REDUCING GAMBLING HARM IN VICTORIA

OUTCOMES FRAMEWORK

2022 V1.1

Victorian Responsible Gambling Foundation

Victoria State Government

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TABLES AND FIGURES

ABBREVIATIONS & ACRONYMS

ABS	Australian Bureau of Statistics
ARIA+	Accessibility and Remoteness Index of Australia
ASSAD	Australian Secondary Schools Alcohol and Drug (survey)
CCV	Cancer Council Victoria
CAS	Community Attitudes Survey
CEP	Community Engagement Program
COS	Client Outcomes Survey
EGM	electronic gaming machine
FC	financial counselling
GH	Gambler's Help
IRSD	Index of Relative Socioeconomic Disadvantage
LGA	local government area

LOTE	language other than English (spoken at home)
PGSI	Problem Gambling Severity Index
PPP	Prevention Partnerships Program
SEIFA	Socioeconomic Indexes for Australia
SPF	Strategic Partnerships Funding
SGHS	Short Gambling Harm Screen
TBC	to be confirmed
TBD	to be determined
TC	therapeutic counselling
VGCCC	Victorian Gambling and Casino Control Commission
VRGF	Victorian Responsible Gambling Foundation

ABOUT US

The Victorian Responsible Gambling Foundation is a statutory authority established in March 2012 under the *Victorian Responsible Gambling Foundation Act 2011*.
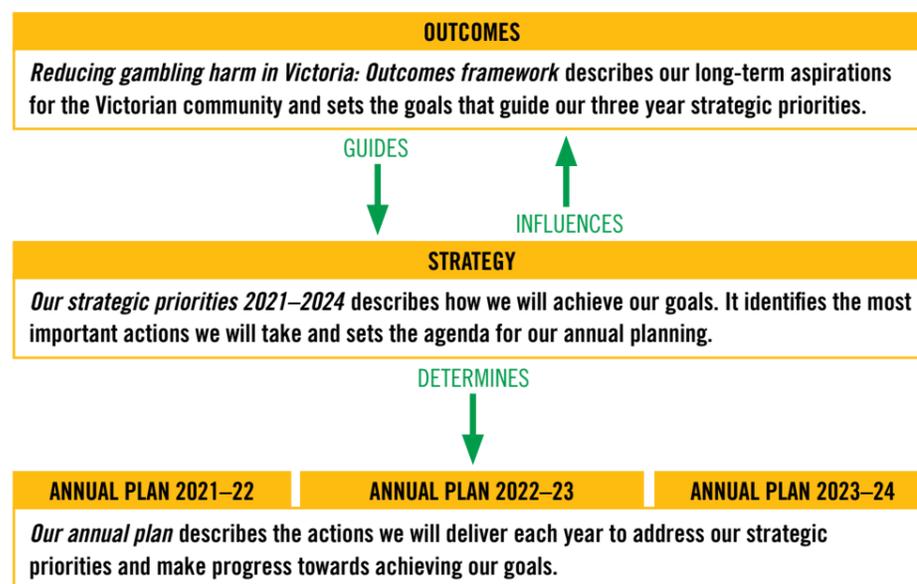
The Foundation aims to prevent and reduce gambling harm, treat and support those affected, and understand the gambling environment to stay ahead of emerging trends. Accordingly, the scope of our work is broad, encompassing evidence-based awareness, prevention, early intervention, treatment and support, and education programs.

Our public health approach recognises that a range of individual, socio-cultural and environmental factors contribute to gambling harm, whether harm is experienced as a result of a person's own gambling or someone else's.

This is supported by our research program, network of Gambler's Help services, partner agencies, and Lived Experience Advisory Committee, whose members provide significant insight into how people experience gambling harm.

The Foundation also works with the Department of Justice and Community Safety, the Victorian Gambling and Casino Control Commission (VGCCC) and other sector partners and stakeholders to prevent and reduce gambling harm.

The Foundation's strategic framework comprises three elements – goals, priorities and actions.

OUTCOMES

Reducing gambling harm in Victoria: Outcomes framework **describes our long-term aspirations for the Victorian community and sets the goals that guide our three year strategic priorities.**

GUIDES ↓   ↑ INFLUENCES

STRATEGY

Our strategic priorities 2021–2024 **describes how we will achieve our goals. It identifies the most important actions we will take and sets the agenda for our annual planning.**

DETERMINES ↓

ANNUAL PLAN 2021–22	**ANNUAL PLAN 2022–23**	**ANNUAL PLAN 2023–24**

Our annual plan **describes the actions we will deliver each year to address our strategic priorities and make progress towards achieving our goals.**

MONITORING OUR ACHIEVEMENTS

The Foundation's purpose is to prevent and reduce gambling harm for all Victorians.

Together with our partners and stakeholders, we are working towards:

- reducing the number of Victorians who experience harm from gambling
- reducing the social, health and economic costs of gambling harm in Victoria.

This framework identifies the outcomes that will demonstrate progress towards achieving our purpose.

There are seven outcomes and associated indicators that will be used to monitor the Foundation's achievements. Information about how they will be monitored is at Appendix 1.

We recognise that no individual factor or influence leads to gambling harm. The availability and accessibility of gambling products is shaped by commercial, legislative, regulatory, and cultural factors. Together, these factors influence participation in gambling.

The causes of gambling harm are complex, as are the solutions, and the achievement of some outcomes is beyond the accountability, control or influence of the Foundation. We work with others to address gambling harm, including our partners across policy, regulation and the community, as well as the gambling industry.

Regular public reporting of trends against the framework will provide transparency in assessing what the Foundation and others have achieved and identifying where we should focus future efforts.

Figure 1 Overview of the outcomes framework

Purpose	Together with other partners and stakeholders, we are working towards a:	Outcomes required to prevent and reduce gambling harm: *{rollover for more info}*	Indicators
The Foundation's purpose is to prevent and reduce gambling harm for all Victorians.	**reduction in the number of Victorians experiencing harm from gambling, and** **reduction in the social, health and economic cost of gambling harm across Victoria.**		

OUR APPROACH

Understanding the outcomes that lead to the prevention and reduction of gambling harm

A review of relevant research[1,2,3,4,5,6] indicates that the convergence of, and interplay between, a range of key factors can either lead to gambling harm or counter it. These factors, which have informed the development of our outcomes, include:

- availability of, and exposure and access to, gambling products, including the physical environment, infrastructure, type, number and distribution of gambling options

- exposure to gambling promotions, including the marketing of specific products

- the structural characteristics of gambling products in combination with a person's interest in gambling products based on these characteristics

- socio-cultural norms associated with gambling and specific gambling products, which can lead to the recruitment of new people to gambling and the acceptance of harm

- other socio-cultural factors, such as ethnicity and cultural traditions, attitudes and gender

- stigmatisation of people who experience gambling harm, which can delay and deter help seeking

- uptake of gambling by minors, putting them at higher risk of gambling harm in adulthood

- knowledge, resilience, capacity to change behaviour and sustain behaviour change.

[1] World Health Organization (1986). Ottawa Charter for Health promotion

[2] Abbott M, Binde P, Clark L, Hodgins D, Johnson M, Manitowabi, D, Quilty L, Spångberg J, Volberg, R, Walker D, Williams, R. (2018). Conceptual Framework of Harmful Gambling: An International Collaboration, Third Edition. Gambling Research Exchange Ontario (GREO), Guelph, Ontario, Canada.

[3] Victorian public health and wellbeing plan 2019–2023, Department of Health and Human Services

[4] Livingstone C, Rintoul A, de Lacy-Vawdon C, Borland, R, Dietze P, Jenkinson R, Livingston M, Room, R, Smith B, Stoove M, Winter R, Hil, P. 2019, *Identifying effective policy interventions to prevent gambling-related harm*, Victorian Responsible Gambling Foundation, Melbourne.

[5] Pettman T. 2018. Prevention of Gambling-related harm. *A review of the evidence. Interim evaluation of the Prevention Partnerships Program*. First Person Consulting (Report provided to the Victorian Responsible Gambling Foundation).

[6] Hing N, Russell A, Nuske E, Gainsbury S. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*. Victoria, Australia: Victorian Responsible Gambling Foundation.

Scope and application of the framework

The scope of the Foundation's outcomes framework is broad, but fit-for-purpose, balancing comprehensiveness, organisational and stakeholder needs, inclusion of outcomes for specific programs and communities, and reporting burden.

While our role involves monitoring the gambling environment, the achievement of some outcomes is beyond the accountability, control or influence of the Foundation. Accordingly, the measures are grouped into three categories: mostly under the control of the Foundation; influenced by the Foundation; or contextual (see Appendix 3).

The scope of the framework provides opportunities for it to be used by others who seek to prevent and reduce gambling harm to inform their own work.

The framework can be used in its entirety for monitoring or combinations of measures can be considered to gain insight into specific issues. Other applications include:

- monitoring changes over time, including monitoring the Foundation's achievements through analysis of outcomes where the Foundation has a direct role

- strategy, planning and resource allocation

- informing the development of program evaluations

- understanding and communicating key areas of progress towards preventing and reducing gambling harm.

Framework structure

The structure of the Foundation's framework is consistent with the Victorian Government's outcomes approach, shown at Figure 2, and comprises the following key elements:

- purpose is the overall aspirational goal, that is to prevent and reduce gambling harm

- outcomes describe the range of factors that will decrease gambling harm

- indicators are the key drivers (one or more) of progress towards an outcome, including whether an increase or decrease would demonstrate success

- measures specify what will be counted in order to demonstrate change in an outcome.

Figure 2 Victorian Government outcomes approach
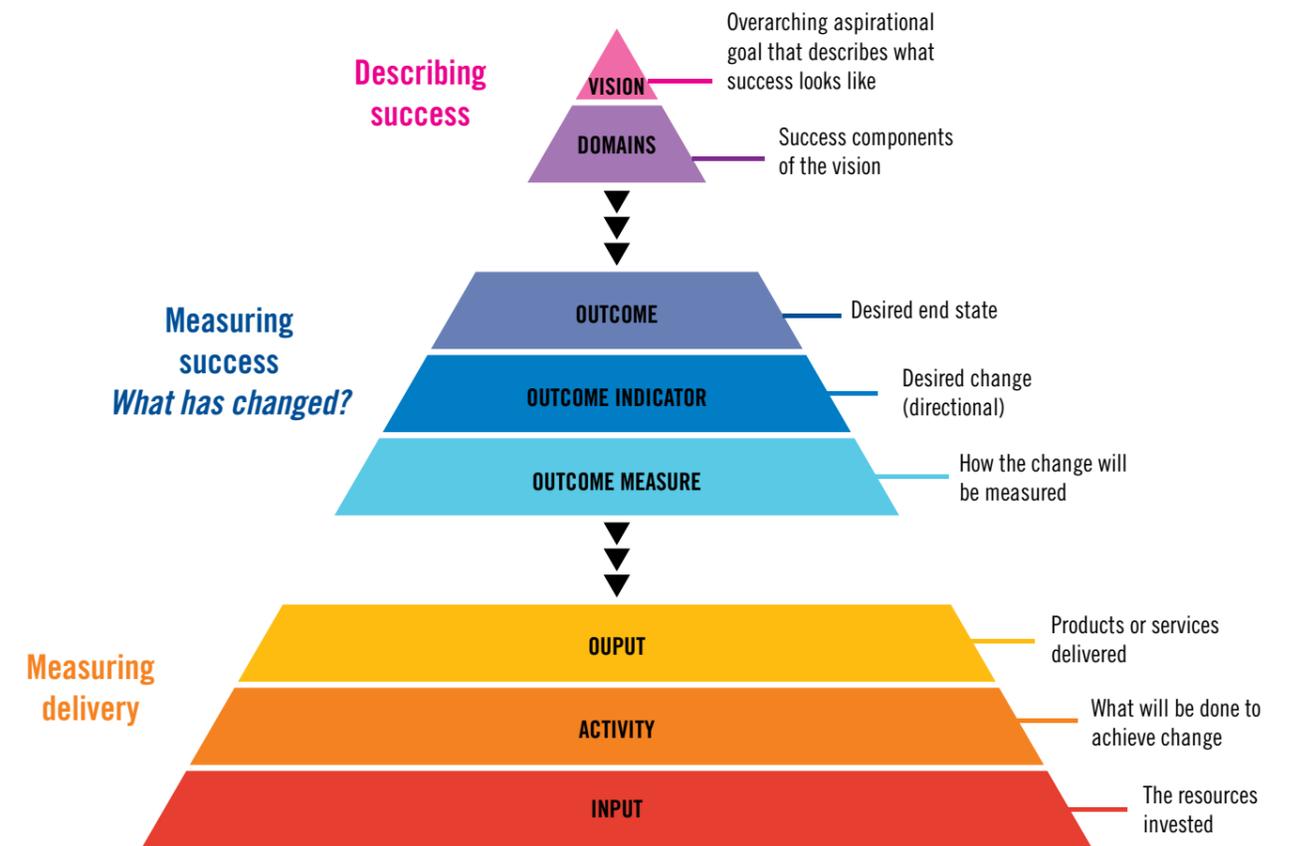
Source: Outcomes reform in Victoria, Department of Premier and Cabinet vic.gov.au/publicsectorreform/outcomes

The framework predominantly includes measures that can be reported on immediately or in the near future. However, there are some measures that cannot be employed until additional data collections or national systems are developed or substantial revisions to current data collections are implemented.

Reporting

The Foundation will publicly report our progress against the framework as part of our annual reporting processes. This will be undertaken using a dashboard approach to record trends over time. Reports will be developed for specific program areas, population groups and types of gambling, as appropriate.

REDUCING GAMBLING HARM IN VICTORIA: OUTCOMES FRAMEWORK

Table 1 Detailed outcomes framework, itemises the outcomes, indicators and measures (current and future) that comprise the framework. Further details about each measure are provided at Appendix 3.

OUTCOMES	INDICATOR	MEASURE/S (Measures appearing in blue text are planned for future development if or when new data sources become available or substantial revisions to existing data collections are completed.)
1 Decrease access to potentially harmful gambling environments, products and characteristics	1.1 Decrease environments and opportunities to gamble that cause harm	1.1.1 Proportion of electronic gaming machines (EGMs) in most disadvantaged local government areas (LGAs)
	1.2 Decrease features within gambling products that potentially induce or encourage intensive gambling	1.2.1 Total dollars spent on EGMs, sports betting and wagering, per 100,000 residents, indexed to inflation
	1.3 Increase protections within gambling environments	1.3.1 A: Proportion of all referrals received by Foundation services from gambling operators B: Proportion of Foundation clients referred from gambling operators
		1.3.2 Measure of people registered with the National Self-Exclusion Register (TBC)
		1.3.3 Number of people registered with a self-exclusion program by major gambling providers licensed for gambling in Victoria
2 Decrease exposure to potentially harmful marketing of gambling products	2.1 Decrease advertisements and inducements by the gambling industry	2.1.1 Total dollars spent on advertising by the gambling industry in Victoria
		2.1.2 Measure of dollars spent on inducements by the gambling industry in Victoria (TBD)
	2.2 Decrease exposure of children to gambling advertising	2.2.1 Mean number of gambling advertisements or promotion types that secondary school students were aware of in the past 30 days
	2.3 Decrease gambling industry sponsorship of sport	2.3.1 Proportion of elite sporting clubs with no gambling industry associations
3 Increase community understanding of gambling harm	3.1 Increase concern about the risks and potential harms associated with gambling	3.1.1 Proportion of adults who recognise that their gambling contributed to the non-financial harm they experienced
		3.1.2 Proportion of parents of children aged up to 18 years who are concerned about the effect of normalisation of gambling on them when they become adults (TBD)
		3.1.3 Proportion of prevention program attendees whose awareness that gambling can cause harm to people has increased
	3.2 Increase knowledge and confidence of people to talk to family and friends about gambling risks	3.2.1 Proportion of parents with children aged 12–17 years who have talked to them about the risks and potential harms associated with sports betting
	3.3 Decrease acceptance of gambling in sport as normal	3.3.1 Proportion of adults who are concerned that gambling in sport is considered normal, excluding racing (TBC)
	3.4 Increase awareness of factors that limit gambling harm	3.4.1 A: Proportion of adults who agree that people who gamble more than four times a month (excluding lotto and social bingo) are at risk of harm from their gambling B. Proportion of adults who are aware of the lower risk gambling guidelines
4 Decrease stigma of people who experience gambling harm	4.1 Decrease stigma towards people who experience gambling harm	4.1.1 Proportion of adults who strongly agree that gambling products contribute to gambling harm (TBC)
		4.1.2 Proportion of people who, after attending a prevention event or program, hold stigmatising views of people who experience gambling harm
	4.2 Decrease self-stigma by people who experience gambling harm	4.2.1 Proportion of people who gamble regularly who find it difficult to talk to family or close friends about their gambling

REDUCING GAMBLING HARM IN VICTORIA: OUTCOMES FRAMEWORK

OUTCOMES		INDICATOR		MEASURE/S (Measures appearing in blue text are planned for future development if or when new data sources become available or substantial revisions to existing data collections are completed.)	
5	Prevent uptake of under-age gambling	5.1	Decrease exposure to role modelling that normalises gambling to underage people	5.1.1	Proportion of parents with children aged up to 18 years who disagree that it is okay to gamble or bet regularly around their children
		5.2	Decrease participation of underage people in gambling	5.2.1	Proportion of secondary school students who reported that they had gambled in past 30 days
6	Increase capability of people to prevent gambling harm	6.1	Increase community capability to make informed choices that prevent and minimise gambling harm	6.1.1	Proportion of adults whose gambling is within the lower risk gambling guidelines (TBC)
				6.1.2	Proportion of adults who agree they would really like to reduce or stop gambling
				6.1.3	Proportion of prevention program/event attendees who say they are likely to put what they learned into practice to prevent gambling harm
				6.1.4	Proportion of professionals who attend prevention programs/events who say they are likely to put what they learned into practice to prevent gambling harm
		6.2	Increase help seeking	6.2.1	Proportion of adults who have taken some action to address their gambling
				6.2.2	A: Proportion of people experiencing some form of harm from gambling who seek help from Foundation-funded counselling and/or financial services B: Proportion of people experiencing some form of harm from gambling who seek help from Foundation-funded services (TBD)
				6.2.3	Proportion of adults who used a help service for their own or someone else's gambling
7	Decrease gambling harm experienced by people who access Foundation-funded services	7.1	Decrease gambling harm experienced by people who access Foundation-funded services	7.1.1	Proportion of participants who stopped or reduced their gambling after engaging with a Foundation-developed support tool
				7.1.2	A: Proportion of clients whose experience of relationship, financial and productivity harms due to their own or someone else's gambling, is reduced three months after starting treatment with a Foundation-funded service B: Proportion of clients whose experience of gambling-related social, financial, and work harms is reduced three months after starting treatment with a Foundation-funded service (TBC)
				7.1.3	Proportion of clients who gamble who decrease the amount of money or time they spend gambling 3 months after starting treatment with a Foundation-funded service
				7.1.4	Proportion of clients who are more hopeful about the future as a result of accessing an integrated peer support program (TBC)
		7.2	Increase resilience of people who access Foundation-funded services to minimise the negative effects of relapse of gambling	7.2.1	A: Proportion of clients who decrease the amount of time they spend thinking about gambling three months after starting treatment with a Foundation-funded service B: Proportion of clients who build resilience to gambling triggers 12 months after starting treatment with a Foundation-funded service (TBC)
				7.2.2	Proportion of clients whose psychological distress is reduced three months after starting treatment with a Foundation-funded service

APPENDIX 1:
MONITORING OUR PURPOSE

Purpose

To prevent and reduce gambling harm in Victoria

Indicators

Indicators of progress towards achieving our purpose:

- fewer Victorians experience harm from gambling
- social, health and economic costs of gambling to Victoria are reduced.

Monitoring

Progress will be monitored on a three-yearly basis using whole-of-population studies, as outlined in Table 2, and supplementary research on gambling harm in Victoria.

Table 2 Summary of the approach to monitoring our purpose

INDICATOR	MEASURE	INSTRUMENT/ DATA SOURCE	SUBPOPULATION ANALYSIS
Fewer Victorians experience harm from gambling	Proportion of adults who are at risk of gambling-related harm*	PGSI/ Population study	PGSI category, gambling activity
	Proportion of secondary school students who report they have ever gambled	ASSAD	Sex, age
Social, health and economic costs of gambling to Victoria are reduced	Proportion of adults who gambled in the past 12 months and reported at least one social, health or economic harm due to gambling**	GHS/ Population study	PGSI category

*The sum of people whose behaviour is categorised by the Problem Gambling Severity Index (PGSI) as low-risk, moderate-risk and problem gambling.

**Affirmative response to more than one of the 10 core questions in the Short Gambling Harm Screen (SGHS).

APPENDIX 2:
DEVELOPMENT, PRINCIPLES AND CRITERIA

Framework development

Development of the framework involved research, consultation and expert review.

We considered:

- other Victorian Government agency outcomes frameworks, and the impact or outcomes frameworks of comparable national and international organisations
- literature on a public health approach to gambling harm prevention
- evidence regarding the outcomes required to reduce the number of Victorians who experience harm from gambling.

We conducted a targeted consultation process with the Foundation's Lived Experience Advisory Committee and other key stakeholders.

Before finalising, the outcomes framework was assessed for coherence, comprehensiveness, and adherence to the framework principles. It was determined that:

- each outcome would have sufficient influence on the achievement of our purpose, where the relative degree of influence could not be assessed
- each indicator would provide a sufficient measure of the achievement of an outcome, where the relative degree of influence could not be assessed.

Underpinning principles

The primary principle of the Foundation's outcomes framework is that it is fit-for-purpose. We determined that to be fit-for-purpose, our framework would be underpinned by the following principles:

- measure the factors that have the greater influence on gambling harm
- based on a public health approach to gambling harm
- balance comprehensiveness, tailored outcomes for specific programs and communities, and reporting burden
- use the whole of Victorian Government outcomes approach as a guide
- exclude the contextual influences on gambling harm such as education and income, as well as co-occurring health issues such as drug and alcohol harms and mental health, noting that these are important influences on gambling harm
- enable immediate reporting against the framework using existing datasets and sequentially build the comprehensiveness and integrity of the framework through revision of measures and data collection as required
- protect the confidentiality of individuals in line with the Victorian Health Privacy Principles

- ensure reporting requirements are manageable i.e. indicators and measures should be as few as possible to adequately monitor gambling harm in Victoria

- monitor and report on changes in the outcomes over time at population level, and where appropriate, supplemented by analysis of changes in subgroups of the population (for example, geographic areas, socioeconomic circumstances, participants in Foundation-funded services and activities or PGSI categories)

- exclude indicators of performance monitoring or quality improvement, such as inputs, outputs and program reach, which are more appropriately captured in a performance framework or evaluations.

Criteria for indicators and measures

The criteria used by the Foundation to develop indicators and measures for our outcomes are set out in Table 3.

Table 3 Criteria for selecting indicators and measures

CRITERIA FOR INDICATORS AND MEASURES	DESCRIPTION
COMPELLING	• evidence-based association with the outcome • changes demonstrate improvement or decline in achievement of the outcome • changes are either the result of Foundation actions, strongly influenced by those actions or provide context for those actions
ACHIEVABLE	• amenable to evidence-based intervention
RELEVANT	• offer actionable insights
UNDERSTANDABLE	• meaningful to, and likely to be perceived as important by, the public and stakeholders
COMPARABLE (measures only)	• time period over which data is available is sufficient to monitor achievements • data can be used to assess achievement of outcomes at a population level and, where appropriate, in subgroups of the population

ROBUST (measures only)	• statistically appropriate
	• fit-for-purpose:
	  ○ measure what is intended
	  ○ allow detection of changes over time
	  ○ not vulnerable to unintended consequences that could lead to negative outcomes or behaviours.

APPENDIX 3:
DATA SOURCES, ANALYSIS AND FREQUENCY

We have access to 11 data sources to monitor outcomes to reduce gambling harm in Victoria, of which five are Foundation data sources.

The framework allows us to assess the equity of achievement of the outcomes for sociodemographic groups (populations and geographic areas) and for different Foundation activities and services.

The technical specifications of the framework measures are defined in an accompanying data dictionary. In summary, there are three types of measures:

- context measures – important to monitor to fully understand gambling harm, but change is not within the Foundation's control
- influence measures – change is partly influenced by the Foundation
- control measures – change is under the Foundation's control, though causation is difficult to prove.

The subpopulation assessments for publication are outlined in Table 4, with all available assessment options further defined in the data dictionary. Available assessments include:

- sociodemographic groups
  ○ age – age groups for children and adults are data collection and measure specific
  ○ sex – presently male and female only as data collections are not sufficiently robust for additional reporting, however development of future data collections will seek to allow more comprehensive reporting
  ○ socioeconomic status – Index of Relative Socioeconomic Disadvantage (IRSD) Socioeconomic Indexes for Australia (SEIFA) quintiles i.e. most disadvantaged, quintiles 2–4 and least disadvantaged
  ○ LGAs – in Victoria only
  ○ language other than English (LOTE) spoken at home
  ○ metropolitan/non-metropolitan – using Accessibility and Remoteness Index of Australia (ARIA+) categorisation of LGAs undertaken by the VGCCC
  ○ parental status – parent/caregiver of one or more children of specified age
- services
  ○ counselling type – therapeutic (TC) and financial (FC)
  ○ gambling venue operator types – EGM venues, TAB and casino (Crown)
  ○ Foundation prevention programs – Prevention Partnerships Program (PPP), Strategic Partnerships Funding (SPF) and Community Engagement Program (CEP)
  ○ support tool – Reset and 100 Day Challenge (100 DC) apps
- gambling
  ○ gambler/affected other – seeking help for own or someone else's gambling
  ○ gambler/non-gambler – self-reported status
  ○ PGSI category
  ○ gambled in the past 30 days – self-reported.

TABLE 4 OUTCOMES FRAMEWORK MEASURES

Including data source, analysis types, frequency and measure type.

MEASURE #	FRAMEWORK MEASURE (Measures appearing in blue text are planned for future development if or when new data sources become available or substantial revisions to existing data collections are completed.)	DATA SOURCE	SUBPOPULATION ANALYSIS	FREQUENCY	TYPE
1.1.1	Proportion of electronic gaming machines (EGMs) in most disadvantaged local government areas (LGAs)	VGCCC, ABS Census	Quintiles of disadvantage, grouped by metropolitan and regional LGAs	ANNUAL	CONTEXT
1.2.1	Total dollars spent on EGMs, sports betting and wagering, per 100,000 residents, indexed to inflation	VGCCC (EGMS), Point of consumption tax (sports betting, wagering)	EGM data by SEIFA quintile, metro/regional. Victoria only.	ANNUAL	CONTEXT
1.3.1	A: Proportion of all referrals received by Foundation services from gambling operators B: Proportion of Foundation clients referred from gambling operators	GH CONNECT, VRGF	Victoria only	ANNUAL	INFLUENCE
1.3.2	Measure of people registered with the National Self-Exclusion Register (TBC)	National Self-Exclusion Register	TBD	TBD	CONTEXT
1.3.3	Number of people registered with a self-exclusion program by major gambling providers licensed for gambling in Victoria	VGCCC	Operator type (EGM venues, TAB venues, Crown)	ANNUAL	CONTEXT
2.1.1	Total dollars spent on advertising by the gambling industry in Victoria	Neilson Research	Victoria only	ANNUAL	CONTEXT
2.1.2	Measure of dollars spent on inducements by the gambling industry in Victoria (TBD)	TBD	TBD	TBD	CONTEXT
2.2.1	Mean number of gambling advertisements or promotion types that secondary school students were aware of in the past 30 days	ASSAD, CCV	Age group and gambled in past 30 days status.	TRIENNIAL	INFLUENCE
2.3.1	Proportion of elite sporting clubs with no gambling industry associations	Neilson Research	Victoria only	ANNUAL	CONTEXT
3.1.1	Proportion of adults who recognise that their gambling contributed to the non-financial harm they experienced	CAS, VRGF (current). TBD (future)	PGSI category	ANNUAL	INFLUENCE
3.1.2	Proportion of parents of children aged up to 18 years who are concerned about the effect of normalisation of gambling on them when they become adults (TBD)	CAS, VRGF (TBC)	Parental status	ANNUAL	INFLUENCE
3.1.3	Proportion of prevention program attendees whose awareness that gambling can cause harm to people has increased	Prevention Program Survey, VRGF	PPP and SPF only. Future TBC.	ANNUAL	CONTROL
3.2.1	Proportion of parents with children aged 12–17 years who have talked to them about the risks and potential harms associated with sports betting	CAS, VRGF (current). TBD (future)	Victoria only	ANNUAL	INFLUENCE
3.3.1	Proportion of adults who are concerned that gambling in sport is considered normal, excluding racing (TBC)	CAS, VRGF (TBC)	Gambling category (TBD)	ANNUAL	INFLUENCE
3.4.1	A: Proportion of adults who agree that people who gamble more than four times a month (excluding lotto and social bingo) are at risk of harm from their gambling B: Proportion of adults who are aware of the lower risk gambling guidelines	CAS, VRGF (current). TBD (future)	PGSI category	ANNUAL	INFLUENCE
4.1.1	Proportion of adults who strongly agree that gambling products contribute to gambling harm (TBC)	CAS, VRGF (TBC)	Gambling category (TBD)	ANNUAL	INFLUENCE
4.1.2	Proportion of people who, after attending a prevention event or program, hold stigmatising views of people who experience gambling harm	Prevention Program Survey, VRGF	PPP and SPF only	ANNUAL	CONTROL
4.2.1	Proportion of people who gamble regularly who find it difficult to talk to family or close friends about their gambling	CAS, VRGF	Victoria only	ANNUAL	INFLUENCE

TABLE 4 OUTCOMES FRAMEWORK MEASURES

Including data source, analysis types, frequency and measure type.

MEASURE #	FRAMEWORK MEASURE (Measures appearing in blue text are planned for future development if or when new data sources become available or substantial revisions to existing data collections are completed.)	DATE SOURCE	SUBPOPULATION ANALYSIS	FREQUENCY	TYPE
5.1.1	Proportion of parents with children aged up to 18 years who disagree that it is okay to gamble or bet regularly around their children	CAS, VRGF	Victoria only	ANNUAL	INFLUENCE
5.2.1	Proportion of secondary school students who reported that they had gambled in past 30 days	ASSAD, CCV	Age group	TRIENNIAL	INFLUENCE
6.1.1	Proportion of adults whose gambling is within the lower risk gambling guidelines (TBC)	TBD	TBD	TBD	INFLUENCE
6.1.2	Proportion of adults who agree they would really like to reduce or stop gambling	CAS, VRGF	PGSI category	ANNUAL	INFLUENCE
6.1.3	Proportion of prevention program/event attendees who say they are likely to put what they learned into practice to prevent gambling harm	Prevention Program Survey, VRGF	PPP and SPF only. Future TBC.	ANNUAL	CONTROL
6.1.4	Proportion of professionals who attend prevention programs/events who say they are likely to put what they learned into practice to prevent gambling harm	Prevention Program Survey , VRGF (current). TBD (future)	PPP, SPF, CEP	ANNUAL	CONTROL
6.2.1	Proportion of adults who have taken some action to address their gambling	CAS, VRGF (current). TBD (future)	PGSI category	ANNUAL	INFLUENCE
6.2.2	A: Proportion of people experiencing some form of harm from gambling who seek help from Foundation-funded counselling and/or financial services B: Proportion of people experiencing some form of harm from gambling who seek help from Foundation-funded services (TBD)	GH Connect, VRGF (numerator), Population study, VRGF (denominator)	Victoria only	ANNUAL	INFLUENCE
6.2.3	Proportion of adults who used a help service for their own or someone else's gambling	Population study, VRGF	PGSI category	TRIENNIAL	INFLUENCE
7.1.1	Proportion of participants who stopped or reduced their gambling after engaging with a Foundation-developed support tool	Reset, VRGF; 100 DC, VRGF	Support tool - 100 DC (current), plus Reset (future)	ANNUAL	CONTROL
7.1.2	A: Proportion of clients whose experience of relationship, financial and productivity harms due to their own or someone else's gambling, is reduced three months after starting treatment with a Foundation-funded service B: Proportion of clients whose experience of gambling-related social, financial, and work harms is reduced three months after starting treatment with a Foundation-funded service (TBC)	COS GH CONNECT, VRGF	Gambler/affected other counselling type (TC/FC) (current). TBD (future)	ANNUAL	CONTROL
7.1.3	Proportion of clients who gamble who decrease the amount of money or time they spend gambling 3 months after starting treatment with a Foundation-funded service	COS GH CONNECT, VRGF	Counselling type (TC/FC) (current). TBD (future)	ANNUAL	CONTROL
7.1.4	Proportion of clients who are more hopeful about the future as a result of accessing an integrated peer support program (TBC)	TBD	By program	TBD	CONTROL
7.2.1	A: Proportion of clients who decrease the amount of time they spend thinking about gambling three months after starting treatment with a Foundation-funded service B: Proportion of clients who build resilience to gambling triggers 12 months after starting treatment with a Foundation-funded service (TBC)	COS GH CONNECT, VRGF	Gambler/affected other counselling type (TC/FC) (current). TBD (future)	ANNUAL	CONTROL
7.2.2	Proportion of clients whose psychological distress is reduced three months after starting treatment with a Foundation-funded service	COS GH CONNECT, VRGF	Gambler/affected other counselling type (TC/FC) (current). TBD (future)	ANNUAL	CONTROL

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