

WHOLE SCHOOL APPROACH TEACHER SURVEY

Prepared for the NSW Office of Responsible
Gambling
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GAME CHANGERS



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List of abbreviations

ABS: Australian Bureau of Statistics.....	10
AISNSW: Association of Independent Schools, the Association of Independent Schools of New South Wales limited.....	3
FAQ: Frequently Asked Questions.....	5
HSIE: Human Society and its Environment.....	12
NSW: New South Wales.....	ix
ORG: Office of Responsible Gambling.....	ix
PDHPE: Personal Development Health and Physical Education.....	13
SEIFA: Socio-Economic Index for Areas.....	8
SERAP: State Education Research Applications Process.....	3
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Executive summary

Executive summary

Background and objectives

The Office of Responsible Gambling (ORG) commissioned Ipsos to conduct a literature review and a teacher survey in New South Wales (NSW). The objective of this research was to get a better understanding about how gambling and gambling harm are currently, and could potentially, be addressed in the school environment.

This report presents the findings from the teacher survey conducted in NSW primary and secondary schools.

Methodology

A literature review was initially conducted to identify existing gambling education programs conducted in schools, in Australia and internationally, and assess their effectiveness. Key learnings from this review informed the design of the subsequent teacher survey. The goal of the survey was to give an opportunity to all teachers in NSW to share their views on youth gambling harm prevention, gambling advertising and the convergence of gaming and gambling. A mixed method of data collection involving social media advertising and getting principals to administer the survey to their teachers was utilised. A total of n=1,084 completed surveys were collected across a mix of public, private and independent primary and secondary schools. The responses provide a robust sample size for the data analysis with an estimated associated margin of error of +/-2.96 at 95% confidence interval.

The distribution of the sample is skewed toward public and secondary schools (69% and 58% respectively).

Findings and discussion

The results from the teacher survey suggest encouraging levels of sector endorsement for schools to conduct youth gambling harm prevention, with over half (56%) of teachers being in favour. The main barriers to supporting such a program, relate to the perceived responsibility of parents, who are often viewed as key role models when it comes to gambling behaviour. The vast majority (94%) of teachers believe parents have a key role to play in youth gambling education, while only half (55%) think the same about schools.

This finding highlights the importance of involving parents in gambling education to reassure teachers on the effectiveness of the program. It acknowledges the responsibility of parents and helps to mitigate potential negative effects that parents' gambling behaviours may have on any intervention or prevention delivered by teachers.

Awareness and understanding results suggest teachers are highly familiar with gambling but have little knowledge about youth gambling harm, with nearly half (45%) of them indicating they know nothing or very little. Other results imply a lack of confidence in delivering gambling education as most teachers recommended the intervention of a specialist.

The literature review outlined the importance of teachers' skills and enthusiasm in the successful implementation of a program. Therefore, teacher training needs to be considered in order to build their knowledge and confidence in conducting youth gambling harm prevention.

The number of schools currently conducting youth gambling harm prevention appears to be relatively low, with only a minority (8%) of teachers indicating their school was doing so. While teachers' engagement with existing programs appear to be driven by an overarching sense of responsibility toward students' wellbeing, the quality of currently available resources hinders other teachers from being engaged with existing programs.

There is an opportunity to develop new and engaging gambling education resources to drive teachers' engagement. Strong recommendations were made for any materials or interventions to be relatable and reflect students' "real-life" experiences (e.g. gambling or betting games they play).

In terms of youth gambling harm prevention, teachers are more inclined to support a multi-modal approach with targeted prevention for high-need students, interventions from specialists and the involvement of parents through presentations or information packs. The literature review also suggested that a multi-tiered rather than a universal approach would be more effective, but that it would also be more complex to implement.

Final recommendations from teachers include ensuring they are appropriately trained to deliver youth gambling harm prevention, enabling them to provide feedback and providing engaging teaching materials.

Research context

1 Research context

1.1 Background

The Office of Responsible Gambling has a three-year Education and Awareness Strategy, from 2018 to 2021. Supporting the overarching purpose of ‘towards zero gambling harm’, the Education and Awareness Strategy takes a health promotion approach and prioritises targeting young people aged between 12 and 24, including through school settings.

To help develop a school-based approach to gambling harm prevention, ORG worked with Ipsos to find out more about how gambling harm is currently addressed in the school environment and how it could be addressed more effectively.

An initial literature review was conducted to identify and assess programs that address gambling and gambling harm in the whole school environment. More specifically, this review improved understanding of what is involved in a whole school approach, what can be learnt from other health-related whole school approaches and what knowledge and attitudes teachers have towards gambling including the convergence of gaming and gambling.

Following the literature review a survey was designed for teachers to identify current programs and interventions conducted in NSW primary and secondary schools. The survey also aimed to identify how gambling and gambling harm can be addressed in the NSW school environment. As such, it captured teachers’ perceptions and attitudes towards youth gambling and the convergence of gambling and gaming. It also gathered information about enablers and barriers to successfully implement a school-based health program.

This report presents the findings from the survey.

1.2 Objectives

The teacher survey aims to get a better understanding of NSW teachers’ attitudes and perspectives on youth gambling harm prevention and how it can potentially be implemented in primary and secondary schools. The survey objectives were:

- To assess teachers’ attitudes toward youth gambling harm prevention;
- To identify youth gambling harm prevention and interventions currently conducted in schools;
- To understand teachers’ perspectives on enablers and barriers of these existing programs; and
- To evaluate what makes other health-related programs successful.

1.3 Methodology

The fieldwork approach was to provide an opportunity for all primary and secondary school teachers in NSW to participate in the survey. In order to approach all schools Ipsos applied for an approval to conduct research through the different school sectors. Although the covid-19 pandemic impacted a number of applications, two were approved consisting of public schools and one private school association.

An online survey of 15-20 minutes was designed, and the fieldwork was conducted between Tuesday 21 July and Monday 31 August 2020. To maximise response rates, two approaches to data collection methods were used:

- A school administered survey; and
- A paid social media advertising campaign.

1.3.1 Research approvals

Research approval applications were completed and submitted to all of the different school associations in NSW that accepted applications (i.e. due to the covid-19 pandemic, a number of associations put their review of research applications on hold). There are 13 associations in total in NSW:

- One public schools association: the NSW State Education Research Applications Process (SERAP);
- 11 Catholic school associations:
 - Diocese of Armidale;
 - Diocese of Bathurst;
 - Diocese of Broken Bay;
 - Archdiocese of Canberra and Goulburn;
 - Diocese of Lismore;
 - Diocese of Maitland-Newcastle;
 - Diocese of Paramatta;
 - Archdiocese of Sydney;
 - Diocese of Wagga Wagga;
 - Diocese of Wilcannia-Forbes; and
 - Diocese of Wollongong.
- One independent schools association: the Association of Independent Schools of New South Wales limited (AISNSW).

Due to the covid-19 pandemic some associations declined to participate. A number of associations either declined all research requests or put their review of research applications on hold.

Two applications were approved (i.e. SERAP and the Diocese of Maitland-Newcastle). Further, as the AISNSW does not require research approval to approach independent schools these schools were also included in the final sample. Ipsos approached AISNSW to obtain their endorsement rather than their approval.

A total of four associations, including three dioceses and one archdiocese, declined the applications for this project mainly because of the additional workload experienced by schools as a result of the covid-19 pandemic. No response was received from the remaining associations approached.

Research approval was received for 2,236 schools in total, which represents nearly three quarters of all NSW schools (i.e. 3,068 in total), where the teacher survey fieldwork was able to proceed. The SERAP approval itself accounts for majority of the primary and secondary schools in NSW, that is 2,178 in total.

The table below summarises the status of research approvals and the number of schools within each association.

Table 1. Research application status

School system	School association	Number of schools	Status of research applications ¹
Public	SERAP	2178	Approved
Private	Diocese of Armidale	24	On hold
Private	Diocese of Bathurst	33	Declined
Private	Diocese of Broken Bay	44	On hold
Private	Archdiocese of Canberra and Goulburn	27	Declined
Private	Diocese of Lismore	45	On hold
Private	Diocese of Maitland-Newcastle	58	Approved
Private	Diocese of Parramatta	82	On hold
Private	Archdiocese of Sydney	153	On hold
Private	Diocese of Wagga Wagga	31	On hold
Private	Diocese of Wilcannia-Forbes	18	Declined
Private	Diocese of Wollongong	37	Declined
Independent	Letter of support from The Association of Independent Schools of New South Wales Limited	338	No support - But Independent schools can be approached

¹Status of research applications as of 8 September, 2020

1.3.2 Online survey

A 15-20 minute online survey was administered to teachers to understand their views and attitudes toward youth gambling harm, prevention program approaches/strategies and assess enablers and barriers to successful school programs based on other existing health related issues.

To qualify for the survey a respondent had to be working in an NSW primary or secondary school, as a:

- Teacher aide/assistant;
- Teacher;
- Principal; and
- Specialist and support staff.

The results presented at the total level in this report include all qualifying school staff (i.e. teaches, principal and specialist and support staff) but they are referred to as ‘teachers’ for ease of reading.

A copy of the final questionnaire is included in the Appendix A: Questionnaire.

Fieldwork took place between Tuesday 21 July and Monday 31 August 2020. To maximise the response rate two different data collection approaches were undertaken:

- School administered survey; and
- Social media campaign, including paid and unpaid.

School administered survey

The data collection from the school administered survey started on Tuesday 21 July and closed on Monday 31 August 2020. It yielded a total of 894 survey completes.

The school administered data collection required research approval from the school associations. As a result, a total of 2,566 schools from the public system, the Diocese of Maitland and Newcastle and The Association of Independent Schools of New South Wales were approached using this method.

Principals from these schools were sent an email requesting their assistance in inviting their teachers to participate in the online survey. The email contained key information about the study, its objectives and an open online survey link that was unique to the school. It also included hyperlinks redirecting to further information such as:

- Information sheet including an ‘About the survey’ section and a Frequently Asked Questions (FAQ);
- Relevant research approval letter;
- Ipsos and the Office of Responsible Gambling privacy notice;
- Copy of the questionnaire; and
- Draft invitation and reminder emails to assist principals in their administration of the survey.

A copy of one of the emails sent to Principals is included in Appendix A: Principal invitation email.

In addition, an Ipsos enquiry line and mailbox were set-up to provide Principals a point of contact if they required any assistance or had any queries regarding the study.

To maximise the response rate the initial email was followed by four reminder emails prompting Principals to either invite or remind their teachers to complete the online survey.

Social media

The data collection from social media started on Tuesday 11 August and closed on Monday 31 August 2020.

A mix of paid and unpaid social media advertising were used to further promote the online survey. It expanded the reach of the survey, enabling participation by teachers from schools where no research approval was granted and therefore could not to be reached by the main data collection method (i.e. school administered survey).

Paid social media advertising consisted of:

- A Facebook campaign run by the Ipsos Life in Australia Project page; and
- A Facebook campaign run by the NSW Government page.

Paid Facebook campaign by Ipsos Understanding Australia page

This campaign started on Tuesday 11 August and closed on Monday 31 August 2020. It targeted teachers from NSW primary and secondary schools.

The campaign reached 95,232 Facebook users, targeted based on their location (i.e. NSW) and any indication that they may be teachers. It generated 1,801 clicks¹, corresponding to a click through rate of 1.9%². It yielded a total of 181 survey completes.

As an example, one of the Facebook ads from this campaign is shown below.

¹ Number of clicks correspond to the number of times someone has clicked on the ad.

² Click through rate corresponds to the proportion of people who clicked on the ad out of the total number of people who have been exposed to the ad.

Figure 1. Example of an ad used in the Facebook campaign



1.3.3 Sample profile

The total sample size for the teacher survey study is 1,084 teachers across 432 schools. The estimated associated margin of error with the teacher sample is +/-2.96 at 95% confidence interval.

Subgroups of interest

The sample size enabled subgroup analysis for the following groups:

- School system:
 - Public;
 - Independent; and
 - Private³.
- Teaching level:
 - Primary; and
 - Secondary.
- Location:
 - Metro; and
 - Regional.
- Socio-economic Index for Areas (SEIFA⁴):

³ Private school system corresponds to the Catholic sector

⁴ SEIFA code based of the 2011 ABS data. The index of relative socio-economic advantage and disadvantage was used for this study.

- Low;
- Medium; and
- High.

Analysis was not conducted on base sizes less than n=30.

Significance testing was undertaken by testing the proportion of respondents from a particular group who gave a particular response, against the proportion of all other respondents who gave that same response. Two-sided t-tests for numerical data were used, with a significance level (α) of 0.05. The False Discovery Rate was applied to minimise type one errors (false positives) in multiple comparisons.

Where there were more than two subgroups (e.g. school system), a group reported in the findings as ‘different’ is significantly different from the average for all other groups for that question. Where there were two subgroups (e.g. primary and secondary), we can say that the subgroups were significantly different from each other.

Only instances where statistically significant differences were detected are mentioned in the report.

Significant differences are denoted by directional arrows (▲▼ statistically higher or lower than the average of all other groups).

2 Findings

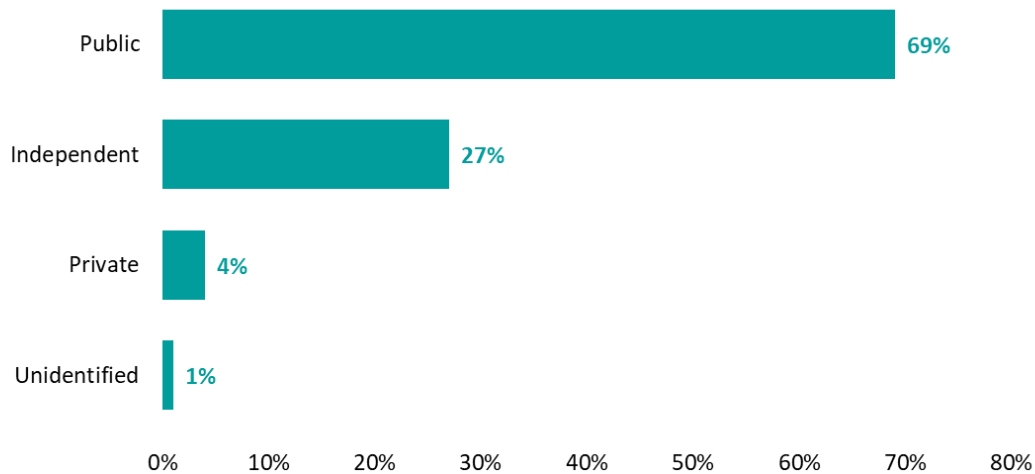
2.1 Sample profiling

2.1.1 Type of school

Figure 2 shows the distribution of school systems among school staff surveyed. The majority (69%) of the sample is comprised of respondents from public schools, followed by independent (27%) and a small proportion from private schools (4%).

There are six respondents whose school could not be identified due to lack of information provided in the profiling questions of the social media survey, this corresponds to the 1% unidentified in Figure 2.

Figure 2. School systems of school staff surveyed



Base: Total sample (n=1,084)

School system identified either in the sample data for the school administered method or in the survey for the social media method.

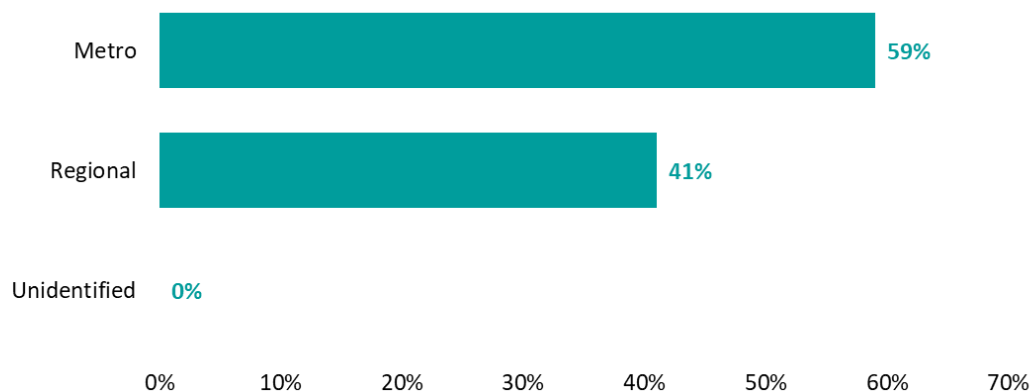
Note: Systems ranked in descending order. 1% unidentified correspond to 6 respondents whose schools could not be identified due to lack of information provided in the social media survey (i.e. name of school and/or postcode not provided)

2.1.2 Location and SEIFA

Location

Figure 3 shows the location of the schools of the respondents. Around six in ten (59%) respondents are from a school located in a metropolitan area of NSW. The remaining sample (41%) is from regional areas.

Figure 3. Schools location of school staff surveyed



Base: Total sample (n=1,084)

School location identified either in the sample data for the school administered method or in the survey for the social media method.

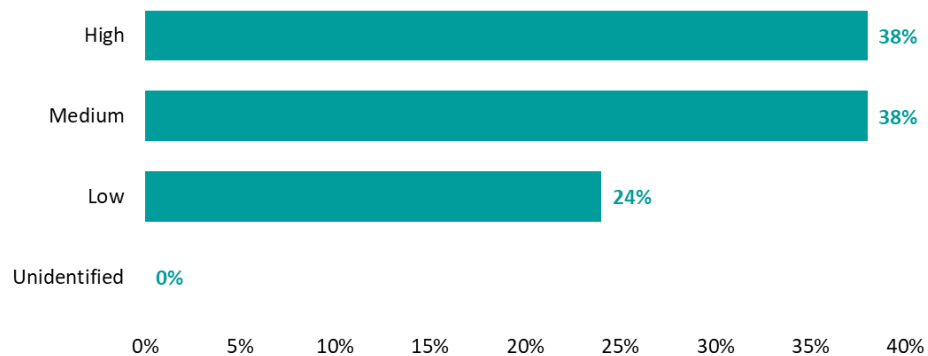
Note: Systems ranked in descending order. 0% unidentified correspond to 2 respondents whose school's location could not be identified due to lack of information provided in the social media survey (i.e. name of school and/or postcode not provided)

SEIFA

SEIFA is used in this study to analyse the results by different levels of socio-economic background (i.e. low, medium and high). These indexes have been developed by the Australian Bureau of Statistics (ABS) to rank postcode areas based on their relative socio-economic advantage and disadvantage derived from several indicators⁵.

Figure 4 shows the distribution of socio-economic background in the sample. Around two in five respondents work in a school that is either in a high (38%) or medium (38%) socio-economic area. A smaller proportion, around one in five (24%), work in a lower socio-economic area.

Figure 4. SEIFA code distribution



Base: Total sample (n=1,084)

SEIFA code derived from postcode identified either in the sample data for the school administered method or in the survey for the social media method.

Note: 0% unidentified correspond to 3 respondents whose school's postcode could not be identified due to lack of information provided in the social media survey (i.e. name of school and/or postcode not provided)

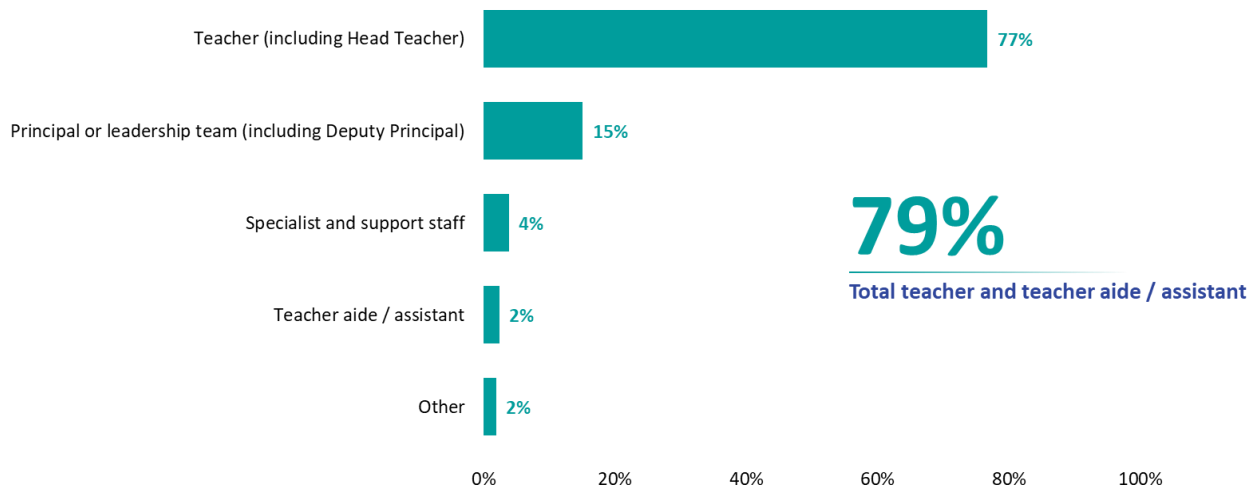
2.1.3 Role

Figure 5 shows the different roles represented in the sample. The vast majority are teachers (77%), followed by a small representation of principals (15%).

A few questions were asked only of teachers and teacher aides / assistants (79%) to profile their activity (e.g. teaching subject).

⁵ Abs.gov.au. 2020. SEIFA. [online] Available at: <<https://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa>> [Accessed 25 September 2020].

Figure 5. Roles of school staff surveyed



Base: Total sample (n=1,084)

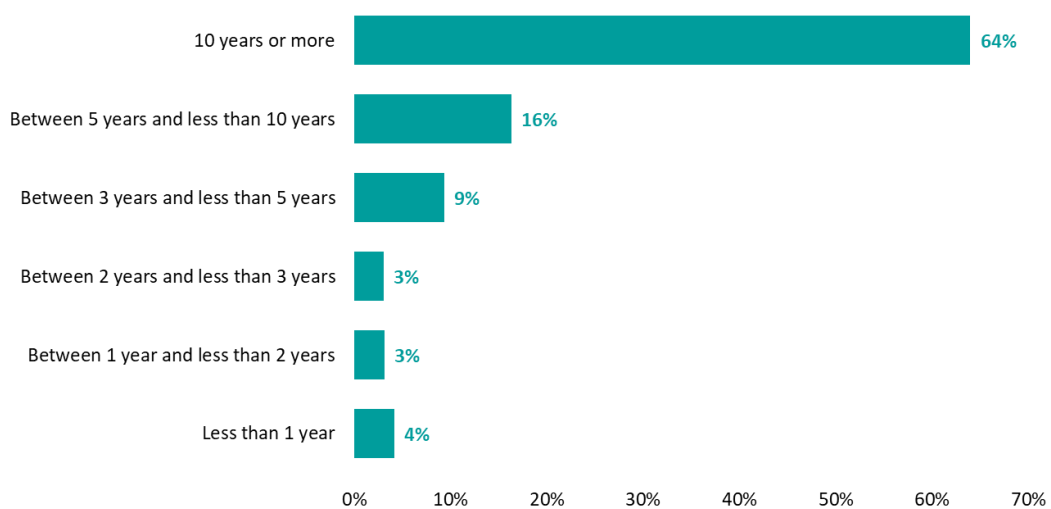
Q1. To begin with, which of the following best describes your role?

Note: Roles ranked in descending order.

2.1.4 Teacher and teacher aide/assistant profiling

Teaching experience

Figure 6 shows the number of years of teaching experience of teachers and teacher aides/assistants. The majority (64%) have ten or more years of experience. This suggests most teachers in the sample have sound knowledge and a good understanding of the education sector. Figure 6. Teaching experience



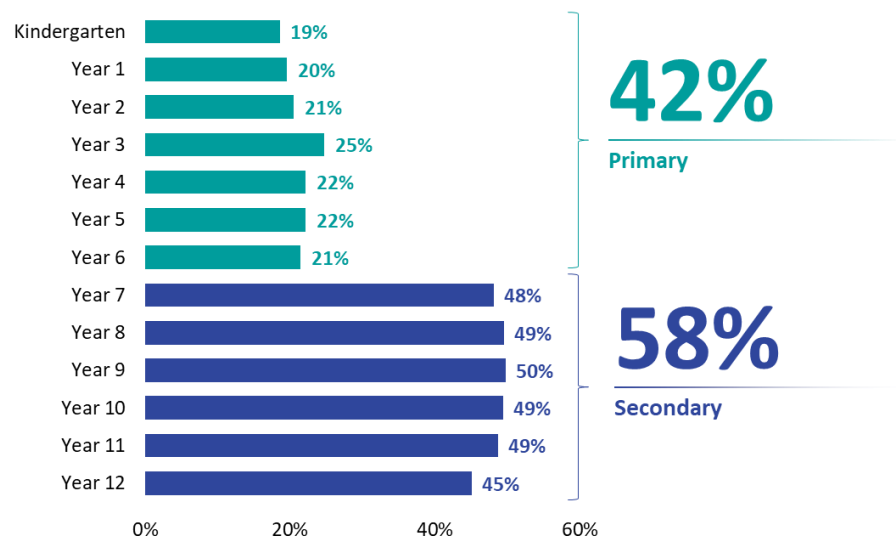
Base: Total teacher and teacher aide / assistant (n=857)

Q2. How long have you been teaching for?

Teaching level

Figure 7 shows the distribution of the different teaching levels. There is a larger proportion of secondary school teachers (58%) compared to primary (42%). The distribution of teaching years is fairly even within primary school teachers ranging from 19% for Kindergarten up to 25% for Year 3. Similarly, secondary school teachers include a balanced representation between Year 7 (78%) and Year 12 (45%).

Figure 7. Teaching level



Base: Total teacher and teacher aide / assistant (n=857)

Q3. Which year(s) do you teach?

Q4. And do you mainly teach primary or secondary school?

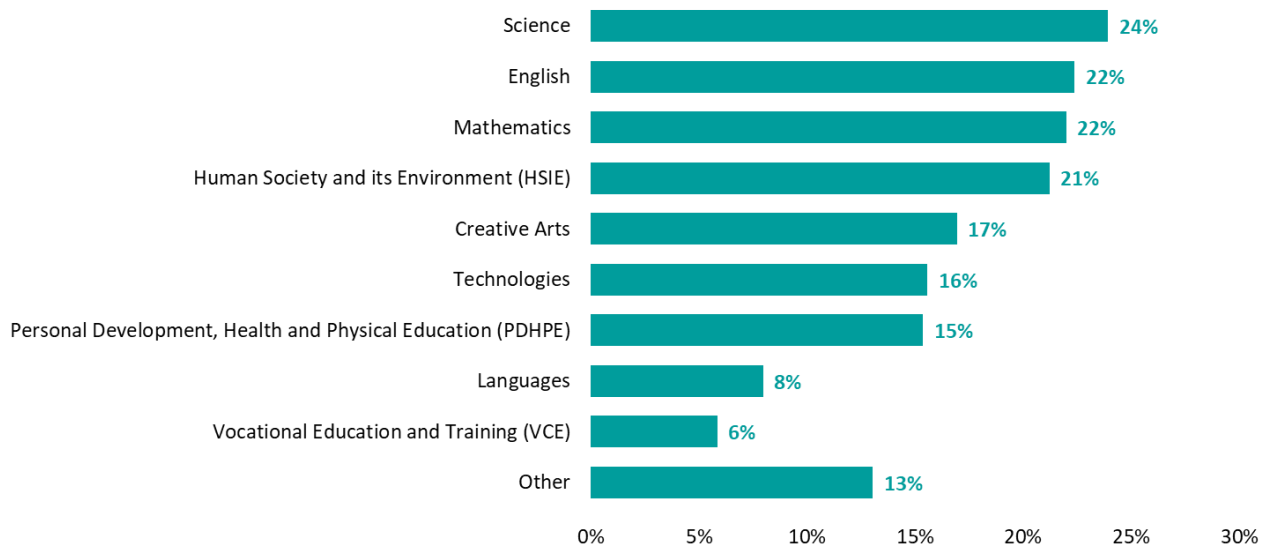
Note: Primary and secondary results do not add up to the results in the bar chart as the data presented is for Q4 and Q3 respectively.

Subject areas

Figure 8 shows the distribution of teaching subject areas (i.e. Key Learning Areas) among teachers and teacher aides/assistants. The most represented include:

- Science (24%);
- English (22%);
- Mathematics (22%); and
- Human Society and its Environment (HSIE) (21%).

Figure 8. Subject area(s) taught



Base: Total secondary teacher and teacher aide / assistant (n=514)

Q5. Which of the following subject area(s) (i.e. Key Learning Areas) do you currently teach?

Note: Subject areas ranked in descending order.

The literature review conducted prior to the survey demonstrated that the Personal Development, Health and Physical Education (PDHPE) curriculum was well placed to address youth gambling harm prevention. Although the proportion of PDHPE teachers in the sample is relatively small (15%), all respondents considered the curriculum content well suited for this purpose.

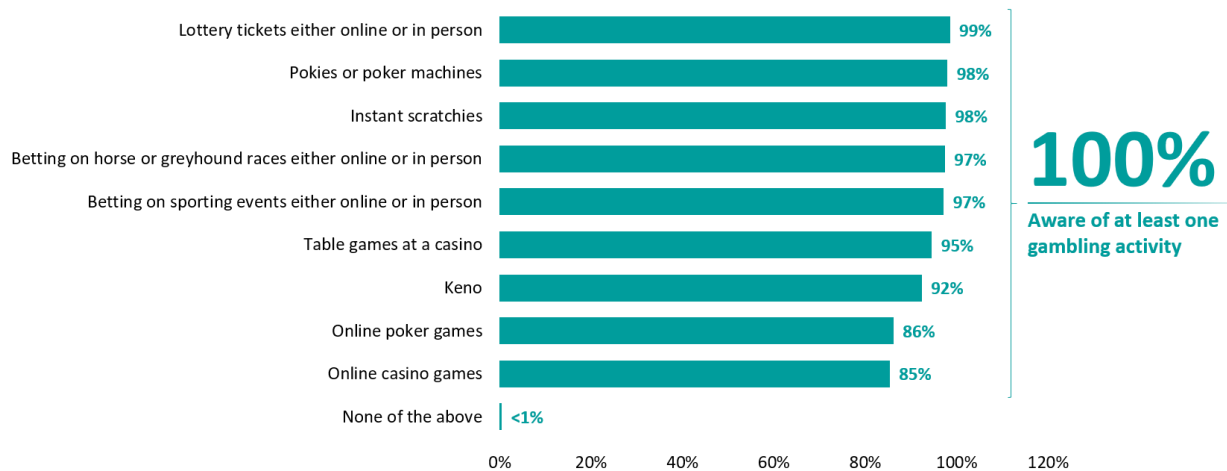
2.2 Knowledge and understanding

2.2.1 General awareness of gambling activities

Figure 9 shows teachers' level of awareness of different gambling activities. Generally, there are strong levels of knowledge and familiarity with gambling, with all teachers (100%) reporting they are aware of at least one of the gambling activities prompted in the survey.

Offline gambling activities, such as lottery tickets (99%) or pokies (98%), appear to be more widely known than online gambling, such as online poker games (86%) and online casino games (85%).

Figure 9. Awareness of gambling activities



Base: Total sample (n=1,084)

Q7. Which of the following gambling activities have you heard of before today?

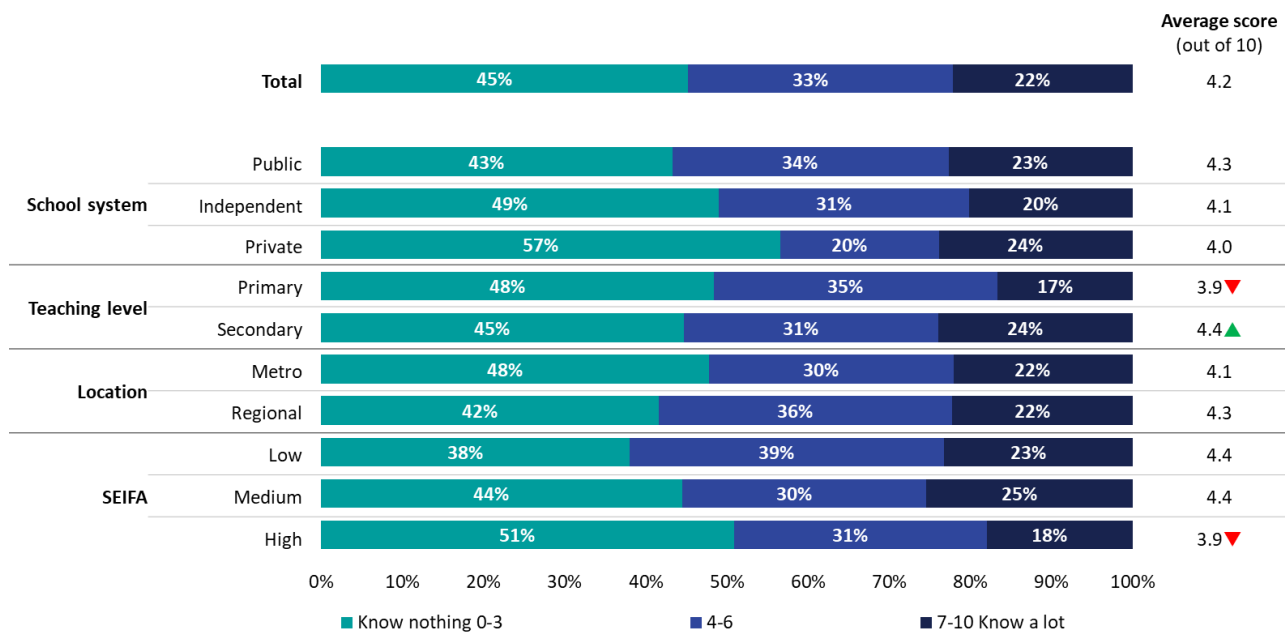
Note: Gambling activities ranked in descending order.

2.2.2 Understanding of youth gambling harm

Figure 10 shows the level of understanding of youth gambling harm. Interestingly while knowledge and familiarity of gambling is high, understanding of its potential harm to young people is relatively low with nearly half (45%) of teachers indicating they know nothing to very little about it (i.e. rating 0-3 out of 10).

A small proportion of around one in five teachers (22%) claim they understand it well (i.e. rating 7-10 out of 10).

Figure 10. Understanding of youth gambling harm



Base: Total sample (n=1,084), Public (n=744), Independent (n=288), Private (n=46), Primary (n=360), Secondary (n=497), Metro (n=642), Regional (n=440), Low (n=258), Medium (n=416), High (n=407)

Q8. On a scale of 0 to 10 where 0 means know nothing and 10 is know a lot, how would you rate your understanding of youth gambling harm?

Teachers working in primary schools and high socio-economic areas tend to have lower levels of understanding of gambling harm (average score of 3.9 out of 10 for each subgroups). This may be linked to the lower incidence of gambling in younger children and higher socio-economic areas⁶.

2.2.3 Knowledge of the signs of youth gambling harm

Figure 11 shows the key signs of gambling harm spontaneously cited by all respondents. The primary sign relates to a ‘lack of financial means’ (46%).

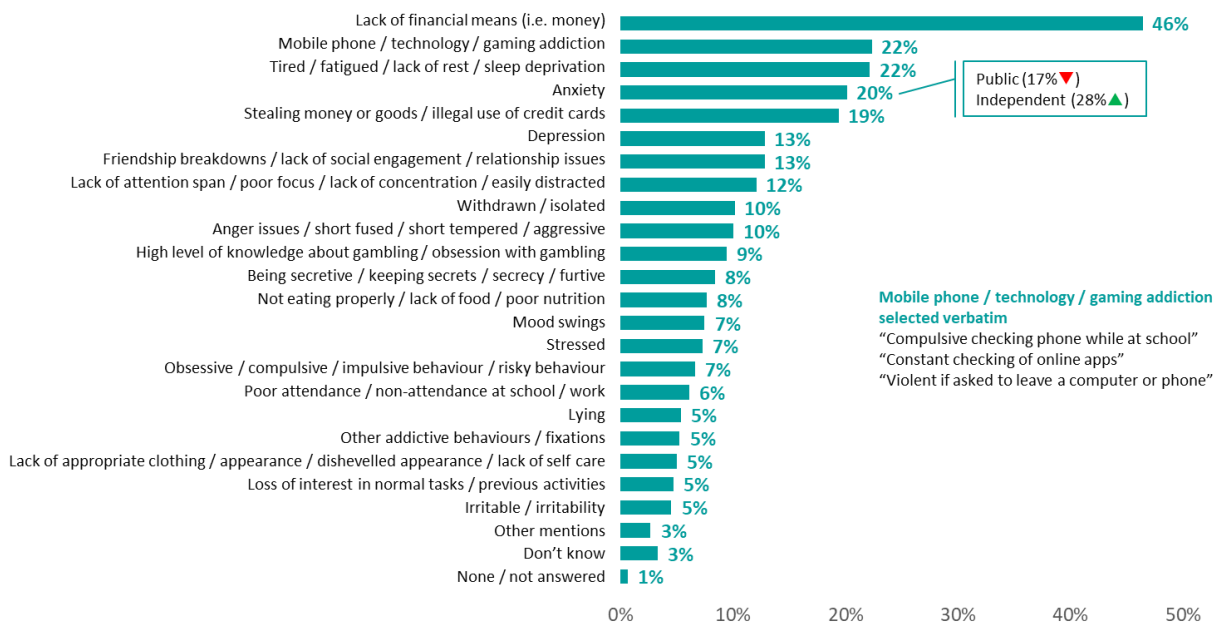
Secondary signs appear to relate to other health related issues including:

- Mobile phone or gaming addiction (22%) such as “compulsive checking phone while at school”;
- Fatigue (22%) and anxiety (20%) (which are more common signs of most mental health issues); and
- Stealing money or goods (19%).

The lack of consensus around key signs reinforces previous results where teachers tend to rate their understanding of youth gambling harm as very low (refer to 2.2.2 Understanding of youth gambling harm).

⁶Australian Gambling Research Centre. 2020. Australian Gambling Research Centre. [online] Available at: <<https://aifs.gov.au/agrc/publications/gambling-activity-australia/export>> [Accessed 25 September 2020].

Figure 11. Key signs of gambling harm



Base: Total sample (n=1,084), Public (n=744), Independent (n=288), Private (n=46), Primary (n=360), Secondary (n=497), Metro (n=642), Regional (n=440), Low (n=258), Medium (n=416), High (n=407)

Q9. What are the key signs that could suggest someone is affected by gambling harm? Please list all the signs that you can think of.

Note: Key signs ranked in descending order. Other signs that are less than 5% are excluded for ease of reading.

2.2.4 Convergence of gaming and gambling

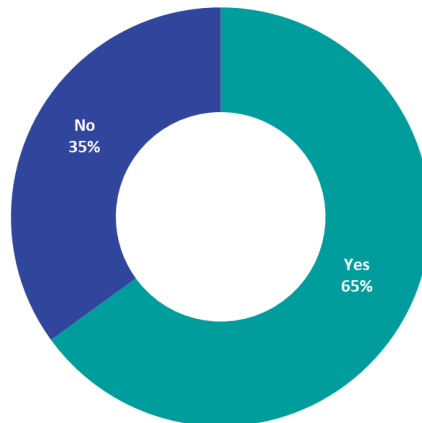
Figure 12 measures the level of awareness of the convergence of gaming and gambling. The following description of the convergence of gaming and gambling was prompted in the survey:

‘Gaming is the activity of playing video games. These games can be played online or offline and often take place on a screen like a computer, TV or mobile phone.

There is a convergence of gaming and gambling where some gaming activities include gambling-like features and vice versa. For example, a video game might feature loot boxes which players receive randomly or as rewards for in-game achievements. Players can choose to make small payments in order to open loot boxes containing virtual items which can enhance their game or can be entirely decorative. Another example is social gaming, like Candy Crush, where players can pay to advance levels in the game.’

Overall, nearly two thirds of all respondents (65%) are aware of the convergence of gaming and gambling. This suggests there is a stronger awareness of youth gaming related issues than gambling harm (refer to 2.2.2 Understanding of youth gambling harm).

Figure 12. Awareness of the convergence of gaming and gambling



Base: Total sample (n=1,084)

Q13. Before today, had you heard of the convergence of gaming and gambling?

Note: Respondents were prompted with a brief description of the convergence of gaming and gambling before answering this question

Consistent with previous results around understanding of youth gambling harm, teaching staff in secondary schools show higher levels of knowledge (69%) of the convergence of gaming and gambling compared to primary schools (57%).

2.3 Attitudes toward youth gambling

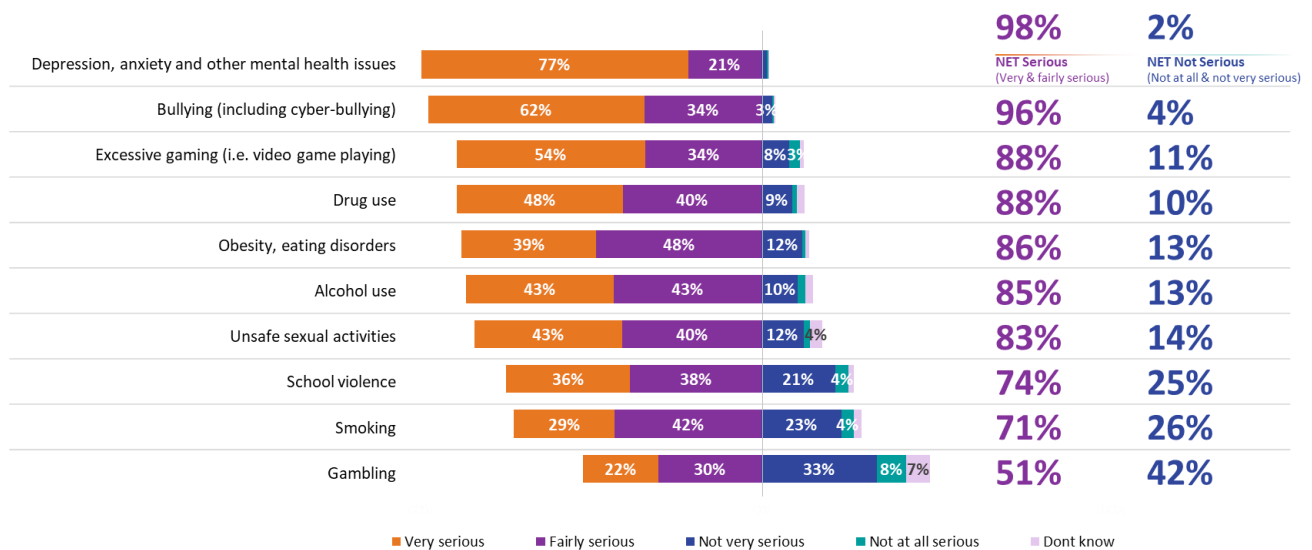
2.3.1 Perceived severity

Compared to other health issues

Figure 13 compares teachers concerns about youth gambling with other health issues. Gambling is perceived as the least serious of the included health issues with 51% of teachers considering this as a serious issue (i.e. 'fairly' or 'very serious'). Though this is more than half, the proportion is relatively very low compared to other health issues led by:

- Depression, anxiety and other mental health issues (98%);
- Bullying (96%); and
- Excessive gaming (88%).

Figure 13. Perceived severity of different health related issues, including gambling



Base: Total sample (n=1,084)

Q6 How serious do you think each of the following health issues are to young people (aged 18 and under)?

Note: Health issues ranked in descending order by NET Serious results. Labels 2% and below not shown for ease of reading.

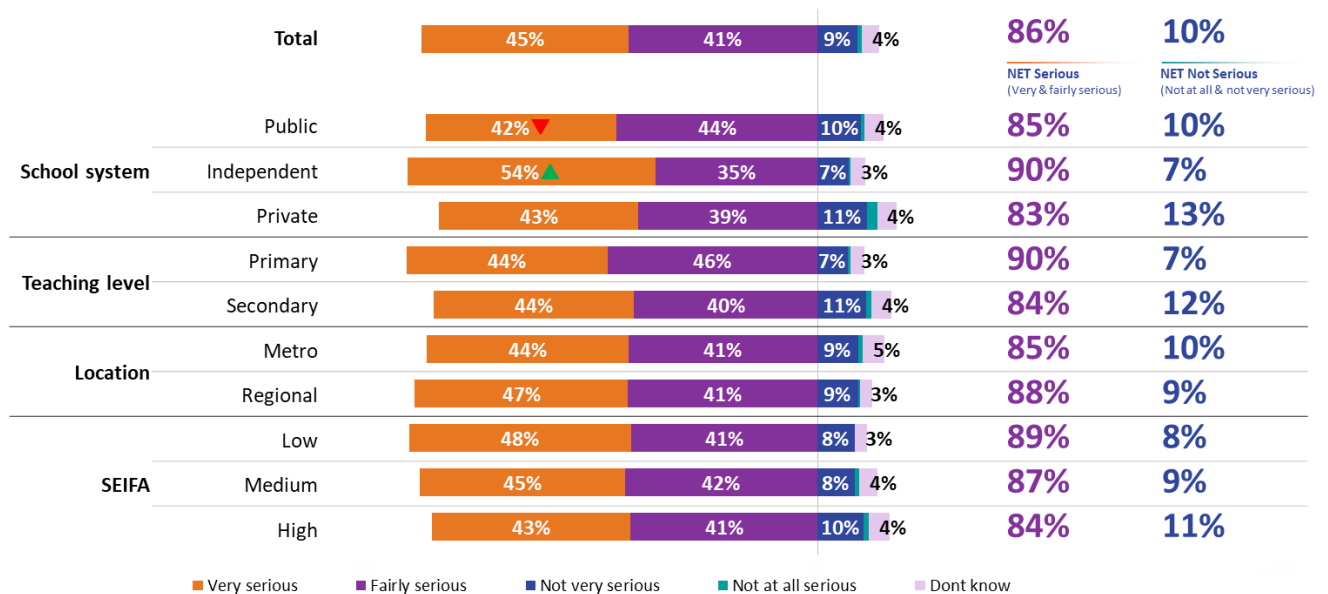
Primary school teachers show a greater level of concern about most of these health issues including but not limited to:

- Excessive gaming (93% compared to 86% for secondary schools); and
- Gambling (60% compared to 45%).

Gambling advertising

Figure 14 demonstrates the levels of concern about young people’s exposure to gambling advertising. The vast majority of all respondents (86%) view gambling advertising exposure as a serious issue for young people. Teachers from independent schools tend to be more concerned with 54% perceiving gambling advertising as a serious issue.

Figure 14. Perceived severity of the exposure to gambling advertising



Base: Total sample (n=1,084), Public (n=744), Independent (n=288), Private (n=46), Primary (n=360), Secondary (n=497), Metro (n=642), Regional (n=440), Low (n=258), Medium (n=416), High (n=407)

Q11. How serious an issue do you think exposure to gambling advertising is to young people (aged 18 and under)?

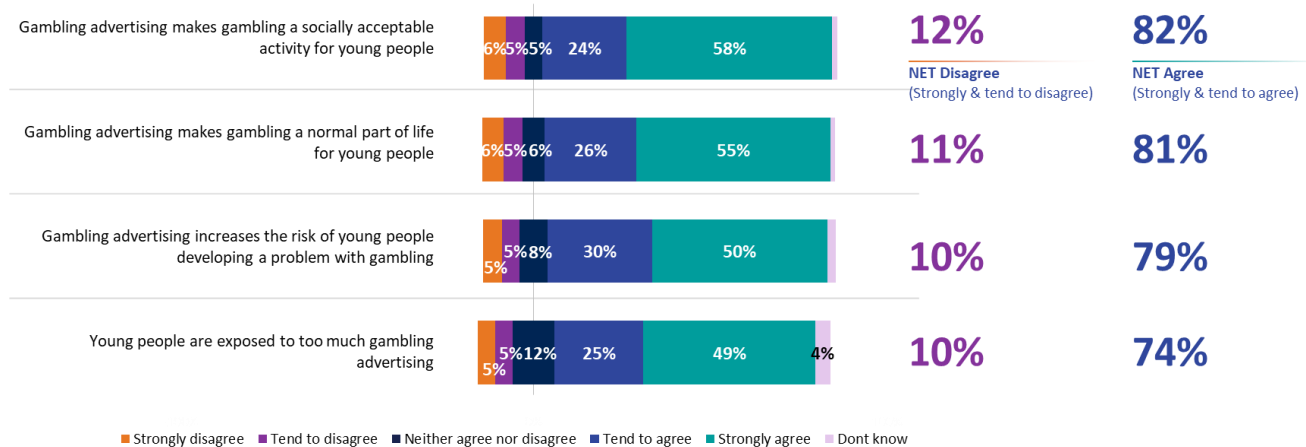
Note: Labels 2% and below not shown for ease of reading.

Figure 15 presents teachers’ attitudes toward gambling advertising. In line with their level of concern, the majority of teachers hold negative views of gambling advertising and its impact on young people. Most of them agree advertising contributes to the normalisation of gambling:

- 82% agree it ‘makes gambling a socially acceptable activity for young people’; and
- 81% agree it ‘makes gambling a normal part of life for young people’.

A similar proportion of teachers (79%) feel that gambling advertising increases the risk of young people developing a problem.

Figure 15. Attitudes toward gambling advertising



Base: Total sample (n=1,084)

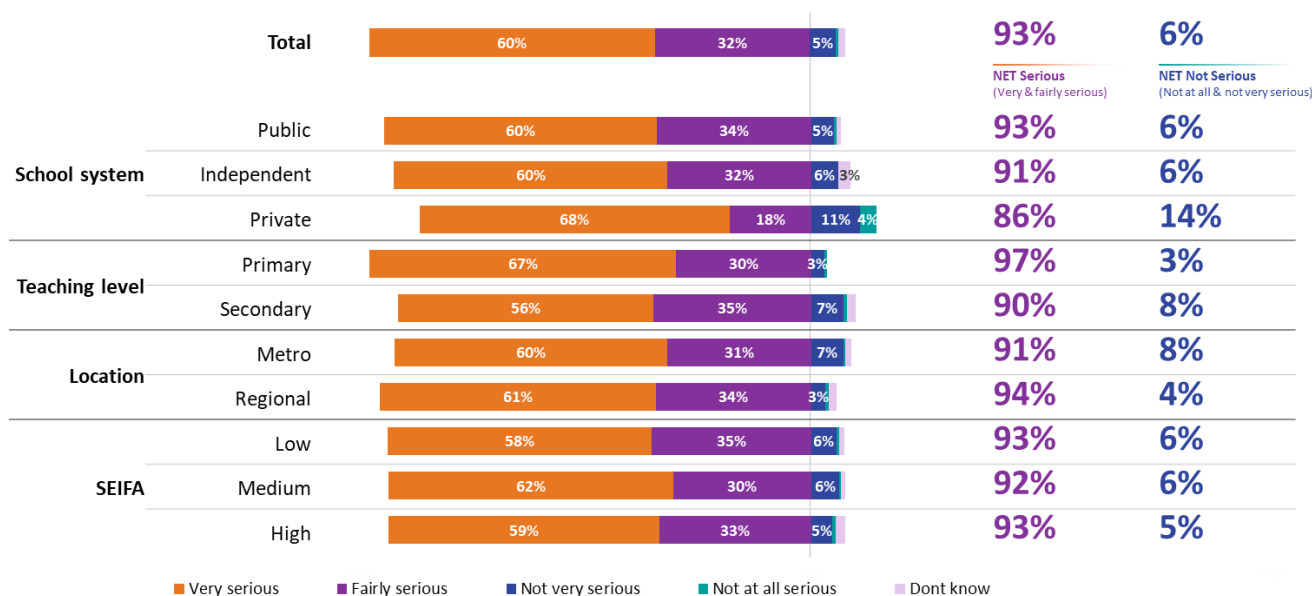
Q12. And to what extent do you agree, or disagree, with the following statements?

Note: Statements ranked in descending order by NET Agree results. Labels 2% and below not shown for ease of reading.

Convergence of gaming and gambling

Figure 16 measures the levels of concern about the convergence of gaming and gambling. In line with the perceived severity of excessive gaming (refer to 2.3.1 Perceived severity), the vast majority of teachers (93%) think the convergence of gaming and gambling is a serious issue.

Figure 16. Perceived severity of the convergence of gaming and gambling



Base: Total aware of the convergence of gaming and gambling (n=700), Public (n=485), Independent (n=184), Private (n=28), Primary (n=206), Secondary (n=341), Metro (n=410), Regional (n=289), Low (n=163), Medium (n=279), High (n=256)

Q14. How serious an issue do you think the convergence of gaming and gambling is to young people (aged 18 and under)?

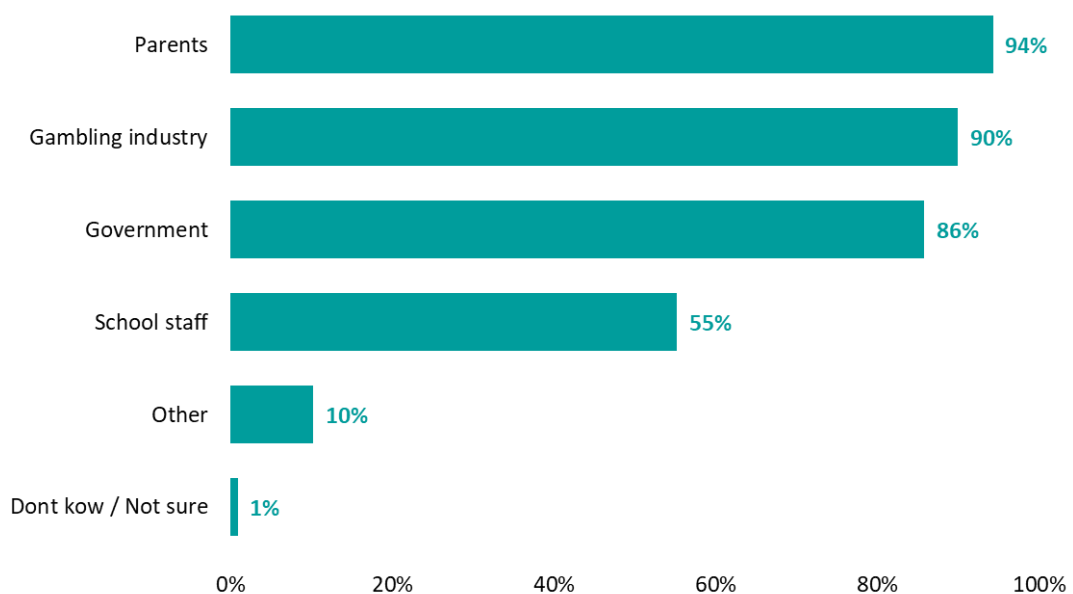
Note: Labels 2% and below not shown for ease of reading. Low base size for Private school (i.e. n<30), interpret results with care.

2.3.2 Perceived responsibility

Figure 17 shows who teachers believe should play a role in the prevention of youth gambling harm. Parents are considered to hold primary responsibility for youth gambling harm prevention (94%). Teachers also believe the gambling industry and the government should play a substantial role (90% and 86% respectively).

Around one in two teachers (55%) think schools have a role to play in gambling education.

Figure 17. Perceived responsibility of youth gambling harm



Base: Total sample (n=1,084)

Q10. Who do you think should play a role in the prevention of youth gambling harm?

Note: Responsible ranked in descending order.

Teachers from independent schools tend to attribute more responsibility to the government (92%) and school staff (67%).

2.4 Existing gambling education

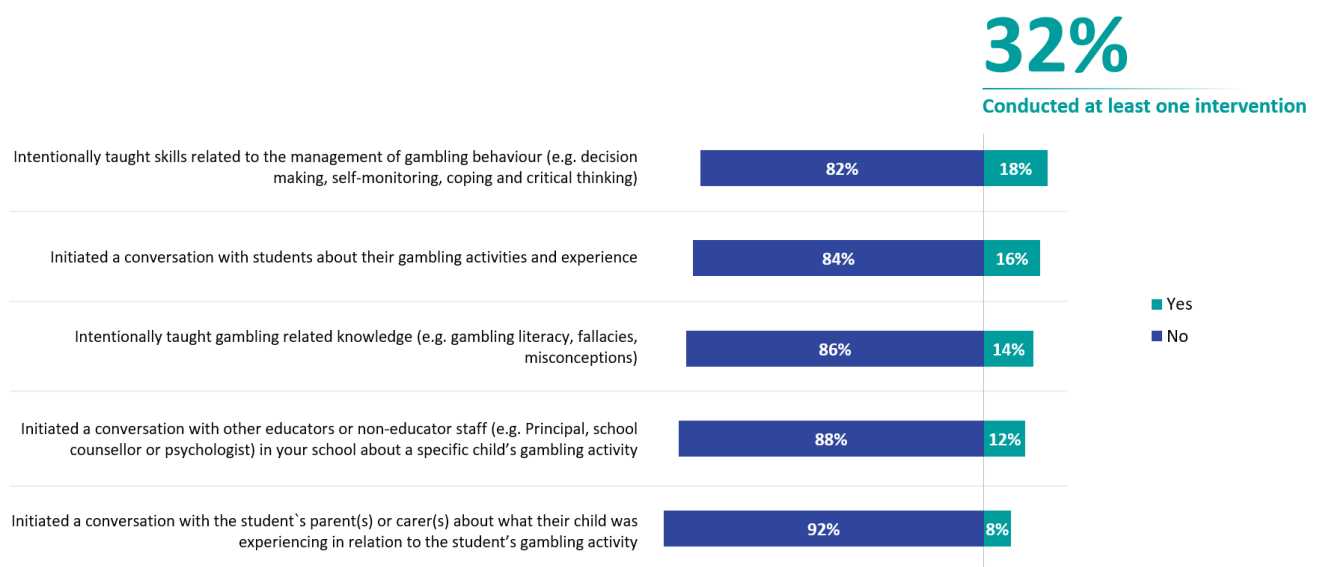
2.4.1 Gambling harm interventions

Figure 18 identifies youth gambling harm prevention conducted by teachers in the last 12 months. Overall, around one third of teachers (32%) conducted at least one of the interventions prompted in the survey, which relate to either teaching skills to manage gambling behaviours or initiating conversations.

The most common intervention is teaching behavioural skills to manage gambling risk (18%). Such skills include decision making or critical thinking which are in line with the content of the PDHPE⁷ curriculum. This suggests there may be an opportunity to leverage existing syllabuses by applying a gambling lens.

Secondary interventions address gambling behaviours with students such as initiating a conversation about their gambling activities and experience (16%) and teaching gambling related knowledge (14%). While actions targeting other educators or parents are less prominent (12% and 8% respectively).

Figure 18. Gambling harm interventions conducted by teachers



Base: Total sample (n=1,084)

Q16. In the past 12 months, have you done any of the following?

Note: Statements ranked in descending order by Yes results. 'Not applicable' responses excluded from the chart for analysis purposes. As a result, base sizes for each statement may slightly vary.

Subgroup analysis suggests teachers from certain schools or areas are more likely to conduct youth gambling harm prevention in some form:

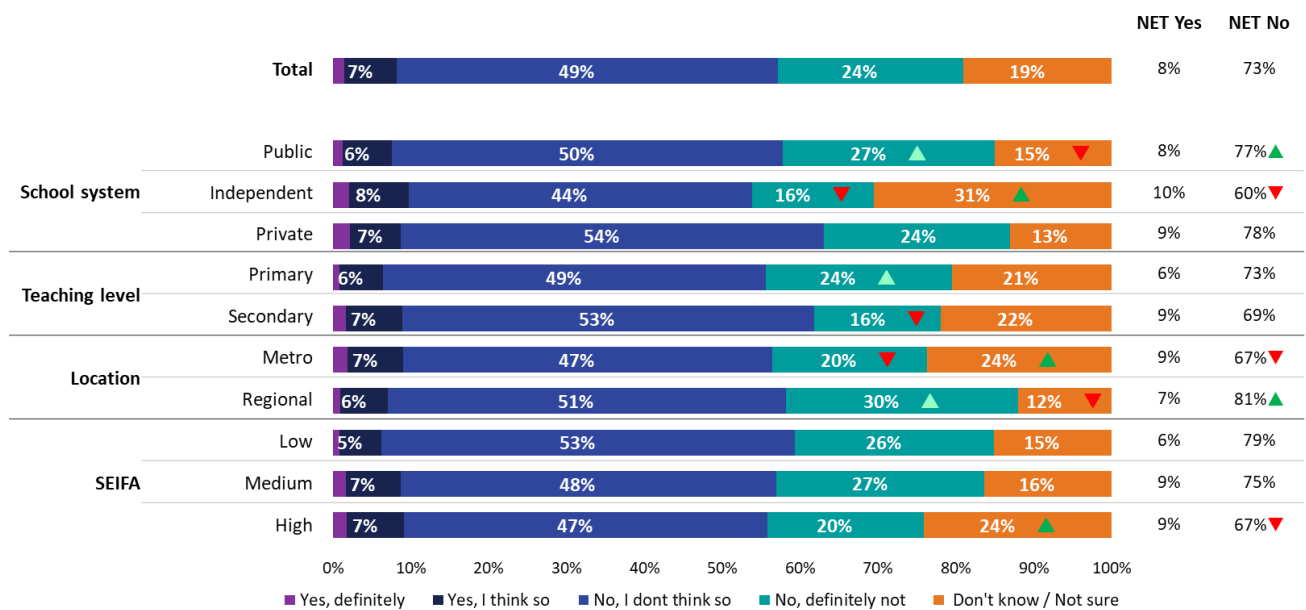
- Private schools (48% conduct at least one intervention);
- Secondary schools (39%); and
- Schools from medium socio-economic areas (37%).

⁷ Educationstandards.nsw.edu.au. 2020. [online] Available at: <https://educationstandards.nsw.edu.au/wps/wcm/connect/f63e7d9d-fa2a-471b-bf3c-d5b362fddb00/k6_pdhpe_syl.pdf?MOD=AJPERES&CVID> [Accessed 25 September 2020].

2.4.2 School conducting gambling harm prevention

Figure 19 identifies the proportion of teachers reporting their school conducts youth gambling harm prevention. A minority of schools appear to be conducting youth gambling harm prevention with under one in ten teachers (8%) indicating their school delivers some forms of prevention.

Figure 19. Schools currently conducting prevention to address gambling harm



Base: Total sample (n=1,084), Public (n=744), Independent (n=288), Private (n=46), Primary (n=360), Secondary (n=497), Metro (n=642), Regional (n=440), Low (n=258), Medium (n=416), High (n=407)

Q17. Does your school currently conduct prevention activities, or interventions, to address gambling harm for young people (aged 18 and under)?

Note: Labels 2% and below not shown for ease of reading.

2.4.3 Description of current gambling harm prevention programs

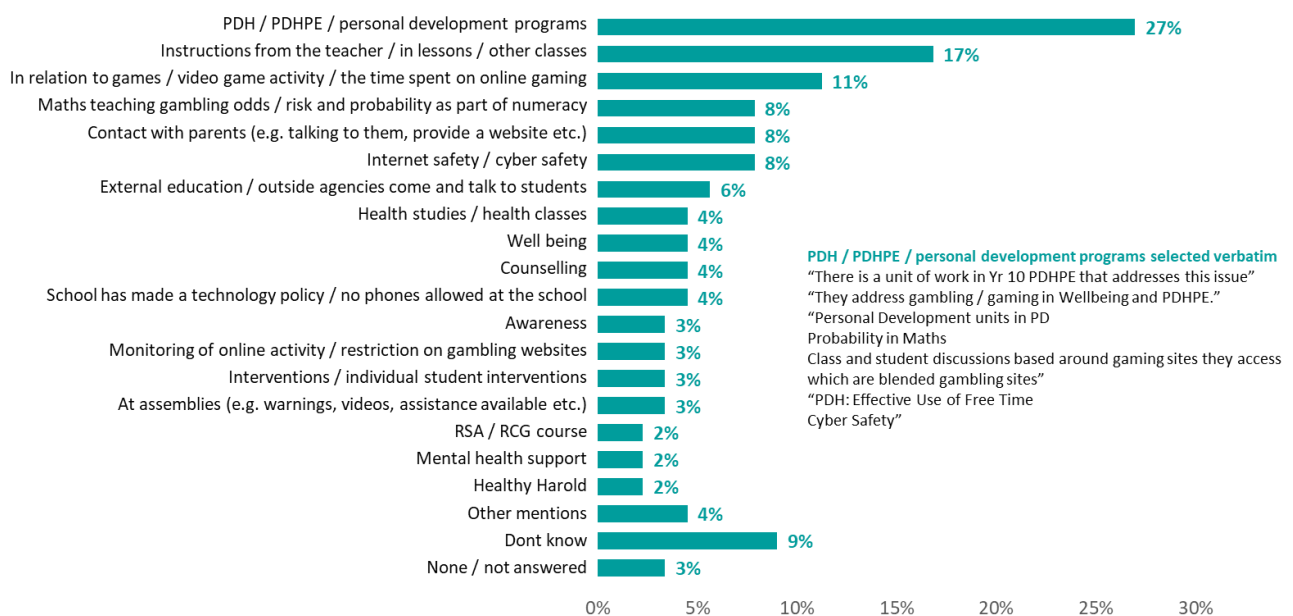
The results presented in this section are based on the teachers who indicated their school is currently conducting some form of youth gambling harm prevention. Figure 20 reports the youth gambling harm prevention activities currently conducted in schools as described by teachers. Most teachers referred to PDHPE (27% of those whose school conducts youth gambling harm prevention) suggesting youth gambling harm prevention is already covered as part of the curriculum. For example, some teachers provided the following descriptions:

- “There is a unit of work in Yr 10 PDHPE that addresses this issue.”;
- “Embedded into the PDHPE course for year 9/10.”;
- “Gambling preventions and issues are covered in the PDHPE syllabus and social skills lessons.”; and
- “Awareness of outcomes in maths. PDHPE has affects and recognition of a problem in gambling and related activities.”.

The second most common intervention appears to be more ad hoc and from teachers’ own initiative rather than a universal school program approach, with 17% of those teachers describing these as ‘instructions from the teacher’.

There is a noticeable although relatively small proportion (11%), who referred to gaming related content as opposed to gambling. This suggests, along with the convergence of gaming and gambling, there may be some opportunities to leverage existing gaming education to include some gambling content.

Figure 20. Description of currently conducted gambling harm intervention



Base: Teachers from schools conducting gambling harm prevention (n=89)

Q18. Please describe these gambling harm prevention activities, or interventions, which your school currently conducts for young people (aged 18 and under). Please name the intervention/program if applicable.

Note: Gambling harm interventions ranked in descending order.

2.4.4 Current gambling harm prevention resources

Current resources and strategies provided and used

The results presented in this section are based on the teachers who indicated their school is currently conducting some youth gambling harm prevention. Figure 21 shows the youth gambling harm prevention resources provided to teachers by schools conducting youth gambling harm prevention, and their usage.

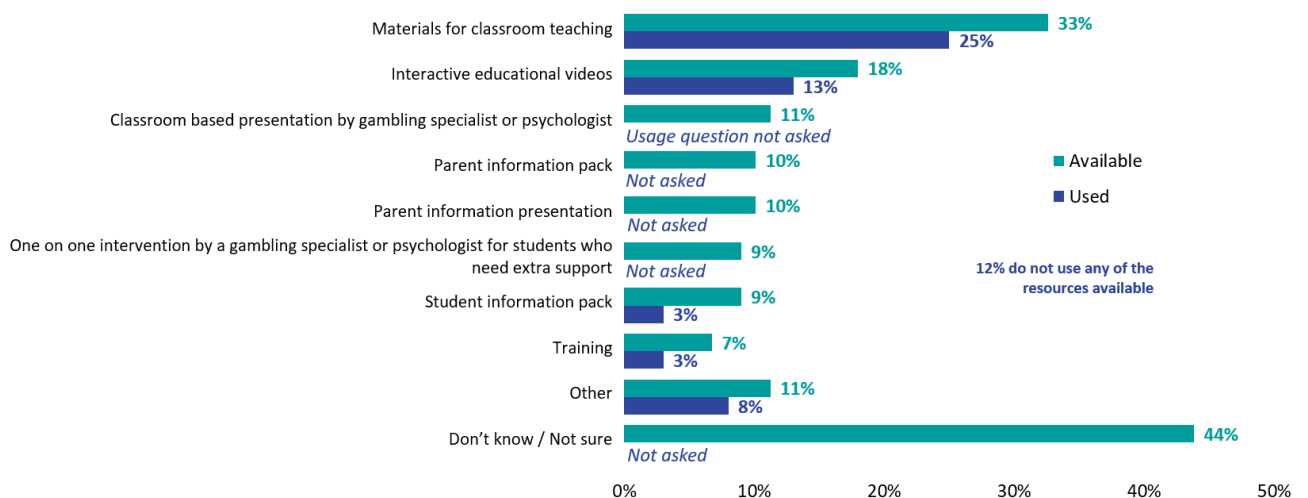
The primary resources available to teachers in these schools are materials for classroom teaching (33%). Interactive education videos are the second most common resource (18%).

A minority (11%) of teachers from these schools reported classroom-based presentations by a gambling specialist or psychologist. To provide a reference, this approach has been conducted in Victoria upon schools’ requests and other countries such as Romania and their ‘Amazing Chateau’ Rational Emotive Education⁸.

However, a noticeable proportion of teachers (44%) from these schools appear to not know what these strategies and resources are. This may be explained by the fact that they are aware of other school teaching staff conducting gambling prevention while they do not conduct any themselves. This relatively high proportion of ‘don’t know’ responses suggest there is a low level of teacher engagement with current gambling education resources available. Perhaps this reinforces the need to conduct sector awareness and engagement activities in order to build teachers’ interest prior to launching any new gambling education resources.

In terms of usage, materials for classroom teaching and videos seem to be the most popular resources (25% and 13% respectively). They represent around two thirds of instances where these materials are available which suggest there is room for improvement to maximise usage. Student information packs are used less relative to other resources, with 9% of teachers reporting it is available but 3% actually using it.

Figure 21. Resources and strategies currently provided and used



Base: Teachers from schools conducting gambling harm prevention (n=89)

Q21. Which of the following resources or strategies does your school use in gambling harm prevention activities, or interventions, for young people (aged 18 and under)?

Q22. Of those resources or strategies which are designed for teachers, which one(s) have you undertaken or used?

Note: Resources ranked in descending order. Not all materials and strategies were prompted at question Q23 depending on whether teachers could use these or not (e.g. Classroom based presentation by gambling specialist or psychologist not prompted because not relevant)

⁸ Todirita, I.R., and Lupu, V. 2013, ‘Gambling Prevention Program Among Children’, *Journal of Gambling Studies*, vol. 29, no. 1, pp. 161-169.

Motivations and barriers to usage

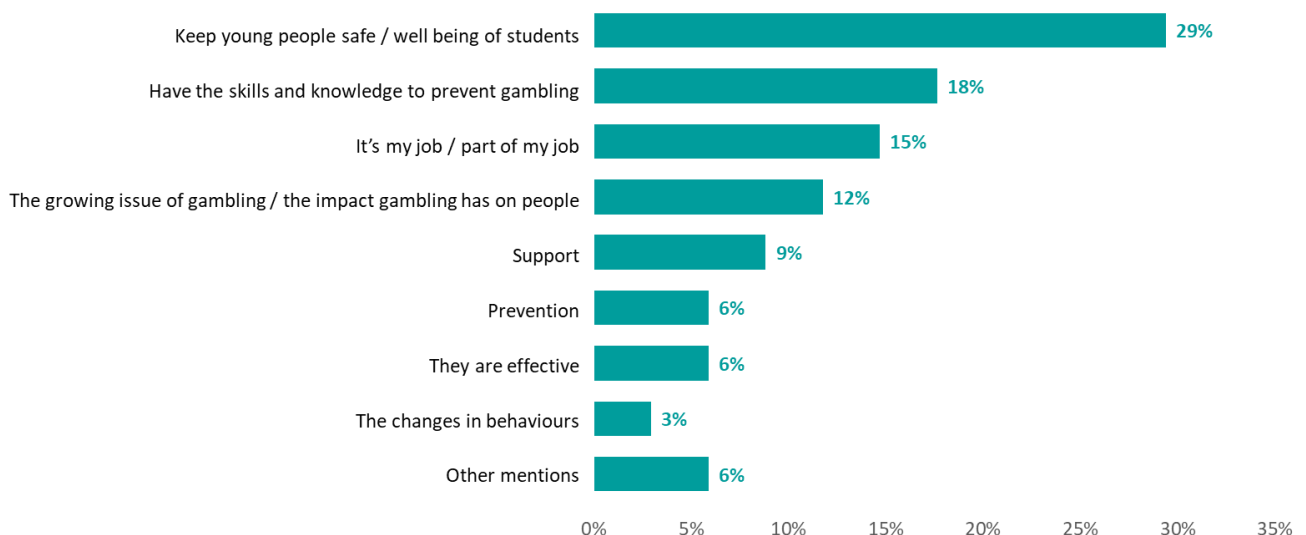
Figure 22 explores the reasons why teachers are using available youth gambling harm prevention materials. The main motivation relates to a broader overarching sense of responsibility toward student’s wellbeing (29%). Some teachers explained in their own words:

- “Helping students to make good decisions as they move towards adulthood.”;
- “To help young people to focus on their learning and have a healthy lifestyle.”; and
- “I have seen the effects of children getting themselves into trouble with gambling and the effect parents who gamble have had on their children's lives.”.

While most teachers are driven by looking after their students’ overall wellbeing, others are motivated by teaching skills specifically related to gambling behaviours. As such their motivations relate to teaching gambling harm related content including raising students’ awareness of gambling harm and equipping them with the knowledge to gamble responsibly:

- “To alert students of the negatives arising from over-reliance on gaming and the use of temptation, pressure and the 'possibility' of being the one who will miss out marketing strategies.”; and
- “To ensure that students with the potential to become problem gamblers have the skills and knowledge to escape entrapment in gambling venues / websites.”.

Figure 22. Motivations to use current resources and strategies



Base: Teachers that have used at least one resource or strategy (n=34)
 Q24. What motivates you personally to use these resources or strategies?
 Note: Motivations ranked in descending order.

Figure 23 ranks the different barriers described by teachers who do not use any of the gambling education materials available. The reasons why those teachers do not use existing materials is mainly because of the lack of resources or the difficulty of finding appropriate and up to date resources (22%):

- “Limited variety available to students for appropriate ages.”;
- “Resources- I would implement immediately if I had more training/ resources.”; and
- “Finding up to date resources.”.

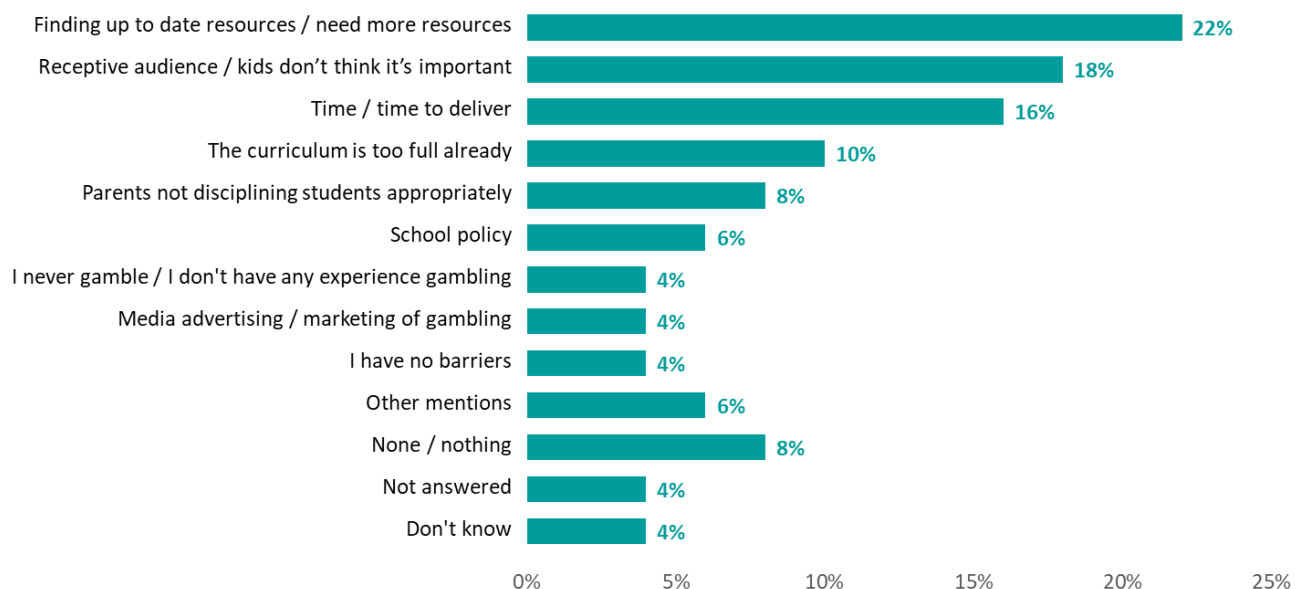
Another important barrier is linked to the perceived severity of youth gambling harm and an expected lack of interest from students (18%):

- “Kids don't think it's important!”;
- “Getting students to see seriousness and implications of their choices.”; and
- “Importance of this topic as opposed to other topics, Year level taught.”.

This highlights again the importance of strengthening teachers’ endorsement of the topic to overcome potential barriers to the successful implementation of youth gambling harm prevention.

Other key barriers include teachers’ limited time (16%) and their concerns around adding to overloaded curriculums (10%). These aspects need to be considered in the development of any new resources or strategies to facilitate successful implementation in schools.

Figure 23. Barriers to using current resources and strategies



Base: Teachers teaching in schools that provide resources or strategies (n=50)

Q23. What do you think are the main barriers, if any, you personally face in using these resources or strategies?

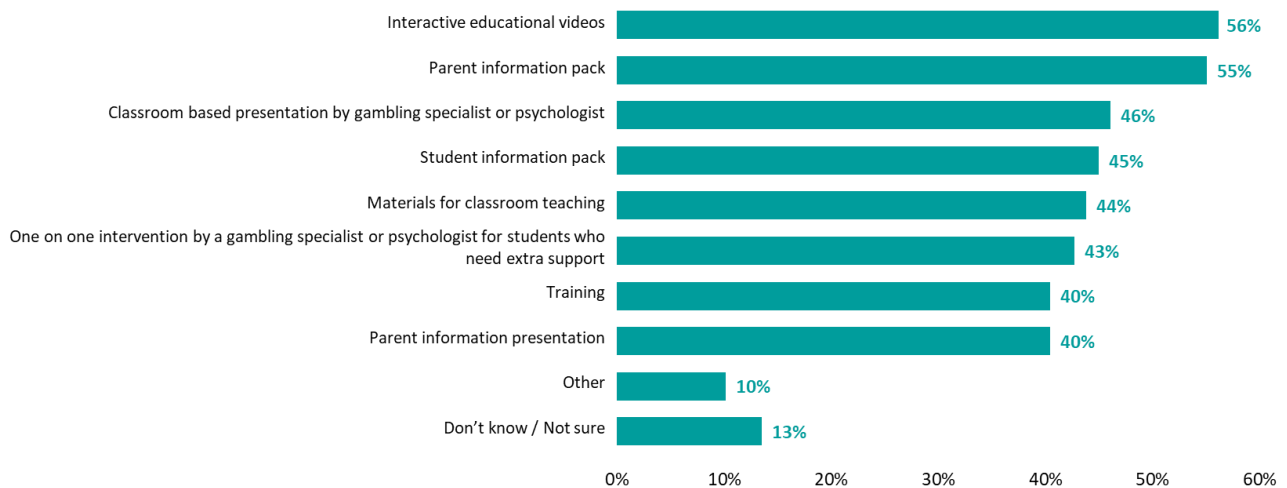
Note: Main barriers ranked in descending order.

Preferred resources and strategies for gambling harm education

Figure 24 shows teachers’ preferences in terms of resources. The preferred resources are interactive educational videos (56%) and parent information packs (55%). These latter results reflect the general consensus around the parent’s role to play in youth gambling and teachers appear inclined to assist passing on information to families.

A little under half of teachers would like to see more classroom based presentations by a gambling harm specialist or psychologist (46%), student information packs (44%) or materials for classroom teaching (44%).

Figure 24. Preferred gambling harm education resources and strategies



Base: Teachers from schools conducting gambling harm prevention (n=89)

Q25. And which of the following resources or strategies would you like to see more of or have access to address gambling harm prevention in your school?

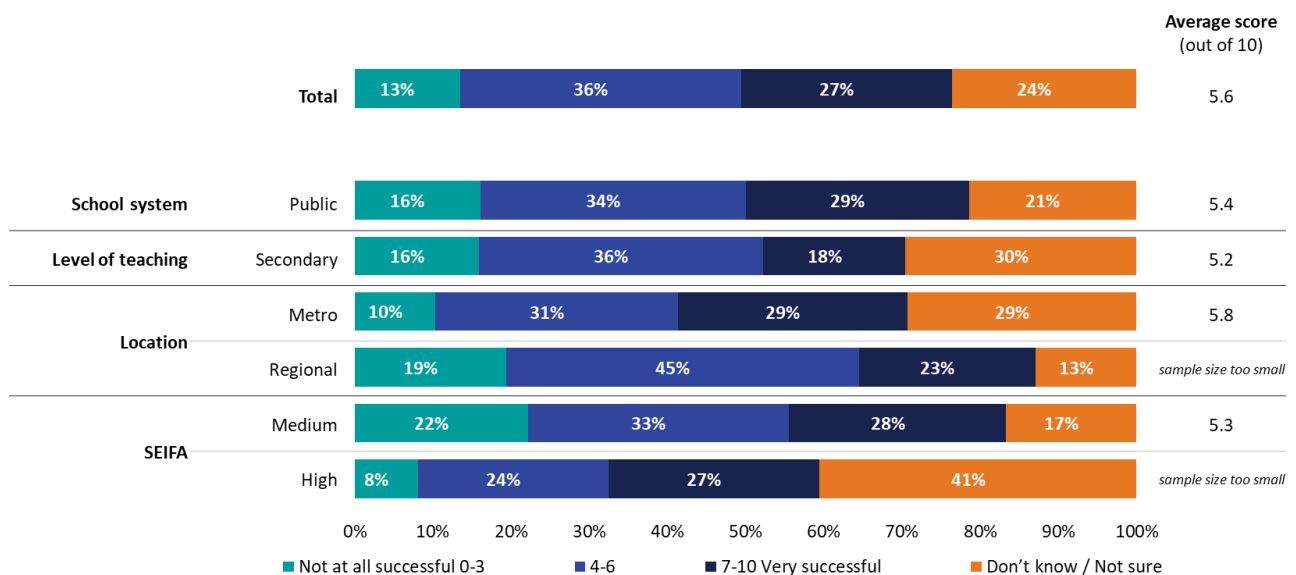
Note: Resources ranked in descending order.

Success of current gambling harm prevention

The results presented in this section are based on the teachers who indicated their school is currently conducting youth gambling harm prevention. Figure 25 presents teachers’ views on how successful these existing prevention activities are. Around one quarter (27%) think it is working well (rating between 7 and 10 out of 10) in changing students’ awareness, behaviours and attitudes toward gambling. This indicates there is room for improvement.

It is difficult for a noticeable proportion of teachers (24%) to rate the level of effectiveness, reflected in their response of ‘don’t know’.

Figure 25. Perceived effectiveness of current gambling harm prevention



Base: Teachers from schools conducting gambling harm prevention | Total sample (n=89), Public (n=56), Secondary (n=44), Metro (n=58), Regional (n=31), Medium (n=36), High (n=37)

Q19. How successful do you think these gambling harm prevention activities, or interventions, are in changing students' awareness, behaviours and attitudes toward gambling?

Note: Independent, Private, Primary, Low SEIFA subgroups not shown due to low sample size (n<30 teachers). Average score excludes Don't know results to enable calculation, therefore sample sizes are slightly smaller than the ones used in the chart.

Reasons for rating prevention as successful

The results presented in this section are based on the teachers from schools currently conducting some youth gambling harm prevention and who rated it as successful. Figure 26 extends the analysis of perceived effectiveness of current prevention by exploring the reasons behind positive ratings (rating between 5 and 10 out of 10). For teachers, a reliable indicator of success is the level of engagement they witness from students such as taking notes, contributing to or starting conversations (24%):

- “Ongoing conversations so children can be supported if needed.”;
- “Kids can have open and meaningful conversations and dispel myths and misconceptions around the dangers of addiction and implications of their behaviour and avenues for support for themselves or family members.”; and
- “It creates conversation about the negative effects, however, for the most part our students are led by the habits of their parents.”.

Awareness (16%) is also a useful measure of success with teachers recognising this as an important step to youth gambling harm minimisation:

- “Raising awareness is a good start.”;
- “Gives students pause and awareness to the issues enabling students to be informed before getting caught up in the activity.”; and

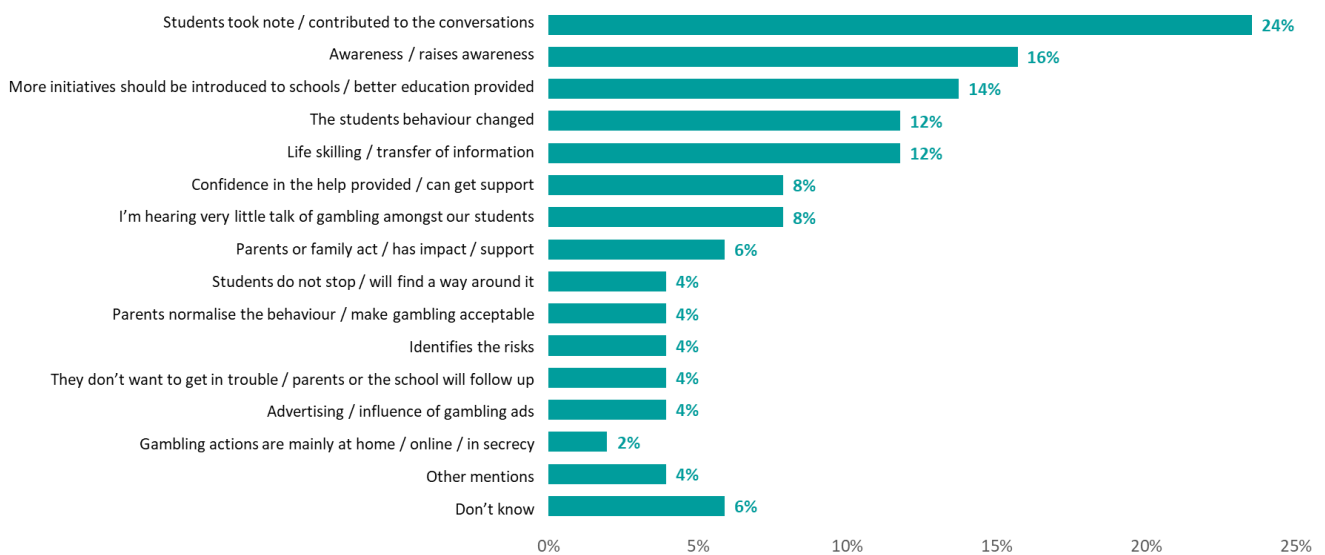
- “There is much more awareness of the strategies that online business is using to trap children into 'soft' gambling and that it leads to worse gambling. Many children talk about getting into trouble with parents when they use hard currency in game.”.

This highlights how student engagement and awareness can be used as indicators for program evaluation.

Other teachers took the opportunity to suggest a review and improvement of existing strategies and materials (14%). There are a number of requests for more up to date materials and recommendations to ensure these are relevant to the context of today’s gambling including the convergence of gaming and gambling:

- “Also, the material they present seems completely outdated for the modern problems e.g. gambling related apps, loot boxes and skin gambling.”; and
- “Repetition of curriculum surrounding the topic plus relatedness to the students. It has to be placed into context with the students and what applications they are using.”.

Figure 26. Reasons for rating gambling prevention as successful (i.e. between 5-10 out of 10)



Base: Teachers who rated gambling harm prevention activities as successful (i.e. between 5-10 out of 10) (n=51)

Q20. Why do you say that? What makes these prevention activities, or interventions, program seems to be successful/ does not seem to be successful?

Note: Reasons ranked in descending order.

Barriers (Q20)

Reasons for rating prevention as unsuccessful

Figure 27 presents the reasons why teachers rated current youth gambling harm prevention as unsuccessful (rating between 4 and 10 out of 10). The total number of teachers who responded to this question is too low (i.e. n=17) to report proportions in a chart; therefore, counts are shown in a table instead.

Some teachers referred back to the responsibility of parents in youth gambling and how their behaviours may interfere with any youth gambling harm prevention conducted in schools:

- “Parents! If they normalise the behaviour and make gambling acceptable there is little an educator can do about it.”; and
- “It creates conversation about the negative effects, however, for the most part our students are led by the habits of their parents.”.

This illustrates why some teachers may need to see how parents are also involved in youth gambling harm prevention to consolidate any school interventions at home. Because of the higher level of responsibility associated with parents compared to schools (refer to 2.3.2 Perceived responsibility) some teachers may be concerned about prevention conducted at schools being counteracted at home by parents gambling behaviours.

Figure 27. Reasons for rating gambling harm prevention as unsuccessful (i.e. between 0-4 out of 10)

	Total
Base	17
Students do not stop / will find a way around it	6
More initiatives should be introduced to schools / better education provided	4
Parents normalise the behaviour / make gambling acceptable	4
Parents or family act / has impact / support	2
Gambling actions are mainly at home / online / in secrecy	2
Students took note / contributed to the conversations	1
Identifies the risks	1

Base: Teachers who rated gambling harm prevention activities as successful (i.e. between 0-4 out of 10) (n=17)

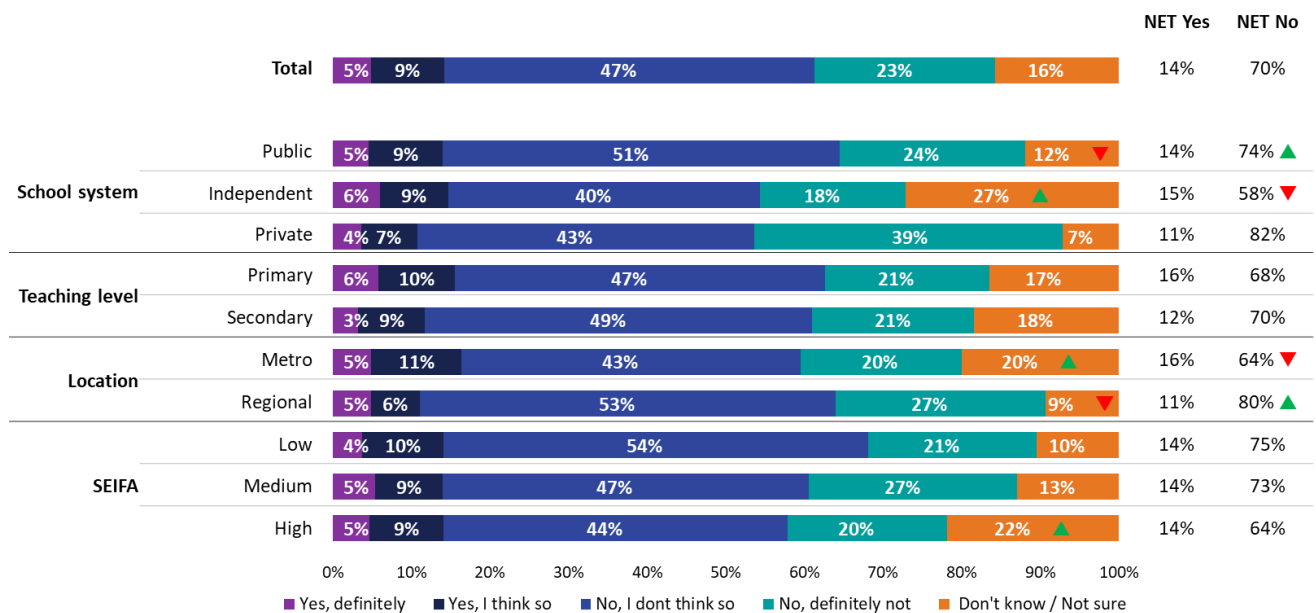
Q20. Why do you say that? What makes these prevention activities, or interventions, program seems to be successful/ does not seem to be successful?

Note: Reasons ranked in descending order. Counts shown instead of proportion due to low sample size (i.e. n<30).

2.4.5 Schools currently conducting some prevention to address the convergence of gaming and gambling

Figure 28 indicates the proportion of schools currently conducting prevention to address the convergence of gaming and gambling. A small proportion of teachers (14%) reported their school is currently addressing this issue. This represents almost twice as many schools conducting youth gambling harm prevention (8% refer to 2.4.2 School conducting gambling harm prevention).

Figure 28. Schools currently conducting prevention to address the convergence of gaming and gambling



Base: Total aware of the convergence of gaming and gambling (n=700), Public (n=485), Independent (n=184), Private (n=28), Primary (n=206), Secondary (n=341), Metro (n=410), Regional (n=289), Low (n=163), Medium (n=279), High (n=256)

Q15. Does your school currently conduct prevention activities, or interventions, to address the convergence of gaming and gambling?

Note: Low base size for Private school (i.e. n<30), interpret results with care.

The proportion of teachers reporting their school is currently addressing the convergence of gaming and gambling is relatively consistent across different subgroups.

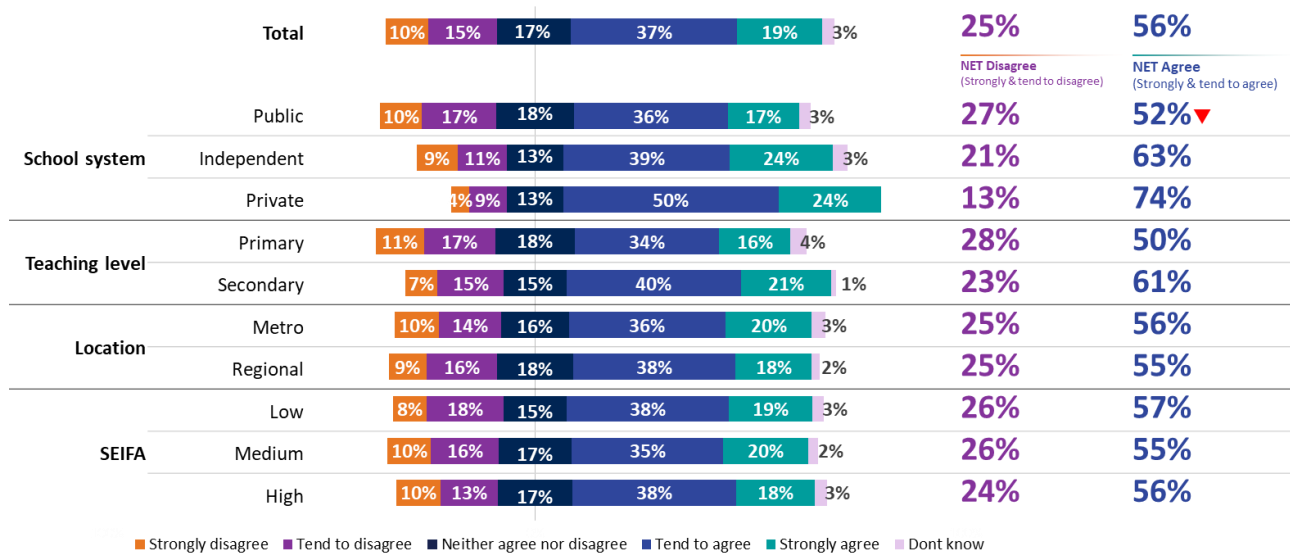
2.5 Attitudes toward gambling education

2.5.1 Level of endorsement

Figure 29 assesses the level of endorsement from teachers for schools to conduct youth gambling prevention education. Encouragingly, over one in two teachers (56%) are supportive and around one in five are neutral (17% neither agree nor disagree and 3% don't know). This suggests there is a proportion of teachers who can potentially be more easily engaged.

The remaining one in four teachers (25%) are currently not in favour of schools conducting prevention, which is perhaps because they do not think it is their role.

Figure 29. Views on schools conducting gambling harm prevention



Base: Total sample (n=1,084), Public (n=744), Independent (n=288), Private (n=46), Primary (n=360), Secondary (n=497), Metro (n=642), Regional (n=440), Low (n=258), Medium (n=416), High (n=407)

Q26. To what extent do you agree, or disagree, that schools should conduct gambling harm prevention activities, or interventions, for young people (aged 18 and under)?

Although a little over half of public school teachers (52%) are supportive of youth gambling harm prevention other schools’ sectors are more likely to endorse it, with 63% of independent schools’ teachers and 74% of private schools’ teachers in favour.

Figure 30 explores the reasons why some teachers do not endorse schools conducting youth gambling harm prevention. The main barrier is around the share of responsibilities between schools and parents (40%):

- There appears to be a general view that schools are overburdened by an overcrowded curriculum and already being asked to compensate for parental education gaps:
 - “Parents need to start being parents and take responsibility.”; and
 - “There has been a trend in recent years to pass responsibility on to schools - this is part of the problem. It is ultimately a family responsibility. Schools can assist by limiting access to technologies in school hours and to teach broad critical thinking. It is important that schools DO NOT get too closely focussed on single issues because of already overcrowded curriculum, regardless of their value or importance. Sexuality, smoking, vehicle safety, Online behaviour, mental health, study tips, getting the balance right etc. It all becomes a blur for students bombarded with messages that are philosophically unrelated and epistemologically unconnected.”.
- A number of teachers also believe the responsibility of students gambling behaviours falls more on parents than schools:
 - “I believe parents should be responsible for educating their students about gambling harm and taking steps to reduce the risk of their child/ren being harmed from participating in gambling.”; and

- “Gambling I don't believe happens in schools as much as it does at home, therefore, a problem should be dealt with by the parents with support from the school. i.e. stopping child from having device at school.”.

This is consistent with previous findings reinforcing the importance of involving parents (refer to 2.4.4 Current gambling harm prevention resources).

Another important barrier is that curriculums are already considered over-crowded (32%). A number of teachers expressed their concerns around adding more requirements or content to existing syllabuses:

- “I wouldn't think it is our business to teach or council kids about gambling, more of a role for parents. Already a crowded curriculum, what do we lose to bring on teaching about gambling.”;
- “We have so much else to teach - much of which is not our responsibility - that there simply isn't time in our day. Also, if parents are normalising this, it makes little difference what we say at school.”; and
- “Schools are already expected to cover so many things that parents and the government should be responsible for. We do not have the time nor space in the curriculum. It will further negatively affect literacy and numeracy. There are some things parents and the government themselves should be taking responsibility for when it comes to society and addiction.”.

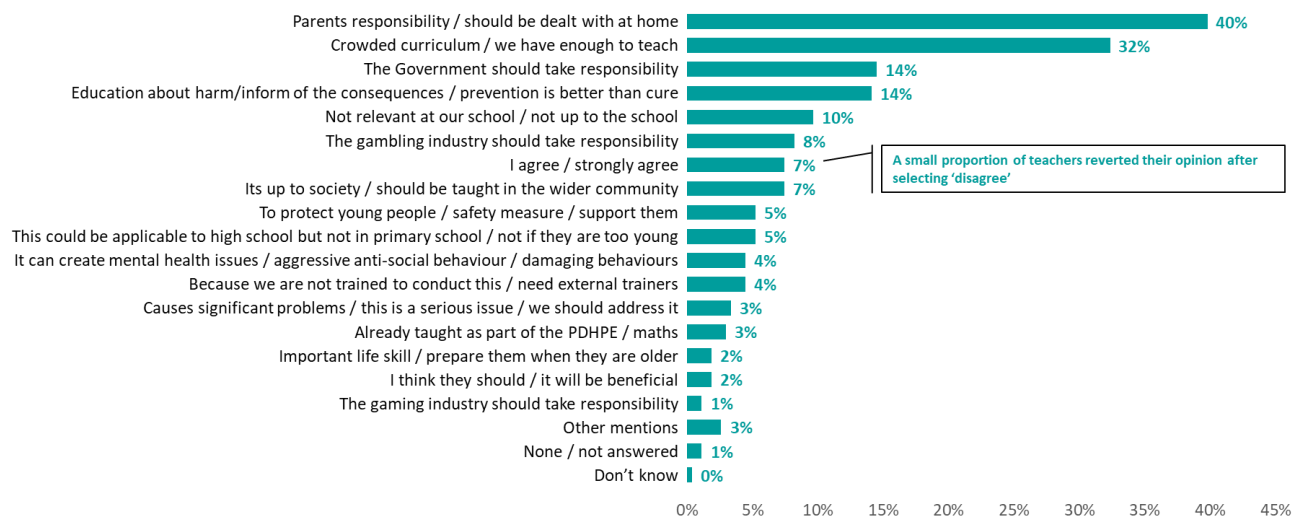
How youth gambling harm prevention can be incorporated into existing elements of curriculums will be integral to ensuring successful uptake in schools.

A further concern relates to the government's responsibility, with 14% believing they should minimise youth gambling harm.

A similar proportion (14%) appear to be re-considering their previous answer where they indicated a lack of support. As they seem to eventually realise the important role schools can play:

- “Schools have a captive audience and resources that can be used to educate and support our young people. These people spend most their time at school, so this is a prime opportunity.”; and
- “I think schools should be teaching gambling prevention as we have access to children to teach it. They may not hear it anywhere else.”.

Figure 30. Reasons for not being supportive of schools to conduct gambling harm prevention



Base: Teachers who disagreed that schools should conduct gambling harm prevention activities (n=269)

Q27. Please explain why you disagree that schools should conduct gambling harm prevention activities, or interventions, for young people (aged 18 and under).

Note: Reasons for disagreement ranked in descending order.

2.5.2 Expected success of different approaches

Figure 31 presents teachers expectations of how successful different approaches to youth gambling harm prevention might be. The interventions considered most effective are:

- Targeted interventions for high-need students (71% rated between 7 and 10 out of 10); and
- Interventions conducted by a psychologist or a specialist (63%).

Targeted interventions may fit into a multi-tiered approach which is commonly used in some schools in the United States to address mental health education⁹. A multi-tiered approach involves a combination of universal (i.e. targeting all students regardless of their level of needs) and targeted interventions (i.e. targeting high-need students). However, there are a number of aspects to a multi-tiered approach to be considered as highlighted in the literature review including students screening, to identify those more at risk, and the implementation challenges these approaches present.

The large proportion recommending interventions conducted by a psychologist or a specialist may highlight their lack of confidence in delivering youth gambling harm prevention, which would align with the low levels of understanding as highlighted in the survey results (refer to 2.2.2 Understanding of youth gambling harm).

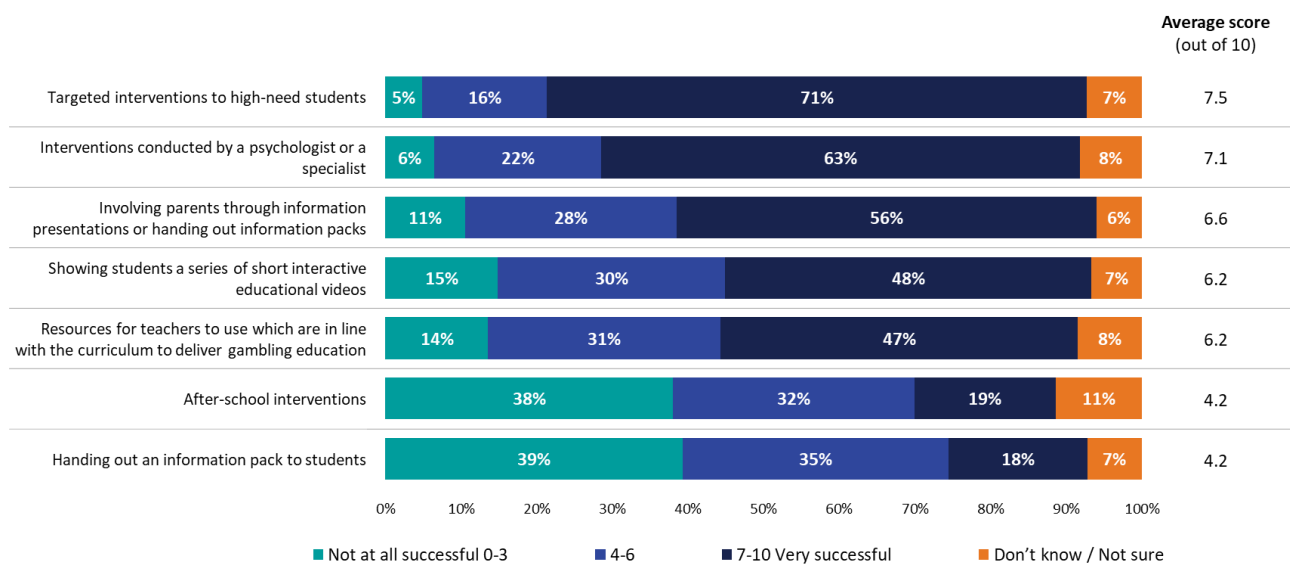
Consistent with previous results, parent’s involvement (56%) is considered to be an important element. This reinforces the need to include some parent-focused strategies to complement teacher-led interventions.

⁹ Franklin, C., Kim J.S., Beretvas, T.S., Zhang, A., Guz, S., Park, S., Montgomery, K., Chung, S., and Maynard, B.R. 2017, ‘The Effectiveness of Psychosocial Interventions Delivered by Teachers in Schools: A Systematic Review and Meta-Analysis’, *Clinical Child and Family Psychology Review*, vol. 20, no. 3, pp. 333-350

Secondary elements to consider include interactive videos (48%) and resources for teachers to use which are in line with the curriculum (74%).

Teachers feel after-school interventions and student information packs (19% and 18% respectively) will have limited success.

Figure 31. Expected effectiveness of different approaches to gambling harm prevention



Base: Total sample (n=1,084)

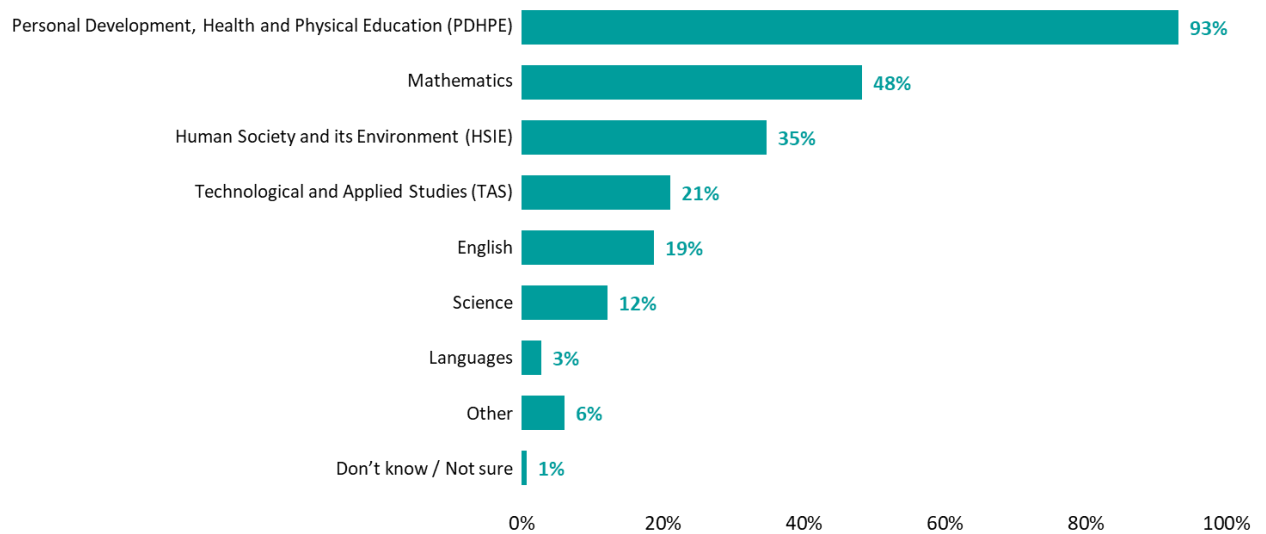
Q28. How successful do you think each of the following approaches would be in changing students' awareness, behaviours and attitudes toward gambling?
 Note: Approaches ranked in descending order by 7-10 Very successful results. Average score excludes Don't know results to enable calculation, therefore sample sizes are slightly smaller than the ones used in the chart.

Integration in existing curriculum

Figure 32 ranks curriculums based on how suitable they are considered to be for youth gambling harm prevention. There is a strong consensus that PDHPE is most suitable, with 93% of teachers, recommending this particular subject for the integration of youth gambling harm prevention.

To a lesser extent mathematics (48%) and HSIE (35%) are also considered suitable.

Figure 32. Curriculums expected to be best suited to address gambling prevention



Base: Teachers who rated resources in line with the curriculum as successful (i.e. 5 to 10 out of 10) (n=773)
 Q29. In which of the following subject area(s) (i.e. Key Learning Areas) do you think gambling education can be best addressed?
 Note: Subjects ranked in descending order.

Table 2 shows these results broken down by subgroups. Secondary school teachers are more likely to recommend mathematics (54%) and HSIE (42%) than primary school teachers. This suggests the content of these curriculums is likely to be more suitable for youth gambling harm prevention in older years.

Table 2. Curriculums expected to be best suited to address gambling prevention, by subgroups

	Total	School system			Teaching level		Location		SEIFA		
		Public	Independent	Private	Primary	Secondary	Metro	Regional	Low	Medium	High
Base	773	509	226	35	259	353	465	307	189	294	288
Personal Development, Health and Physical Education (PDHPE)	93%	93%	93%	97%	94%	92%	94%	93%	92%	95%	92%
Mathematics	48%	48%	48%	57%	41% ▼	54% ▲	45%	52%	52%	51%	43%
Human Society and its Environment (HSIE)	35%	31% ▼	42% ▲	43%	25% ▼	42% ▲	36%	33%	33%	33%	38%
Technological and Applied Studies (TAS)	21%	22%	20%	17%	22%	21%	21%	21%	22%	21%	21%
English	19%	17%	25%	9%	20%	18%	20%	16%	19%	16%	21%
Science	12%	12%	15%	6%	8%	15%	16% ▲	7% ▼	12%	13%	12%
Languages	3%	2%	4%	0%	3%	4%	3%	2%	5%	1%	3%

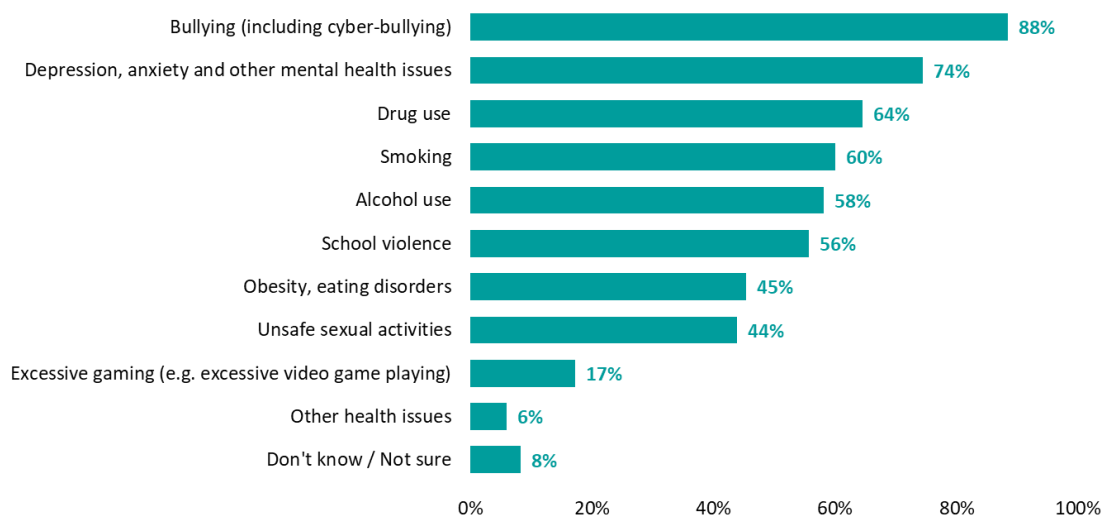
Base: Teachers who rated resources in line with the curriculum as successful (i.e. 5 to 10 out of 10) (n=773)
 Q29. In which of the following subject area(s) (i.e. Key Learning Areas) do you think gambling education can be best addressed?
 Note: Subjects ranked in descending order at total sample level.

2.6 Experience with other health related programs

2.6.1 Health issues currently addressed in schools

Figure 33 shows the different health related issues currently addressed in schools. The most common is bullying, with 88% of teachers reporting their school is addressing this issue. This is followed by depression, anxiety and other mental health issues (74%), drug use (64%), smoking (60%), alcohol use (58%) and school violence (56%). Other health related issues prompted in the survey are addressed by less than half of the schools.

Figure 33. Health issues currently addressed in schools



Base: Total sample (n=1,084)

Q31. Which of the following health issues does your school currently address for young people (aged 18 and under)?

Note: Health issues ranked in descending order.

Table 3 shows these results broken down by subgroups. Most of these issues tend to be addressed more in secondary schools than in primary schools, including:

- Depression, anxiety or other mental health issues (85% for secondary schools compared to 58% for primary);
- Drug use (70% compared to 56%);
- Alcohol use (65% compared to 48%);
- Obesity, eating disorders (52% compared to 36%); and
- Unsafe sexual activities (62% compared to 21%).

Table 3. Health issues currently addressed in schools, by subgroups

	Total	School system			Teaching level		Location		SEIFA		
		Public	Independent	Private	Primary	Secondary	Metro	Regional	Low	Medium	High
Base	1084	744	288	46	360	497	642	440	258	416	407
Bullying (including cyber-bullying)	88%	90%	85%	89%	89%	87%	87%	90%	93%	87%	87%
Depression, anxiety and other mental health issues	74%	73%	78%	74%	58% ▼	85% ▲	73%	76%	78%	72%	74%
Drug use	64%	64%	65%	67%	56% ▼	70% ▲	64%	65%	68%	66%	60%
Smoking	60%	60%	61%	57%	57%	61%	60%	60%	64%	59%	58%
Alcohol use	58%	57%	61%	61%	48% ▼	65% ▲	56%	60%	60%	61%	53%
School violence	56%	58%	51%	54%	58%	52%	55%	56%	63% ▲	56%	50% ▼
Obesity, eating disorders	45%	42% ▼	56% ▲	39%	36% ▼	52% ▲	44%	47%	52%	41%	45%
Unsafe sexual activities	44%	40% ▼	54% ▲	43%	21% ▼	62% ▲	43%	45%	48%	44%	40%
Excessive gaming (e.g. excessive video game playing)	17%	17%	18%	20%	14%	18%	18%	16%	18%	15%	18%
Other health issues	6%	6%	5%	9%	4%	6%	6%	5%	6%	6%	6%
Don't know / Not sure	8%	7%	12%	4%	9%	9%	9%	7%	5%	10%	9%

Base: Total sample (n=1,084)

Q31. Which of the following health issues does your school currently address for young people (aged 18 and under)?

Note: Health issues ranked in descending order at total sample level.

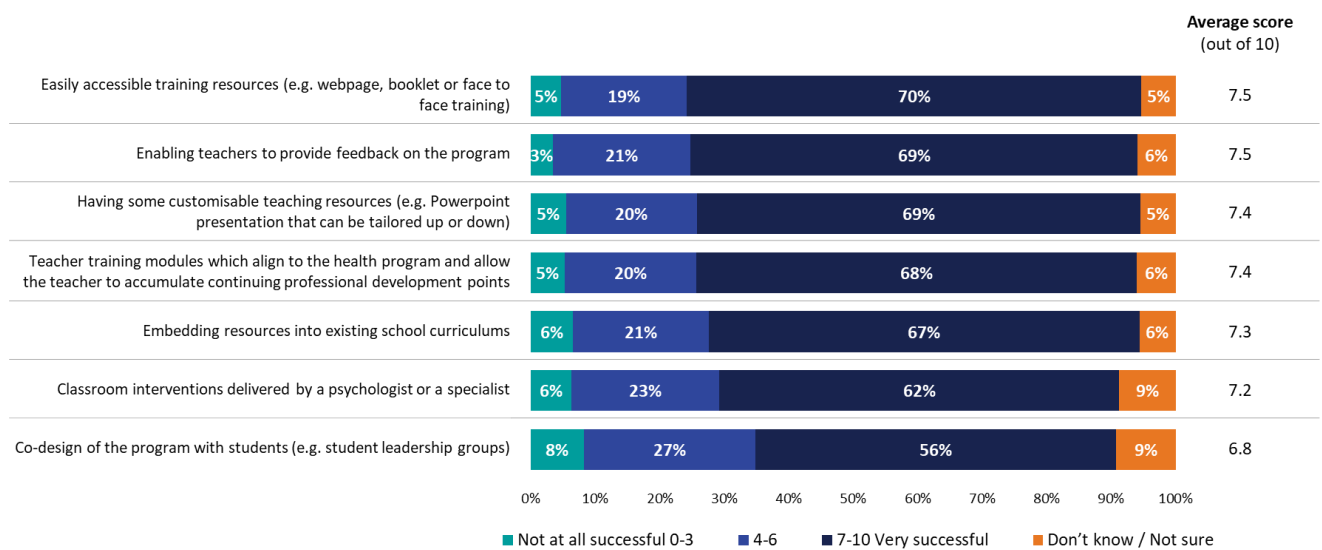
Aspects which make a program successful

Figure 34 compares the importance of different aspects that relate to the success of a health program, according to teachers. While all aspects are highly rated, the top two relate to teacher training and a co-designed approach to program design:

- Easily accessible training resources (average score of importance 7.5 out of 10); and
- Enabling teachers to provide feedback on the program (7.5 out of 10).

Teacher training is especially relevant in the context of youth gambling harm given the low levels of understanding outlined in previous findings (refer to 2.2.2 Understanding of youth gambling harm). A co-designed approach allowing teachers to share feedback should also be considered.

Figure 34. Perceived importance of different aspects for a program to be successful



Base: Total sample (n=1,084)

Q32. Based on your experience, how important are the following aspects for health programs to be successful in schools?

Note: Aspects ranked in descending order by 7-10 Very successful results. Average score excludes Don't know results to enable calculation, therefore sample sizes are slightly smaller than the ones used in the chart.

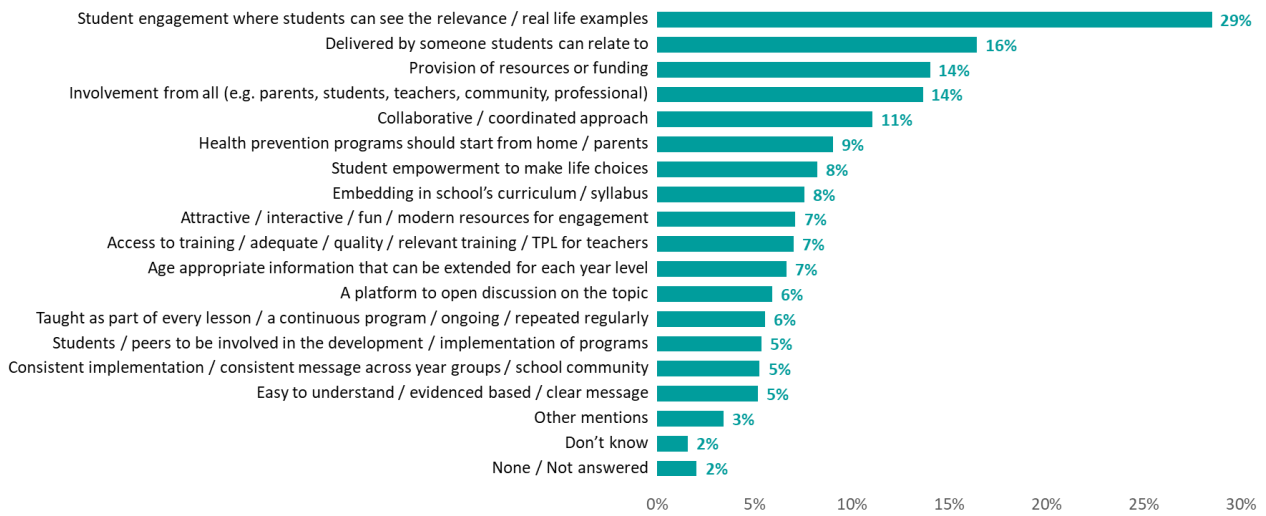
Final comments

Figure 35 provides additional considerations spontaneously suggested by teachers. Main recommendations relate to ensuring the approach is current and relatable in the eyes of students, both in relation to the materials or interventions that are developed, and the facilitator responsible for delivering them:

- Student engagement where students can see the relevance (29%)
 - “Videos watching other teenagers in situations they can relate to and learn from them. Relatable guest speakers. Done in class during a course to all students.”;
 - “Making it relevant to the real world. Not just a bunch of theories or examples that do not relate to the real world.”; and
 - “The programs must be delivered by someone who is relates well to the students. They need to have a real-life experience/story about the health issue concerned and be able to talk to the students on their level. It needs to be concise, forceful (in your face) and with examples that the students know about and understand e.g. games they play.”.
- Delivered by someone students can relate to (16%)
 - “Rehabilitated gamblers and gamers witnessing to students with supporting education.”;
 - “Students trust the presenter (Street cred) and are able to discuss openly and honestly (difficult to achieve in a school setting).”; and
 - “Using young inspiring people to present to students - someone they can relate to and will listen to (musician, sporting professional, actor etc.).”.

Other suggestions covered topics from parent’s involvement through to student empowerment or platforms for open discussion.

Figure 35. Opinion on what makes a health prevention program successful in school settings



Base: Total sample (n=1,084)

Q33. Finally, in your opinion, what makes a health prevention program successful in a school setting?

Note: Opinions ranked in descending order. Other mentions that are less than 5% are excluded for ease of reading.

3 Conclusions and recommendations

3.1 Addressing teachers low understanding of youth gambling harm

General awareness of gambling is very high with all teachers surveyed indicating they are aware of at least one of the prompted gambling activities. However, their understanding of its harmful consequences for young people is very poor in comparison. Nearly half (45%) of the respondents acknowledged they know nothing or very little about youth gambling harm.

These findings suggest a need to raise awareness around the prevalence of gambling and the risks associated with this behaviour at such a young age. The results also outline knowledge gaps around the key signs of gambling harm which implies further teacher education may be needed to improve the ability of teachers to identify young people at risk of gambling harm.

3.2 Gambling is perceived as the least severe issue

Compared to other health related issues, gambling appears to be of the least concern to teachers. Depression, anxiety and other mental health issues, bullying and excessive gaming are perceived to be the most concerning issues young people are facing with the vast majority (88% to 98%) rating these three topics as serious. Half (51%) of teachers' rate gambling as serious. Interestingly, primary schools appear more concerned about gambling than secondary (60% and 45% respectively) which may be linked to the age of children. The Mental Health Commission of NSW highlighted that behaviours in early childhood represent strong predictors of the development of serious health issues in adulthood¹⁰.

Teachers' perception of gambling being a less concerning issue may potentially hinder their uptake of youth gambling harm prevention resources or strategies. In the context of competing health programs being delivered in schools, it reinforces the need to raise awareness and understanding of teachers to the risks associated with youth gambling or consider other mechanisms to reach young people.

3.3 Encouraging levels of endorsement for schools to address youth gambling harm

Despite low levels of understanding, over half (56%) of teachers surveyed believe schools should be conducting youth gambling harm prevention. One quarter (25%) are opposed to the idea with parent's responsibility and crowded curriculum representing the main barriers to endorsement.

¹⁰Mental Health Commission of NSW. 2020. *School-Aged Children*. [online] Available at: <<https://nswmentalhealthcommission.com.au/mental-health-and/school-aged-children>> [Accessed 25 September 2020].

Addressing these two key barriers will be important. Parents are viewed as playing a key role in youth gambling behaviour acting as role models. There are concerns teachers' education might be impeded by parents' behaviours at home. Parents should be involved in school gambling harm prevention to help reassure teachers that the programs will be effective.

Similarly, crowded curriculums need to be taken into account in the development of any new program. Supporting resources and training need to be flexible and engaging to facilitate teachers' work. Some efficiencies can be built on existing programs or syllabuses to optimise the integration of youth gambling harm prevention.

3.4 Teachers views on the convergence of gaming and gambling

Interestingly, teachers appear to be more familiar with the convergence of gaming and gambling, than youth gambling harm. Nearly two thirds (65%) of teachers surveyed are aware of this convergence. This contrasts with the low proportion of teachers (17%) who indicated their school is addressing excessive gaming. A similarly small proportion (14%) of teachers are currently working in schools that address the convergence of gaming and gambling.

There is a clear gap between the perceived level of severity of excessive gaming, sitting at the top of the teachers' concerns, and the prevalence of relevant prevention currently conducted at schools. As a result, there may be opportunities to address these concerns around youth gaming and its overlaps with gambling when developing new resources.

3.5 A minority of schools are currently conducting gambling harm prevention

A small proportion (8%) of teachers surveyed work in schools currently addressing youth gambling harm. A similarly low percentage indicate they conducted interventions such as intentionally teaching skills to manage gambling behaviour.

In terms of existing youth gambling harm prevention resources, materials for classroom teaching and educational videos are most common among these schools. The main driver for teachers to use these materials and conduct youth gambling harm prevention is an overarching sense of responsibility toward students' wellbeing. While the predominant barrier is around the lack of more recent and relevant materials being available.

These findings outline the importance of creating resources that are up to date and engaging to drive teachers' engagement. This also aligns with teachers' strong recommendations around ensuring any materials or interventions relate to "real-life" experience using examples that students are more likely to know about such as the games they play.

3.6 Targeted interventions and involving specialists and parents

Teachers tend to recommend a multi-modal approach to youth gambling harm prevention involving targeted interventions to high-needs students and the involvement of other educators outside of the school. They viewed interventions from a specialist and involvement of parents (i.e. through presentations or information packs) to more likely to be successful.

A multi-tiered approach, commonly used for mental health programs in the United, may be considered for youth gambling harm prevention considering the large number of teachers in favour of targeted interventions. This approach enables the implementation of both universal (i.e. all students) and targeted (i.e. at risk students) prevention. The literature review outlined the effectiveness of this model. However, the complexity surrounding its implementation needs to be considered.

Teachers' recommendations for the intervention of a specialist suggest teachers may not feel confident in effectively delivering youth gambling harm prevention. This correlates with the low levels of understanding of youth gambling harm identified in the survey. In addition to raising awareness, teacher training will be key to develop their skills and confidence to teach youth gambling harm prevention.

Educational videos and resources in line with existing curriculums are also highly recommended. PDHPE is considered to be the most suitable curriculum for youth gambling harm prevention. Skills training including decision making, self-monitoring, coping and critical thinking and sensation seeking appear to fit well with the PDHPE syllabus. While Mathematics may be better suited to addressing erroneous beliefs, such as gambling misconceptions, for example; illusion of control, cognitive errors, true odds, nature of random events and negative mathematical expectation.

Finally, according to most teachers the success of any health-related program depends on the accessibility of training resources (i.e. to build teachers knowledge and skills), the ability for them to provide feedback and the quality of teaching materials.

4 Appendices

Appendix A: Questionnaire

19-107367-01 ORG Whole of school approach - Teacher survey

Job book Number	19-107367-01
Job Name	School approach literature review - Teacher survey
Client	The Office of Responsible Gambling (ORG)
Date	05/08/2020
Version Number	11
Authors	Florence Le Guyader, Florin Loh and Steph Perry

Survey topic

To help develop gambling education programs and resources that are fit for purpose, the Office of Responsible Gambling (ORG) would like to get a better understanding of teachers’ perspectives and attitudes.

This survey follows a literature review conducted to inform the design of the survey. This review identified enablers and barriers to effective school programs.

The survey aims to be conducted with all NSW registered teachers across primary and secondary schools. Schools where Ipsos received approval to conduct research will be invited to participate. Participation is voluntary, although to boost response rate Ipsos will conduct some survey response maximisation activities including targeted reminder emails and calls.

The National Education Standard Authority (NESA) provided a sample list including schools contact details which will be used by Ipsos to send out email invitations, reminders and to follow-up with reminder calls.

Quotas

There are no quotas for this study. The objective is to invite as many teachers as possible across NSW primary and secondary schools.

However, Ipsos is limited to schools where a research approval has been obtained beforehand.

Additional information

Email design (subject line and body of the email) is available in the 'Invitation and survey pack' folder (P:\Clients\NSW Office of Responsible Gambling\19-107367-01 School approach literature review - Teacher survey\05. Questionnaires, cover letters\Invitation and survey pack).

Key

Name and Label	# ____ #	i.e. #SQ3i. Age#
Question type	{ ____ }	I.E. {SINGLE} {MULTIPLE} {INTEGER (RANGE 16-64)} {DECIMAL (RANGE 16.5 - 63.5)} {TEXT (RANGE 10-20)}
Question Filter/Routing	< ____ >	I.E. < ASK IF Q1 = 1 >
Programming instructions	[____]	I.E. [RANDOMISE STATEMENTS]
Changes	HIGHLIGHT	

SECTION A: PROFILING QUESTIONS

<SOCIAL MEDIA RESPONDENTS ONLY>

SQ1 This survey is also being conducted by some schools.

Have you already completed an online survey about gambling harm education in the last month or so?

{SINGLE RESPONSE}

Yes [TERMINATE]	01
No	02
Don't know / Not sure [TERMINATE]	99

-----[NEW SCREEN]-----

<SOCIAL MEDIA RESPONDENTS ONLY>

SQ2 In which of the following types of school, if any, do you currently work in?

{SINGLE RESPONSE}

Public school	01
Private school	02
Independent school	03
None, I do not currently work in a school [TERMINATE]	98
Don't know / Not sure [TERMINATE]	99

-----[NEW SCREEN]-----

<SOCIAL MEDIA RESPONDENTS ONLY>

SQ3 What is the postcode of your school?

{NUMERICAL POSTCODE QUESTION TYPE}

Don't know / Not sure	99
-----------------------	----

-----[NEW SCREEN]-----

<SQ3=99, DON'T KNOW SCHOOL POSTCODE>

SQ4 In which state if your school located?

{SINGLE RESPONSE}

New South Wales	01
Victoria [TERMINATE]	02
Queensland [TERMINATE]	03
South Australia [TERMINATE]	04
Western Australia [TERMINATE]	05
Tasmania [TERMINATE]	06
Northern Territory [TERMINATE]	07
Australian Capital Territory [TERMINATE]	08

-----[NEW SCREEN]-----

<SOCIAL MEDIA RESPONDENTS ONLY>

SQ5 What is the name of your school?

{TYPE IN DROP DOWN LIST}

<INSERT SCHOOL LIST>	
Other, please specify	96

-----[NEW SCREEN]-----

Q1 To begin with, which of the following best describes your role?

{SINGLE RESPONSE}

Teacher aide / assistant	01
Teacher (including Head Teacher)	02
Principal or leadership team (including Deputy Principal)	03
Specialist and support staff (i.e. providing specific mental health or learning support, such as school counsellor, psychologist, nurse etc.)	04
Other, please specify	96

-----[NEW SCREEN]-----

<IF Q1=01-02, TEACHER AIDE / ASSISTANT OR TEACHER>

Q2 How long have you been teaching for?

{SINGLE RESPONSE}

Less than 1 year	01
------------------	----

Between 1 year and less than 2 years	02
Between 2 years and less than 3 years	03
Between 3 years and less than 5 years	04
Between 5 years and less than 10 years	05
10 years or more	06

-----[NEW SCREEN]-----

<IF Q1=01-02, TEACHER AIDE / ASSISTANT OR TEACHER>

Q3 Which year(s) do you teach?
Please select any that apply

{MULTIPLE RESPONSE}

Kindergarten	01
Year 1	02
Year 2	03
Year 3	04
Year 4	05
Year 5	06
Year 6	07
Year 7	08
Year 8	09
Year 9	10
Year 10	11
Year 11	12
Year 12	13
None of the above [TERMINATE]	99

-----[NEW SCREEN]-----

<IF (Q3=01-07) AND (Q3=08-13), SELECTED BOTH PRIMARY AND SECONDARY YEARS>

Q4 And do you mainly teach primary or secondary school?

{SINGLE RESPONSE}

Primary school	01
----------------	----

Secondary school	02
------------------	----

[NEW SCREEN]

<IF (Q3=08-13) OR (Q4=02), SECONDARY TEACHER AIDE / ASSISTANT OR TEACHER>

Q5 Which of the following subject area(s) (i.e. Key Learning Areas) do you currently teach?

Please select any that apply

{MULTIPLE RESPONSE}

Creative Arts	01
English	02
Human Society and its Environment (HSIE)	03
Languages	04
Mathematics	05
Personal Development, Health and Physical Education (PDHPE)	06
Science	07
Technologies	08
Vocational Education and Training (VET)	09
Other, please specify:	96

[NEW SCREEN]

SECTION B: KNOWLEDGE AND ATTITUDES TOWARD YOUTH GAMBLING

The next few questions are around your knowledge and understanding of specific health issues.

<ASK ALL>

Q6 How serious do you think each of the following health issues are to young people (aged 18 and under)?

{SINGLE RESPONSE PER ROW}

[RANDOMISE ROWS. ANCHOR 'OTHER' AT THE BOTTOM]

		Very serious	Fairly serious	Not very serious	Not at all serious	Don't Know
1	Gambling	01	02	03	04	99

2	Excessive gaming (i.e video game playing)	01	02	03	04	99
3	Drug use	01	02	03	04	99
4	Alcohol use	01	02	03	04	99
5	Smoking	01	02	03	04	99
6	School violence	01	02	03	04	99
7	Bullying (including cyber-bullying)	01	02	03	04	99
8	Unsafe sexual activities	01	02	03	04	99
9	Obesity, eating disorders	01	02	03	04	99
10	Depression, anxiety and other mental health issues	01	02	03	04	99
11	Other, please specify:	01	02	03	04	99

-----[NEW SCREEN]-----

The next few questions relate to your knowledge of gambling and related health issues.

<ASK ALL>

Q7 Which of the following gambling activities have you heard of before today?

Please select any that apply

{MULTIPLE RESPONSE}

[RANDOMISE. ANCHOR 'NONE' AT THE BOTTOM]

Pokies or poker machines	01
Betting on horse or greyhound races either online or in person Including virtual races such as 'Trackside', but not including sweeps (e.g. for the Melbourne Cup)	02
Lottery tickets either online or in person	03
Instant 'scratchies'	04
Keno Keno is a lottery-like gambling game available in some venues (e.g. pubs and clubs)	05
Table games at a casino	06
Betting on sporting events either online or in person	07

Such as football (NRL or AFL), cricket, tennis or sweeps for the Melbourne Cup etc	
Online casino games Including casino games like 'Blackjack' or 'Roulette' played on the internet for money	08
Online poker games These include poker games played on the internet for money	09
None of the above [EXCLUSIVE]	99

-----[NEW SCREEN]-----

Before moving to the next questions, please consider gambling to be any of the following activities:

- **Pokies or poker machines**
- **Betting on horse or greyhound races either online or in person**
Including virtual races such as 'Trackside', but not including sweeps (e.g. for the Melbourne Cup)
- **Lottery tickets either online or in person**
- **Instant 'scratchies'**
- **Keno**
Keno is a lottery-like gambling game available in some venues (e.g. pubs and clubs)
- **Table games at a casino**
- **Betting on sporting events either online or in person**
Such as football (NRL or AFL), cricket, tennis or sweeps for the Melbourne Cup etc
- **Online casino games**
Including casino games like 'Blackjack' or 'Roulette' played on the internet for money
- **Online poker games**
These include poker games played on the internet for money

-----[NEW SCREEN]-----

<ASK ALL>

Q8 On a scale of 0 to 10 where 0 means 'know nothing' and 10 is 'know a lot', how would you rate your understanding of youth gambling harm?

{SINGLE}

0 – Know nothing	00
1	01
2	02
3	03
4	04
5	05
6	06
7	07
8	08
9	09
10 – Know a lot	10

-----[NEW SCREEN]-----

<ASK ALL>

Q9 What are the key signs that could suggest someone is affected by gambling harm?

Please list all the signs that you can think of

{OPEN ENDED}

-----[NEW SCREEN]-----

Gambling harm is any negative consequences which arises from gambling. Harms can affect the gambler, their family or the community.

<ASK ALL>

Q10 Who do you think should play a role in the prevention of youth gambling harm?

Please select any that apply

{MULTIPLE RESPONSE}

[RANDOMISE. ANCHOR 'OTHER' AND 'DON'T KNOW' AT THE BOTTOM]

Parents	01
Gambling industry	02
Government	03
School staff	04
Other, please specify:	96
Don't know / Not sure	99

[NEW SCREEN]

<ASK ALL>

Q11 How serious an issue do you think exposure to gambling advertising is to young people (aged 18 and under)?

{SINGLE RESPONSE}

Very serious	01
Fairly serious	02
Not very serious	03
Not at all serious	04
Don't know	99

[NEW SCREEN]

<ASK ALL>

Q12 And to what extent do you agree, or disagree, with the following statements?

{SINGLE RESPONSE PER ROW}

[RANDOMISE ROWS]

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
1	Young people are exposed to too much gambling advertising	05	04	03	02	01	99

2	Gambling advertising makes gambling a normal part of life for young people	05	04	03	02	01	99
3	Gambling advertising increases the risk of young people developing a problem with gambling	05	04	03	02	01	99
4	Gambling advertising makes gambling a socially acceptable activity for young people	05	04	03	02	01	99

-----[NEW SCREEN]-----

<ASK ALL>

Q13 Gaming is the activity of playing video games. These games can be played online or offline and often take place on a screen like a computer, TV or mobile phone.

There is a convergence of gaming and gambling where some gaming activities include gambling-like features and vice versa. For example, a video game might feature loot boxes which players receive randomly or as rewards for in-game achievements. Players can choose to make small payments in order to open loot boxes containing virtual items which can enhance their game or can be entirely decorative. Another example is social gaming, like Candy Crush, where players can pay to advance levels in the game.

Before today, had you heard of the convergence of gaming and gambling?

{SINGLE RESPONSE}

Yes	01
No	02

-----[NEW SCREEN]-----

<IF Q13=01, AWARE OF THE CONVERGENCE OF GAMING AND GAMBLING>

Q14 How serious an issue do you think the convergence of gaming and gambling is to young people (aged 18 and under)?

{SINGLE RESPONSE}

Very serious	01
Fairly serious	02
Not very serious	03
Not at all serious	04
Don't know	99

-----[NEW SCREEN]-----

<IF Q13=01, AWARE OF THE CONVERGENCE OF GAMING AND GAMBLING>

Q15 Does your school currently conduct prevention activities, or interventions, to address the convergence of gaming and gambling?

{SINGLE RESPONSE}

Yes, definitely	01
Yes, I think so	02
No, I don't think so	03
No, definitely not	04
Don't know / not sure	99

-----[NEW SCREEN]-----

SECTION C: SCHOOL APPROACH TO PREVENTION OF GAMBLING HARM

The next few questions relate to the prevention of gambling harm among young people (aged 18 and under) you interact with in the learning setting where you work.

<ASK ALL>

Q16 Thinking about the past 12 months, have you done any of the following?

{SINGLE RESPONSE PER ROW}

[RANDOMISE ROWS]

		Yes	No	Not applicable
1	Initiated a conversation with students about their gambling activities and experience	01	02	99
2	Initiated a conversation with the student’s parent(s) or carer(s) about what their child was experiencing in relation to the student’s gambling activity	01	02	99
3	Initiated a conversation with other educators or non-educator staff (e.g. Principal, school counsellor or psychologist) in your school about a specific child’s gambling activity	01	02	99
4	Intentionally taught skills related to the management of gambling behaviour (e.g. decision making, self-monitoring, coping and critical thinking)	01	02	99
5	Intentionally taught gambling related knowledge (e.g. gambling literacy, fallacies, misconceptions)	01	02	99

-----[NEW SCREEN]-----

<ASK ALL>

Q17 Does your school currently conduct prevention activities, or interventions, to address gambling harm for young people (aged 18 and under)?

{SINGLE RESPONSE}

Yes, definitely	01
Yes, I think so	02
No, I don't think so	03
No, definitely not	04
Don't know / not sure	99

-----[NEW SCREEN]-----

<IF Q17=01-02, SCHOOL CONDUCTS GAMBLING HARM PREVENTION>

Q18 Please describe these gambling harm prevention activities, or interventions, which your school currently conducts for young people (aged 18 and under).

Please name the intervention/program if applicable.

{OPEN ENDED}

-----[NEW SCREEN]-----

<IF Q17=01-02, SCHOOL CONDUCTS GAMBLING HARM PREVENTION>

Q19 How successful do you think these gambling harm prevention activities, or interventions, are in changing students' awareness, behaviours and attitudes toward gambling?

{SINGLE RESPONSE}

0 – Not at all successful	00
1	01
2	02
3	03
4	04
5	05
6	06
7	07
8	08
9	09
10 – Very successful	10
Don't know / Not sure	99

-----[NEW SCREEN]-----

<IF Q19≠99, DID NOT SELECT 'DON'T KNOW' AT PREVIOUS QUESTION>

Q20 Why do you say that?

What makes these prevention activities, or interventions, [SHOW IF Q19=05-10, PROGRAM SEEMS TO BE SUCCESSFUL: seem] [SHOW IF Q19=00-04, PROGRAM DOES NOT SEEM TO BE SUCCESSFUL: not seem] to be successful?

{OPEN ENDED}

-----[NEW SCREEN]-----

<IF Q17=01-02, SCHOOL CONDUCTS GAMBLING HARM PREVENTION>

Q21 Which of the following resources or strategies does your school use in gambling harm prevention activities, or interventions, for young people (aged 18 and under)?

Please select any that apply

{MULTIPLE RESPONSE}

[RANDOMISE. 'OTHER' AND 'DON'T KNOW' AT THE BOTTOM]

Training (e.g. from a school psychologist, from the Principal, online training)	01
Interactive educational videos (i.e. to show to students)	02
Materials for classroom teaching (e.g. overheads or PowerPoint presentations, exercises, discussion questions about gambling harm)	03
One on one intervention by a gambling specialist or psychologist for students who need extra support	04
Student information pack (e.g. booklet, brochure)	05
Parent information pack (e.g. booklet, brochure)	06
Parent information presentation	07
Classroom based presentation by gambling specialist or psychologist	08
Other, please specify:	96
Don't know / Not sure [EXCLUSIVE]	99

-----[NEW SCREEN]-----

<IF Q21=01,02,03, 05 OR 96 SCHOOL PROVIDES RESOURCES OR STRATEGIES>

Q22 Of those resources or strategies which are designed for teachers, which one(s) have you undertaken or used?

Please select any that apply

{MULTIPLE RESPONSE}

[PROMPT RESPONSES SELECTED AT Q21. RANDOMISE IN THE SAME ORDER AS Q21]

Training (e.g. from a school psychologist, from the Principal, online training)	01
Interactive educational videos (i.e. to show to students)	02
Materials for classroom teaching (e.g. PowerPoint presentation, videos, websites, activities, discussion questions about gambling harm)	03
Student information pack (e.g. booklet, brochure)	05
Other: [PROMPT RESPONDENT TEXT ENTERED AT Q21 OTHER SPECIFY]	96
None of the above [EXCLUSIVE]	99

-----[NEW SCREEN]-----

<IF Q21=01-96, SCHOOL PROVIDES RESOURCES OR STRATEGIES >

Q23 What do you think are the main barriers, if any, you personally face in using these resources or strategies?

{OPEN ENDED}

-----[NEW SCREEN]-----

<IF Q22=01-05 OR 96, HAVE USED AT LEAST ONE RESOURCE OR STRATEGY>

Q24 What motivates you personally to use these resources or strategies?

{OPEN ENDED}

-----[NEW SCREEN]-----

<IF Q17=01-02, SCHOOL CONDUCTS GAMBLING HARM PREVENTION>

Q25 And which of the following resources or strategies would you like to see more of or have access to address gambling harm prevention in your school?

Please select any that apply

{MULTIPLE RESPONSE}

[RANDOMISE. 'OTHER' AND 'DON'T KNOW' AT THE BOTTOM]

Training (e.g. from a school psychologist, from the Principal, online training)	01
Interactive educational videos (i.e. to show to students)	02
Materials for classroom teaching (e.g. overheads or PowerPoint presentations, exercises, discussion questions about gambling harm)	03
One on one intervention by a gambling specialist or psychologist for students who need extra support	04
Student information pack (e.g. booklet, brochure)	05
Parent information pack (e.g. booklet, brochure)	08
Parent information presentation	09
Classroom based presentation by gambling specialist or psychologist	10
Other, please specify:	96
Don't know / Not sure [EXCLUSIVE]	99

[NEW SCREEN]

SECTION D: ATTITUDE TOWARD GAMBLING EDUCATION

<ASK ALL>

Q26 To what extent do you agree, or disagree, that schools should conduct gambling harm prevention activities, or interventions, for young people (aged 18 and under)?

{SINGLE RESPONSE}

Strongly agree	05
Tend to agree	04
Neither agree nor disagree	03
Tend to disagree	02
Strongly disagree	01
Don't know	99

[NEW SCREEN]

<IF Q26=01-02, DISAGREE>

Q27 Please explain why you <INSERT RESPONSE TEXT SELECTED AT Q26> that schools should conduct gambling harm prevention activities, or interventions, for young people (aged 18 and under).

{OPEN ENDED}

[NEW SCREEN]

<ASK ALL>

Q28 How successful do you think each of the following approaches would be in changing students' awareness, behaviours and attitudes toward gambling?

{SINGLE RESPONSE PER ROW}

[RANDOMISE ROWS]

		0 – Not at all successful	1	2	3	4	5	6	7	8	9	10 – Very successful	Don't know / Not sure
--	--	---------------------------	---	---	---	---	---	---	---	---	---	----------------------	-----------------------

5	Resources for teachers to use which are in line with the curriculum to deliver gambling education (e.g. gambling literacy, gambling harm awareness)	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
6	Showing students a series of short interactive educational videos	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
7	After-school interventions (e.g. over lunch or during study breaks)	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
8	Interventions conducted by a psychologist or a specialist	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
9	Targeted interventions to high-need students (i.e. those identified with some gambling harm health issues)	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
10	Involving parents through information presentations or handing out information packs (e.g. brochure, leaflet)	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
11	Handing out an information pack to students	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99

-----[NEW SCREEN]-----

<IF Q28_5=05-10, RATED 'Resources for teachers to use which are in line with the curriculum to deliver gambling education' AS SUCCESSFUL (5 TO 10 OUT OF 10)>

Q29 In which of the following subject area(s) (i.e. Key Learning Areas) do you think gambling education can be best addressed?

Please select any that apply

{MULTIPLE RESPONSE}

[RANDOMISE. ANCHOR 'OTHER' AND 'DON'T KNOW' AT THE BOTTOM]

Mathematics	01
Science	02
Human Society and its Environment (HSIE)	03

Technological and Applied Studies (TAS)	04
English	05
Languages	06
Personal Development, Health and Physical Education (PDHPE)	07
Other, please specify:	96
Don't know / Not sure [EXCLUSIVE]	99

-----[NEW SCREEN]-----

<IF Q29≠99, SELECTED AT LEAST ONE SUBJECT AREA>

Q30 Please describe where in the syllabus gambling education can be meaningfully incorporated.

Please include the subject and the stage (i.e. year) in your response.

{OPEN ENDED}

[NEW SCREEN]

SECTION E: EXPERIENCE WITH PROGRAMS ADDRESSING OTHER HEALTH-RELATED ISSUES

The following questions relate to existing school programs in place which address other health issues.

<ASK ALL>

Q31 Which of the following health issues does your school currently address for young people (aged 18 and under)?

Please select any that apply

{MULTIPLE RESPONSE}

[RANDOMISE. ANCHOR ‘OTHER’ AND ‘DON’T KNOW’ AT THE BOTTOM]

Excessive gaming (e.g. excessive video game playing)	01
Drug use	02
Alcohol use	03
Smoking	04
School violence	05
Bullying (including cyber-bullying)	06
Unsafe sexual activities	07
Obesity, eating disorders	08
Depression, anxiety and other mental health issues	09
Other health issues, please specify:	96
Don't know / not sure	99

[NEW SCREEN]

<ASK ALL>

Q32 Based on your experience, how important are the following aspects for health programs to be successful in schools?

{SINGLE RESPONSE PER ROW}

[RANDOMISE]

		0 – Not at all	1	2	3	4	5	6	7	8	9	10 – Very	Don't know /
--	--	----------------	---	---	---	---	---	---	---	---	---	-----------	--------------

		importa nt										importa nt	Not sure
1	Classroom interventions delivered by a psychologist or specialist	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
2	Easily accessible training resources (e.g. webpage, booklet or face to face training)	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
3	Having some customisable teaching resources (e.g. PowerPoint presentation that can be tailored up or down depending on the class level)	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
4	Enabling teachers to provide feedback on the program	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
5	Embedding resources into existing school curriculums	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
6	Teacher training modules which align to the health program and allow the teacher to accumulate continuing professional development points (e.g. PD hours)	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99
7	Co-design of the program with students (e.g. student leadership groups)	00	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	10	99

-----[NEW SCREEN]-----

<ASK ALL>

Q33 Finally, in your opinion, what makes a health prevention program successful in a school setting?

{OPEN ENDED}

We and the NSW Office of Responsible Gambling greatly appreciate your time with this important survey.

Termination script:

Thank you for agreeing to take part in the survey. We and the NSW Office of Responsible Gambling greatly appreciate your interest but unfortunately, you are not one of the people we are looking for in this survey.

<SOCIAL MEDIA RESPONDENTS ONLY>

Termination script:

<IF SQ1=01 OR 99, ALREADY COMPLETED THE SURVEY>

Thank you for your interest but it looks like you already participated in our survey. We and the NSW Office of Responsible Gambling greatly appreciate your participation.

<IF SQ2=98 OR 99 OR SQ4≠01, DO NOT WORK IN A SCHOOL OR DO NOT WORK IN NSW>

Thank you for your interest to take part in the survey. We and the NSW Office of Responsible Gambling greatly appreciate your interest but unfortunately, you are not one of the people we are looking for in this survey.

[REDIRECT TO www.lpsos.com.au]

Appendix B: Principal invitation email

Reminder - NSW Teacher survey by the Office of Responsible Gambling



NSW Teacher survey <nsw.teachersurvey@ipsosurveys.com.au>
To Florence Le Guyader

Reply

Reply All

Forward



Tue 4/08/2020 5:18 PM

You replied to this message on 4/08/2020 5:30 PM.
If there are problems with how this message is displayed, click here to view it in a web browser.



Dear Principal,

Over 100 teachers in NSW have already provided feedback on gambling and gaming harm education by completing the NSW Teacher survey. It is important for the NSW Office of Responsible Gambling (ORG), which is part of the NSW Government, to hear the views of as many teachers as possible to best inform the development of new education resources.

We would appreciate your help distributing the online survey to all your school teaching staff or reminding them to complete the survey.

Your school online survey link is: <https://www.ipsosurveys.com.au/mriweb/mriweb.dll?I.Project=O20Y0156&Id=&i.User1=GOVCOOLAMONCENTRALSCHOOL>

All survey responses need to be received by 31st August.

To assist you with the distribution of the online survey link you can find a draft email [here](#). You can update this email accordingly and send it to all your teaching staff.

Further information regarding the study is provided:

- About the study and FAQ information sheet, click [here](#)
- A copy of our research privacy notice, click [here](#)
- Approval letter from the NSW State Education Research Applications Process (SERAP) [here](#)
- A copy of the questionnaire for your reference, click [here](#)

This research has been approved by the **NSW State Education Research Applications Process (SERAP)**.

The survey asks about teachers attitudes and perspectives toward gambling and gaming, the school's approach to the prevention of gambling harm and other relevant health-related problems. The answers will help the ORG in the development of resources for schools to prevent and reduce gambling harm amongst young people. All responses will remain confidential.

If you have any queries you would like answered or would like us to contact you on a different number, please feel free to contact us on the free call number 1800 290 915 (9.30am to 5.30pm Monday to Friday) or email us at nsw.teachersurvey@ipsos.com.

Thank you very much for giving some of your time to support this important study.

Yours sincerely,



Florence Le Guyader
Research Director
Ipsos Public Affairs Pty Ltd

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