help Online.

Qualitative interviews with 15 clients also examined whether clients were referred to the closest GambleAware location for their counselling appointment. Based on interview feedback, there were no major issues with referrals to the correct location and all clients saw the location provided as very appropriate - *They asked where I lived and found a place convenient for me... I was happy with the location they gave me.* In addition, clients reported being quite happy that they were also offered the option of video or telephone counselling in line with their preferences (which was viewed as convenient and having the potential to minimise travel time).

Conclusion

The GambleAware Helpline and Gambling Help Online provide high quality referrals to GambleAware services at the correct location. A high proportion of referrals come from these sources and also come from the general community. However, fewer referrals are coming from gambling venues.

1b. Do clients have positive experiences with referrals to GambleAware services by the GambleAware Helpline and Gambling Help Online?

Major findings

Client survey results

In the online client survey, 106 clients reported receiving a recommendation to contact a GambleAware service for counselling or support by the GambleAware Helpline and 22 clients reported receiving a recommendation to contact GambleAware by Gambling Help Online. Survey results highlighted that the referral process was a very positive experience for all clients.

In particular, in relation to the GambleAware Helpline, 92.5% of clients rated the clarity of explanation about why to get counselling or support from a GambleAware service as 'Good' or 'Very good', 91.5% rated the speed at which GambleAware staff answered the call/enquiry as 'Good' or 'Very good', 90.5% rated the ability of GambleAware services to provide a counselling appointment time and date in the first contact as 'Good' or 'Very good', 97.1% rated the friendliness and helpfulness of the GambleAware staff as 'Good' or 'Very good' and 92.5% rated the ability of GambleAware staff to answer all questions the client had about counselling and support services as 'Good' or 'Very good'. Accordingly, overall client experiences with the referral process were extremely positive.

While results for Gambling Help Online were somewhat lower than for the GambleAware Helpline, results were also still fairly positive (though the sample was small). A total of 81.8% of clients rated the clarity of explanation about why to get counselling or support from a GambleAware service as 'Good' or 'Very good', 90.9% rated the speed at which GambleAware services answered the call/enquiry as 'Good' or 'Very good', 86.3% rated the ability of GambleAware services to provide a counselling appointment time and date in the first contact as 'Good' or 'Very good', 95.4% rated the friendliness and helpfulness of the GambleAware staff as 'Good' or 'Very good' and 95.4% rated the ability of GambleAware staff to answer all questions the client had about counselling and support services as 'Good' or 'Very good'. Accordingly, client experiences with the referral process provided by Gambling Help Online were similarly positive.

Clients also provided feedback on the number of days they had to wait to get their first counselling appointment at GambleAware services. Clients receiving gambling counselling had only to wait an average of 10.8 days for their appointment (median of 7 days, mode of 7 days), while clients using gambling counselling and financial counselling only had to wait an average of 9.0 days for their appointment (median of 7 days, mode of 7 days). This highlights that wait times following a referral are relatively short and contribute to a positive experience with the referral process.

Qualitative feedback from client interviews

Interviews with clients of GambleAware services additionally highlighted that clients were generally happy with their referral to GambleAware services as provided by the GambleAware Helpline (no clients interviewed reported receiving a referral from Gambling Help Online). Interview feedback additionally highlighted that waiting times for counselling appointments were viewed as reasonable - *From calling the Helpline, it was quite quick. Within a week or two, I had an appointment.* A common suggestion was also provided for clients to be contacted by the GambleAware provider, if they couldn't get in to a counsellor within a few days, given that many clients would be in crisis - *A check-in call from the Helpline or GambleAware service might help to keep you motivated until the appointment.*

Conclusion

Clients have very positive experiences with referrals to GambleAware services by the GambleAware Helpline and reasonably positive experiences with referrals by Gambling Help Online. This is reflected in survey ratings and positive interview feedback. Check-in calls were also suggested as very helpful, if appointments in a few days were not possible.

1c. Does the profile of GambleAware clients reflect the profile of clients experiencing severe gambling harm in NSW?

Major findings

As part of the GambleAware evaluation, data restructuring of digital platform data was undertaken to allow a comparison of the demographic profile of GambleAware clients with high-risk gamblers (PGSI 8+ gamblers) and affected others from the NSW Gambling Survey 2024 (Browne et al, 2024[2]).

Age

The age of GambleAware clients is very similar to the age of PGSI 8+ gamblers in the population. However, gamblers aged 18-24 years are not as well-represented (10.7% lower). The 55–64-year-old cohort is also a little over-represented (4.5% higher).

For Affected Others, people aged 18-24 years were very under-represented (13.2% lower) in GambleAware clients, and people aged 25-34yrs were a little under-represented (4.6% lower). People aged 35-54yrs in GambleAware clients were the most over-represented (10.9% higher) and people aged 55-64yrs were a little over-represented (5.4% higher).

Gender

The gender of GambleAware clients is very similar to the NSW population of high-risk gamblers (PGSI 8+ gamblers), however, males are a little over-represented in GambleAware clients (4.2% higher) and females are a little under-represented (4.2% lower).

The gender of affected others harmed by gambling in NSW, compared to the gender of GambleAware clients showed that female affected others are over-represented as clients of GambleAware services (28.7% higher), compared to male affected others (28.7% lower).

Conclusion

A comparison of the age and gender of GambleAware service clients impacted by their own gambling with that of high-risk gamblers (PGSI 8+ gamblers) within the NSW population showed that the age and gender profiles are reasonably similar. This may suggest that GambleAware as a brand has been quite successful in attracting a representative sample of high-risk gamblers. However, gamblers aged 18-24 years are not as well-represented and people with lower education are over-represented.

In addition, GambleAware service clients who were affected others were generally over-represented by females and under-represented by clients aged 18-24 years. The higher proportion of female clients may also be explained by the higher proportion of male high-risk gamblers (i.e., a greater number of females are impacted) and a higher likelihood for females to seek help.

[2] Browne et al (2024). The NSW Gambling Survey. NSW Responsible Gambling Fund. https://www.gambleaware.nsw.gov.au/-/media/nsw-gambling-survey-2024-report.ashx?rev=94d18ccb266b434e9c8f9e391ea1cf1b&hash=8F6C94CA4E7CAA9C897A236374ABCF0C

1d. What proportion of GambleAware clients present at services to receive support?

Major findings

Client attendance at counselling

Based on data from 2021-2024, a total of 13,477 counselling sessions were undertaken by GambleAware counsellors. This included 11,350 gambling counselling sessions and 2,126 financial counselling sessions (and a single session that was incorrectly classified). This highlights that 16% of counselling sessions are for financial counselling, while 84% are for gambling counselling.

Analysis of the status of counselling sessions highlighted that 6.1% of gambling counselling sessions and 4.1% of financial counselling sessions were cancelled and 8.2% of gambling counselling sessions and 6.5% of financial counselling sessions had the client recorded as a 'no-show' (where no notice was given that the client was not attending the appointment). In addition, 69.4% of gambling counselling clients and 77.7% of financial counselling clients attended and completed their session.

This highlights that clients do not attend at least 14.3% of gambling counselling sessions and 10.6% of financial counselling sessions. It is also of note that there is a statistically significant higher proportion of cancelled or 'no-show' appointments for gambling counselling, compared to financial counselling and also a higher proportion of rescheduled appointments ($p<.05$).

Client attendance at counselling by mode of attendance

Client attendance at counselling by mode highlights rates of completion for gambling counselling were highest for telephone (80%) and lowest for in-person attendance (64.6%). In addition, for financial counselling, rates of completion were also highest for telephone (86.7%) and lowest for online video calls (68.8%).

Conclusion

Analysis of digital platform data highlights a reasonable rate of counselling session attendance by clients and session completion is higher for financial counselling than for gambling counselling. In addition, telephone sessions also appear to be associated with a higher rate of session completion.

Higher attendance for telephone reflects the findings of Muppavarapu et al (2022)[3] of a decrease in 'no-show' rates following the transition to different modes of counselling during the COVID pandemic. Accordingly, further utilisation of telephone sessions in particular may have potential to increase counselling attendance.

[3]Muppavarapu, K., Saeed, S.A., Jones, K., Hurd, O. & Haley, V. (2022) Study of Impact of Telehealth Use on Clinic "No Show" Rates at an Academic Practice. *Psychiatric Quarterly*, 93, 689–699. https://doi.org/10.1007/s11126-022-09983-6

1e. Does the digital platform support efficient appointment setting at GambleAware services?

Major findings

Overall feedback from GambleAware services indicates that – based on the system used from 2022 to early December 2024 – use of the digital platform has not been generally viewed as efficient for setting of appointments, as multiple systems and calendars are typically in operation at each GambleAware service.

This implied that a counsellor's availability frequently needed to be cross-checked on other calendars before an appointment could be made in the digital platform. In addition, services reported having to use their own internal system to generate a client ID prior to booking appointments on the digital platform.

It should be noted, however, that the Office of Responsible Gambling originally designed the calendar system with a long-term plan to migrate GambleAware counselling clients to online booking of appointments. This new functionality was incorporated into the most recent release of the digital platform during December 2024. However, as this new release occurred outside the evaluation period, it was outside the scope of the current evaluation.

Specific feedback of GambleAware services included:

- *We have our own client system, so the digital platform is just a duplicated system. We keep notes in our own system. It works for ORG, but not for me as a manager.*
- *If ORG only needs the data for funding justification, the digital platform may not be needed. Having data a day or two after data collection would be enough. Our internal reporting process may have more information for ORG, compared to the digital platform. Our internal process is much more informative.*
- *It's very clunky. It needs to be a lot smoother to use. When you look at the counsellors in their columns for the calendar day and they move, it causes errors and I can't delete them. You should be able to get rid of errors.*

While some services provided an early view that the efficiency of setting appointments would unlikely improve the ease of counsellors booking appointments, given that the new functionality fell outside the evaluation period, it could not be reliably assessed in the context of the current evaluation (i.e., Release 2b only occurred during late 2024 at the end of the evaluation interview period).

Conclusion

The digital platform is not viewed as efficient for setting of appointments or data entry. Some GambleAware services prefer data to be inputted post-appointment, rather than having to use a calendar to set appointments and input data. It is difficult to draw conclusions about the efficiency of appointment setting, given that GambleAware services had not yet had sufficient time to review improvements implemented in the digital system in Release 2b. In addition, the calendar module is also critical for clients booking counselling online (a feature of Release 2b). Ongoing service concerns about the digital platform, however, highlight a need for greater service consultation about future releases.

1f. To what extent does the design of the digital platform (data collection fields) meet the needs of GambleAware service gambling counselling?

Major findings

GambleAware services are required to provide a range of data on clients and gambling counselling sessions to the Office of Responsible Gambling, which has been entered into the digital platform since around 2022 (and prior to that via Excel sheets).

GambleAware staff held a general view that the Office of Responsible Gambling had not sufficiently consulted the sector on design of data collection fields for gambling counselling and did not provide the sector with data collection trends. Services felt that data collection could be significantly improved.

Specific feedback was provided on the adequacy of current data collection fields. Services reported that the current fields were not sufficient because there was no data collected on the following:

- Whether treatment is helping the client in terms of improving gambling behaviour (e.g., money and time spent on gambling) including consideration about whether gambling behaviour has been substituted
- Client mental health issues and needs (e.g., DFV support) and whether treatment is reducing gambling harms impacting the client
- Whether referrals to other services had helped clients with their recovery (e.g., if GambleAware services referred a client to an internal or external service to address additional needs)
- Longer term recovery following gambling counselling (e.g., at 3 months, 6 months and 12 months)
- Affected others and the specific harms and impacts they experience
- Treatment motivations, treatment program completion and whether treatment goals were met
- Why returning clients have come back to a service for additional treatment
- Whether clients have a self-exclusion order in place (or a multi-venue exclusion)
- False cognitions and beliefs as experienced by gamblers (so that these can be monitored), and;
- The wording of ‘primary preferred gambling activity’ was seen as too general, as a ‘preferred activity’ may not be the activity linked to gambling risk.

Improvements to other data collection approaches were also seen as important. Services held concerns that the current Client Experience Survey was not based on a psychometrically validated tool (scale) and was biased through counsellor administration. As such, the Client Experience Survey was considered to be of limited value by GambleAware services. The PGSI was also not viewed by GambleAware service staff as an appropriate data collection tool, given that it was based on an instrument validated over a 12-month period. Most services did not object to use of the K-10.

Conclusion

The current design of the digital platform and data collection fields for gambling counselling do not meet the needs of GambleAware services. Service feedback highlights a strong interest in the Office of Responsible Gambling collaboratively working with services to co-design a refined set of data collection fields. A range of limitations were reported by services about the current data fields, along with a range of useful suggestions for improving sector data collection.

1g. To what extent do data collection fields meet the needs of community engagement within the GambleAware service system?

Major findings

Data collection for community engagement activity by GambleAware staff has been undertaken via manual data entry into an Excel sheet from 2021 to 2024. Data is inputted into four different tabs within the Excel sheet including for Events, Campaigns, Partnerships and Education activities. A monthly qualitative report must also be provided by GambleAware services to the Office of Responsible Gambling on engagement activities.

GambleAware community engagement staff held a perception that the current approach to recording community engagement activities using Excel is difficult and confusing. However, two staff did report that they had now become used to the approach after some initial confusion and now understood what was required.

Specific feedback highlighting overall perceptions included the following views and feedback:

- The format of the Excel sheet was difficult to use and interpret – especially where a single activity could be recorded within multiple categories of community engagement (A tick-a-box-approach was seen as superior including the ability to multi-code a single activity).
- Coding frames on the Excel sheets were not seen as sufficient for capturing major response options.
- Some dates in the Excel sheet were reported to be reversed and in US format, adding to confusion.
- The format was not able to be readily analysed for monthly engagement reporting due to the format (Staff felt that it would be unnecessary to provide a monthly report, if the recording sheet was in an easy-to-analyse format).
- Staff were unclear about whether double entry was required for activities (e.g., if an activity was both an Event and also Education). Some staff were doing this, while others weren't, and most were confused about the correct approach.
- Time spent preparing for activities and travelling to activities were seen as important to record, but missing in the current approach (e.g., time spent packing collateral kits etc.).
- Improved clarity was seen as needed for the recording of 'reach' and the other quantitative measures of engagement impact including written clarification for how each should be assessed.
- An open-text field was seen as important to capture impacts, learnings and qualitative aspects of activities.

Analysis of the community engagement Excel sheets for the evaluation highlighted that the presence of typographical and data recording errors (due to a lack of data field validations) meant that the data could not be readily analysed without significant cleaning.

The data points relating to 'reach' also had significant variability to the point that it was likely that services have very different interpretations of each field. In addition, coding frames were too limited for data analysis.

Conclusion

Data collection fields in the community engagement Excel sheets do not currently meet the needs of community engagement within the GambleAware service system. While many data fields in the Excel sheets have excellent potential for useful data collection, the current format, lack of suitable code frames and absence of data field validations have reduced the overall quality and integrity of data collected.

1h. To what extent does the design of the digital platform meet the needs of financial counselling within the GambleAware service system?

Major findings

Data collection for financial counselling clients and sessions in GambleAware services occurs via the digital platform and includes the same data as recorded for gambling counselling clients. The most pertinent fields relate to the length of the financial counselling session and the mode of service delivery (e.g., online, face-to-face etc.).

Discussions with financial counsellors revealed a perception that there were limited data fields relevant to financial counselling in the digital platform to adequately capture work performed in financial counselling. This reflected a perception that a significant amount of the work of financial counsellors was performed 'behind the scenes' with a range of tasks undertaken to deal with creditors and to negotiate debt agreements. There was also a general view that data fields did not permit an assessment of client progress as a result of financial counselling.

Key issues raised by financial counsellors and other staff included:

- The digital platform does not capture data to allow the Office of Responsible Gambling to understand the advocacy work performed by financial counsellors for clients.
- The reporting of advocacy work is not well-suited to task-by-task reporting, given that some tasks may only take a short time (e.g., a five-minute email). However, all tasks could be rolled up for a client over a month as direct and indirect client hours.
- Changes in financial distress and debt were considered helpful to monitor across two points in time, along with changes in financial literacy, financial wellbeing, reduction in debt pressures, improvements in relationships and whether clients felt more confident in managing their finances.
- Changes in gambling behaviour (time and money) were also seen as relevant to financial counselling.
- Financial risks associated with clients were seen as relevant to track, including whether risks are mitigated over time due to the support of financial counsellors (e.g., house protection, debt agreements set up, ATO debts etc.).
- The number and type of creditors (e.g., specific banks) was seen as useful for the Office of Responsible Gambling to monitor, as this may raise potential for intervention to minimise gambling harm at a system level (e.g., banks loaning people money who shouldn't have received a loan etc.).
- The Client Experience Survey was not viewed as relevant to financial counselling.

Conclusion

The design of the digital platform does not currently meet the needs of financial counselling within the GambleAware service system. Data collection fields are not seen as relevant to the work of financial counsellors, as they do not allow financial counsellors to monitor the effectiveness and impacts of their work, nor capture how they spend their time. A range of future measures for financial counselling were reported as potentially useful for the service system.

1i. Does the digital platform and community engagement data provide the Office of Responsible Gambling with appropriate data to monitor funded services?

Major findings

The Office of Responsible Gambling has access to two key datasets to monitor funded services. The digital platform contains data on clients and counselling sessions and the community engagement Excel sheets provide data on community engagement activities for the ten GambleAware services.

Do client and session data on the digital platform provide the Office of Responsible Gambling with data to monitor funded services?

The current client and session data fields in the digital platform provide the Office of Responsible Gambling with useful information about the demographics of clients entering the service system (e.g., age, gender, education, whether they are a gambler or Affected Other), their cultural background (e.g., whether they are Aboriginal or Torres Strait Islander or speak a language other than English) and a range of other important characteristics (e.g., location). This provides useful insight into the profile of clients entering the GambleAware service system for treatment and can help the Office of Responsible Gambling understand if clients match the profile of people in NSW needing treatment for gambling harm.

The counselling data set collects extensive information on counselling sessions such as the session length, mode, PGSI score, K-10 score and session type (e.g., individual, group etc.). However, while the gambling counselling data captures most of the activity of gambling counsellors, the financial counselling data set does not currently record the advocacy work of financial counsellors, nor are measures like the PGSI relevant to measuring the impact of the work of financial counsellors.

While excellent data is potentially available within both data sets, fields within the client and session data sets lack validation and appropriate code frames, which implies that data is difficult to analyse without significant correction and recoding. This has limited the ability of the Office of Responsible Gambling to readily analyse data to monitor services. This also highlights an opportunity to fine-tune data recording in both data sets.

Key areas for improvement in the data sets as identified from the evaluation include:

- There is substantial missing data on important variables (e.g., age, gender).
- It is currently difficult to identify unique clients in the service system because unique IDs generated by services are not always unique across services.
- It is difficult to analyse the source of referrals from major sources due to code frame limitations.
- The major gambling activities causing harm are difficult to identify, as the field records a client's primary and secondary 'preferred gambling activity' (rather than the activity causing the most harm or highest-expenditure gambling activity) (While some clients may see these as equivalent to the highest-spend activities, others may have vastly different interpretations).
- The referral points for clients have typographical errors and a limited code frame, making analysis difficult.
- The PGSI in the counselling session data set is validated on a 12-month time frame – This implies that re-measurement in a period shorter than 12 months may not detect changes in risk for problem gambling over time. It should also be noted in this context that the PGSI is not validated at a scale score level (meaning that changes in scale scores may not be clinically meaningful).

- There are currently no measures of gambling harm in the data set, as current measures focus on gambling activities and gambling-related behaviours as present in the PGSI (and other measures such as psychological distress, as measured by the K-10). There is additionally no potential to analyse longer term recovery of clients, nor data available to assess whether other needs of clients experiencing harm have been met (e.g., effectiveness of referrals to DFV services etc.).
- There are limited metrics to measure the impact of financial counselling and also for the effect of treatment on affected others impacted by another person's gambling.

Does the Community engagement data set in Excel provide the Office of Responsible Gambling with data to monitor funded services?

There is an extensive range of useful fields relating to community engagement in the ORG-designed Excel sheets. This data also has potential to provide rich insight into the activities of GambleAware services in relation to community engagement.

However, lack of cell validations across Excel sheets, limited code frames and the inability for services to classify their activity as more than a single type of activity has limited the overall value of recorded data.

The current data also has extensive typographical, coding and similar errors and requires extensive data cleaning and recoding to place data into a usable format for analysis.

To address this limitation, the Office of Responsible Gambling has asked services to provide an additional monthly narrative report on their engagement activity. However, this is viewed by services as a duplicated task that is unnecessary, given that data is already provided in Excel.

While the Community engagement data sheets have potential to provide insight into the type and nature of engagement activities undertaken by GambleAware services, it is currently difficult to assess the overall productivity of services. This is because there is currently no data on preparation time and travel associated with activities.

Subsequently, services that record multiple minor activities may appear to be 'more productive' than those recording fewer major activities. In addition, while it is potentially useful that the Office of Responsible Gambling has included data on engagement activity 'reach', less-than-optimal service understanding of how to report such data has limited the value of these fields.

Conclusion

The client and counselling data sets and the community engagement data sets are an excellent start to collecting useful data to measure and monitor the overall performance of the GambleAware service system. However, data field design issues and a lack of cell validations have meant that much data is not readily available to the Office of Responsible Gambling for rapid ongoing data analysis. In addition, the Office of Responsible Gambling reports that many GambleAware services did not submit their reports, or submitted reports late, which has also contributed to difficulties with data analysis.

This in turn has limited the potential for the Office of Responsible Gambling to make use of the available data to foster service system improvements. In spite of these limitations, with improvements to data fields, code frames and data collection methods, there is potential for these sources to provide rich and useful data for service system monitoring.

1j. Do funding contracts for GambleAware services contain a specification of service requirements and performance standards that support effective management of the GambleAware service system?

Major findings

The Office of Responsible Gambling developed a bespoke service agreement for GambleAware services that required service delivery from July 2021 through to 30 June 2026. Each of the ten contracts was structured according to the ten GambleAware regions, with boundaries defined on a spatial map.

Analysis of the service agreement involves consideration of whether there are sufficient requirements and outcomes in agreements to ensure that services can be performed in line with required performance outcomes and standards. In addition, agreements were also analysed in terms of specific risks that need to be managed or considered, as identified through service consultations.

A review of the 2021 GambleAware service agreements highlighted the following observations:

- Agreement content contains a range of specifications that were arguably very reasonable in the early stage of procuring GambleAware services including plans outlining service specifications and a range of short term, intermediate and longer-term outcomes required of GambleAware services. These are admirable in that they were designed in an environment where the Office of Responsible Gambling had no prior experience with how services would operate across the new ten GambleAware regions. As such, they are reasonable and appropriate, given the difficulty of anticipating all requirements in the context of a very new service model.

- Agreement milestones are linked in service agreements to very clear deliverables including a range of documents including progress reports and plans.

- However, a review of plan contents highlights the potential for use of more standardised templates for greater consistency across services. For example, Service Delivery Plans of each provider are very broad to the point that it is often unclear which specific target segments are prioritised for community engagement activity. This makes it difficult to monitor service compliance with submitted Service Delivery Plans. It is commendable, however, that Service Delivery Plans were required to be updated and submitted annually as part of payment milestones.

- Audited financial statements are appropriately requested annually to ensure appropriate funding acquittal. Income and expenditure statements are also an alternating requirement every six months. This presents an appropriate means of ensuring that funding is appropriately accounted for and spent.

- The requirement in agreements for services to collaborate with gambling venues (for the purpose of venue staff education, patron referral and engagement) and Aboriginal Medical Services is difficult to monitor based on data recording in the current community engagement Excel sheets. It is also likely based on available data that some services have very limited activity in these areas, however, this is also unclear given significant missing data and data entry errors.

- Future progress reporting for payment milestones could arguably also be against progress made against each Service Delivery Plan, with clear targets and deliverables set for both counselling and community engagement activity (as identified in Service Delivery Plans).

Conclusion

Service agreements for GambleAware services contain a high-quality specification of service requirements and performance standards that were logical to develop prior to procurement of the new GambleAware service system. This highlights that service agreements for the new service delivery model have been well-planned and implemented by the Office of Responsible Gambling. However, there is scope to further align measures in service agreements with data collected in the digital platform by GambleAware services.

Key Result Area 1 - Service system processes, integration and monitoring – MAJOR FINDINGS

Referral processes

- The GambleAware Helpline and Gambling Help Online provide high quality referrals to GambleAware services at the correct location and many referrals come from community sources though fewer from gambling venues.
- Clients have very positive experiences with referrals to GambleAware by the GambleAware Helpline and reasonably positive experiences with referrals by Gambling Help Online.

Profile of clients using GambleAware services

- GambleAware clients impacted by their own gambling have a very similar age and gender profile to high-risk gamblers (PGSI 8+ gamblers) in the NSW population. However, gamblers 18-24 years are not as well-represented and people with lower education are over-represented.
- Compared to affected others in the NSW population. GambleAware clients are over-represented by females and under-represented by clients 18-24 years.

Rates of client session completion

- 69.4% of gambling counselling sessions and 77.7% of financial counselling sessions are completed by clients.
- Completion of gambling sessions was highest for telephone (80%) and lowest for in-person attendance (64.6%). For financial counselling, completion was highest for telephone (86.7%) and lowest for online video (68.8%).

Data collection via the digital platform and Community engagement Excel sheets

- The digital platform is not viewed as efficient by GambleAware staff for setting of appointments due to the presence of the calendar module (as multiple calendars need to be checked prior to setting appointments) However, it should be noted that online client booking was not in place at the time of the evaluation, so the calendar module may become critical for future online client bookings.
- The current design of data collection fields for gambling counselling does not meet the needs of GambleAware services. There is a strong interest for the Office of Responsible Gambling to collaboratively work with services to co-design a refined set of fields and to design fields to reflect the work of financial counsellors (e.g., direct client hours and indirect hours performing advocacy work for clients).
- Data collection fields in the community engagement Excel sheets do not meet the needs of community engagement within the GambleAware service system. While many current data fields have excellent potential for useful data collection, the current format, lack of suitable code frames and absence of cell validations have reduced the overall quality and integrity of data collected.
- Due to issues with the above data sets, data is not readily available to the Office of Responsible Gambling for easy ongoing use in monitoring of the service system (as significant data cleaning and recoding is needed before any trends can be analysed).

GambleAware service agreements

- Service agreements for GambleAware services contain a high-quality specification of service requirements and performance standards that were logical to develop prior to procurement of the new GambleAware service system.

  However, there may be potential to further align measures in service agreements with data in the digital platform.

Key Result Area 2 - Service system funding

2

2a. Is funding allocated in a way that matches the need for gambling counselling, financial counselling and community engagement needs across the funded regions?

Major findings

Over $68 million is funded to the ten GambleAware service regions over a five-year funding agreement from 2021 to 2026. During tendering, regions based on NSW Health Districts (now GambleAware regions) were given broad funding ranges to allow prospective tenderers to develop budgets aligned to region needs.

The Office of Responsible Gambling used the 2019 gambling prevalence data set (PGSI results) to develop the broad funding ranges. Ranges were developed based on the advice and work of an external consultant (Nous Group, 2019[4]) that advised on the funding approach for GambleAware services across the ten service regions.

A review of budgets proposed by GambleAware services in 2021 was undertaken as part of the evaluation. Counselling and community engagement data was similarly analysed to examine overall activity across the service system that may have funding implications (using data from the digital platform and community engagement databases).

It should also be noted that services acknowledged that the Office of Responsible Gambling had been flexible in offering to meet, should their funding needs exceed available funding and some services did receive additional funding. However, not all services elected to approach the Office for additional funding, in spite of the view that funding was not always adequate.

GambleAware services provided feedback on the adequacy of the current funding approach and funding. Together, from this analysis, the following key issues relating to funding and funding allocations are observed:

- Most services reported not including sufficient overheads for service delivery in the original budgets they provided in the Service Delivery Plans that became part of GambleAware service agreements. This was now seen to be impacting service delivery, as many services did not have resourcing for items such as travel, purchase of collateral, resourcing for community engagement expenses (e.g., food/drink to follow events) and staffing to cover management and reporting costs (e.g., the cost of management reporting to meet the Office of Responsible Gambling requirements).

  A review of the costs provided in Service Delivery Plans for each GambleAware service in 2021 confirmed that this was also the case, with only a handful of the ten services providing overheads at a level likely to cover service delivery requirements. While services were each ultimately responsible for developing their own budgets, it is apparent that this omission is now impacting service delivery of many GambleAware services.

- Staff salary increases were not seen to be adequately covered through the GambleAware contract price escalation approach (based on changes to the Wage Price Index), though staffing for gambling counselling was seen as generally meeting demand. While services were once again fully responsible for developing and proposing their own budgets, many held a view that submitted staffing budgets were no longer sustainable due to rising wages and increasing on-costs. Many services reported that increases in the SCHADS Award, in particular, had increased costs associated with the employment of counsellors[5]. A number of other awards were also mentioned as impacting costs.

- GambleAware services saw funding for community engagement activity across the service system as insufficient. A review of budgets supplied by services in early Service Delivery Plans, however, highlighted that most services had only allowed for community engagement staffing without accounting for overheads typically needed in community engagement work.

[4]Nous Group | Stage Three Report: Project written report | 10 December 2019
[5]On 1 July 2024, the SCHADS Award (Social and Community, Home Care, and Disability Services) pay rates increased 3.75%.

- Dual community engagement and counsellor roles were reported by services to lead to under-servicing in community engagement. It should, however, be noted that the Office of Responsible Gambling encouraged separate roles for counselling and community engagement during service procurement, but it was the services who were ultimately responsible for how they structured service delivery.

- While GambleAware services, rather than Office of Responsible Gambling, are ultimately responsible for allocating resourcing to First Nations and CALD community engagement work, services generally saw First Nations and CALD community engagement activity as 'under-funded'. This appears to reflect that many GambleAware services view this work as very resource-intensive and feel that they do not have the capacity to conduct a significant amount of engagement work in these communities, given other competing priorities.

- While contrary to the evaluation finding that financial counselling resourcing broadly meets current demand, financial counselling resourcing within most GambleAware services was viewed as less than optimal. A review of FTE allocated to financial counselling in early Service Delivery Plans highlighted that only a small amount of financial counselling resourcing is currently available across the GambleAware service system. This was also the experience of a number of services. Accordingly, this may suggest that resourcing allocated to financial counselling across the GambleAware service system is less than optimal in some services and could potentially be increased in the future. In this context, it once again should be noted that services were ultimately responsible for making decisions about financial counselling service delivery and resourcing within their region.

- Surplus funding rolled-over from previous years by GambleAware services is currently helping to maintain resourcing. Some services are concerned that, when surpluses are expended, they will be short in funding to maintain service delivery. This appears to be largely due to the initial under-budgeting by services for overheads and operating costs that were not well-considered during the initial budgeting phase (e.g., resourcing for community engagement activity, travel etc.). From this perspective, surplus funding is currently helping to address perceived funding shortfalls in some GambleAware services.

- Peer work was generally considered an excellent initiative, yet was also considered to be under-funded. GambleAware services reported that only covering salaries of Peer Support Workers was not sufficient and that on-costs also needed to be reflected in future funding. The current 'salary-only' funding implied that most peer worker roles had to be cut to two or three days per week to cover on-costs.

Conclusion

While the Office of Responsible Gambling allocated the available funding from the Responsible Gambling Fund based on very sound evidence and high-quality external advice, most GambleAware services hold a perception that current GambleAware funding is somewhat less than optimal.

A review of budgets proposed by GambleAware services in their early Service Delivery Plans (from 2021), however, suggests that this is likely due to them not understanding the requirements of the new service model at the time of budgeting. Consequently, some services under-estimated the true costs of service delivery. High inflation and recent increases in award wages have also recently impacted operating costs.

While the Office of Responsible Gambling had encouraged services to provide detailed budgets and consider subcontracting arrangements during the 2021 tendering process, the need for innovative service delivery models and more detailed budgets could be potentially further emphasised in future tenders.

This may help to ensure that future GambleAware services have a clearer and more robust budget allocated to service delivery and will also help ensure that services can better fulfil their contractual requirements.

Key Result Area 2 - Service system funding – MAJOR FINDINGS

- While the Office of Responsible Gambling allocated the available funding from the Responsible Gambling Fund based on very sound evidence and high-quality external advice, most GambleAware services perceive current GambleAware service funding to be somewhat less than optimal.
- A review of budgets proposed by GambleAware services in their early Service Delivery Plans from 2021, however, suggests that this is likely due to the services not understanding the requirements of the new service model at the time of budgeting.
- Consequently, many GambleAware services have under-estimated the true costs of service delivery.
- High inflation and recent increases in award wages have also recently impacted operating costs.

Key Result Area 3 - Service system capacity building

3

3a. How effective are processes used by the Aboriginal GambleAware service to build the capacity of GambleAware services to respond to gambling harm in Aboriginal people?

Major findings

Approach used by the Aboriginal GambleAware service to build capacity

The GambleAware Aboriginal service operates as a state-wide capacity building service, with the aim to work with the ten GambleAware services to build the capacity of staff to conduct effective work with Aboriginal organisations and community members.

The Aboriginal GambleAware service is sometimes requested to liaise with managers of each GambleAware service and in line with their requests, to provide support to GambleAware staff.

This implies that, for some services, if managers of GambleAware services do not connect with the GambleAware Aboriginal service, capacity building cannot take place.

To facilitate manager and staff awareness of the potential support that can be provided by the GambleAware Aboriginal service, a range of proactive approaches were used to work with services from 2021 to 2024 including:

- Holding meetings and training sessions for GambleAware services to work on Aboriginal community cultural awareness and engagement strategies (based on services asking for support)
- Participation by the GambleAware Aboriginal service in regular Communities of Practice (CoP) (e.g., to provide training and talks to upskill workers)
- Regularly encouraging GambleAware services to prioritise high-yield community engagement opportunities
- In response to requests for support, the GambleAware Aboriginal service provides recommendations on organisations and approaches for engagement activity and the service will also approach Aboriginal stakeholders directly on behalf of services to establish new relationships. In some cases, specific engagement activities will also be attended by a staff member of the GambleAware Aboriginal service.
- Conduct of Cultural Capability Assessments – Comprehensive assessments have been completed by the GambleAware Aboriginal service of each GambleAware service's cultural capability. Detailed Action plans have also been developed for services to implement.

  Action plans outline specific deliverables by date including initiatives such as staff training, establishment of Aboriginal advisory groups, engagement with local Aboriginal organisations and improving staff knowledge of specific cultural issues in Aboriginal engagement. However, it is not within the scope of the Aboriginal GambleAware service to assess or enforce the level of implementation of Action Plans.

While the Aboriginal GambleAware service is open to supporting counsellors working with Aboriginal clients (e.g., teaching narrative therapy and the need for holistic treatment of a client's diverse needs), this support once again relies on approaches by some GambleAware service staff or managers.

The GambleAware Aboriginal service does not currently have access to monthly client and session data within the digital platform, nor monthly community engagement data reported to the Office of Responsible Gambling (although some Excel sheets have been provided showing long-term trends – e.g., the 2021-April 2024 sheets were provided in July 2024). As such, the GambleAware Aboriginal service relies on proactive engagement by GambleAware service managers and staff to understand what activities are being undertaken across the service system.

While relationships are developed for GambleAware services by the GambleAware Aboriginal service (e.g., the GambleAware Aboriginal Service links a staff member to an Aboriginal Medical Service), the scope of the service's activity does not extend to assessing the quality of relationships developed. However, the service sees potential for both further involvement in Aboriginal community engagement planning activity and future work with counsellors and engagement staff to ensure that Aboriginal clients receive quality service from GambleAware.

Feedback on the Aboriginal GambleAware service

GambleAware staff interviewed during consultations were extremely positive about the support provided by the GambleAware Aboriginal service to build service capacity to work with Aboriginal organisations and clients. The Cultural Capability training was also found to have been helpful and had developed staff skills and confidence.

The only concern was that increased support would be ideally required from the GambleAware Aboriginal service to broker further relationships with Aboriginal organisations. This appeared to reflect that some staff wanted to rely on the service to do direct engagement activity, as it was seen as far more effective than staff doing this work.

However, it should be noted in this context that the original intent of the Aboriginal GambleAware service model was not to perform direct engagement work, rather was to build the capacity of GambleAware staff to undertake Aboriginal engagement (as such, this extra work is merely undertaken by the Aboriginal GambleAware service to be helpful).

While the GambleAware Aboriginal service had generally not been approached by service managers to help counsellors learn how to respond to needs in Aboriginal clients, training in narrative therapy and holistic support was highlighted as a potential future capacity building opportunity.

Accordingly, this may suggest that increasing direct connections between the GambleAware Aboriginal Service and counsellors and community engagement staff may be particularly useful (rather than just via service managers).

Conclusion

Processes used by the GambleAware Aboriginal service to build the capacity of GambleAware services to respond to gambling harm in Aboriginal people have been very effective. This is also reflected in the positive feedback from GambleAware staff.

However, given that the GambleAware Aboriginal service does not always have direct links with staff in community engagement and counsellors (i.e., as some GambleAware services prefer contact to be initiated via GambleAware service managers), this may be limiting the capacity building potential of the service. Accordingly, GambleAware services could be further encouraged by the Office of Responsible Gambling to allow their staff to work directly with the GambleAware Aboriginal service in the future.

In addition, there may also be merit in providing the GambleAware Aboriginal service with monthly community engagement data collected by the Office of Responsible Gambling to allow the service to monitor service engagement activities. This may allow further capacity building activity to be directed to services with a need for increased support.

3b. How many staff have been trained in each GambleAware service to develop Aboriginal cultural competence and to what extent has training been effective?

Major findings

During March 2024, 76 staff in GambleAware services participating in Aboriginal Cultural Competency training completed a cultural competency self-assessment designed by the GambleAware Aboriginal service. The purpose of the online survey was to assess the extent to which staff training had been effective in building staff capacity to work with Aboriginal organisations and community members. Eight domains of competence were self-assessed including:

- Motivation to be culturally competent
- Effective Aboriginal communication
- Ability to identify unconscious bias
- Knowledge of Aboriginal culture
- Knowledge of how to optimise treatment for Aboriginal people
- Knowledge of gambling and Aboriginal people
- Understanding Aboriginal health and wellbeing
- Aboriginal community engagement readiness.

Results of cultural competency self-assessment survey

Findings of the cultural competency survey highlighted a range of very positive effects of the cultural competency training. Strongly agree and agree ratings provided by staff were combined across various domains of competence.

Results showed that training was effective in encouraging staff to feel motivated to become culturally competent (100% of staff agreed/strongly agreed with relevant statements) and had developed staff ability to identify unconscious bias towards Aboriginal people (98.1% of staff agreed/strongly agreed).

Staff also reported high agreement that they understood effective Aboriginal communication (91.5% of staff agreed/strongly agreed), had developed knowledge about how to optimise treatment for Aboriginal clients (89.8% of staff agreed/strongly agreed) and had developed knowledge of gambling and Aboriginal people (88.7% of staff agreed/strongly agreed).

Three key areas of somewhat overall lower competence, however, are noteworthy – Knowledge of Aboriginal culture (86.6% of staff agreed/strongly agreed), with local Aboriginal cultural knowledge being the main area for improvement (only 66.7% of staff agreed/strongly agreed), knowledge of Aboriginal health and wellbeing (only 82.1% of staff agreed/strongly agreed) and Aboriginal community engagement readiness (only 77.9% of staff agreed/strongly agreed).

Accordingly, while the GambleAware Aboriginal service training has been very effective in building staff competence to work with Aboriginal communities, some staff are still perceiving that their readiness to engage with local Aboriginal communities could further improve.

In this context, it is noteworthy that somewhat lower agreement ratings were provided for both awareness of local Aboriginal community organisations and programs (77.6% of staff agreed/strongly agreed) and regular attendance at Aboriginal specific events and network groups to promote GambleAware services (53.1% of staff agreed/strongly agreed).

Conclusion

At least 76 staff across the ten GambleAware services completed Aboriginal cultural competency training provided by the GambleAware Aboriginal service. Analysis of results of a staff survey highlights that training has been very effective and importantly, staff feel motivated to be culturally competent and respectful when working with Aboriginal people. However, some further capacity building will be needed to support staff to work with Aboriginal organisations and clients, including knowledge of Aboriginal culture (especially local culture), understanding Aboriginal health and wellbeing and Aboriginal community engagement readiness (with a particular focus on encouraging staff to regularly attend local Aboriginal events and network groups to promote GambleAware services).

3c. How effective have capacity-building activities been to build the confidence of staff to work with Aboriginal clients and build/maintain local networks with the Aboriginal community?

Major findings

Data in the community engagement databases (Excel sheets) were analysed from 2021 to 2024 to identify the activities undertaken by GambleAware services to work with Aboriginal organisations and community members.

It should be noted that, as there were significant data quality issues in the Excel sheets (e.g., significant typos, under-developed code frames), substantial data cleaning and recoding was needed to prepare the data for analysis.

In this context, as the Education database and Campaign databases only had generic descriptions of activities (i.e., without a clear target audience identified), only the Events database and Partnership database could be reliably coded for analysis (as each had reasonable descriptions of the 'target audience').

In total, six partnerships with First Nation's organisations were recorded in the Partnership database and this represented 0.1% of all partnerships recorded from 2021 to 2024 (6,312 partnerships). Partnerships with First Nations organisations were reported by only two GambleAware services.

Analysis of the Events database additionally showed that 153 events were held with First Nations organisations from 2021 to 2024. This represented 5.9% of all Events during this period (2,586 total events). All GambleAware services had recorded some events with First Nations organisations, though the quantity was variable and ranged from only 4 to 35 events.

Feedback from GambleAware and First Nations community engagement organisations

GambleAware services indicated that capacity building activities had been very helpful in building staff confidence to work with Aboriginal clients. However, most staff also believed that resourcing to undertake such work was not sufficient to make significant in-roads into communities and that much more work was needed.

In some cases, lack of confidence had led some staff to expect the GambleAware Aboriginal service to call up local Aboriginal organisations within their region (e.g., local Aboriginal Medical Services). Accessing Aboriginal-specific materials was also reported as having been a recent barrier to working with Aboriginal communities.

Feedback from GambleAware staff included - *We could definitely do more in First Nations engagement work. I don't think we're doing enough.*

While First Nations organisations consulted as part of stakeholder interviews were very appreciative of GambleAware services, two organisations observed that the service was mainly about 'lecturing' Aboriginal people and did not appear to have the capacity to fund activities as a method of engagement. In this respect, it was common for Aboriginal services to fund and deliver 'less direct' methods of engaging the community, as these were considered more effective.

One example involved embedding messages about gambling harm in social and emotional wellbeing activities. There was a view that, in spite of doing some excellent work and providing interesting lectures, services could undertake health promotion activities with First Nations community members in a much more casual 'activity-based' setting. These were also viewed as more appealing to people and potentially attracting greater participation.

The value of more culturally relevant approaches to engagement was also highlighted:

- *Men like to get back to culture. Going up to the mountains, listening to the birds and wind. … It's connecting to the land and connection to others. That's where those gambling aspects come out and we talk about drugs and alcohol and gambling. We'll knuckle down on those in-depth conversations we should all be having.*
- *We need to take a holistic approach with gambling. Not just offer information, but focus on health promotion or social diversionary activities, not just talking at people. Some of the promotional stuff makes people feel like they are talking at them. People retreat rather than saying 'what are the alternatives to gambling?'*
- *Do activities or give people things, like gym passes or exercise classes, women's group art classes and craft groups, budgeting workshops and barbeques. Then messages can be delivered in there about gambling.*

Building the capacity of Aboriginal services to educate about gambling - like GambleAware services - was also highlighted as very useful - *We work with GambleAware. I invite them to some of our events. I think their staff should focus on training ours, not talking at them. I think that's the better role.*

Conclusion

GambleAware services have each undertaken some level of community engagement with First Nations organisations and people from 2021 to 2024. However, First Nations partnerships were only reported by two GambleAware services.

While services report that capacity building work has improved staff confidence, many staff feel that Aboriginal community engagement work could be better resourced and strengthened.

First Nations organisations observed that the GambleAware approach is about delivering talks ('lecturing') and highlighted the potential value of funding less direct engagement activities (e.g., undertaking activities with Aboriginal people that promote health and wellbeing, spending more time 'on the ground' yarning). It was also suggested that training Aboriginal organisations about gambling harm may be a useful future focus to allow organisations to embed education about gambling into their activities.

3d. How much progress have GambleAware services made in implementing action items from Cultural Capability Assessments?

Major findings

GambleAware services provide biannual progress reports to the Office of Responsible Gambling that set out recent progress against key areas of a service quality framework (which includes a Cultural Diversity and Inclusion Standard). All GambleAware services participated in the cultural competency assessment process, with ten reports produced by the GambleAware Aboriginal service. Each report provided a range of action items for attention, with all ten services having some items due for completion by the end of 2024.

Action items include activities such as:

• Having a GAP Vision statement • Collection of Indigenous data • Considering Indigenous specific events • Providing cultural awareness training to all employees/community engagement employees • Developing a profile of the local Indigenous population • Developing an engagement strategy unique to each town/region	• Engaging with an Indigenous advisory person or group • Having a list of Land Councils and Traditional Owners of the region • Indigenous employment policy/strategy • Recognising and understanding the gambling question in the 715 Aboriginal Health Check • Reconciliation action plan (RAP) • Understanding the importance of Clinical Yarning

A review of the Progress Reports highlights that all services had made some progress on implementation of action items following the cultural capability assessment. However, progress reports available at the time of the evaluation did not capture whether each specific action item had been implemented by the most recent deadline of December 2024. A report by the GambleAware Aboriginal Service from 2023 also captured that a range of desktop resources have been developed by services to implement some action items. However, this was only capturing a very early stage of implementation.

Discussions with GambleAware services suggest that many services are struggling with resourcing to implement action items and have likely not implemented all by December 2024.

This may suggest that future progress reporting should request from GambleAware services an overview of the progress made against each action item in line with due dates. This will help provide an overview of progress made and may help identify where extra resourcing is needed to implement findings of action plans.

Conclusion

GambleAware services have made progress towards action items identified in the cultural capability assessment. However, the extent of progress made by services against each action item has not yet been formally reported to Office of Responsible Gambling. Requesting an update in progress reports against action items will help ensure that cultural capability is continually developed and additional resourcing can be explored where needed to implement findings.

3e. If a GambleAware client needs an Aboriginal clinician/worker for treatment, to what extent are needs of clients being met?

Major findings

Profile of Aboriginal clients at GambleAware

Based on data from the digital platform (2021 to 2024), 430 Aboriginal and/or Torres Strait Islander clients used GambleAware services. This is approximately 5.3% of all clients seeking help from GambleAware services.

Of all Aboriginal clients, 62.5% were harmed from their own gambling and 37.5% were affected others. A total of 51.3% were female and 48.7% were male. In relation to age, 10.3% were 18-24 years, 27.8% were 25-34 years, 45.4% were 35-54 years, 12.8% were 55-64 years and 3.8% were 65 years or older.

Of 13,475 counselling sessions recorded in the digital platform from 2021 to 2024, only 140 counselling sessions had been flagged as requiring specialist Aboriginal support. This represents ~1% of all counselling sessions and highlights that there is currently low demand for specialist Aboriginal counselling support across the service system.

Given that there were 137 unique IDs of Aboriginal and/or Torres Strait Islander clients in the counselling session database requiring specialist support, and a total of only 430 Aboriginal and/or Torres Strait Islander clients, this also suggests that only a proportion of Aboriginal clients require specialist support.

Feedback on support needs for Aboriginal clients at GambleAware services

Feedback from GambleAware services highlighted that most services were able to support Aboriginal and/or Torres Strait Islander clients without specialist support. However, some counsellors mentioned that they were interested in building their skills in narrative therapy and were generally interested in better understanding how they could provide support to meet Aboriginal client needs. There were also staff who felt that Aboriginal workers would be better placed to provide counselling and there were reports of some services being asked if Aboriginal counsellors were available.

One of the concerns of services was that Aboriginal clients did not like to visit formal offices and more outreach was seen to be needed including counselling in locations that Aboriginal clients were comfortable. Feedback included:

- *I think there's potential for GambleAware to do Aboriginal service delivery, but I do think we need more help. I think we need to go to services, rather than refer in…they won't come to our office.*
- *It's a minority of clients who identify as Aboriginal. We get a question about whether there is an Aboriginal clinician available, but they still come. It would be great to have Aboriginal clinicians in all regions.*

Client feedback from qualitative interviews and the online survey

The online survey of GambleAware clients had 16 Aboriginal and/or Torres Strait Islander clients in the sample. A total of 13 of the 16 clients (81%) rated the quality of service from GambleAware services as ‘very good’ or ‘good’ and only 2 of the 16 (13%) clients rated the quality of service as ‘very poor’ or ‘poor’. In total, three Aboriginal clients participating in qualitative interviews indicated that GambleAware counsellors had been very helpful and not a single client objected to working with a non-Aboriginal counsellor.

Conclusion

The needs of Aboriginal clients are currently being met by GambleAware services and most clients are happy to work with a non-Aboriginal counsellor. Feedback on counselling also reaffirms that most clients are happy with a non-Aboriginal counsellor. However, where clients prefer an Aboriginal counsellor, services recommend a referral to the GambleAware Aboriginal service. Improved training of clinicians in narrative therapy and holistic Aboriginal wellbeing and greater outreach to Aboriginal clients are seen as important in meeting the needs of Aboriginal clients.

3f. How effective is capacity building likely to be in building the ability of GambleAware services to respond to gambling harm in people of different cultures?

Major findings

Towards the end of 2024, The Australian Centre for Social Innovation (TACSI) was engaged to improve the cultural capability of the GambleAware services. This work included a survey and conduct of cultural capability capacity building assessments and development of a tailored action plan for each GambleAware service. GambleAware services are currently in the process of finalising their action plans to strengthen engagement and service delivery for Culturally and Linguistically Diverse (CALD) communities.

GambleAware services report a general view that it has been difficult undertaking community engagement with CALD communities. This is also reflected in the number of partnerships and events reported across the service system. Only 10 CALD partnerships were formed (0.2% of all partnerships) and 98 events were undertaken with CALD organisations or community members (3.8% of all events) from 2021 to 2024.

However, suggesting that GambleAware services had been effective for clients, 86.3% of CALD or refugee clients completing the online survey rated the quality of care from GambleAware services as either ‘Good’ or ‘Very good’.

GambleAware services highlighted that engaging with CALD communities was challenging and resource-intensive. Most services felt that they needed to do more work with CALD communities.

The need for advice on culturally relevant approaches was also highlighted, also because some communities were not trusting of government services such as GambleAware services.

GambleAware services also reported requiring support to identify CALD organisations in their regions and to map out specific engagement strategies. This was seen to be of more value than generic ‘multicultural training’.

Conclusion

GambleAware services need expert advice on how to identify the best CALD organisations in their local community with which to engage. Specific advice is needed on how to build relationships with those organisations, rather than generic ‘multicultural training’.

3g. If a GambleAware client needs a LOTE clinician, how flexible and responsive is the GambleAware Multicultural Service at sourcing and allocating professionals to clients?

Major findings

If a client does not have sufficient knowledge of English to communicate, GambleAware services can direct a client to the GambleAware Multicultural Service to work with an in-language counsellor.

GambleAware services very much appreciate the ability to refer clients directly to the GambleAware Multicultural Service, given that they do not often have counsellors with relevant language skills. However, some clients are taken on because they prefer to work with a mainstream service.

While services appreciate the ability to refer clients, a few services felt that it was not always logical for clients without English to be first referred to a GambleAware service. This was seen as an unnecessary step for clients and they preferred that the GambleAware Helpline send those clients directly to the GambleAware Multicultural Service. This was viewed as preferable, as it avoided the GambleAware service from causing distress to the client due to communication difficulties.

Feedback from GambleAware services included (note that 'GAMS' in the verbatims is the name used by services to colloquially refer to the GambleAware Multicultural Service):

- *It's good the GAMS can take clients…it's easier to refer to them. They get into contact.*
- *For clients who are vulnerable and have cultural and linguistic challenges, the GambleAware Helpline advocates to send direct referrals to GAMS. I think this makes sense. Maybe they should have GAMS advertise directly to save clients the extra step.*
- *There needs to be greater promotion of the GambleAware Helpline to communicate that it is multicultural and can communicate in many languages.*

While the GambleAware Multicultural Service was seen to be a critical part of the service system, multi-lingual staff were considered by GambleAware services to be less aware of financial counselling. It should, however, be noted that the GambleAware Multicultural Service's funding agreement includes the recruitment of a financial counsellor, however, this role has not been yet fulfilled due to recruitment difficulties.

There was also a view of GambleAware services that staff at the GambleAware Multicultural Service could be helpful to GambleAware services if they could provide translation support - *They could help with translating and providing brochures in different languages.* However, use of bilingual counsellors for translation purposes is not currently consistent with NSW Government Language Services Guidelines.

In-language counselling clients

Major languages of the GambleAware Multicultural Service (excluding English) showed that the top five languages of clients requiring in-language support were Mandarin (23.1%), Cantonese (13.6%), Korean (11.5%), Arabic and Vietnamese (each 11.2%). As languages are not present in all GambleAware services, the GambleAware Multicultural Service plays a critically important role in the service system. A total of 1,600 in-language sessions were provided over the period from 2022 to 2024.

Conclusion

The GambleAware Multicultural service is seen as responsive and helpful in providing an effective in-language counselling for clients that present to GambleAware services or where clients are referred to services via the GambleAware Helpline. While in-language counselling is seen to be a strength of the service, it is relatively more difficult for the service to support clients requiring financial counselling, as staff are currently not available.

3h. How well has the Peer Support program been implemented to date across NSW, keeping in mind its early stage of implementation?

Major findings

Implementation of peer support

The Office of Responsible Gambling provided all GambleAware services with additional funding to employ a peer support worker to provide lived experience support to people impacted by gambling harm. As of February 2025, eight GambleAware regions had recruited and employed a peer support worker. The peer support function within services was designed and implemented by The Australian Centre for Social Innovation (TACSI) during 2024.

To build service capacity to understand the role of peer support, TACSI conducted a series of 90-minute workshops with each GambleAware service. The organisation used a relational approach to setting up the peer support function. This allowed GambleAware services to discuss and explore with TACSI their issues, concerns and experiences during establishment of the peer support function. TACSI also advised GambleAware services to set up clinical supervision for workers, in addition to a TACSI peer worker supervision role.

TACSI reported in their March 2024 report that there was a genuine sense of enthusiasm and positive feedback associated with the introduction of a peer support worker into GambleAware services. Given that managing risks of peer support was reported as one of the main concerns of services during the early phases of establishment, TACSI used discussion-based approaches to work through these concerns with services.

TACSI observed that implementation of peer support had evolved at different rates across services. Following commencement of peer support work, TACSI conducted regular supervision sessions with workers to discuss their experiences with peer support (every six weeks). A TACSI Learning Hub for Peer-to-Peer Learning was also established for GambleAware to give services and workers access to resources to help bed down the new peer support role. A Community of Practice for peer support workers was also established.

The TACSI Learning Hub covers topics such as: What is peer-to-peer support?, The principles, mindsets and practices that support peer to peer work, The different forms peer-to-peer support can take, What needs to be designed in a peer-to-peer model, Roles essential for effective peer work (peers, peer mentor/workers, coach/supervisors and organisational leaders) and Considerations for engaging First Nations people in peer-to-peer activities. Audio podcast-style learning materials are also available.

GambleAware service experiences with implementation of peer support

Discussions with GambleAware services highlight that they hold a strong view that the peer support program implementation has been positive, and the relational approach used by TACSI to work with services to discuss their own approach to peer support had been helpful.

The training program provided by the Self-Help Addiction Resource Centre (SHARC) was also described by services and peer workers as valuable training that played a major role in helping prepare workers for their role. The only drawback had been the difficulty accessing the training at the commencement of each worker's role.

Conclusion

TACSI has designed and implemented an excellent process and program of support to develop the peer worker role across GambleAware services. This work has been instrumental in building GambleAware service and peer worker confidence in the peer support role. Timely access to SHARC training for peer workers has been the only barrier to promptly establishing the peer worker role at GambleAware services.

3i. To what extent have clear roles, responsibilities and support arrangements for Peer Support workers been established/are in the process of being established across the GambleAware service system?

Major findings

Discussions were held with a range of Peer Support Workers with lived experience of gambling harm to identify areas for further enhancing the design of peer support services at GambleAware.

The following conclusions were drawn by the evaluator based on these discussions:

- Peer support worker training should ideally occur prior to commencement of the peer support role.
- To protect workers from potential harm, all should be offered to first work in one-on-one peer support role prior to becoming involved in community engagement work. This will ensure that workers can assess any potential risks for themselves well-prior to considering involvement in community engagement work.
- Peer support workers would benefit from working with an independent external psychologist to explore the implications of peer support work for their ongoing psychological wellbeing – e.g., coping strategies could be developed and discussed with the psychologist about how to cope if they need to visit a gambling venue, how to cope when they are exposed to gambling impacts of others (which may be very distressing).
- Peer support workers should be given an opportunity to provide regular feedback on the model of care provided in GambleAware services and services should provide the Office of Responsible Gambling some reasonable evidence that this feedback has been considered where appropriate.
- Some out-of-scope tasks of peer support workers could be clarified by the contractor for the benefit of the sector to ensure that services are given guidance on what may not be appropriate to ask of workers.
- The impact of part-time and full-time work on peer support workers should be continually assessed to ensure that the workload or financial remuneration associated with the role is not causing harm to workers (e.g., some workers may find full-time work too distressing).
- Peer support workers should be provided a clear methodology by their GambleAware service on how they can best support clients they work with (e.g., building skills on how to plan discussions with clients, ideas for what they could talk about and how to hold discussions etc).

Conclusion

Peer support worker roles and responsibilities have been allowed to organically establish in services in a customized manner, with excellent ongoing support from the contractor. However, the evaluator has highlighted some areas for further enhancing the effectiveness of peer support roles at GambleAware services.

3j. To what extent is the peer support process working well for clients experiencing gambling harm and are clients finding peer support useful?

Major findings

As part of the online survey, 18 GambleAware clients were asked questions about their experience with peer support. While only early feedback, the survey provides some indication of how well the peer support role is being received by clients. Anecdotal feedback was also provided through client interviews.

Findings of the online survey highlighted that GambleAware clients found it easy to make an appointment with peer support workers and found the support useful. In particular, all clients thought booking the appointment was 'very easy' or 'fairly easy' and 88.9% rated the support as 'somewhat' or 'very useful'.

When asked about the impact of the support on various aspects of the client's experience, ratings were also moderately positive, with 61.1% of clients (ability of the service to reduce depression/negative mood) to 72.2% of clients (ability of the service to improve client wellbeing) receiving peer support rating the various forms of support as 'good' or 'very good'.

The rating for reduction of shame/stigma was also moderate (64.3% rating support as very good/good).

While reasonably positive overall, it is noteworthy that gambling counselling and financial counselling ratings were generally higher than for peer support across the measured domains.

Client comments relating to their experiences with GambleAware service peer support were also very positive:

- *Just being able to talk to someone who's not a counsellor, who's been through the experience - you can relate better. I've suffered anxiety for years - you're better off talking to someone who's been through it than someone who's reading about it via a textbook. I'm not interested in seeing a psychologist or psychiatrist or financial counsellor. I think it's had a little bit of an effect - I don't think I go as much (to the pokies).*
- *I didn't want to tell my husband I was seeing someone professionally. That would happen if I had to commit to an appointment. This is easy as I can meet the worker during my workday for a walk and no-one would realise it's a GambleAware appointment.*

Conclusion

While only early feedback and based on a limited sample of GambleAware clients (n=18), results suggests that the service from peer support workers has been positively received. Clients similarly report that it was easy to book in with peer support workers and some clients preferred to see peers over a professional counsellor. The flexibility of peer support workers travelling to clients was also appreciated.

Key Result Area 3 - Service system capacity building – MAJOR FINDINGS

GambleAware Aboriginal Service and cultural competency training

- Processes used by the GambleAware Aboriginal service to build the capacity of GambleAware services to respond to gambling harm in Aboriginal people have been very effective. However, there may be potential to increase the direct links between the Aboriginal service and GambleAware staff (rather than the service waiting to be approached by service managers). Monthly data on community engagement and counselling could also help the GambleAware Aboriginal service work proactively with service staff.
- At least 76 GambleAware staff across the ten services completed the Aboriginal cultural competency training and highlight that training has been very effective.
- However, based on survey feedback, staff identify that further support will be needed. Greater knowledge of local cultures (within regions), Aboriginal health and wellbeing and identification of local Aboriginal events and networks within regions are seen as critical.

Community engagement work with Aboriginal communities

- While capacity-building has improved staff confidence, many GambleAware staff feel that Aboriginal community engagement work could be better resourced and strengthened.
- GambleAware services have each undertaken some level of community engagement with First Nations organisations and people from 2021 to 2024. However, First Nations partnerships were only reported by two services.
- First Nations organisations observed that the GambleAware approach to community engagement is about delivering talks ('lecturing') and highlighted the potential value of funding other health promotion activities (e.g., activities that promote health and wellbeing, yarning circles).

Aboriginal clients requiring counselling

- Based on Aboriginal client feedback, the needs of most Aboriginal clients are being met by GambleAware and most clients are happy to work with a non-Aboriginal counsellor.
- Training of counsellors in narrative therapy and holistic Aboriginal wellbeing and greater outreach to Aboriginal clients are seen as important to meet the needs of Aboriginal people.

Multicultural capacity building

- GambleAware services have made limited progress in CALD community engagement.
- Services highlight a need for advice on how to identify CALD organisations in their region and how to build relationships. This is seen more useful than generic 'multicultural training'.

Multicultural clients requiring counselling

- The GambleAware Multicultural service is seen as responsive and helpful in providing an effective in-language gambling counselling service. However, it is more difficult for the service to support financial counselling, as they do not employ, and are not funded to provide in-language financial counsellors.

Early implementation of the GambleAware peer support program

- Services report that they have received excellent support from the contractor during implementation of the peer support program.
- Early feedback suggests that clients have found peer support useful during counselling.

Key Result Area 4 - Service system planning

4

4a. How effective are the approaches used to plan GambleAware services at a regional level?

Major findings

GambleAware services develop a Service Delivery Plan, which maps out various elements of service delivery for each GambleAware region. This includes approaches to clinical governance, approaches to stepped care, approaches to quality and a strategy for community engagement.

While many aspects of service delivery remain constant over time (e.g., clinical governance, approaches to stepped care), the planning of community engagement activity is a key part of service delivery planning, as this identifies target segments and the overall strategy for engagement within each region. Biannual progress reports provide six monthly updates on progress made in Service Delivery Plans.

Assessment of Service Delivery Plans

A desktop review of Service Delivery Plans for the ten GambleAware services highlights that each GambleAware service has used a very different format in presenting their approach to planning regional service delivery. The use of data and evidence to support strategies developed also varies considerably by region.

In most cases, the rationale for target segments is unclear and there is limited citing of data and evidence to justify why a specific target segment is prioritised. This provides an impression of limited prioritisation in the overall approach to community engagement within most service delivery plans.

In this context, prioritisation is critically important, as GambleAware services have limited funding for community engagement (implying that the best opportunities with the highest reach and impact should be prioritised).

There is also no distinction in Service Delivery Plans between primary prevention and secondary and tertiary prevention activity to the point that most plans lose sight of the need for the latter to generate referrals to GambleAware services.

Of the ten plans, only three use a reasonable amount of data to identify the highest priority segments for community engagement. However, there is also potential to use a greater amount of Australian Bureau of Statistics Census data (2021) and EGM expenditure data to identify priority target segments for engagement.

As most Service Delivery Plans do not have specific priorities for engagement, it is not possible for the Office of Responsible Gambling to identify whether a GambleAware service has made progress against their plan in biannual progress reporting.

Many GambleAware services agree that the overall approach to planning of community engagement could be further improved and report that their skills to use ABS Census data and related research data to prioritise engagement opportunities are less than optimal - *Community engagement is definitely not data-driven. The onus is on providers to identify activities…It would be helpful if ORG gave us data to help with this.*

Conclusion

The current approach to planning community engagement activity in GambleAware Service Delivery Plans is not well-structured to allow identification and prioritisation of community engagement activities. This makes it difficult for the Office of Responsible Gambling and GambleAware services to monitor their community engagement service delivery and to assess the impact of those activities over time.

The distinction between primary prevention, secondary and tertiary prevention activities is also currently unclear. Most services similarly highlight that they lack skills and expertise in using available Census data to identify and plan engagement priorities. Accordingly, use of data in Service Delivery Planning is less than optimal and could be further improved into the future.

Key Result Area 4 - Service system planning – MAJOR FINDINGS

Effectiveness of approaches used to plan GambleAware services at a regional level

1. Community engagement activity in GambleAware Service Delivery Plans is not sufficiently well-structured to allow identification and prioritisation of community engagement activities.

   In particular, plans are very generic, do not clearly identify a rationale for target segments, do not identify the size of target segments or delivery locations, and have limited use of ABS Census statistics and other data (e.g., EGM expenditure data, immigration data).

2. Consequently, it is difficult for the Office of Responsible Gambling to monitor community engagement service delivery activity.

3. Most services highlight that they lack the expertise to use Census data to plan community engagement activities.

Key Result Area 5 - Service system performance and quality

5

5a. Is demand for gambling counselling being met across the GambleAware service system?

Major findings

As part of the evaluation, digital platform data for gambling counselling sessions was analysed to examine the mean number of gambling counselling sessions booked each month from July 2021 to August 2024. The purpose of the analysis was to assess the gambling counselling resourcing demands across the service system including demands within GambleAware regions.

Per month calculations were used to assess the overall gambling counselling session demand per month. This assumed 20 working days per month with 60% counsellor utilisation. This equated to 12 days per month for gambling counselling, and accounts for other staffing time typically required for leave, training, supervision and other activities.

Analysis showed that demand for gambling counselling was relatively stable per month between 2021 to 2023, with around 1 FTE required to meet the demand for gambling counselling, for all but 12 instances across all GambleAware services.

During 10 of the 12 instances of increased demand, demand was just over 1 FTE and during 2 of the 12 instances, demand was around 2 FTE. During 2024 demand for gambling counselling was notably higher from June 2024.

Gambling counsellors generally indicated that, on the whole, the demand for gambling counselling was met by services, however, occasional peaks in waiting lists or times would occur. It is also noteworthy that, based on original service delivery plans, there are typically 5-6 FTE for counsellors in metro service delivery regions and around 3 FTE for counsellors in regional service delivery regions. This therefore highlights that the FTE available in GambleAware services is broadly in line with current demand (and may even exceed demand for some months of the year).

In addition, 92.7% of clients in the online survey reported that they were able to obtain an appointment in a time frame that suited their needs. Of the 25 clients who reported not being able to do this, the most common response was that an earlier appointment was desired (88%).

Conclusion

GambleAware services can meet demand for gambling counselling during most months of the year with 1 FTE required for most services across most months of the year. Peak times, however, do place additional demands on services to a point that they may have wait lists, and several peaks occurred during 2024.

5b. Do GambleAware services provide gambling counselling to a representative proportion of Aboriginal people and people of different cultures in line with the diversity of the NSW population?

Major findings

The GambleAware service model provides services to respond to gambling harm in all populations – including people of Aboriginal and/or Torres Strait Islander ethnicity and people speaking languages other than English at home. Analysis was undertaken to determine the extent that the proportion of gambling counselling clients of GambleAware matched the proportion of clients who were Aboriginal or spoke a language other than English at home in NSW based on Census 2021 data.

Analysis showed that, compared to the NSW population, a higher percentage of GambleAware clients were Aboriginal and/or Torres Strait Islander (4.0% compared to 3.4% in the NSW population) and a lower percentage of GambleAware clients spoke Languages other than English at home (4.8% compared to 26.6% in the NSW population).

This highlights that Aboriginal and/or Torres Strait Islanders are well-represented in GambleAware service gambling counselling clients, and people speaking languages other than English at home are under-represented.

The top five languages were also under-represented - Mandarin speakers by 2.5%, Arabic speakers by 2.4%, Cantonese speakers by 1.2%, Vietnamese speakers by 1% and Hindi speakers by 0.9%.

It should also be noted in reviewing these results that this does not consider the level of harm experienced in communities and only refers to general population proportions.

Conclusion

GambleAware service gambling counselling clients of Aboriginal and/or Torres Strait Islander background are well-represented in the GambleAware digital platform client data set and LOTE speakers are under-represented. While this does not account for the gambling harm experienced by clients of different ethnicity, this may highlight the need for further engagement work to increase the proportion of LOTE clients in the GambleAware client population.

5c. To what extent is the stepped care process efficient and effective? (i.e., to ensure that clients get the right care)

Major findings

GambleAware services assess client needs through an intake assessment process and direct clients to appropriate services and clinicians for support. Feedback on the stepped care process was explored in both qualitative client interviews and in the online client survey.

A review of Service Delivery Plans highlights that GambleAware services generally have a multi-step 'stepped care' approach to triaging clients based on needs. This typically ranges from identification of acute needs (e.g., severe mental illness, risk of self-harm) where clients may be directed to community-based psychiatric care, through to lower intensity needs, where clients may be provided with information or tools to reduce gambling harm.

A review of GambleAware service approaches to stepped care suggests that the concept of 'stepped care' has been interpreted quite differently across services, with some seeing this as more akin to primary, secondary and tertiary interventions for gambling harm. This may suggest that stepped care is unclear to some services.

When asked about the intake procedure in the online client survey, 87.8% of GambleAware clients rated the efficiency of intake as 'good' or 'very good', 87.5% rated the comprehensiveness of intake questions as 'good' or 'very good' and 76.8% provided a 'good' or 'very good' rating for the intake procedure being able to reduce anxiety associated with gambling harm. Also of note, there were no significant differences between gamblers and affected others.

The other aspect to stepped care involves ensuring that clients impacted by gambling harm are referred to other services to meet their needs. When asked about services clients were referred to, 48.6% of clients indicated that they received no referrals, while other top referral sources were self-exclusion or BetStop (27.9%) (The National Self-Exclusion Register to exclude from Australian online and phone gambling providers), specialist mental health practitioners (16.7%), GPs (8.6%), financial counsellors (6.5%) and Gambler's Anonymous or Gam-Anon (2.6%).

When asked about their overall experience with the coordination of care at GambleAware services, clients were generally happy with the process. In particular, 89.3% rated the quality of care as 'good' or 'very good', 89.1% rated the quality of communication as 'good' or 'very good', 88.2% rated the approach to care coordination as 'good' or 'very good' and 87% rated the amount of communication from staff as 'good' or 'very good'.

Qualitative client feedback from interviews also generally suggested that GambleAware services were always trying to look out for the additional needs of clients and provide useful referrals - *They offered support for other issues. They offered for me to see a psychologist or psychiatrist.*

Anecdotally, however, it was of note that a client with a peer support worker had not been aware that GambleAware services could make referrals - *I wasn't aware that they could arrange other things. I'd be interested to know what other services are available.* In addition, a gambling counselling client had not been aware that financial counselling was available - *I would have liked financial planning help.*

Conclusion

The stepped care process is generally viewed as very efficient and effective for clients and most clients feel that they receive the right care. Positive feedback is also reflected in the perceived quality of the intake assessment process. Where clients are referred to other services, client care is seen as seamless and well-coordinated, with effective coordination between staff, and clients kept informed about their care.

5d. To what extent are the self-help resources available on the GambleAware website helpful to clients experiencing gambling harm?

Major findings

GambleAware offers a suite of online resources designed to support individuals, families, affected others and professionals in addressing and preventing gambling-related harms. Resources are organised into key topics on the GambleAware website (gambleaware.nsw.gov.au) to address the diverse needs of those seeking information, help and support. Major sections of the site are: 1. Learn About Gambling; 2. I Need Support; 3. Supporting Someone; 4. Resources and Education and 5. For Professionals.

Two apps[6] designed for GambleAware are also available to help gamblers reduce gambling urges or to set goals to control their gambling:

- *GamblingLess: In-the-Moment app* – This app is designed to provide 24/7 support to help gamblers take immediate steps to address their gambling. It is tailored to individual needs with interactive activities to curb urges, tackle triggers and explore expectations.

- Gambling Habit Hacker app – This app helps individuals achieve personal gambling goals, such as reducing time or money spent gambling, or quitting entirely. It guides users through setting daily goals for a month, with three daily check-ins via push notifications to track progress, and offers support.

The online survey of 384 GambleAware clients examined the extent that self-help resources and apps available via GambleAware were helpful. The same topics were also explored during qualitative client interviews.

Overall, 51.6% of all clients taking part in the online survey reported looking at information or resources on the GambleAware website while receiving counselling. Use of resources was similar for gamblers (50.2%), affected others (56.5%) and both gambling counselling clients (53.5%) and financial counselling clients (48.3%).

A total of 93.9% of all clients rated the information and resources as either ‘very’ or ‘somewhat’ helpful and this trend was consistent across all types of clients (92.6% of gamblers, 97.9% of affected others, 94.1% of gambling counselling clients and 97.6% of financial counselling clients).

In relation to apps, only 8.1% of all clients reported using either of the apps developed for GambleAware. Gambling Less in the Moment was used by a higher proportion of surveyed clients (6.8%), compared to the Gambling Habit Hacker app (2.9%). Usage was also highest for Gamble Less in the Moment amongst gamblers (8%) and usage of the Gambling Habit Hacker app was highest amongst affected others (4.7%). Though there was limited use, where used, apps were considered helpful by nearly all users (96.9%).

Overall qualitative discussions indicated that interviewed clients were mainly interested in talk-therapy and had less interest in resources, information and apps.

Conclusion

Resources and information on the GambleAware website are used by around half of all clients in treatment and usage is similar across gamblers and affected others. Where resources and information on the site are used, they are generally considered quite helpful. However, apps developed for GambleAware are not used by a high proportion of clients, highlighting the potential for further promotion of apps in the context of counselling.

[6]Dowling, N. A., Merkouris, S. S., Greenwood, C.J., Youssef, G.J., Thomas, A.C., Hawker, C.O., Lubman, D. I., & Rodda, S. N. (2024). The development and evaluation of just-in-time intervention apps to reduce gambling harm: Providing ‘in-the-moment’ support for gamblers: Executive summary. Melbourne: Report prepared for NSW Office of Responsible Gambling.

5e. To what extent has the therapeutic aspect of counselling used in GambleAware services reduced gambling risk in clients, reduced psychological distress and supported clients in achieving their goals?

Major findings

PGSI and K-10 data from the digital platform (2021 to 2024) was analysed, along with questions about the therapeutic benefits of counselling in the online client survey. In addition, themes from qualitative client interviews were reviewed.

Given the limited client data available with PGSI and/or K-10 data in the Digital platform, all counselling clients were used for analysis. This was because only 254 clients (identified via unique IDs within GambleAware services) had two or more available PGSI data scores and only 325 clients had two or more available K-10 scores. This also highlights that clinician compliance with re-administration of these measures is less than optimal.

Change in PGSI scores from the first to the last counselling session (recorded in the digital platform)

Overall, the mean change in PGSI scores of GambleAware clients from the first to last administration was -6.4 (ranging from a maximum increase of +20 to a maximum decrease of 27) (i.e., a negative mean implies a reduction in gambling risk). The mean days between the first to last administration of the PGSI was 180 days and the mean PGSI score change per day of counselling was -.01.

At the start of counselling, 91.5% of clients were (PGSI 8+) High-risk gamblers, 4.7% were (PGSI 3-7) Moderate-risk gamblers and 1.7% were (PGSI 1-2) Low-risk gamblers.

Analysis similarly showed that, from the first to the last measurement, clients entering as Low-risk gamblers increased their PGSI score by a mean of 1, while Moderate-risk gamblers decreased their PGSI score by a mean of 0.4. In comparison, (PGSI 8+) High-risk gamblers decreased their PGSI score by a mean of 7.1.

As the PGSI is validated at a segment level to represent a change in experienced gambling risk, it is useful to examine changes in PGSI segments for clients from the start to the last session of counselling. This was only completed for the Moderate-risk (n=12, so this should be interpreted with caution) and High-risk segments (n=234), given available samples.

Analysis showed that:

- Of the 12 Moderate risk gamblers - 3 became Recreational gamblers (25%), 3 became Low-risk gamblers (25%), 2 stayed as Moderate-risk gamblers (17%) and 4 increased to High-risk gamblers (33%).
- Of the 234 High-risk gamblers - 33 became Recreational gamblers (14.1%), 21 became Low-risk gamblers (9%), 35 became Moderate-risk gamblers (15%) and 145 stayed as High-risk gamblers (62%).

Accordingly, a proportion of both the Moderate-risk and High-risk segments, while on average improving their PGSI scores since counselling, have not transitioned out of risky gambling. The limitations of the PGSI being based on a 12-month measurement period, however, should be noted when interpreting these findings. For example, if a client stopped all risky gambling within a period of six months, the client may still be potentially segmented on the PGSI as a Low-risk gambler (even though the PGSI is actually only a tool designed to be administered to gamblers – i.e., it should not be administered to non-gamblers).

This further highlights why the PGSI can be problematic as a clinical monitoring tool – it is not well-suited to situations where clients completely stop gambling, as it is only administered to gamblers, and it is only validated as a scale for use on a 12-month period. In addition, changes in scale scores may not always represent a clinically significant change.

Change in K-10 scores from the first to the last counselling session (recorded in the digital platform)

Overall, the mean change in K-10 scores from the first to last administration was -5.9 (ranging from a maximum increase of 25 to a maximum decrease of 40) (implying a reduction in psychological distress). The mean days between the first to last administration of the K-10 was 180 days and the mean K-10 score change per day of counselling was -.03.

The K-10 categorises levels of psychological distress based on total scoring (Andrews and Slade, 2001[7]) - A score under 20 equates to a person being *likely to be well*, a score 20-24 implies a person is *likely to have a mild mental disorder*, a score of 25-29 implies a person is likely to have a *moderate mental disorder* and a score of 30 and over implies a person is likely to have a *severe mental disorder*.

Of clients entering GambleAware treatment, starting K-10 scores were as follows: 27% were classified as Likely to be well (under 20), 18.7% were classified as likely to have a Mild mental disorder (20-24), 15.9% were classified as likely to have a Moderate mental disorder (25-29) and 38.5% were classified as likely to have a Severe mental disorder (30-50).

The following trends were noted for clients from the first to the last measurement of the K-10:

- Clients starting counselling as *Well* (scoring under 20 on the K-10) – 80.4% stayed the same, 10.9% increased into a *Mild mental disorder* (scoring 20-24), 1.1% increased into a *Moderate mental disorder* (scoring 25-29) and 7.6% increased into a *Severe mental disorder* (scoring 30-50), with an overall mean increase of 0.9 on the K-10.

- Clients starting counselling with a *Mild mental disorder* (scoring 20-24 on the K-10) – 57.1% became *Well* (scoring under 20), 23.8% remained with a *Mild mental disorder* (scoring 20-24), 9.5% increased into a *Moderate mental disorder* (scoring 25-29) and 9.5% increased into a *Severe mental disorder* (scoring 30-50), with an overall mean decrease of 2.8 on the K-10.

- Clients starting counselling with a *Moderate mental disorder* (scoring 25-29 on the K-10) – 43.2% became *Well* (scoring under 20 on the K-10), 29.5% decreased to only a *Mild mental disorder* (scoring 20-24), 11.4% remained with a *Moderate mental disorder* (scoring 25-29) and 15.9% increased to a *Severe mental disorder* (scoring 30-50), with an overall mean decrease of 6.3 on the K-10.

- People starting counselling with a *Severe mental disorder* (scoring 30-50 on the K-10) - 40.5% became *Well* (scoring under 20 on the K-10), 17.5% decreased to only a *Mild mental disorder* (scoring 20-24), 7.1% decreased to a *Moderate mental disorder* (scoring 25-29) and 34.9% remained with a *Severe mental disorder*, with an overall mean decrease of 12.3 on the K-10.

In total, the overall trend across all K-10 segments from the first to the last measure was for 46.1% of clients to experience a reduction in their psychological distress classification (i.e., they moved to a segment with lower distress), 42.5% of clients remained the same and 11.5% moved to a segment experiencing higher psychological distress.

This once again shows a range of positive improvements, but highlights that not all clients become *Well* after treatment at GambleAware services, which may reflect the chronicity of mental health issues in people experiencing gambling harm (especially people with clinically significant addictions). In addition, it should be noted that not all clients may have completed their counselling, and some counselling may still be ongoing (however, given the six month gap, it may provide a reasonable indication of client progress).

[7]Andrews, G., Slade, T (2001). Interpreting scores on the Kessler Psychological Distress Scale (k10). *Australian and New Zealand Journal of Public Health, 25*, 494-497. https://doi.org/10.1111/j.1467-842X.2001.tb00310.x

Client survey ratings

As part of the online client survey, GambleAware clients provided ratings of gambling-related counselling. The top three highest ratings were for the ability of the service to reduce anxiety about gambling harm (84% good or very good ratings), the ability of the service to improve wellbeing (82.8% good or very good ratings) and the ability of the service to reduce the time spent on gambling (80.8%). In addition, a somewhat lower 69.5% of gambling counselling clients reported that they had achieved their goals from counselling.

Qualitative feedback from clients also highlighted positive views about gambling counselling - *I'm totally happy seeing my counsellor - she's good at what she does; Just being able to talk to someone openly about it has been helpful for my mental health.*

Conclusion

Changes in PGSI and K-10 scores and segments highlight that GambleAware service counselling is therapeutically valuable to many clients and a reasonable proportion of clients will reduce their PGSI and K-10 scores over time. Feedback about counselling is also very positive and reflected in positive client ratings.

However, findings also suggest that, while counselling is helpful, a proportion of clients may still experience ongoing high-risk gambling and high psychological distress many months following treatment. This may reflect the enduring nature of gambling harm and the many challenges of recovery from clinically significant addictions.

5f. To what extent are GambleAware service gambling counselling services considered appropriate, tailored and safe for clients of all demographics and backgrounds?

Major findings

Providing services that are appropriate, tailored and safe is important in the delivery of counselling services. This was examined in the evaluation through an online client survey and qualitative client interviews.

An online survey of 384 GambleAware clients highlighted that 97.4% of clients considered GambleAware services as ‘somewhat’ or ‘very’ appropriate, tailored and safe. Similar results emerged for different community segments with some sample available for analysis. All of the measured segments had over 85% of clients rating the service as either 'somewhat' or 'very' appropriate, tailored and safe. Small samples, however, should be noted.

This included LOTE speakers/refugees (96.1% rating as ‘somewhat’ or very’ appropriate, tailored and safe), Parents with a child under 15 (96%), people with a disability (97.8%), people on disability support/aged pensions or JobSeeker payments (95.3%), carers (100%) (n=25 only), First Nations people (87.5%) (n=16 only) and people who were LGBTIQA+ or transgender (100%) (n=13 only).

Qualitative interviews with clients of Chinese, Vietnamese and Aboriginal backgrounds highlighted that having a counsellor of their cultural background was not essential because counsellors were effective - *…It's not necessary to be of the same cultural background. I really appreciate the help; …It would be easier to express myself, but it's not essential; Having an Indigenous counsellor may have been helpful, but it was not necessary.*

Conclusion

Most GambleAware clients find services appropriate, tailored, and safe and this was also the case for many community segments examined in the survey. Qualitative client feedback also reinforces this finding.

5g. To what extent do clients complete their treatment and achieve longer term recovery from gambling harm?

Major findings

As all GambleAware services do not record data in the digital platform to follow up every client post-counselling, clients in the online survey were asked about completion of their gambling treatment program, reasons for non-completion and whether they recovered from gambling harm in the longer term.

In total, 56.4% of clients in gambling counselling reported completing their full counselling program and 19.8% reported completing most sessions (70-90% of sessions). In addition, 17.4% of client reported not receiving a planned program of counselling.

The reasons why gambling counselling clients did not complete their program were also probed. The most common reasons were that the client felt that they had achieved their goals (33.3%), they had no time to attend appointments (26.7%) or because counselling didn't match their expectations (13.3%).

Clients were asked whether they recovered from gambling harm after counselling at GambleAware services and then whether they maintained their recovery.

In total, 47.8% of clients entering counselling from 2021 (the start of GambleAware) to 2024 reported being fully or mostly recovered, 39.9% were somewhat recovered and 12.4% were not recovered. Of this same cohort, 62.4% maintained their recovery, 31% somewhat maintained their recovery and 6.7% did not maintain their recovery.

This implies that roughly 12.4% of clients receiving gambling counselling didn't recover post-treatment, 81.8% recovered or somewhat maintained recovery and 5.8% of those who were fully/mostly/somewhat recovered *relapsed* (and did not maintain their recovery).

In total, this implies that roughly just over 81.8% of clients seeking treatment recovered long term and just under one in five clients (18.2%) did not recover long term.

Conclusion

Around three-quarters of clients in gambling counselling completed all or most of their program. A total of 81.8% of clients in counselling recovered long term and just under one in five clients (18.2%) did not recover long term.

5h. Is demand for financial counselling being met across the GambleAware service system?

Major findings

As part of the evaluation, digital platform data for financial counselling sessions was analysed to examine the mean number of financial counselling sessions booked each month from July 2021 to August 2024. The purpose of the analysis was to assess the financial counselling resourcing demands across the service system including demands within each GambleAware region.

Per month calculations were used to assess the overall financial counselling session demand per month. This assumed 20 working days per month with 60% counsellor utilisation. This equated to 12 days per month for financial counselling, and accounts for other staffing time typically required for leave, training, supervision and other activities.

Analysis showed that demand for financial counselling was relatively stable between 2021 to 2024, with demand exceeding 1 FTE only in July and August 2024 for two regions. During July, 4.1 to 5.2 sessions per day (based on the 12-day work month) were required and during August 4.7 to 5.2 sessions. This may suggest a peak demand for financial counselling for these regions during these periods.

A question in the online client survey asked financial counselling clients whether they had difficulty accessing financial counselling services. This showed that 66.9% of clients reported that getting into financial counselling was very easy (they got their appointment quickly), 30.3% reported it was fairly easy (though had to wait a little) and 2.8% reported it wasn't easy (they had to wait ages for an appointment).

Overall, data suggests that the volume of financial counselling conducted across the service is relatively small, but overall appears to be adequate based on clients already receiving financial counselling. However, based on the study by Financial Counselling Australia (2016) highlighting that more than 30% of clients experiencing PGSI 8+ gambling are unable to pay debts or bills, nearly one third of clients may benefit from financial counselling when in treatment[8].

When use of financial counselling was examined for clients within GambleAware services from 2021 to 2024, analysis showed that most GambleAware services used only gambling counselling or only financial counselling and there was a much lower tendency to do 'mixed mode' counselling (i.e., combining both gambling and financial counselling).

In total, only 179 clients from 2021-2024 had received mixed mode counselling across all GambleAware services (i.e., financial counselling with gambling counselling). Where mixed mode counselling was utilised by GambleAware services, it was most common for clients to have less than 1 financial counselling session for every gambling counselling session.

While differences in the mix of financial counselling to gambling counselling for clients are apparent across GambleAware services, the overall conclusion from this analysis is that a low proportion of all GambleAware service clients have access to financial counselling. This is also below the standard recommended by the Financial Counselling Australia (2016) study.

Conclusion

Demand for financial counselling is likely being met in clients already booked to receive financial counselling and most clients do not have to wait long for their session. However, as regions have lower ratios of financial counselling to gambling counselling and limited use of mixed mode counselling (i.e., financial counselling with gambling counselling in combination), this may highlight the potential to offer more clients access to financial counselling in some GambleAware regions.

[8] Financial Counselling Australia (2016). Problem Gambling Financial Counselling. Survey and case studies. April 2016. https://www.financialcounsellingaustralia.org.au/fca-content/uploads/2019/10/Problem-Gambling-Financial-Counselling-Survey-and-Case-Studies.pdf

5i. Do GambleAware services provide financial counselling to a representative proportion of Aboriginal people and people of different cultures in line with the diversity of the NSW population?

Major findings

Analysis was undertaken to determine the extent that the proportion of financial counselling clients of GambleAware matched the proportion of clients who were Aboriginal or spoke a language other than English at home in NSW based on Census 2021 data.

Analysis showed that, compared to the NSW population, a higher percentage of GambleAware financial counselling clients were Aboriginal and/or Torres Strait Islander (6.9% compared to 3.4% in the NSW population) and a lower percentage of GambleAware clients spoke Languages other than English at home (4.6% compared to 26.6% in the NSW population).

This highlights that Aboriginal and/or Torres Strait Islanders are well-represented in GambleAware financial counselling clients, and people speaking languages other than English at home are under-represented. The top five languages were also under-represented - Mandarin speakers by 3.2%, Arabic speakers by 1.2%, Cantonese speakers by 1.7%, Vietnamese speakers by 1.2% and Hindi speakers by 0.8%.

Conclusion

Compared to the NSW population, GambleAware service financial counselling clients of Aboriginal and/or Torres Strait Islander background are well-represented and LOTE speakers are under-represented. While this does not account for the gambling harm experienced by clients of different ethnicities, this may highlight the need for further engagement work to increase the proportion of LOTE clients using GambleAware services.

5j. To what extent has the financial counselling approach used in GambleAware services been efficient for clients and reduced financial gambling harms in clients?

Major findings

As part of the client survey, clients participating in financial counselling provided feedback on their experience, including the tangible impacts of financial counselling (e.g., reducing financial impacts of gambling harm) and other types of impacts (e.g., impacts on anxiety, depression, money or time spent on gambling). Clients interviewed also provided qualitative feedback on their experiences with financial counselling.

Overall feedback on financial counselling provided by GambleAware services was very positive. The three highest ratings were for the ability of financial counselling to reduce the time spent on gambling (83.7% very good or good), the ability of the service to improve wellbeing (83.7% very good or good) and the ability of the service to help reduce the money spent on gambling (82% very good or good). Other areas were also positively rated, though the ability of financial counselling to address shame and stigma was somewhat lower (78.6%).

Qualitative interview feedback similarly indicated that clients were very positive about financial counselling and the ease of booking appointments and working with financial counsellors. All were seen to be extremely helpful, compassionate and skilled in helping clients 'sort out' their financial situation.

Feedback included:

- *I'd acquired some debt from gambling and the financial counsellor was a really good advocate for me. She helped to set up a repayment plan and showed me how to budget my money. I seem to be on track with finances at the moment, but I know that she's there if I need her.*
- *I can't speak highly enough of my financial counsellor. She has been one of the best people I've ever seen.*
- *It saved my life. I accumulated a lot of debt… I had $60k worth of debt from gambling and they assisted me to pay back or to have it wiped. They got me on to the Barefoot investor and it's been so good!*

Conclusion

Clients find it easy and efficient to book and work with GambleAware service financial counsellors. Overall feedback from both the client survey and qualitative interviews highlights that financial counselling has been able to reduce many gambling harms in clients, including gambling-related financial harms, and improve client wellbeing.

5k. To what extent do services use an efficient and effective approach to identifying opportunities for education and engagement activities that maximise reach, scale and impact?

Major findings

From 2021 to 2024, GambleAware services conducted a total of 2,586 engagement events across many different sectors of the population. The top five types of engagement events targeted professionals (27.2% of events), the general community (27.2%), at-risk segments (13%), health/allied health/mental health sector (9.1%) and industry (8.5%). A total of 3.8% of events targeted CALD communities and 5.9% of events were relevant to First Nations communities.

Events connected with a total of 38,425 organisations and 119,431 community members across NSW. In addition, 53,151 involved brief information provision, 333 involved connecting a person with GambleAware and 230 involved connecting a person with another external service. While not able to be coded due to inadequate data or coding, there were also 1,295 'education activities' and 1,367 'campaigns'.

Analysis of events targeting organisations showed that the top five events at a segment level based on total reach were General community events involving organisations (a total reach of 11,886), events focused on Professionals (total reach of 6,633), Interagency meetings (a total reach of 3,977), Health/Allied Health/Mental Health events (total reach of 2,470) and youth events (a total reach of 2,362). It should also be noted when reviewing these results that the analysed results for reach are likely to have error due to inconsistency in recording approaches.

Of the 31 types of events with data available on reach, 14 had a mean reach of over 20 organisations per event.

Analysis of events targeting the general community showed that the top five events at a segment level based on total reach were General community events (a total reach of 69,413), First Nations community events (a total reach of 13,839), Refugee/CALD community events (a total reach of 10,760), Youth community events (a total reach of 10,425) and Homelessness community events (a total reach of 6,191). Of the 31 types of events with some data available on reach, 20 had a mean reach of 100 or more community members.

Connecting people with a GambleAware service proved to be a much more difficult task based on event data. The top five sources were general community events (a total of 121 connections), health/allied health/mental health (a total of 48 connections), First Nations events (a total of 46 connections), Interagency and events involving Professionals (each a total of 25 connections). All mean connections per event were also under one, highlighting that linking people to GambleAware services is more difficult.

Analysis of community partnerships also highlighted that the top partnerships that were able to be categorised by type of partnership were community organisations (2,652 or 42% of all partnerships), Government agencies (1,082 or 17.1% of all partnerships), the Gambling industry (1,066 or 16.9% of all partnerships) and Health/GPs/hospitals (824 or 13.1% of partnerships).

In summary, GambleAware services have done an excellent job at connecting with a diverse range of organisations and community members. The mean reach of most types of events targeting these two segments is also reasonably high, suggesting that services have mostly targeted organisations with a reasonable reach to maximise the effect of GambleAware education. It is also of note that services have focused on many of the key segments known to be at-risk for gambling harm. However, connecting with people to create referrals to GambleAware services is more difficult and services have had some difficulty generating referrals. This may highlight that engagement activities to generate referrals could be further improved across GambleAware services.

Conclusion

GambleAware services have done an excellent job at connecting with a diverse range of organisations and community members and data highlights that reasonably 'large reach' engagement opportunities have been targeted. However, engagement to create referrals is less than ideal and could be the focus of future strategy.

5l. What is the quality of resources developed for community engagement activity? (whether developed by the Office of Responsible Gambling or by GambleAware services)

Major findings

The Office of Responsible Gambling has developed a diverse range of electronic and print resources and collateral used by community engagement staff to deliver community engagement activities. These include posters, fact sheets, brochures and posters. Examples of topics of GambleAware branded resources include the following:

• Help is close at hand • What's gambling really costing you? • Gambling and your workplace: how to identify gambling harm and support your employees (workbook) • You can control your gambling (workbook) • Be aware and gamble more safely • How to have a conversation about gambling • Supporting a workmate who may have gambling issues • Supporting employees who have gambling issues • Understanding gambling harm • What you need to know about sports and race betting	*Aboriginal resources* • Let's yarn about gambling Multilingual resources • Help is close at hand • Factsheets for the gambler and for loved ones • CALD campaign for the gambler and families • Be aware and gamble more safely • How to have a conversation about gambling • Understanding gambling harm

GambleAware services also develop resources and support materials for engagement activities they conduct. Discussions were undertaken with community engagement organisations participating in GambleAware service activities to gather feedback on the quality of resources developed and used for community engagement work.

Discussions with organisations taking part in community engagement highlighted that most organisations were impressed by the materials used by GambleAware engagement staff to conduct engagement activities. This was largely because organisations felt that staff went the extra mile to tailor resources to the context and group taking part in engagement. However, in most cases, very little specific feedback was provided on the Office of Responsible Gambling engagement materials other than that most materials looked very professional.

In spite of positive feedback about GambleAware resources, some useful suggestions were provided.

- *Resources for a budgeting program would be good, so it's more about budgeting with gambling one of the key messages. Like how to make your money work better for you.*
- *I'd love some Yarning cards. They work great. I've never got my hands on those yet.*

Conclusion

Organisations taking part in community engagement are impressed by the high-quality nature of GambleAware resources and the bespoke resources used by staff to conduct engagement activities. While materials are seen as excellent, organisations also saw potential for a second tranche of materials to cover more in-depth topics relating to help seeking and to drive specific engagement activities (e.g., budgeting with gambling embedded, more in-depth culturally tailored resources, Yarning cards).

5m. How effective are community engagement activities delivered by GambleAware services across the GambleAware service system?

Major findings

To better understand the effectiveness of community engagement activities of GambleAware services, qualitative interviews were undertaken with organisations participating in GambleAware engagement activities.

Organisations were generally very positive about the impact of activities delivered by GambleAware services. Activities were seen to encourage community discussion of gambling harms, bring community and workers together and create safe places for individuals to discuss and share their experiences of gambling harm.

Some examples highlight these effects. A drug/alcohol worker discussed how activities provided encouragement for people doing AOD rehabilitation to discuss their gambling experiences - *With engagement and discussion, she encouraged members to participate with their own personal experience. The residents found it informative.* A youth worker also advised that a GambleAware service had led their organisation to include gambling harm messaging in their education program about video gaming - *We've rolled it into most of our programs. Before, I think we just focussed on the fact that when they're gaming, they're not sleeping, but now our focus is also on what gaming could lead to.*

A worker from a community center advised that bringing a GambleAware service into a community café had encouraged participants to discuss gambling harm and had created awareness of available support - *We have a community café every week on the same day... I reached out to GambleAware to see if they wanted to be involved and they came.*

An Aboriginal worker reported that a GambleAware service provided a safe space for people to share stories broadcast on radio - *Community activities such as Youth Week, NAIDOC Week, GambleAware Week or the Community Breakfast Week, where GambleAware cook and fund breakfasts, help communities learn about experiences with gambling addiction. It was well done and Gamble Aware navigated a safe space for people to share these stories.* From this perspective, GambleAware services were seen as effective at working together with other organisations to deliver education.

A drug/alcohol worker similarly highlighted that a GambleAware service had been quite effective at tailoring language used in an engagement session to help people understand content and help encourage people to connect with services – *GambleAware has a great way of bringing in clients, talking in language they can relate to.*

The cultural competence of GambleAware services for multicultural communities was also highlighted. A multicultural health worker described how a GambleAware service worked closely with her to develop a culturally-appropriate plan to run a workshop to meet the needs of people from non-English speaking backgrounds - *They consulted with me to see how to run the workshop and fit in with the group… I think the GambleAware service is pretty good at meeting the needs of people from non-English speaking backgrounds.* This provided the impression that GambleAware services were very culturally-responsive.

These are some of many examples highlighting the effectiveness of GambleAware engagement activity.

While feedback was positive, some organisations highlighted the value of GambleAware services conducting a greater number of activities using more indirect and ‘subtle’ approaches (e.g., running a budgeting program and then discussing gambling harm, rather than delivering talks about gambling directly).

Conclusion

Community engagement activities delivered by GambleAware services are considered very effective. However, given the stigma of gambling, some organisations suggested that GambleAware services could deliver a greater amount of gambling education in the context of other more neutral topics (e.g., budgeting programs that incorporate gambling content).

5n. Do community engagement activities across GambleAware services match the prevalence of Aboriginal and Multicultural populations in NSW?

Major findings

The major target segments of community engagement activities across GambleAware services from 2021 to 2024 were examined for events and partnerships targeting Aboriginal and CALD/refugee community members.

These were the only two engagement databases that permitted identification of these segments.

Analysis showed that 5.9% of events related to First Nations communities, which is 2.5% higher than the associated proportion relative to population (Aboriginal and/or Torres Strait Islanders are 3.4% of the NSW population).

In addition, 3.8% of events related to CALD/refugee communities, which is under the proportion of CALD community members relative to population (32.4% of the NSW population speak a language other than English).

Both segments were very under-represented in the Excel ‘partnerships’ data sheet (each were only 0.1% of all partnerships) (Note that partnerships is a special category recorded in the community engagement database and is discrete from counts of engagement activities – partnerships represent longer-term relationships formed between services and First Nations organisations).

Conclusion

Community engagement events of GambleAware services are representative of the NSW Aboriginal and/or Torres Strait Islander population, but events targeting CALD communities are very under-represented. In relation to partnerships, both segments are very under-represented.

5o. To what extent are quality standards in the Quality Standards Framework (QSF) enhancing the overall quality of services provided by GambleAware services?

Major findings

The Office of Responsible Gambling developed a Quality Standards Framework (QSF) with a set of 12 standards for GambleAware services. From 2021 to the end of 2024, services provided a biannual self-assessment against each standard. Services indicate that reports take around two months to prepare. During August 2024, the Office of Responsible Gambling changed reporting to focus on improvements only, with annual reporting against the QSF. The new reporting approach will commence in 2025.

Quality standards are as follows:

• Standard 1 – Governance and Leadership • Standard 2 – Workforce Performance and Effectiveness • Standard 3 – Quality, Safety and Policy • Standard 4 – Rights and Responsibilities • Standard 5 – Cultural Diversity and Inclusion • Standard 6 – Client Insight and Consultation	• Standard 7 – Integration and Partnerships • Standard 8 – Resources, Information Management and Digital Transformation • Standard 9 – Delivery of Service • Standard 10 – Engagement, Education and Awareness • Standard 11 – Evaluation and Monitoring • Standard 12 – Lived Experience

While the Office of Responsible Gambling has made an admirable attempt to focus GambleAware services on quality through a quasi-accreditation-style quality reporting process, service reporting against quality standards in the Quality Standards Framework is not currently enhancing the quality of GambleAware services.

This is because the reporting process is viewed by GambleAware service staff as merely a re-confirmation of service design plans and documentation, rather than actual quality improvement. Reflecting this, staff find the quality questionnaire very repetitive and continually provide very similar information each report. Most staff cite as ‘evidence’ the same plans or approaches to service delivery as originally documented in Service Delivery Plans produced during the tendering process (e.g., Clinical Services Plans etc.).

This makes the overall process administratively burdensome and not value-adding. For this reason, services prefer a shift away from the current questionnaire and a stronger focus on actual quality improvement initiatives. This is seen to have potential to contribute to actual quality improvement within GambleAware services.

Reflecting key concerns, many staff indicate that they struggle to provide meaningful responses to questions under each standard and comment that they cannot always understand what is required.

A review of recent progress reports provided by GambleAware services during 2024 (Progress Report 7) highlights these concerns. Many of the reference pieces of evidence refer to the same plans and policies that were submitted by services during initial service tendering, and multiple questions ask for very similar information.

Interpretation of QSF criteria also varies considerably across services, suggesting that services are unclear about what type of response is required. The confusion experienced by GambleAware staff when providing responses to quality criteria has led many staff to view the six-monthly reporting process as time-consuming and frustrating.

While services agree that the standards are important and appropriate to request during initial tendering, it was felt that they should only be reviewed as appropriate and updated where changes occur.

Staff highlight that they would be open to a new approach, which permits a stronger focus on developing and reporting on initiatives to improve the actual quality of service delivery at GambleAware. Staff also understand the need for the Office of Responsible Gambling to request a report against funding expenditure and annual financial audit requirements.

Conclusion

The quality standards in the QSF are seen as desirable characteristics for services to adhere to, but they are not seen to be enhancing the quality of service provided by GambleAware services. This is largely because the reporting process is seen by staff as a re-confirmation of service design plans and documentation, rather than quality improvement. Services prefer a stronger focus on reporting initiatives to improve actual service quality and suggest that plans and service documentation should only be updated when changes occur.

Key Result Area 5 - Service system performance and quality – MAJOR FINDINGS

Is demand met for gambling counselling and financial counselling

- GambleAware services can meet demand for gambling counselling during most months of the year with 1 FTE required for most services across most months of the year. Though recent peaks are apparent.

- Demand for financial counselling is likely being met in clients already booked to receive financial counselling, as most clients do not have to wait for a session. However, as some regions have lower use of financial counselling and limited use of mixed mode counselling (i.e., financial counselling mixed with gambling counselling sessions), this may highlight the potential to offer more clients access to financial counselling in some GambleAware regions.

Do GambleAware services provide gambling and financial counselling to a representative proportion of Aboriginal people and people of different cultures

- GambleAware gambling counselling and financial counselling clients of Aboriginal and/or Torres Strait Islander background are well-represented in the digital platform client data set, and LOTE speakers are under-represented.

Efficiency and effectiveness of stepped care in GambleAware services

- The stepped care process is viewed as very efficient and effective for clients. Where clients are referred to other services, client care is viewed as seamless and well-coordinated.

Self-help resources on the GambleAware website

- Resources and information on the GambleAware website are used by around half of all clients and considered quite helpful. However, apps are not used by many clients.

Extent counselling reduces gambling risk and psychological distress in clients

- The mean change in PGSI scores of GambleAware clients from the first to last administration of the PGSI was -6.4 (over a mean period of 180 days).

- Of the 234 High-risk gamblers in the digital platform sample available for analysis - 33 became Recreational gamblers (14.1%), 21 became Low-risk gamblers (9%), 35 became Moderate-risk gamblers (15%) and 145 stayed as High-risk gamblers (62%).

- The mean change in K-10 scores from the first to last administration post-counselling was -5.9 (also over a mean period of 180 days).

- The overall trend across all K-10 segments from the first to the last measurement was for 46.1% of clients to experience a reduction in their psychological distress (i.e., they moved to a segment with lower distress), 42.5% of clients remained the same and 11.5% moved to a segment experiencing higher psychological distress.

Whether GambleAware clients find services appropriate, tailored, and safe

- Around 97.4% of clients find services either somewhat or very appropriate, tailored, and safe and similar ratings were observed for all segments of the community examined in the survey.

Counselling program completion and long-term recovery

- Around three-quarters of clients in gambling counselling completed all or most of their program.

- Based on client self-report in an online survey, 81.8% of clients in counselling recovered long term and just under one in five clients (18.2%) did not recover long term (though the limitations of the PGSI need to be considered when reviewing this result).

Financial counselling

- Clients find it easy and efficient to book and work with GambleAware financial counsellors, and financial counselling has been able to reduce many harms in clients (including gambling-related financial harms and improvements to client wellbeing).

Community engagement activities of GambleAware

- From 2021 to 2024, GambleAware services conducted a total of 2,586 engagement events across many different sectors of the population.
- The top five types of engagement events targeted professionals (27.2% of events), the general community (27.2%), at-risk segments (13%), health/allied health/mental health sector (9.1%) and industry (8.5%).
- A total of 3.8% of events targeted CALD communities and 5.9% of events were relevant to First Nations communities (5.9%).
- A total 20 of the 31 categories of events targeting the general community had a mean reach of 100 or more community members. A total of 14 of the 31 categories of events targeting organisations had a mean reach of over 20 organisations per event.
- Connecting people with a GambleAware service proved to be a much more difficult task based on event data from 2021 to 2024. The top five sources for these referrals were general community events (a total of 121 connections), health/allied health/mental health events (a total of 48 connections), First Nations events (a total of 46 connections), interagency events and events involving professionals (each a total of 25 connections). All mean connections per event were under one, highlighting that linking people to GambleAware services is difficult.
- Organisations taking part in community engagement are impressed by the high-quality nature of GambleAware resources. Activities are also considered well-designed and effective.

Quality Standards Framework (QSF)

- The quality standards in the QSF are seen as desirable characteristics for services, but they are not seen to be enhancing the quality of service provided by GambleAware services. This is because the reporting process is viewed by staff as a re-confirmation of service design plans and documentation, rather than quality improvement.
- Services prefer a stronger focus on reporting initiatives to improve actual service quality in the future and suggest that plans and service documentation should only be updated when changes occur.

Discussion of major findings

GambleAware service system is working well for most clients

Findings of the evaluation highlight that the new GambleAware service system is operating well, following a re-design of the service system in 2019. As referrals from the GambleAware Helpline go to only one of ten GambleAware regions, there is also a very coordinated and integrated approach to client referrals, intake assessment and service delivery.

Referrals are similarly a very positive experience for clients coming from the GambleAware Helpline and 97.1% of clients rated the friendliness and helpfulness of GambleAware staff as 'Good' or 'Very good' during the process of accessing an appointment. Wait times are reasonable, with clients only waiting just over a week for their first gambling counselling appointment (10.8 days on average and most frequently only 7 days).

GambleAware as a brand has achieved a good profile in the community to the point that the characteristics of clients presenting to services are fairly close to the profile of people harmed by gambling in the NSW population (although some differences exist). Client counselling session completion is reasonable and slightly better for telephone appointments over the phone. In particular, given that completion rates over the phone were 80% for gambling counselling and just under 87% for financial counselling, this highlights the true value of mixed modes of counselling to meet diverse client needs.

Clients accessing counselling provided positive feedback about their experiences and praised GambleAware service counsellors for their support. It is also of note that counselling is working well for most current Aboriginal and Multicultural clients and both cohorts see services as appropriate, tailored and safe. Together, findings highlight that counselling within GambleAware services is working well and generally works for most current clients.

There are opportunities to attract a greater number of Aboriginal and Multicultural clients

In spite of this, there are a range of opportunities to further improve certain aspects of the counselling service system. In particular, while Aboriginal clients are reasonably represented in clients attending counselling, people of multicultural backgrounds are less well-represented and comprise less than 5% of clients presenting to either gambling or financial counselling (compared to 26.6% of people in NSW who speak a language other than English at home[9]).

This may in part be because community engagement activities with multicultural communities have been less than optimal since establishment of GambleAware. This is also reflected in GambleAware service feedback that identifying and finding in-roads to multicultural communities can be challenging.

This implies that, while clients speaking languages other than English are happy with GambleAware services, they are probably not presenting for help at the rate they should. It also needs to be considered in this context that some CALD communities are at lower risk for harm due to a lower participation in gambling and that may of course explain some of the lower demand.

In particular, the NSW Gambling Survey 2024 shows that only 37.3% of people speaking LOTE took part in at least one gambling activity in the previous 12 months, though 4.4% of people speaking LOTE experienced moderate to high-risk gambling (compared to 3.9% for people speaking only English at home). This highlights that a proportion of LOTE speakers are likely to be experiencing gambling harm and are probably not presenting to GambleAware services for help and support.

[9]Australian Bureau of Statistics (2022) Snapshot of New South Wales: High level summary data for New South Wales in 2021 Released 28/06/2022 https://www.abs.gov.au/articles/snapshot-nsw-2021.

In addition, while Aboriginal clients were reasonably well-represented relative to population, they are likely to be still under-represented in clients experiencing harm. In particular, the NSW Gambling Survey 2024 found that Aboriginal and/or Torres Strait Islander people account for an estimated 8.2% of the total gambling harm in the population. Accordingly, further work could be undertaken to attract *both* Aboriginal clients and clients of different cultures to GambleAware services.

While the GambleAware Aboriginal Service and Multicultural Service are now both working towards supporting services to make in-roads into communities (although the work of the Multicultural Service has only recently started, given the new capacity building provider), it is clear that this work should continue over coming years. However, given that providers of these services do not have up-to-date access to community engagement data for GambleAware services (e.g., monthly Excel sheets), it may be useful to explore ways to increase the ability of these capacity-building services to drive community engagement activity in both communities.

For this purpose, it would arguably be of value if both capacity building providers had oversight of the work being undertaken by the service system in these communities (i.e., via more regular access to community engagement data – such as monthly updates) and could also play a greater role in helping GambleAware services develop effective service delivery plans to work with these communities (i.e., as a formal rather than optional process within the service system). This could conceivably involve an annual planning day with each service to map out specific engagement opportunities for the service and then follow-up planned activities to assess progress made and to deliver useful support (e.g., every 3-6 months). Accordingly, this may help focus services on both sectors and further build the service system capacity to work with Aboriginal and Multicultural communities.

If after a further 12 months of increased support, there is not a significant uptick in Multicultural community engagement, it may also be appropriate to consider other alternatives for such communities. For example, it may be of value to create a dual branded 'GambleAware Multicultural Helpline', which could be then provided to the GambleAware Multicultural Service and all Multicultural NGOs to promote, to attract people of culturally and linguistically diverse backgrounds to GambleAware services. This could be managed by the GambleAware Multicultural Service and be promoted by the Office of Responsible Gambling through relevant channels to multicultural communities across NSW.

There are opportunities to improve data collection in the digital platform

While counselling services are operating well, the evaluation has shown that the digital platform client and counselling data sets have issues with data fields that make it difficult to quickly analyse data, undermine data quality and in some cases, do not provide sufficient insight into the client's complete journey throughout the GambleAware service system.

In particular, current data field issues do not permit key questions about the client's journey to be fully answered. As such, a range of refinements to data fields will be important. This includes clarifying the way some questions are asked, using demographics to mirror the NSW Gambling Survey 2024, addressing missing data issues that appear to be more prevalent within certain GambleAware services, and adding other fields to allow better tracking of the client's journey.

In the online client survey, it was also identified that, up to 20% of clients may not have recovered from gambling and PGSI and K-10 data similarly showed that a reasonable proportion of clients - at an average of six months post-counselling - were still experiencing high-risk gambling and higher than optimal psychological distress.

While use of the PGSI makes it difficult to know if this is due to non-recovery from harm, or due to a measurement artefact (i.e., given the 12-month measurement period in the PGSI), it is reasonable to expect that most people should not be in PGSI 8+ gambling after six months of counselling. Accordingly, this may suggest that other factors are impacting recovery. The recommended new digital platform data fields should therefore help provide further insight into these issues.

There are opportunities to include measures to assess the effectiveness of financial counselling in the digital platform

As there are currently no measures to assess the effectiveness of financial counselling in the digital platform apart from the existing Client Experience Survey (which was not considered to be of value by GambleAware services), it would also be of value to meet with financial counsellors and gather feedback on a useful minimum data set. Indeed, therapeutic gambling counselling is very different from financial counselling and it's important to also examine whether financial counselling is effective for clients.

For this purpose, the 10-item Reported Financial Wellbeing Scale may be useful as a pre- and post-counselling assessment. This scale segments people into four categories based on their financial wellbeing – *Having trouble, Just coping, Getting by and Doing great*. A further alternative could also be to use the shorter version of the same scale with only 5-items (Refer https://fbe.unimelb.edu.au/__data/assets/pdf_file/0006/3481800/How-to-use-the-Reported-Financial-Wellbeing-Scale.pdf).

In addition, there may also be value in recording the number of debt agreements/debt arrangements formed during financial counselling and to use this to monitor loans being accessed in the context of high-risk gambling. Having such data may allow the Office of Responsible Gambling to work at a statewide level into the future with some providers (e.g., lenders providing money to low-income gamblers). Similarly, keeping a record of financial assets 'secured' through financial counselling (e.g., joint bank accounts, houses, superannuation) would also be appropriate and of value to workshop with financial counsellors.

There is potential value in longer-term follow-up of clients to assess recovery from gambling harm

The topic of improving service system monitoring also indirectly raises the importance of GambleAware services undertaking regular client follow-up to assess whether clients have recovered from gambling harm. In this context, a process similar to the online client survey used in the current evaluation may serve as a reasonably objective method to follow-up GambleAware clients around 12 months after treatment completion. For intervening periods, it would also be reasonable to encourage counsellors to informally follow-up clients via telephone, while also assessing the client's need for ongoing support (e.g., 3mths, 6mths post-counselling).

A 12-month post-counselling survey could form a regular assessment of the client's experience with each GambleAware service and identify areas for improving the service. For this reason, it may also replace the current Client Experience Survey (CES), which has not proven to produce valuable data, nor is seen by clinicians to add value. In this context, it should also be noted that this is not stating that it is not useful for counsellors to obtain their own counselling ratings, but it is not of great value that these are gathered through the CES by the Office of Responsible Gambling. This is because the questions are not considered useful by clients or services, are not based on a psychometrically validated outcome rating tool and typically also lead to non-response, if there are attempts to repeatedly collect the same data over numerous occasions.

An online client survey could be programmed with unique links given to GambleAware services, so that they can send and review their own results. De-identified roll-up data could similarly be reported to the Office of Responsible Gambling on an annual basis as part of ongoing service quality assessment and improvement. Importantly, this survey could examine longer-term client recovery of clients and assess whether services meet client needs in the longer term. It could also measure when clients elect to re-enter the service system.

While a range of suggested changes to data collection have been made for the Digital platform, in every case, it will be critical that the Office of Responsible Gambling presents key findings of the evaluation to GambleAware services and collaborates with services to convey possible reasons for exploring these new directions.

As such, it will be important for the sector to be consulted about possible changes and for any future minimum data set changes to be broadly agreed across the sector. By adopting a co-design approach, data will become equally useful to both services and the Office of Responsible Gambling and services will be increasingly more invested in data collection. Given the importance of changes to measure treatment outcomes in the minimum data set, where necessary, system change may need to be factored into budgets over several years. However, as they are critically important for the service system, it is important that these occur as quickly as possible within budgetary constraints.

There are opportunities to improve data collection in community engagement

While some excellent types of data are now being gathered in community engagement, a range of opportunities exist to improve data collection relating to community engagement activities. In this respect, the four Excel sheets being used do not meet the needs of the service system and due to the Excel format, have had the unintended consequence of producing very 'messy' data that is difficult for the Office of Responsible Gambling to analyse.

This is due to natural human error when entering data into Excel (e.g., typos on names, dates accidentally reversed), questions being unclear for measures of 'reach', code frames being inappropriate and services being unable to classify activities into the four engagement categories (also keeping in mind that they are not discrete and can overlap).

While there is a longer-term goal to collect this data in the Digital platform, a significantly improved interim data collection approach needs to be developed. It would be very straightforward for the community engagement data set to be collected through an online survey tool in the intervening period.

This would remove all data entry errors (as field validations would be set on all fields) and allow the Office of Responsible Gambling and services to conduct rapid data analysis of community engagement activities. This would also mean that monthly reporting to the Office of Responsible Gambling isn't needed and could be easily rolled up by the Office of Responsible Gambling for RGF Trust reporting.

Adding an extra field to allow services to write a short narrative description of their activity could also enable this data set to be easily exported for a quick narrative description of activities (e.g., a 100-word open field) (Thus replacing the need for a narrative report).

Accordingly, with well-designed tools and questions, this could make the data collection efficient and effective. Community engagement workers could similarly use the survey tool in-field on their mobile to rapidly and easily report their engagement activities (something that was also raised as being of interest during consultations).

There is an opportunity to better link system data to future service agreements and service delivery plans

Findings of the evaluation highlight that service agreements have been well-designed, especially given that they had to be designed well prior to development of the new GambleAware service system. They contain a high-quality specification of service requirements and other standards that have helped to guide service delivery and overall service performance.

However, as service agreements contain some data points that are not present in the current digital platform or community engagement data sets, there may be potential to incorporate such measures into future service agreements. This may help the Office of Responsible Gambling more easily monitor service delivery against contracts and Service Delivery Plans.

Service Delivery Plans similarly need to be considerably more detailed and specific in the future to allow the Office of Responsible Gambling to more easily monitor GambleAware service delivery. This is arguably only relevant at present to community engagement activities, as the counselling activity of services is primarily driven by demand. As such, community engagement activity requires considerable strategic thought and planning and also a commitment to engaging with specific organisations in different sectors.

Discussions with GambleAware services suggest that many staff struggle with design of Service Delivery Plans for community engagement and generally don't feel that they have the skills to use data and evidence to support their activities (other than only at a general level). Reflecting this, most Service Delivery Plans about community engagement are very generic and contain limited ABS Census and other relevant data that can be extremely helpful for prioritisation and planning.

For this reason, it could be of value to provide GambleAware services with a template for Service Delivery Planning that can help 'coach' services on how data and evidence can be used to identify and prioritise regional service delivery needs. A template is probably the most helpful, as it would give services tips on how to conduct a regional needs assessment in a step-by-step manner and deliver a format that the Office of Responsible Gambling can access to more easily monitor service delivery priorities.

Accordingly, this should not be a burden on services, rather should be a helpful process to assist with their prioritisation and planning of engagement opportunities.

Future approaches to Quality Standards Framework (QSF) reporting

While GambleAware services see quality standards in the QSF as very desirable service characteristics, they are not seen to be enhancing the quality of service provided. Reflecting this, staff find the quality questionnaire very repetitive, continually asking for very similar information, and most cite as 'evidence' the same plans or approaches to service delivery as originally documented in Service Delivery Plans.

Accordingly, feedback highlights that it will be important to change the process to address service feedback and importantly, to focus services on quality improvement. It also needs to be replaced with a sufficiently robust approach to ensure that the Office of Responsible Gambling has sufficient evidence that GambleAware services are delivering high-quality services, are operating in line with good governance processes and are also working to improve their service delivery.

This has potential to improve service satisfaction with quality processes and additionally help services to improve the actual quality of their work. In this respect, it may be logical to focus services on improving their processes around important aspects of GambleAware services such as better service delivery planning, improved intake processes, more effective gambling and financial counselling and optimised community engagement activity.

It is also reasonable for key documents and plans referenced in the QSF to be updated annually. This is because most of the documents and plans referenced in the twelve QSF standards are unlikely to change over time and are essentially documentation of the approach to service delivery.

Conclusion

The GambleAware service system is efficient and effective and has functioned very well during the first three years since re-development of the service delivery model. Referral processes are working very well for clients and GambleAware services and clients are generally very pleased with the quality of services provided during counselling.

While admirable efforts have been directed to developing a minimum data set for the service system, some opportunities exist to further improve both the Digital platform data collection and the community engagement data sets in terms of both measures and the quality and integrity of data collection.

This has potential to further enhance the monitoring of the service system and to provide higher quality data to both services and the Office of Responsible Gambling.

In addition, while counselling services are effective, there would also be value in examining why a reasonable proportion of clients do not move from high-risk gambling post-counselling and to also examine why clients relapse after leaving counselling. This highlights that GambleAware services may also need to explore if some broader needs of clients are not being met and to develop strategies to better meet those needs.

While community engagement activity, based on activities conducted, is quite effective, there are also opportunities to further build the capacity of the sector to better prioritise and plan engagement activities and to ensure that there is a greater focus on engagement with important segments such as Aboriginal and multicultural communities, venues and health and mental health services to better encourage referrals to GambleAware services.

Addressing these areas for improvement and taking the feedback of GambleAware services on-board will help ensure that the sector continues to flourish into the future and ensures that GambleAware services can continue to make a significant contribution to gambling harm-minimisation in NSW.

2025