

**Evaluation of Current Break Even
Gambling Support Services**

and

**Recommended Future Service Delivery
Model**

**Department of Health and Human Services
Tasmania**

Copyright © Department of Health and Human Services, Tasmania, 2005

For further information about this report contact:

Manager
Gambling Support Bureau
Department of Health and Human Services
Hobart
Tasmania

Phone: 03 6233 2790

www.dhhs.tas.gov.au/gambling

Acknowledgements

Evolving Ways would like to thank all of those who have contributed to the evaluation of Break Even Gambling Support Services, in particular staff of the agencies providing services to people who are affected by gambling, and staff of the Gambling Support Bureau.

Special thanks to those people who spoke to us about their experiences as users of Break Even Gambling Support Services, for support to deal with issues of their own gambling, or that of a family member.

Judith Woodland
Dianne Walsh

Evolving Ways

April 2005

Contents

Acknowledgements	i
Contents.....	iii
Executive Summary	v
Recommendations	xiv
1. Introduction	1
1.1. Purpose of this report	1
1.2. Background.....	1
1.3. The evaluation	2
2. The Tasmanian Context.....	4
2.1. Demographics.....	4
2.2. Prevalence of gambling	5
3. Findings	6
3.1. Service standards	6
3.2. Efficiency	22
3.3. Effectiveness	24
3.4. Self-exclusion	27
4. Specific target groups	28
4.1. Youth	28
4.2. Aborigines and Torres Strait Islanders	28
4.3. Multicultural services	29
5. What’s happening elsewhere?.....	30
6. Frameworks in other jurisdictions	32
6.1. National framework on problem gambling 2004 - 2008	32
6.2. Victoria.....	33
6.3. Queensland	33
7. A model for the future	34
Appendix 1	
Program logic for current Break Even Gambling Support Services	

Executive Summary

A review of the Break Even Gambling Support Services in Tasmania was undertaken between September and December 2004.

The review will assist the Department of Health and Human Services (DHHS), to refine the system of supports to people in Tasmania who are adversely affected by gambling.

Break Even Gambling Support Services are a component of an Integrated Gambling Framework in Tasmania. The framework brings together government, all major gambling forms and community, to promote partnerships and inform policy. Break Even Gambling Support Services are funded through the Community Support Levy, which is based upon a percentage of the profits earned by gaming machines within hotels and clubs.

Break Even Gambling Support Services are a network of community based services, providing programs to people who are affected by gambling, including people who gamble, their families and friends. The services comprise:

- a 24-hour telephone crisis and referral service, Gambling Helpline Tasmania, delivered by McKesson Asia-Pacific;
- personal and family counselling, delivered by Anglicare and Relationships Australia;
- financial counselling, delivered by Anglicare; and
- support groups, facilitated by Gambling and Betting Addictions Inc. (GABA).

Contractual arrangements between DHHS and the agencies providing Break Even Gambling Support Services are set out in funding service agreements that were in place until 30 June 2004, and which have been extended pending the outcome of this evaluation.¹

The contractual arrangements describe a framework of service standards. Although there are no performance indicators in place for agencies to measure their services against the standards, findings are described against the specified standards.

Service standards

1. Access and Equity

Strengths

Break Even Gambling Support Services:

- are free, therefore access should not be limited by financial status;
- have some strategies in place to meet needs of specific target groups;
- address the needs of people living in rural and remote areas through a variety of strategies;
- distribute widely promotional material in which the GSB has invested significant resources.

¹ The contracts have subsequently been extended until June 2006

Evaluation of Current Break Even Gambling Support Services

Gambling Helpline Tasmania:

- operates a free call, 24-hour access information and crisis counselling line;
- is promoted as the gateway to Break Even Gambling Support Services, included in promotional material, and advertised on electronic gaming machines in hotels and clubs;
- is staffed by trained counsellors who are supported by relevant software to enable them to provide appropriate information and service referrals.

Personal, family and financial counselling services:

- aim to provide a first appointment within one business day of initial contact from the client;
- are provided by agencies that provide a range of other services;
- have strategies in place to reach people in rural and remote areas;
- provide outreach services on a regular or as-needs basis;
- support generic counsellors servicing more remote areas;
- may occur away from the office if this is more convenient for the client.;
- may occur out of normal business hours to suit specific clients.

Support groups:

- aim to introduce a client to a group within one week of initial contact;
- run some evening support groups.

Links between responsible gambling and Break Even Gambling Support Services

- Responsible gambling in Tasmania is guided by a self-regulatory code of practice aimed at harm minimisation;
- At a policy level, there are meetings between DHHS and the Gambling Industry Group.

Areas for Improvement

Hours of service:

- Most of the Break Even Gambling Support Services are provided during normal office hours limiting accessibility to people in full time employment.
- In areas where services are provided by more than one agency, collaborative planning could occur to provide an optimum spread of times that services are available.

Anonymity:

- One reason for people whose lives are affected by gambling not seeking assistance may be due to the stigma attached to problem gambling. This may be partly overcome where more generalist counsellors are equipped to support people whose problems relate to gambling. Telephone counselling also has the capacity to retain a person's anonymity.

High level of 'no shows':

- All agencies reported a high number of people who do not keep appointments. These included initial and follow-up appointments.
- There may be a need for different strategies to engage and maintain client participation.
- 'No shows' are a waste of resources, diverting counsellors from productive work.

Links between responsible gambling and Break Even Gambling Support Services

- no formal links exist between Break Even Gambling Support Service providers and operators of gambling venues.
- A bridge between responsible gambling and Break Even Gambling Support Services would have a stronger focus on early intervention and prevention.

Identifying eligible clients:

- It is not clear if personal and family counsellors all utilise the same standard approach to identify clients who have a gambling problem.
- Financial counsellors indicated they often do not know whether a person's financial situation is due to gambling, therefore they may be unable to refer the person for personal counselling and are unlikely to provide information about other available supports.
- there is no mechanism to ensure funded services are being targeted appropriately.

2. Intervention Strategies

Strengths

- Support is available to people who are affected by gambling. This includes the person who gambles, family, friends and work colleagues.
- Break Even counsellors describe strengths and solutions-based approaches to working with clients. Personal and family counsellors use a range of strategies, depending on identified needs.
- Financial counsellors assist clients to put in place strategies to manage their financial situation and provide information, support and advocacy.
- Group support is available through GABA, and sometimes through Anglicare and Relationships Australia.
- The fact that Anglicare and Relationships Australia provide a range of other services provides opportunities for referrals to be made internally, and utilises knowledge of the broader service system to allow greater scope of external referrals.
- All agencies deliver community education sessions as part of a prevention and early intervention approach.

Areas for improvement

Complex clients:

- Break Even counsellors do not usually take on a case management role. When working with clients with complex needs, it may be appropriate to undertake case management and to work closely with other service providers as appropriate.

Community education:

- All agencies undertake community education activities to some extent. At present this appears to be developed in an ad hoc way, and may or may not involve cooperative strategies between agencies.

3. Counsellor qualifications & accreditations

Strengths

Qualifications:

- Practitioners providing personal and family counselling hold degrees in social work or psychology. Financial counsellors have relevant business qualifications.
- Experience of practitioners in providing support to people who are affected by gambling ranges from six months to thirteen years.
- Experience in the broader counselling and support services ranges from twelve months to twenty-five years.

Supervision:

- All agencies have supervision practices in place.
- Agencies use a combination of one-to-one and team-based supervision.

Networking:

- The Break Even Network has provided a strong vehicle for agency personnel to connect, share experiences, receive updates on developments within the service system, and to share outcomes of research and project trials.
- Practitioners often participate in broader networks relevant to their discipline and sphere of work, to enhance their knowledge and provide information to other professionals.

Training:

- During the last two years the majority of staff have undertaken a variety of professional development activities relevant to their role within the Break Even Gambling Support Services.

Areas for improvement

Training:

- It appears that no training plan was developed from the findings of the May 2003 projects conducted to identify the training needs of professionals working within the Break Even Network.² During this review, each agency raised the training needs assessment and related their desire to receive a follow-up plan and training.
- There is a need for a structured approach to the orientation of new staff.
- Currently there is no accredited training for the provision of evidence-based interventions for people who are adversely affected by gambling. A national approach to accredited training would be appropriate.
- As some people attending Break Even Gambling Support Services have complex needs and/or co-morbidity, training should be made available to counsellors from a range of services. Workers from a range of community-based services should be encouraged to participate in this training.

² Productivity Plus Tasmania, Identification of training and development needs against Best Practice Standards for Problem Gambling Services: Audit Report Prepared for the Gambling Support Bureau, Department of Health and Human Services, May 2003; and Noel O'Mara and Associates, Training Needs Analysis Audit Report for 1) Health Promotion and Harm Minimisation and 2) Assessment and Intervention Strategies for Problem Gambling Behaviours, May 2003

4. A case management approach

Strengths

- Counsellors indicated that clients who access individual counselling are assisted to identify their goals and support needs. A range of strategies may be implemented, and referrals made to other services where this is needed.
- Intervention plans may be developed with clients and implemented with the support of counsellors.
- One of the agencies has developed a round table approach for clients with more complex needs. This uses processes across all of its counselling services to work with the client, as well as other services that may be involved.
- Financial counsellors develop specific plans for the client to manage debts and plan for effective financial management.
- Follow up occurs in some cases to monitor the client's progress after cessation of direct intervention

Areas for improvement

- Case management requires services to be suitably linked, coordinated and able to link clients to appropriate services.
- Given that people affected by problem gambling may manifest other problems, there is a need for services to be able to respond to individual needs in a coordinated and flexible way.
- There is a need to formalise and strengthen links between Break Even Gambling Support Services and other community based providers.
- There is a need for greater case management training and networking and other collaborative opportunities to maximise client outcomes.

5. Established referral processes

Strengths

- Gambling Helpline has a comprehensive and readily accessible database, which is used by telephone counsellors to provide information and referrals to callers.
- Service providers have a good understanding of the broader service system and may make referrals where appropriate.
- Break Even personnel indicated that the most effective outcomes between Break Even Gambling Support Services providers occur when there is a facilitated referral process.

Areas for improvement

- The Helpline indicates it has the potential for a three-way telephone call and this is in the contractual arrangement. However, there is no indication that this facilitated practice occurs.
- It should be acknowledged that engagement with a counsellor via the Helpline is engagement with the Break Even Gambling Support Services system.

Evaluation of Current Break Even Gambling Support Services

- There is no formal referral process between Break Even Gambling Support Services. When referrals do occur, there may be limited client-related information provided. Whilst confidentiality is critical, a client may provide informed consent for the transfer of information to make the referral process more effective.
- There is a need for financial counsellors to understand indicators of problem gambling behaviour, and gain assessment skills for identifying problem gambling behaviours.
- Financial counsellors, along with personal and family counsellors and group facilitators, need to ensure an integrated approach to address identified issues with the client.

6. Partnerships

Strengths

- Some working relationships have been developed by individual services to meet the needs of specific client groups, for example those involved with the gaol system.
- There are examples of Break Even Gambling Support Services providers working together to develop specific strategies, particularly in relation to community education.

Areas for improvement

- Partnerships, other than those between Break Even Gambling Support Services providers, seem to be developed on an ad hoc basis and may not be formalised to support sustainability.
- Strategic partnerships developed across sectors would enhance the development of service responses for specific groups in the community, for example young people.

7. Quality assurance

Strengths

- Agencies have varying forms of quality processes in place.
- All agencies have practice and procedure manuals to guide their work with clients.
- One agency has recently introduced Results Based Accountability across all of its counselling services.
- Regular Break Even Network meetings provide an opportunity for agencies to present aspects of their work.

Areas for improvement

- DHHS, through the GSB, has developed and published service standards for the Break Even Gambling Support Services.³ The individual agency contracts, however, do not clearly articulate the standards in the same form. The way in which the standards are written varies for different agencies.
- There is no standard, systemised way of the agencies knowing, and being able to report, whether they are meeting the service standards.

8. Reporting requirements

Strengths

- All services provide data to the GSB at prescribed times.
- Data provision requirements of Gambling Helpline Tasmania appear to be more extensive than for the not-for-profit agencies.

Areas for improvement

- There is an urgent need to review the data system. Discussion should occur with other jurisdictions so that all can use the same data, thus making valuable data available for research on a national basis.
- Accessible data provided to DHHS by the agencies is not in a common format, making comparison and aggregation time-consuming. A common format should be agreed upon and implemented.
- It would be useful to have the capacity to track client referrals and determine through quantitative evidence those support practices that promote clients to act on information provided to them (evidence-based practice).

9. Evaluation strategy

Strengths

- Counselling services have strategies in place to seek feedback from clients at different stages of service delivery. This provides some qualitative data based evidence as to client satisfaction and service directed achievement.

Areas for improvement

- There do not seem to be consistent forms of evaluation, even between services delivered by the same agency.
- A more structured approach to evaluation across the Break Even Network would provide the opportunity for services to work collaboratively to undertake evaluation. This would also lead to valuable quantitative and qualitative data to support continuous improvement and inform future service delivery.

³ Department of Health and Human Services, Children and Families Division, Gambling Support Bureau, Standards and Specifications, Personal and family Counselling Services, Financial Counselling and Group Support for those affected by Gambling, April 2001

10. Collaborative community education and knowledge sharing

Strengths

- Most Break Even Gambling Support Services are involved in community education activities.
- The GSB has produced an array of quality written information that provides a useful resource for education activities.
- Some community education strategies are planned and implemented by the Network as a whole.

Areas for improvement

- There is a need for a more strategic approach to community education activities.
- Community education planning should include specific target groups and geographic spread.

Efficiency

Contractual arrangements with Break Even Gambling Support Services providers

All Break Even Gambling Support Services contracts have been extended until the end of June 2005, pending the evaluation of support services and recommendations about a future service model.⁴

Personal and family counselling and financial counselling:

- Funding schedules in the contracts do not reflect what agencies are being asked to provide.
- The basis for funding is per hour of counselling, without reference to other service requirements.
- Whilst agencies are able to invoice for services in excess of targets, there are no disincentives for not achieving targets.
- Unit costing (price per hour) is not clarified and rates are different for each agency.

Group sessions:

- It is not clear what is being funded under quarterly funding arrangements.
- No service delivery targets are included and provision of community education and information is not separately stipulated in the funding description.

24 hour Helpline:

- The basis for funding of Gambling Helpline Tasmania is not specified in the contract.
- It is important that the GSB be specific about what it is purchasing. The service contract indicates the provision of telephone counselling and case managed counselling where appropriate. There is, however, no incentive for the agency to provide more than a minimal level of service.

⁴ Contracts have subsequently been extended until June 2006

Data provision:

- Problems with existing data mean the efficiency of the services cannot be assessed. There is no indication how many episodes of service were delivered to individual clients (or indeed how many episodes in total).
- Data provided to the consultants by GSB would suggest discrepancy between agencies in relation to the average number of counselling sessions per client.
- If the figures for financial counselling are even approximately correct, services are under performing and the cost per session is extremely high.

Effectiveness

- Currently all the Break Even Gambling Support Services undertake quantitative measurement of services delivered.
- Some services collect qualitative data via short-term follow up of clients. There does not appear to have been any analysis of this data and workers had difficulty identifying outcomes for clients.
- Outcomes may or may not include the cessation of gambling.
- Clients' concerns about gambling behaviour are usually intertwined with other issues. Outcomes from intervention should relate to clients' increased capacity to deal with these issues.
- Any outcome data that agencies do collect relates to clients who have chosen to follow up with counselling or group sessions at least once. There is no data on clients who have not been engaged by services following initial enquiries.
- Gaining information on outcomes is important in developing an evidence base for service planning and implementation.
- Outcomes seem to be less defined in the group programs than in counselling services.
- Expectations of DHHS in funding agencies to provide services to clients affected by problem gambling are now stronger than those defined in contractual documentation.
- If services are to be based on evidence-based practice, agencies need to document evidence. It is important that all services implement strategies to objectively determine and document outcomes for clients.

Self-exclusion

- Self-exclusion is a mechanism utilised by people who recognise their gambling to be a problem, whereby they request to be barred from specific gambling venues.
- Self-exclusion applications, including documents and accompanying photographs are processed through Break Even Gambling Support Services. This should provide an excellent opportunity for engaging with the person, providing information and encouraging acceptance of counselling or group support.
- There is a need for a more proactive approach to engage clients who present for self-exclusion.
- There appears to have been no evaluation of the outcomes of the self-exclusion process. It would be valuable to know whether this is in fact an effective strategy.

Specific target groups

Currently programs targeted to specific demographic groups are developed on an ad hoc basis and within specific geographic areas. Some groups including youth, Aboriginal and Torres Strait Islanders, and Multicultural groups require further research and development of appropriate service responses.

Future Program Approaches

Approaches adopted by other jurisdictions to address problem gambling may be useful to inform future program development in Tasmania. Key themes include:

- collaborative agency and community partnerships;
- whole of government approaches;
- a continuum of strategies; and
- outcomes-focused service provision.

It is recommended that a future model for problem gambling services be based on the understanding that there is a continuum of gambling in the community, ranging from no gambling to recreational gambling, and further to problem gambling. Therefore a continuum of services is the best response. For this continuum of responses to client needs to be most effective, agencies need to work together. A model for future service delivery is proposed, with the key components of:

- community education;
- generalist screening and support;
- specialist problem gambling services.

Some program development is needed to support the introduction and implementation of a new model, including a review of program standards and development of key tools.

Recommendations

Referral procedures

That procedures and protocols be developed for facilitated referral from Gambling Helpline Tasmania to other Break Even Gambling Support Services.

That a common client record tool be developed for transferring client information between services.

Community information

That the effectiveness of current information strategies be reviewed with a view to developing a more effective marketing strategy, including directing resources to the most effective strategies.

Telephone numbers

That a more streamlined approach be developed for initial telephone contact with the Break Even Gambling Support Services system.

Hours of service

That the range of Break Even Gambling Support Services be available on a flexible basis, including outside normal business hours.

Links between responsible gambling and Break Even Gambling Support Services

That a working party be developed by DHHS, to include representatives of the gambling industry and Break Even Gambling Support Services to develop strategies and an implementation plan to strengthen links between Responsible Gambling and Break Even Gambling Support Services.

Client identification by financial counsellors

That financial counsellors require agreement from clients the underlying cause of their financial difficulties, through:

- *self-exclusion; and/or*
- *engaging with appropriate support services.*

That financial counsellors and personal and family counsellors work together to develop an integrated response to people who present with financial difficulties as a result of problem gambling.

Community education

That DHHS facilitates a planning process to develop an annual community education plan for implementation across the Break Even Gambling Support Services.

Training

That the training needs analyses conducted in 2003 be updated and a training plan developed by DHHS in conjunction with stakeholders in the field.

That key elements be identified for an orientation package for workers new to the Break Even Gambling Support Services system.

That DHHS works with other jurisdictions to explore the potential for accredited training for workers providing support to people affected by problem gambling.

That training be made available to workers from a wide range of services likely to see clients for whom gambling is a problem.

That a training plan for financial counsellors include indicators of problem gambling behaviour, and the development of an integrated response with other counsellors.

Case management

That a model of service for Break Even Gambling Support Services includes a component of case management, within clearly defined guidelines.

Evaluation of Current Break Even Gambling Support Services

That Break Even Gambling Support Services strengthen links with agencies delivering in their local area and develop protocols for coordinated support to people affected by gambling.

That DHHS support the development of protocols between gambling support services, mental health, and drug and alcohol services, to develop a flexible, coordinated support system.

Partnerships

That a whole of government approach be developed to plan and support intersectoral strategies to address problem gambling.

That DHHS develop and implement an intradepartmental approach to problem gambling.

Quality assurance

That a quality framework be developed and included in contractual arrangements between DHHS and organisations delivering problem gambling services. The framework should include revised service standards with clear performance indicators, and a process for self-assessment and reporting against the standards.

Reporting

That the data collection system for Break Even Gambling Support Services be reviewed to ensure appropriate data are available, in a common format, for monitoring and planning purposes.

That DHHS, in conjunction with agencies and service user representatives or advocates, explore the possibility of including tracking mechanisms in the data collection system for Break Even Gambling Support Services.

Evaluation strategy

That an ongoing evaluation framework be developed to support continuous improvement in Break Even Gambling Support Services.

Community education

The Break Even Network adopt a planned approach to community education, developing an annual implementation plan.

Contractual arrangements

That DHHS investigate Helpline services in other jurisdictions, and other service sectors, with a view to benchmarking and reviewing types of services provided.

That a funding model be developed to include the different activities required to be undertaken by Break Even Gambling Support Services.

That a unit cost be developed for all service types to be delivered within the service system responding to problem gambling.

Client outcomes

That the Break Even Network work collaboratively to develop ways to record, analyse and report on client outcomes.

That clearly defined outcomes be identified for group programs and that any agency/agencies delivering group support develop ways of achieving and evaluating identified outcomes.

Self-exclusion

That Break Even Gambling Support Services take a proactive approach to engaging clients who present for self-exclusion.

That DHHS and Break Even Gambling Support Services evaluate the effectiveness of the administration of self-exclusion processes through the Break Even Gambling Support Services.

Specific target groups

That further research be undertaken into the prevalence of problem gambling among young people and a strategy tailored to the needs of youth be developed and implemented

That further research be undertaken into the needs of Aboriginal communities in relation to problem gambling and appropriate, culturally sensitive strategies be developed and implemented.

1. Introduction

1.1. Purpose of this report

This report provides:

- findings of a review of the Break Even Gambling Support Services in Tasmania. The review was undertaken between September and December 2004; and
- recommendations for future service provision.

The report will assist the Department of Health and Human Services (DHHS) to refine the system of supports to people in Tasmania who are adversely affected by gambling.

1.2. Background

Break Even Gambling Support Services are a component of an Integrated Gambling Framework in Tasmania. This framework is designed "...to maximise the benefits from legal gambling while minimising the impacts of any negative social consequences. The framework brings together government, all major gambling forms and the community, to promote partnerships and inform policy to address social issues and concerns relating to gambling."⁵

Break Even Gambling Support Services are funded through the Community Support Levy, established through the Tasmanian *Gaming Control Act 1993*. The levy is based upon a percentage of the profits earned from gaming machines within hotels and clubs.

Policy and program administration for the Break Even Network is the responsibility of the Gambling Support Bureau of DHHS. The GSB itself is funded from the Community Support Levy. It is mandated to provide a range of programs and services that are aimed at informing, advising, and educating the community about gambling. These include gambling research, community education, health promotion, and community capacity building through grant programs.

Break Even Gambling Support Services are a network of community-based services that provide programs and services to people who are affected by gambling, including people who gamble, their families and friends. The services comprise:

- a 24-hour telephone crisis and referral service, Gambling Helpline Tasmania, delivered by McKesson Asia-Pacific;
- personal and family counselling, delivered by Anglicare and Relationships Australia;
- financial counselling, delivered by Anglicare; and
- support groups, facilitated by Gambling and Betting Addictions Inc. (GABA).

⁵ Tasmanian Gambling Support Bureau website, <http://www.dhhs.tas.gov.au/gambling/>

Contractual arrangements between DHHS and the agencies providing Break Even Gambling Support Services are set out in funding and service agreements that were in place until 30 June 2004, and which have been extended pending the outcome of this evaluation.⁶

1.3. The evaluation

This project was required to include two components:

- an evaluation of current gambling support services provided for Tasmanians affected by gambling, particularly in relation to service standards, client outcomes and evidence of best practice effectiveness;
- recommendations on future direct service delivery models to meet the evidence-based needs of Tasmanians affected by gambling. Recommendations should be guided by the following principles:
 - eliminating real or perceived barriers for future clients to access service delivery;
 - provision of an integrated service response which meets a diverse range of client needs; which may include risk awareness, emergency support, financial advice, legal advice, counselling;
 - provision of services tailored to achieve the best possible outcome for clients; and
 - increased emphasis on early intervention.⁷

It is important to note that this project was focussed on the Break Even Gambling Support Services component of the Integrated Gambling Framework, not the framework as a whole. Likewise, whilst the relationship between the Break Even Gambling Support Services and the GSB is important, the GSB itself was not a focus of the evaluation.

The evaluation did not review responsible gambling strategies, except in relation to links with problem gambling services.

Finally, Break Even Gambling Support Services are the only services to specifically address the needs of people whose lives are adversely affected by gambling. Other services in Tasmania either target problem gamblers, as is the case with Gamblers Anonymous, or provide support services to people with a range of problems, which might include the effects of gambling.

Methodology

A program logic framework was developed for the Break Even Gambling Support Services, with a focus at two levels; the client and the system. This logic guided the evaluation process and is provided as Appendix 1 to this report.

⁶ Contracts were subsequently extended until June 2006

⁷ Gambling Support Bureau, Department of Health and Human Services, Request for Proposal - A: Evaluation of Current Break Even Gambling Support Services; B: Recommend Future Service Delivery Model

The project methodology included the following activities:

- analysis of the literature relating to research on gambling service provision, focussing primarily on individual and group-based practices, service delivery models and best practice;
- individual and small group-based discussions with personnel within the agencies delivering the Break Even Gambling Support Services, including managers, personal and family counsellors and financial counsellors;
- interviews with personnel within community organisations who may make referrals to the Break Even Gambling Support Services, or where collaborative work has occurred with people affected by gambling;
- interviews with personnel within agencies who have a role in supporting specific groups of people within the community, such as indigenous people, youth and migrants;
- a scoping exercise of the qualifications, experience and training needs of personnel working within the Break Even Gambling Support Services;
- interviews with a small sample of people who have used the services provided by the Break Even Gambling Support Services;
- review of agency-based documentation relating to practices associated with the Break Even Gambling Support Services;
- review of quantitative data provided by GSB and agencies; and
- analysis of qualitative and quantitative data in line with project requirements and the evaluation framework.

2. The Tasmanian Context

2.1. Demographics

Population

As at June 2004, the population of Tasmania was estimated to be 482,100.⁸

Approximately 49% of the population live in the southern region of the State, 28% in the northern region, and 23% in the north-west⁹. In the south the major population centre is in and around Hobart, and in the north, in and around Launceston. There are a number of smaller population centres in the north-west part of the State.

People who were born overseas

Tasmania receives a significantly smaller proportion of permanent and long-term arrivals from overseas than does Australia as a whole. In 2002 for example, Tasmania received 2,722 permanent and long-term arrivals from overseas. This represents just 0.75% of Australia's total for that year¹⁰. The figure includes many international students and Australian residents returning to Australia after an absence of more than 12 months.

The 2001 census showed the highest number of people from overseas had been born in the United Kingdom (UK). At that time, 21,822 (4.7%) of the population were born in the UK¹¹.

In the 12 months to June 2002, the largest group of arrivals from overseas came from the UK (15.1%). During the period July 2002 – June 2004 however, migrants from Sudan were the largest group of people to settle in the State, ranging from 18.3% of migrants in 2002/3 to 20.7% in 2003/4.¹² Migrants from the UK continue to be the second largest group of people to settle in Tasmania. During the 2001/2 period, approximately 9% of migrants came from South Africa, however the number of migrants from this area dropped during the following years to between 4-5%.

During the 2001 – 2004 period, approximately 29% of migrants settled in Hobart and 23% settled in Launceston. The percentage of migrants settling in other areas of Tasmania were much smaller, ranging from approximately 11% in Glenorchy to 1.5% in the Huon Valley area. Approximately 3% percent of migrants settled in each of Burnie and Devonport.¹³

⁸ Australian Bureau of Statistics www.abs.gov.au

⁹ Australian Bureau of Statistics, Regional Statistics Tasmania Population by Municipality accessed at <http://www.abs.gov.au/ausstats/abs@.nsf>

¹⁰ Department of Treasury and Finance, Tasmania, Tasmania's Population 2003 – An information paper on population trends and State Government policies

¹¹ Australian Bureau of Statistics, Census of Population and Housing 2001

¹² Department of Immigration Multicultural and Indigenous Affairs Settlement Database January 2004

¹³ *ibid*

Aboriginal and Torres Strait Islander People

At the 2001 Census there were 15,773 people (3.5% of the population) in Tasmania who were of Indigenous origin¹⁴. This represents an increase of 1,900 people (13.7%) since the 1996 Census¹⁵. Across the regions of Tasmania the indigenous populations range from 1.4% of the population in the Mersey – Lyell region to 6.4% in the Southern region. Due to the time that has elapsed since the census, this data can only provide an indication of the present indigenous population and its distribution within the State.

2.2. Prevalence of gambling

Studies into the extent and impact of gambling in Tasmania were undertaken in 1994, 1996 and 2000.

Telephone surveys in October 2000¹⁶ indicated that 82% of respondents had participated in at least one form of gambling during the previous twelve months. Activities included lotteries, raffle tickets, scratch tickets, betting on horse races and competitive games, poker machines and casino table activities.

A further finding of the survey was that approximately 0.3 % of the adult population had a problem with gambling, with a further 0.6 % of people who were at risk of this occurring in their lives. These figures had not changed since the first survey in 1994. The survey also highlighted that approximately 5.6 % of people interviewed indicated that there had been gambling difficulties within their family during the last year. This is one indicator that had increased significantly since the previous survey in 1996, when the estimate was 2 %.

¹⁴ Australian Bureau of Statistics, Census of Population and Housing 2001

¹⁵ People who identify themselves as Indigenous are counted in the Indigenous population.

An increased number of people who identify as Indigenous has occurred in recent censuses

¹⁶ Roy Morgan Research (2001) The Third Study into the Extent and Impact of Gambling in Tasmania with Particular Reference to Problem Gambling – Follow up to the Baseline Studies Conducted in 1994 and 1996

3. Findings

3.1. Service standards

Contractual arrangements with agencies delivering Break Even Gambling Support Services describe a framework of service standards. We have used that framework to report findings of the evaluation.

3.1.1. Access and equity

Strengths

There is a free telephone service, Gambling Helpline Tasmania, which operates on a 24-hour basis and provides information and crisis counselling. The service is promoted as the gateway to Break Even Gambling Support Services. The 1800 number is included in promotional material and is displayed on electronic gaming machines in hotels and clubs.

The Helpline is staffed by trained counsellors who are supported by software that enables them to identify the nearest relevant services to the caller and provide contact information for these services.

The personal and financial counselling services aim to provide a first appointment within one business day of initial contact from the client. GABA is required to introduce a client to a support group within one week of initial contact.

All Break Even Gambling Support Services are free, therefore access should not be limited by financial status. This is important, given that financial hardship may well be the trigger for a person seeking help.

Break Even Gambling Support Services personal and family counselling, and financial counselling are provided by agencies that provide a range of other services. This reduces the potential stigmatisation that might influence a person's help-seeking behaviour.

Agencies providing personal and financial counselling have strategies in place to reach people in rural and remote areas. Break Even Gambling Support Services counsellors provide outreach services on a regular, or as-needs basis. They also support generic counsellors servicing more remote areas, to provide information and support to people who present with issues relating to gambling.

Whilst counselling services tend to be office-based, some counsellors will meet with clients away from the office if this is more convenient for the client. Some counsellors also agree to meetings out of normal business hours to suit specific clients.

GABA runs evening groups in Launceston and Devonport.

Some strategies are in place to meet needs of specific groups – for example aboriginal people, and people who are involved in the justice system, including those who are incarcerated.

The needs of people living in rural and remote areas are addressed through a variety of strategies, including the provision of outreach services by Break Even Gambling Support Services counsellors, and the provision of consultation to more generic counsellors who provide outreach.

Areas for improvement

Referral procedures

Currently, there are no formal procedures and protocols in place for the referral of clients from Gambling Helpline Tasmania to other agencies providing Break Even Gambling Support Services. Clients are provided with contact details of services that are located near their home, and which provide the supports to meet identified needs. Although agreement between DHHS and McKesson Asia-Pacific indicates a capacity for three-way telephone conversations, this does not appear to happen. Written or direct telephone referrals are not made.

McKesson Asia-Pacific reports on referrals to other Break Even Gambling Support Services, and all Break Even Gambling Support Services report on source of referral. In effect these figures relate respectively to information given, and the clients' source of information. There are no formal procedures and no way of tracking clients.

Whilst these may be deliberate strategies to preserve confidentiality and anonymity, there is great potential for clients not to follow through. For example, having made contact with the service system by making the initial call, they may feel unable to make another call 'cold' to again tell their story and seek assistance. From a client perspective, services may seem fragmented.

A more effective approach would be for the Helpline to agree with the client on the most appropriate agency for ongoing support, and to make a formal referral. With the agreement of the client, initial information recorded by the Helpline could be passed on to the appropriate agency. This would mean that clients would not have to repeat the information and that there is a basis for initial support to be provided. A common client record tool would expedite this process.

Recommendations:

That procedures and protocols be developed for facilitated referral from Gambling Helpline Tasmania to other Break Even Gambling Support Services.

That a common client record tool be developed for transferring client information between services.

Information

Information about Break Even Gambling Support Services has two main elements:

- promotional material developed by the Gambling Support Bureau and widely distributed to gambling venues, community-based agencies, medical facilities and so forth. This information may also be provided to people making contact with Gambling Helpline Tasmania; and
- individual agency information provided to potential clients at their first point of contact with the agency.

Evaluation of Current Break Even Gambling Support Services

The Gambling Support Bureau has invested significant resources in the production of information. There appears to have been little or no evaluation of the accessibility of this information and its influence on people seeking help for gambling related issues. Helpline figures for 2004 show that 66% of first-time callers used the telephone directory for assistance in where to call. Only 9% reported using information seen in a gambling venue.

Recommendation:

That the effectiveness of current information strategies be reviewed with a view to developing a more effective marketing strategy, including directing resources to the most effective strategies.

Contact details

Advertising material for Break Even Gambling Support Services often lists a potentially confusing array of telephone numbers. Numbers provided are:

Gambling Helpline Tasmania	one 1800 number
Anglicare	one 1800 number, 4 regular local numbers
Relationships Australia	one 1800 number, 2 regular local numbers
GABA	two 1800 numbers

Whilst the Helpline number is given prominence, it may be difficult for a person trying to summon the courage to seek help to determine which number is appropriate.

It is recommended that GSB and the agencies work together to develop a more streamlined way for people to make initial contact with services. Once the client is engaged with a particular service, that service can give more localised telephone contacts.

Recommendation:

That a more streamlined approach be developed for initial telephone contact with the Break Even Gambling Support Services system.

Hours of service

Most of the Break Even Gambling Support Services are provided during normal office hours. This limits accessibility to people in full time employment.

The last survey into the extent and impact of gambling in Tasmania¹⁷ did not report on employment rates, either for those in the overall sample, or for those whose responses indicated that gambling was a problem. In Victoria, 50% of the client group of problem gambling support services are employed.¹⁸ In the absence of other data, it may be assumed that similar figures apply to Tasmania. It is therefore important that services are responsive to the needs of people whose employment does not allow them to access services during normal business hours.

In areas where services are provided by more than one agency (Anglicare and Relationships Australia), collaborative planning could occur to provide an optimum spread of times that services are available.

Recommendation:

That the range of Break Even Gambling Support Services be available on a flexible basis, including outside normal business hours.

Public transport

Some clients and counsellors cited lack of, or poor public transport as a barrier to services access. Public transport in and out of major towns such as Burnie, Devonport and Launceston is limited, even from areas that may be only 10km out of town. The transport limitations highlighted during this study relate to such factors as the infrequency of services, and limited after-hours services.

Lack of anonymity

There is a stigma attached to problem gambling. This may be one reason for people whose lives are affected by gambling not seeking assistance.

In small towns it may be particularly difficult for a person to seek and receive assistance while maintaining anonymity and confidentiality. This may be partly overcome through an approach whereby more generalist counsellors are equipped to support people whose problems relate to gambling.

Telephone counselling may be another option to retain anonymity.

¹⁷ Roy Morgan Research (2001) The Third Study into the Extent and Impact of Gambling in Tasmania with Particular Reference to Problem Gambling – Follow up to the Baseline Studies Conducted in 1994 and 1996.

¹⁸ Personal communication Kathryn Lamb, Director, Family and Community Support, Department of Human Services Victoria

High level of 'no shows'

Agencies reported a high number of people who do not keep appointments. This may be for initial appointments or for continued engagement once initial contact has been made. All agencies indicated that this is an issue.

The level of 'no shows' may be in part an indication of a need for different strategies to engage and maintain client participation. It is one indication of people who are identified as having a gambling problem, or are affected by the gambling of others, not accessing support services. In addition, 'no shows' are a waste of resources, diverting counsellors from productive work.

Links between responsible gambling and Break Even Gambling Support Services

Responsible gambling in Tasmania is guided by a self-regulatory code of practice developed by the Gambling Industry Group. This is aimed at harm minimisation.

At a policy level, there are meetings between DHHS and the Gambling Industry Group. There are no formal links between Break Even Gambling Support Services providers and the operators of gambling venues.

Stronger links might mean that:

- Break Even Gambling Support Services staff had opportunities to better understand the operation of the gambling industry;
- industry managers and workers had a better understanding of the practices of Break Even Gambling Support Services; and
- Break Even Gambling Support Services staff might have a presence in gambling venues, being available to provide information and advice.

A bridge between responsible gambling and Break Even Gambling Support Services would also have a stronger focus on early intervention and prevention.

Recommendation:

That a working party be developed by DHHS, to include representatives of the gambling industry and Break Even Gambling Support Services, to develop strategies and an implementation plan to strengthen links between Responsible Gambling and Break Even Gambling Support Services.

Identifying eligible clients

Personal and family counsellors utilise the South Oaks Gambling Screen (SOGS) to identify people for whom gambling is a problem. It is not clear whether this is always administered, or whether people are accepted for counselling if they identify themselves as having a gambling problem.

Financial counsellors have indicated that often they do not know whether a person's financial situation is due to gambling. Unless the person attributes his or her financial crisis to gambling, the counsellors do not ask. This means financial counsellors are unable to refer the person for personal counselling and are unlikely to provide information about other available supports. As well, there is no mechanism to ensure funded services are being targeted appropriately.

The issue of identification by financial counsellors is further discussed on page 12.

3.1.2. Intervention strategies

Strengths

Support is available to people who are affected by gambling. This includes the person who gambles, family, friends and work colleagues.

Break Even Gambling Support Services counsellors describe strengths and solutions-based approaches to working with clients. Personal and family counsellors use a range of strategies, depending on identified needs.

Financial counsellors assist clients to put in place strategies to manage their financial situation. The counsellors provide information, support and advocacy. They help clients to understand their legal rights and responsibilities.

Group support is available through GABA, and sometimes through Anglicare and Relationships Australia, for those people who prefer a group approach in preference to, or as well as, one-to-one counselling.

The fact that Anglicare and Relationships Australia provide a range of services provides opportunities for referrals to be made internally, whereby other professionals may be able to provide needed supports. As well, knowledge of the broader service system allows referrals to be made to agencies outside of the Break Even Network.

All agencies deliver community education sessions as part of a prevention and early intervention approach.

Areas for improvement

Complex clients

A client presenting to Break Even Gambling Support Services may have a number of issues relating to, or existing alongside, problem gambling. Links with other services to provide additional supports often relies on the networks of the individual worker, or intra-agency arrangements. For those clients with complex needs, a case management approach may be needed. Break Even Gambling Support Services counsellors do not usually take on a case management role. When working with clients with a dual diagnosis, and those with complex needs, it may be appropriate to undertake case management and to work closely with other service providers as appropriate. Conversely, counsellors might provide secondary consultation to another professional taking key responsibility for a client, for example a mental health worker working with a client who also has problem gambling issues. These arrangements should occur within the context of a case management framework, further discussed on page 15.

Client identification by financial counsellors

Anglicare provides a financial counselling service other than that contracted by DHHS as part of the Break Even Network.

During this review, financial counsellors indicated that they often did not know if the person presenting for advice had problem gambling behaviour that was underlying their financial difficulties. Therefore they would not link the client with personal and family counsellors, even if they suspected gambling was a problem. This is a missed opportunity to link the person in with needed supports and is significant as a person with problem gambling may be in a different situation from many other presenting for financial counselling, in that they may have assets that are jeopardised by their gambling behaviour. Also, steps to address financial issues are likely to be ineffective unless they also address the underlying gambling behaviour. There should be an agreement with the client that he or she also address this issue through:

- self-exclusion; and/or
- engagement in appropriate problem gambling services.

Recommendation:

That financial counsellors require agreement from clients the underlying cause of their financial difficulties, through:

- self-exclusion; and/or
- engaging with appropriate support services.

That financial counsellors and personal and family counsellors work together to develop an integrated response to people who present with financial difficulties as a result of problem gambling.

Community education

All agencies undertake community education activities to some extent. At present this appears to be developed in an ad hoc way, and may or may not involve cooperative strategies between agencies.

There is a need for a cross-agency plan to target key groups and a geographic spread of activities. An annual community education plan could target key community events, specific demographic groups and geographic spread. The plan should have enough flexibility to be able to respond to specific requests for educational activities.

Recommendation:

That DHHS facilitate a planning process to develop an annual community education plan for implementation across the Break Even Gambling Support Services.

3.1.3. Counsellor qualifications and accreditations

Strengths

Qualifications

Personnel undertaking personal and family counselling hold degrees in social work or psychology. Financial counsellors have relevant business qualifications. Approximately 50% of the practitioners hold, or are undertaking, relevant postgraduate qualifications. Postgraduate studies include family mediation, psychology and drug dependency.

Experience of practitioners in providing support to people who are affected by gambling ranges from six months to thirteen years. Experience in the broader counselling and support services ranges from twelve months to twenty five years.

Supervision

All agencies have supervision practices in place. This is available from senior, more experienced staff and/or through external supervision funded by the agencies. Agencies use a combination of one-to-one and team-based supervision.

Networking

The Break Even Network has provided a strong vehicle for personnel across agencies to connect, to share experiences and issues, to be updated on developments within the service system, and to share outcomes of research and project trials. More recently, meetings of the Break Even Network have been hosted by agencies on a rotation basis, with each host agency presenting some aspect of its Break Even Gambling Support Services work.

The Network has provided opportunities for presentation and discussion of case studies and practice issues.

As well as the Break Even Network, practitioners often participate in broader networks relevant to their discipline and sphere of work. This enhances their understanding of the broader service system and provides opportunities for them to provide information to other professionals about supports available to people affected by gambling.

Training

During the last two years the majority of staff have undertaken a variety of professional development activities relevant to their role within the Break Even Gambling Support Services. These have included participation at the National Association of Gambling Studies (NAGS) conferences and, agency-based, local and statewide Break Even meetings.

Professionals from the Break Even Gambling Support Services, including the Helpline, have presented papers at NAGS conferences.

Areas for improvement

Training

In May 2003, two projects were conducted to identify the training needs of professionals working within the Break Even Network.¹⁹ These projects were commissioned by the GSB. Training needs were reviewed in relation to:

- best practice service standards for problem gambling services;
- health promotion and harm minimisation; and
- assessment and intervention strategies for problem gambling behaviours.

The Productivity Plus study considered three of the service standards and identified significant training needs relating to each.

It appears that no training plan was developed from the findings of these projects and no related training was delivered. During this current project, each agency raised the training needs assessment and the desire for a follow-up plan and training delivery.

Recommendation:

That the training needs analyses conducted in 2003 be updated and a training plan be developed by DHHS in conjunction with stakeholders in the field.

There is a need for a structured approach to the orientation of new staff. Whilst this is the responsibility of employing agencies, it would be useful for the agencies and GSB to work together to identify elements of an orientation package that would equip new workers for their role.

Recommendation:

That key elements be identified for an orientation package for workers new to the Break Even Gambling Support Services system.

Currently, there is no accredited training for the provision of evidence-based interventions for people who are adversely affected by gambling. At least two other States, Queensland²⁰ and New South Wales²¹, are considering the introduction of accredited training specific to supporting people for whom gambling is a problem.

A national approach to accredited training would be appropriate.

¹⁹ Productivity Plus Tasmania, Identification of training and development needs against Best Practice Standards for Problem Gambling Services: Audit Report Prepared for the Gambling Support Bureau, Department of Health and Human Services, May 2003; and Noel O'Mara and Associates, Training Needs Analysis Audit Report for 1) Health Promotion and Harm Minimisation and 2) Assessment and Intervention Strategies for Problem Gambling Behaviours, May 2003

²⁰ Queensland Government Treasury, Framework to enhance the gambling help services system 2003-2005

²¹ Policy Framework on Treatment Services for Problem Gamblers and their Families in NSW: Strategic Directions 2002 - 2006

Recommendation:

That DHHS works with other jurisdictions to explore the potential for accredited training for workers providing support to people affected by problem gambling.

As people do not only go to Break Even Gambling Support Services for support with gambling issues, and as some people have complex needs and/or co-morbidity, training should be made available to counsellors from a range of services. Workers from a range of community-based services should be encouraged to participate in this training.

Recommendation:

That training be made available to workers from a wide range of services likely to see clients for whom gambling is a problem.

3.1.4. A case management approach**Strengths**

Counsellors indicated that clients who access individual counselling are assisted to identify their goals and support needs. A range of strategies may be implemented, depending on the identified needs and preferences of individual clients. Referrals may be made to other services where this is indicated.

Intervention plans may be developed with clients and implemented with the support of counsellors.

One of the agencies has developed processes across all of its counselling services to work with the client and other services that may be involved. This is a round-table approach for clients with more complex needs.

Financial counsellors develop specific plans for the client to manage debts and plan for effective financial management.

Follow up occurs in some cases to monitor the client's progress after cessation of direct intervention

Areas for improvement

Case management implies a coordinated approach to planning services and supports. This requires services to be suitably linked. Case management also implies linking appropriate services to the client.

The Productivity Plus training needs report²² highlights the fact that many participants in the workshops to identify training needs did not have a clear concept of case management, and 'skill deficits were identified in networking and working collaboratively with other providers and agencies to achieve an improved client outcome.' (p.25)

²² Productivity Plus op cit

Given that people affected by problem gambling may manifest other problems, including mental health problems and drug and alcohol addictions, there is a need for services to be able to respond to individual needs in a coordinated, flexible way.

Break Even Gambling Support Services counsellors indicated difficulties in being able to access mental health services for clients. Mental health workers consulted during this project were generally aware of some services for problem gambling but did not have either formal or informal links with such services.

There is a need to formalise and strengthen links between Break Even Gambling Support Services and other community based providers in order to be able to deliver a more flexible, coordinated service to clients.

Recommendations:

That a model of service for Break Even Gambling Support Services includes a component of case management, within clearly defined guidelines.

That Break Even Gambling Support Services strengthen links with agencies delivering in their local area and develop protocols for coordinated support to people affected by gambling.

That DHHS support the development of protocols between gambling support services, mental health, and drug and alcohol services, to develop a flexible, coordinated support system.

3.1.5. Established referral processes

Strengths

Gambling Helpline Tasmania has a comprehensive database which is readily accessible by telephone counsellors to provide information to callers on appropriate services to address identified concerns.

Service providers have a good understanding of the broader service system and may make referrals where appropriate.

Referrals occur between Break Even Gambling Support Services providers, for example from personal and family counselling to GABA for a group or vice versa, and referrals to and from financial counselling. Break Even Gambling Support Services personnel indicated that the most effective outcomes from these referrals occur when there is a facilitated process. For example, one service provider makes telephone contact with another service while the client is present, and an appointment is made at that point. In this case, workers report there is a high probability that the client will keep the appointment. In contrast, if the client is given information about another service but the worker does not make direct contact, there is a low probability that the client will follow through.

Areas for improvement

Facilitated referral by telephone counsellors to other Break Even Gambling Support Services is likely to significantly increase the extent to which clients follow through to seek ongoing support. The Helpline indicates that it has the potential for a three-way telephone call and this is in the contractual arrangement. However, there is no indication that this practice occurs.

Facilitated referral has been discussed on page 7.

It should be acknowledged that engagement with a counsellor via the Helpline is engagement with the Break Even Gambling Support Services system.

There is no formal referral process between Break Even Gambling Support Services. There may be limited client-related information provided. This means a client may have to repeat information that has been provided during an initial assessment process. Issues of confidentiality are sometimes raised as a reason for not passing on information. Confidentiality is critical, but a client may provide informed consent for the transfer of information to make the referral process more effective.

Financial counsellors indicated during consultation for this project that they may not know whether a client has problems relating to gambling and therefore not refer them for personal counselling. Counsellors cited privacy and confidentiality as the reasons for not asking about gambling, even when they suspect that this is an issue. The importance of addressing this issue has been discussed on page 12.

The Training Needs Analysis Audit Report²³, May 2003, identified a priority training need for financial counsellors to understand indicators of problem gambling behaviour, and assessment skills for identifying problem gambling behaviours.

Recommendations:

That a training plan for financial counsellors include indicators of problem gambling behaviour, and the development of an integrated response with other counsellors.

3.1.6. Partnerships

Strengths

Some working relationships have been developed by individual services to meet the needs of specific client groups. Particular examples of this are in the prison system, and with an aboriginal community service.

There are strong links between Break Even Gambling Support Services providers, and agencies work together to develop specific strategies, particularly in relation to community education.

²³ O'Mara op cit

Areas for improvement

Partnerships, other than those between Break Even Gambling Support Services providers, seem to be developed on an ad hoc basis and may not be formalised to support sustainability. Initiatives to provide services to specific client groups are largely developed by agencies at a local level and rely on relationships developed by individual workers.

Strategic partnerships developed across sectors would enhance the development of service responses for specific groups in the community.

Intersectoral partnerships should be facilitated through government level arrangement, for example a whole of government approach to problem gambling, with DHHS engaging Department of Justice and Department of Education; intradepartmental arrangements between GSB, Mental Health, Youth Health and Public Health.

Recommendations:

That a whole of government approach be developed to plan and support intersectoral strategies to address problem gambling.

That DHHS develop and implement an intradepartmental approach to problem gambling.

3.1.7. Quality assurance

Strengths

Agencies have varying forms of quality processes in place, either in printed form or on their intranet.

All agencies have practice and procedure manuals to guide their work with clients.

One agency has recently introduced Results Based Accountability across all of its counselling services.

Regular Break Even Network meetings provide an opportunity for agencies to present aspects of their work.

Areas for improvement

DHHS, through the GSB, has developed and published service standards for the Break Even Gambling Support Services.²⁴ These standards provide a framework for the agencies delivering Break Even Gambling Support Services to understand the expectations of the Department. The individual agency contracts, however, do not clearly articulate the standards in the same form. The way in which the standards are written varies for different agencies.

²⁴ Department of Health and Human Services, Children and Families Division, Gambling Support Bureau, Standards and Specifications, Personal and Family Counselling Services, Financial Counselling and Group Support for those affected by Gambling, April 2001

The O'Mara training needs analysis²⁵ included the development of performance indicators for those standards that were included in the study. There is no indication that the Department has ratified these. No performance indicators have been developed for other standards. There is therefore, no standard, systemised way of the agencies knowing, and being able to report, whether they are meeting the service standards.

Recommendation:

That a quality framework be developed and included in contractual arrangements between DHHS and organisations delivering problem gambling services. The framework should include revised service standards with clear performance indicators, and a process for self-assessment and reporting against the standards.

3.1.8. Reporting requirements

Strengths

All services provide data to the GSB at prescribed times. This has enabled a level of analysis by the GSB.

Data provision requirements of Gambling Helpline Tasmania appear to be more extensive than for the not-for-profit agencies. This data provides more potential for analysis.

Areas for improvement

Agencies have been inputting data using 4th Dimension software, although due to technical difficulties, the input for one agency is very much delayed. This agency has expressed a willingness to input the backlog of data.

The GSB has been unable to access the potentially valuable data from the 4th Dimension system. Steps have been implemented to retrieve the data and make it available for analysis.

There is an urgent need to review the data system, either to enable access to 4th Dimension, or to explore alternative software. Discussion should occur with other jurisdictions so that all can use the same data, thus making valuable data available for research on a national basis.

Accessible data provided to DHHS by the agencies is not in a common format, making comparison and aggregation time-consuming. A common format should be agreed upon and implemented.

It is currently not possible to match data between agencies. It would be useful, for example, to be able to track client referrals to determine follow through. This would provide the capacity to better understand what practices support clients to act on information and counselling provided to them. For example, it would be possible to learn what Helpline strategies increase the likelihood of a client accessing local Break Even Gambling Support Services. Such data would provide a basis for evidence-based practice.

²⁵ O'Mara op cit

An identifier, such as the alpha code used in the Supported Accommodation Assistance Program (SAAP) system, would enable tracking whilst maintaining privacy and confidentiality.

Recommendations:

That the data collection system for Break Even Gambling Support Services be reviewed to ensure appropriate data are available, in a common format, for monitoring and planning purposes.

That DHHS, in conjunction with agencies and service user representatives or advocates, explore the possibility of including tracking mechanisms in the data collection system for Break Even Gambling Support Services.

3.1.9. Evaluation strategy

Strengths

Counselling services have strategies in place to seek feedback from clients. This occurs early in the counselling process and, in some cases, one month after the last counselling session.

This gives some qualitative data as to whether the client was satisfied with the support received, and the extent to which he or she had achieved identified goals.

Areas for improvement

There do not seem to be consistent forms of evaluation, even between services delivered by the same agency. This means lost opportunities for reflection on the effectiveness of intervention and of specific practices.

The Break Even Network provides an avenue for services to work collaboratively to undertake evaluation, and to reflect on practices and outcomes.

A more structured approach to evaluation across the network would lead to valuable quantitative and qualitative data that would inform future service delivery.

Recommendation:

That an ongoing evaluation framework be developed to support continuous improvement in Break Even Gambling Support Services.

3.1.10. Collaborative community education and knowledge sharing

Strengths

Most Break Even Gambling Support Services are involved in community education activities. The exception to this is the Helpline, the nature of which does not include a community education role.

The GSB has produced an array of written information of good production quality that provides a useful resource for education activities.

Some community education strategies are planned and implemented by the Network as a whole, for example, presence and interaction with the public at the annual Agfest.

Areas for improvement

Apart from the Agfest activity, community education strategies appear to occur on an ad hoc basis, and may or may not be the result of collaborative processes between the services.

There is a need for a more strategic approach to community education activities. Planning should include specific target groups and geographic spread. Targeted groups might include young people, older people, people in rural and isolated areas and so forth.

Recommendation:

The Break Even Network adopt a planned approach to community education, developing an annual implementation plan.

3.2. Efficiency

3.2.1. Funding to Break Even Gambling Support Services

Funding to Break Even Gambling Support Services for the year 1 July 2003 to 30 June 2004 was approximately \$730,000 (ex GST)²⁶:

3.2.2. Contractual arrangements with Break Even Gambling Support Services providers

Contractual arrangements with agencies providing Break Even Gambling Support Services have been in place since 2001, with an original end date of 30 June 2004. All contracts have been extended until 30 June 2005, pending the evaluation of support services and recommendations about a future service model.²⁷

Personal and family counselling, and financial counselling

Funding schedules in the contracts do not reflect what agencies are being asked to provide. For example, agencies providing personal and family counselling, and financial counselling are also required to provide community education. The basis for funding is per hour of counselling, without reference to other service requirements.

Contracts with Anglicare and Relationships Australia provide for additional funding for over achievement of targets (hours of counselling). There are no disincentives for not achieving targets.

The underlying assumptions for the unit costing (price per hour) are not clear. Agencies therefore may not know what is, and is not, included. Further, the rates are different for each agency.

Group sessions

The contract with GABA details quarterly funding arrangements. However, it is not clear what is being funded. No service delivery targets are included.

Again, the agency is required to deliver community education and information provision. This is not documented separately in the funding description.

24 hour Helpline

The basis for funding of Gambling Helpline Tasmania is not specified in the contract with McKesson Asia-Pacific. The only target specified is 800 calls per annum. On this basis, the average price per call would be high. In fact, McKesson reported 668 calls for that period, which translates to an even higher cost per call.

1 October – 31 December 2003: average call duration 14.4 minutes.

1 July– 30 September 2004: average call duration 9.5 minutes; average case duration 26.23 minutes (this represents all time spent on an individual, including calls and time spent following up, for example sending written information).

²⁶ Bases on figures provided by Gambling Support Bureau

²⁷ Contracts were subsequently extended until June 2006

The evaluators have made no attempt to explore benchmarks for similar services. As a starting point, it is important that the DHHS be specific about what it is purchasing. The service contract indicates the provision of telephone counselling and case managed counselling where appropriate. There is, however, no incentive for the agency to provide more than a minimal level of service.

Recommendations:

That DHHS investigate Helpline services in other jurisdictions, and other service sectors, with a view to benchmarking and reviewing types of services provided.

That a funding model be developed to include the different activities required to be undertaken by Break Even Gambling Support Services.

That a unit cost be developed for all service types to be delivered within the service system responding to problem gambling.

3.2.3. Data provision

The difficulties in accessing data provided by the agencies have already been discussed (page 19).

Other problems with existing data mean that the efficiency of the services cannot be assessed. For example:

- Each service reports on a monthly basis the number of new clients and the number of existing clients seen. There is no indication of how many episodes of service were delivered to individual clients (or indeed how many episodes in total). An individual client may have been seen once or four times during the month.
- Data provided to the consultants by GSB would suggest that one agency provides an average of 6.4 counselling sessions per client, while the other provides an average of 3.7.
- Only 59 clients are reported as receiving financial counselling in 2003-04. As already indicated, the agency does not always differentiate clients presenting with problems relating to gambling. If the figures are even approximately correct, the cost per session is extremely high.

3.3. Effectiveness

3.3.1. Client outcomes

Measurements currently undertaken by all of the Break Even Gambling Support Services relate to outputs, that is, quantitative measurement of services delivered. Workers had more difficulty identifying outcomes for clients.

As indicated earlier, some services attempt to gain qualitative data by short-term follow up of clients who have attended counselling sessions. There does not appear to have been any analysis of this data.

In the development of a program logic at the outset of this evaluation, the following outcomes were identified through reading available documentation and discussions with key stakeholders. Those relating to clients were:

- short-term
 - commitment to resolving problem
 - improved capacity to address issues arising from problem gambling;
- medium term
 - action taken to address issues arising from problem gambling; and
- long-term
 - resilience and self-reliance
 - reduced gambling behaviour and consequences.

Client outcomes relate to the attainment of goals identified early in the therapeutic relationship, and perhaps modified over time. This implies there is a plan developed with the client.

Outcomes may or may not include the cessation of gambling. Clients' concerns about gambling behaviour are usually intertwined with other issues such as relationship difficulties, financial difficulties, unemployment, depression, anxiety and so forth. Outcomes from intervention may relate to an increased capacity to deal with these issues.

Any outcome data that agencies do collect relate to clients who have chosen to follow up with counselling or group sessions at least once. There is no data on clients who have not been engaged by services following initial enquiries. Jackson et al (2003)²⁸ point out that excluding this group results in an over-estimate of success. It is a challenge to gain input from people who have not taken up support options. At present, however, the lack of mechanisms for tracking clients makes it almost impossible.

Gaining information on outcomes is important in developing an evidence base for service planning and implementation. Outcome data should be sought for clients in all types of Break Even Gambling Support Services – telephone Helpline, personal and family counselling, financial counselling and group support.

²⁸ Jackson, AC, Thomas, S.A, & Blaszczynski, A. (2003). Best Practice in Problem Gambling Services. Melbourne: Gambling Research Panel.

Outcomes seem to be less defined in the group programs than in counselling services. It is important that services define the outcomes they will achieve. This provides a basis for evaluation. During the consultation process, some clients who were attending group programs indicated a lack of discernable outcomes. Whilst they saw value in sharing experiences with other group members, they felt they needed some more specific goals.

In funding an agency to provide group support, DHHS has an expectation that the groups will form a component of the service system that achieves clear outcomes for people who are affected by problem gambling. It is likely that these expectations are now stronger than those defined in contractual documentation developed in 2001. Whilst examples were cited of individual cases where a person had benefited from involvement in a group, staff had difficulty defining clear outcomes for clients.

In discussing support groups in general, Shopler and Galinski²⁹ stated that “Some of the positive effects frequently noted for members in reports of support groups include greater social resources, increased knowledge about the concern that members share, a sense of relief and reassurance, and enhanced skills for coping with their situation.” They indicate that less is documented about the types of problems and the legal and ethical issues that arise in support groups.

If services are to be based on evidence-based practice, agencies need to document evidence. It is important that all services implement strategies to objectively determine and document outcomes for clients.

Recommendations:

That the Break Even Network work collaboratively to develop ways to record, analyse and report on client outcomes.

That clearly defined outcomes be identified for group programs and that any agency/agencies delivering group support develop ways of achieving and evaluating identified outcomes.

3.3.2. Characteristics of current Break Even Gambling Support Services providers

Characteristics of the agencies providing Break Even Gambling Support Services affect both the efficiency and the effectiveness of service provision.

McKesson Pacific Pty Ltd.

McKesson provides a range of telephone-based services across Australia. This provides a cohort of counsellors who are available to answer calls on the Tasmanian Helpline. It also allows for the use of specialised software, such as MapInfo, that allows the worker to locate services most convenient to the caller. Purpose-designed software allows detailed client-related recording.

Economies of scale allow McKesson to implement quality assurance mechanisms, including provide staff supervision and training.

²⁹ Schopler, J H and Galinski M J (1993) “Support groups as open systems: a model for practice and research,” *Health and Social Work*, vol 18, no 9 pp.195-207

Anglicare and Relationships Australia

Both of these organisations provide a range of support services. They are able to draw on other parts of their own organisation and each others' in order to support people with problems related to gambling.

Gambling and Betting Addiction Inc. (GABA)

GABA was a small organisation that set up support groups for people affected by gambling. Subsequently it gained funding from the Community Support Levy. It works cooperatively with other agencies, particularly those providing other Break Even Gambling Support Services. The Break Even Gambling Support Services are the only services it provides. It has a committee of management.

As a small service, it is difficult for GABA to take a strategic approach to service development and quality assurance. To ensure services are supported by good governance, providing stewardship, leadership, authority and accountability, GABA would be well advised to explore partnerships, with a view to joining forces with a larger organisation.

3.4. Self-exclusion

Self-exclusion is a mechanism for people who recognise their gambling is a problem to request that they are barred from specific gambling venues.

Self-exclusion applications, including documents and accompanying photographs, are processed through Break Even Gambling Support Services. This provides an excellent opportunity for engaging with the person, providing information about support services and encouraging acceptance of counselling or group support.

It seems that people presenting for self-exclusion are not necessarily encouraged to engage with Break Even Gambling Support Services for assessment and ongoing support. Services need to be more proactive in engaging clients.

There appears to have been no evaluation of the outcomes of the self-exclusion process, in particular the effectiveness of the administration occurring through the Break Even Gambling Support Services. It would be valuable to know whether this is in fact an effective strategy, what the take-up of support services is, and whether there is a blurring of roles between support and regulation.

Recommendation:

That Break Even Gambling Support Services take a proactive approach to engaging clients who present for self-exclusion.

That DHHS and Break Even Gambling Support Services evaluate the effectiveness of the administration of self-exclusion processes through the Break Even Gambling Support Services.

4. Specific target groups

Programs currently targeted to specific demographic groups are developed on an ad hoc basis, and within specific geographic areas.

Some groups require further research and service development.

4.1. Youth

Currently, some educational activities are delivered into schools, although it is not clear on what basis schools are included.

There is little data available on the age of clients accessing Break Even Gambling Support Services. The Helpline has a data field for age but this is often not completed. Figures show a few clients in the 20-24 age range and none younger than this.

The last survey of extent of gambling in Tasmania (2001)³⁰ indicated relatively high levels of participation of 18-24 year olds in the majority of gambling activities in the survey. A higher percentage of this age group played poker machines than did other age groups.

Adolescent problem gamblers have been found to have lower self-esteem, higher rates of depression than otherwise expected, poor general coping skills, higher anxiety and heightened risk for suicide ideation and attempts.³¹

Research elsewhere indicates that problem gambling is a major issue for young people, but that they do not often seek help.³²

Recommendation:

That further research be undertaken into the prevalence of problem gambling among young people and a strategy tailored to the needs of youth be developed and implemented

4.2. Aborigines and Torres Strait Islanders

Data relating to cultural status is not available but agencies report a low take-up of services by people from Aboriginal and Torres Strait Islander (ATSI) background.

Some strategies have been implemented to provide services to this group, by providing support to Aboriginal community services. This is an appropriate approach as it strengthens the capacity of local, trusted services.

³⁰ Roy Morgan Research op cit

³¹ Dickson L M, Derevensky J L and Gupta R (2002) The Prevention of Gambling Problems in Youth: A Conceptual Framework, *Journal of Gambling Studies*, Vol. 18, No. 2

³² Youth Affairs Council of Victoria and Gambler's Help Youth Action Group (2004) *Young People and Problem Gambling Forum Report*

During 2004, a series of personal development workshops with a focus on gambling were offered to the Aboriginal community in Hobart. The workshops were planned, implemented and evaluated in conjunction with practitioners from the local Aboriginal health service.

Further reflection on this approach and exploration of the feasibility of extending to other Aboriginal communities would be valuable.

Recommendation:

That further research be undertaken into the needs of Aboriginal communities in relation to problem gambling and appropriate, culturally sensitive strategies be developed and implemented.

4.3. Multicultural services

As indicated on page 4, a relatively small number of people from overseas settle in Tasmania. However, the number is increasing. For example, in recent years there has been an increase in migration from North Africa.

Community education strategies could be targeted towards newly arrived migrants. Such strategies should be planned in partnership with the Multicultural Resource Centre and local TAFE colleges where many of the migrants access a range of courses including English as a Second Language.

5. What's happening elsewhere?

The literature reveals a variety of models in problem gambling services. There appears to be no acknowledged "best practice". Authors attempting to delineate good practice tend to take a descriptive approach to current models.^{33 34}

Jackson et al³⁵ pointed to key methodological issues in studies to identify "best practice". They concluded that there is "support for a broad bio-psychosocial approach, using cognitive-behaviourally oriented approaches and multimodal approaches, delivered in community-based generalist agencies."³⁶ They indicate that, whatever the orientation, "interventions should be theory-driven, evidence-based and targeted."³⁷

Jackson et al³⁸ outline a number of broad models of services for problem gambling. These include:

- Community-based models – similar to that of Tasmanian Break Even Gambling Support Services. Specialist services are available through generalist community-based organisations;
- Hospital inpatient and outpatient models – more common in the United States although a Sydney based example is cited. The model tends to be based on an addiction view of problem gambling behaviour, which the authors say is not as widely supported in Australia (as in the US);
- Self-help models –such as Gamblers Anonymous;
- Group therapy models – including group psychotherapy and exploration of gambling behaviour;
- Family-oriented treatment models – including specific support to family members, structured family intervention and relationship counselling;
- 'Miscellaneous' models – including an approach aimed at lifestyle change, a self-help manual and a residential therapy program.

Toneatto and Millar³⁹ discuss psychological treatments and pharmacologic treatment. Psychological treatments are described as generally brief and cognitive-behavioural in orientation. "The focus has generally been on modifying gambling-related behaviours and cognitions and on developing behavioural and cognitive coping skills to reduce gambling frequency, gambling expenditures, or gambling urges."⁴⁰

Pharmacologic treatment – the authors conclude that "based on the best-conducted research to date, there is no compelling empirical evidence for the efficacy of any medicate except naltrexone ... (and) ... that this medication can only be considered possibly efficacious."⁴¹

³³ Jackson, A. C., Thomas, S. A., & Blaszczynski, A. (2003). *Best practice in problem gambling services*. Gambling Research Panel (GRP) Report No. 3. Melbourne, Victoria

³⁴ Toneatto, T and Miller, G (2004) "Assessing and Treating Problem Gambling: Empirical Status and Promising Trends", *Can J Psychiatry*, Vol 49, No 8

³⁵ Jackson et al, op cit

³⁶ op cit p. 9

³⁷ op cit

³⁸ op cit, pp 22-28

³⁹ Toneatto and Miller, op cit

⁴⁰ op cit, p 521

⁴¹ op cit, p 522

Toneatto and Millar comment on the relatively high rate of dropout, highlighting the need to strengthen motivation to change.

The existence of dual diagnoses should be a trigger for specific approaches. Toneatto and Millar point to the need for appropriate screening for comorbidity and determination of the primary disorder. They add that to adequately address the function of gambling “treatment for gamblers who suffer from concurrent disorders should take into account the functional relationship between gambling and other psychiatric and addiction symptoms.”⁴²

Groups

The group model most often referred to in the literature is that of Gamblers Anonymous. This is based on a 12-step recovery and abstinence model similar to Alcoholics Anonymous. In discussing this model, Jackson et al⁴³ state that it is based on a disease model that proposes that problem gambling is essentially ‘incurable’, with therapy an ongoing process.

Jackson et al also discuss groups that have operated in Europe and the USA, ranging from therapist-supported self-help to psychoanalytically based group therapy. An Australian model, Free Yourself, is described as enabling people to improve their physical, mental and spiritual wellbeing.

Telephone and online services

Other promising media to expand the options open to people who are negatively affected by problem gambling are telephone and internet counselling.

There are of course many examples of telephone crisis counselling, information and referral. There are also examples of more in-depth counselling occurring via the telephone. For some people this may be a preferred way of receiving a service, as it is convenient and relatively anonymous. For people in more isolated and remote areas the telephone can provide access to services they cannot otherwise get.

More research is needed into the effectiveness of telephone counselling for problem gambling.

Cooper⁴⁴ suggests that the internet might provide a means of “testing the waters” for some people who are unwilling to engage in face-to-face support due to perceived stigma.

⁴² op cit, p 523

⁴³ Jackson, A C, Thomas, S A, Thomason, N, Borrell, J, Crisp, B R, Enderby, K, Fauzee, Y J, Ho, W, Holt, T A, Perez, E, and Smith, S (2000) *Longitudinal Evaluation of the Effectiveness of Problem Gambling Counselling Services, Community Education Strategies and Information Products – Volume 1: Service Design and Access*, Melbourne, Victorian Department of Human Services

⁴⁴ Cooper, G (2004) Exploring and Understanding Online Assistance for Problem Gamblers: The Pathways Disclosure Model, *International Journal of Mental Health and Addiction*, Vol 1, No 2, accessed at

The internet presents an acceptable medium for intervention and may be particularly attractive to young people. The internet certainly lends itself to wide dissemination of information and advice. As internet gambling is growing at a fast rate, a focus on problem gambling is also appropriate. This is a service that could be shared across state borders as it would really take only one service to be able to provide appropriate support in all states of Australia.

A drawback with internet servicing, however, is the capacity to market the site. As Deguire,⁴⁵ discusses, “prevention oriented gambling site developers and agencies don’t have the budget to widely advertise their sites through popup windows, banners, etc.” Instead they must advertise through school newsletters, local newspapers, teen chat rooms and so forth.

6. Frameworks in other jurisdictions

6.1. National framework on problem gambling 2004 - 2008

The national framework is built on the following principles:⁴⁶

- The community has a right to accurate and balanced information on gambling; on the risks associated with gambling, and on available support services;
- Gamblers, the gambling industry, the community, support service providers, State, Territory and Australian governments all share the responsibility for minimising the harm associated with problem gambling;
- While State and Territory governments are responsible for ensuring regulatory frameworks minimise problem gambling, harm minimisation measures can be enhanced when developed and implemented through collaborative partnerships that build on current best practice;
- Research and evaluation are essential to ensure that initiatives are likely to minimise problem gambling without unintended negative consequences for the community.

The key focus areas are:

- Public awareness, education and training;
- Responsible gambling environments;
- Intervention, counselling and support services; and
- National research and data collection.

⁴⁵ Deguire, A-E (2004) “The Internet and How it Can Help”, *Youth Gambling International*, Vol 4 Issue 1 accessed at www.education.mcgill.ca/gambling/en/PDF/Newsletter/Spring%202004.pdf

⁴⁶ Department of Family and Community Services (2004) *National Framework on Problem Gambling 2004 - 2008*

6.2. Victoria

The Department of Human Services (DHS) in Victoria funds five discrete streams of service provision:⁴⁷

- Problem gambling counselling – therapeutic interventions focusing on individual change; treatment and rehabilitation;
- Problem gambling financial counselling – responds to the financial crisis and stabilisation issues faced by problem gamblers and their families;
- Community Education and Partnership Program – aims to deliver planned activities in local communities to prevent and minimise the harm arising from problem gambling;
- Recovery Assistance Program – material and financial assistance for individuals and their families where financial crisis is caused by problem gambling; and
- Problem gambling telephone service – telephone counselling, support, information and referral service. Can include repeat counselling for people unwilling to attend face-to-face counselling service.

The community partnership has been given a significant focus, with a partnership being formed with one of the AFL teams. This is undertaking a lot of active work with young people. In another strategy, the CWA has been funded \$10,000 and has run 50 forums around the state, focusing on problem gambling.

DHS has developed unit cost funding for each component within the problem gambling strategy.

6.3. Queensland

Queensland Treasury developed a framework for a gambling help service system that was in place 2003 – 2005. An evaluation of the implementation of the framework has recently been tendered.

The framework has included:

- A whole-of-Government approach;
- A continuum of harm minimisation strategies for prevention, early intervention, support and treatment
- Outcomes-focused service delivery built upon evidence based, best practice; and
- Research and evaluation contributing to understanding and planning for harm minimisation strategies.

The framework set out an action plan, nominating government departments responsible for actions.

⁴⁷ Department of Human Services, Victoria (2004) Problem Gambling Services Funding Model, www.dhs.vic.gov.au

7. A model for the future

The model should be based on a continuum in the community:

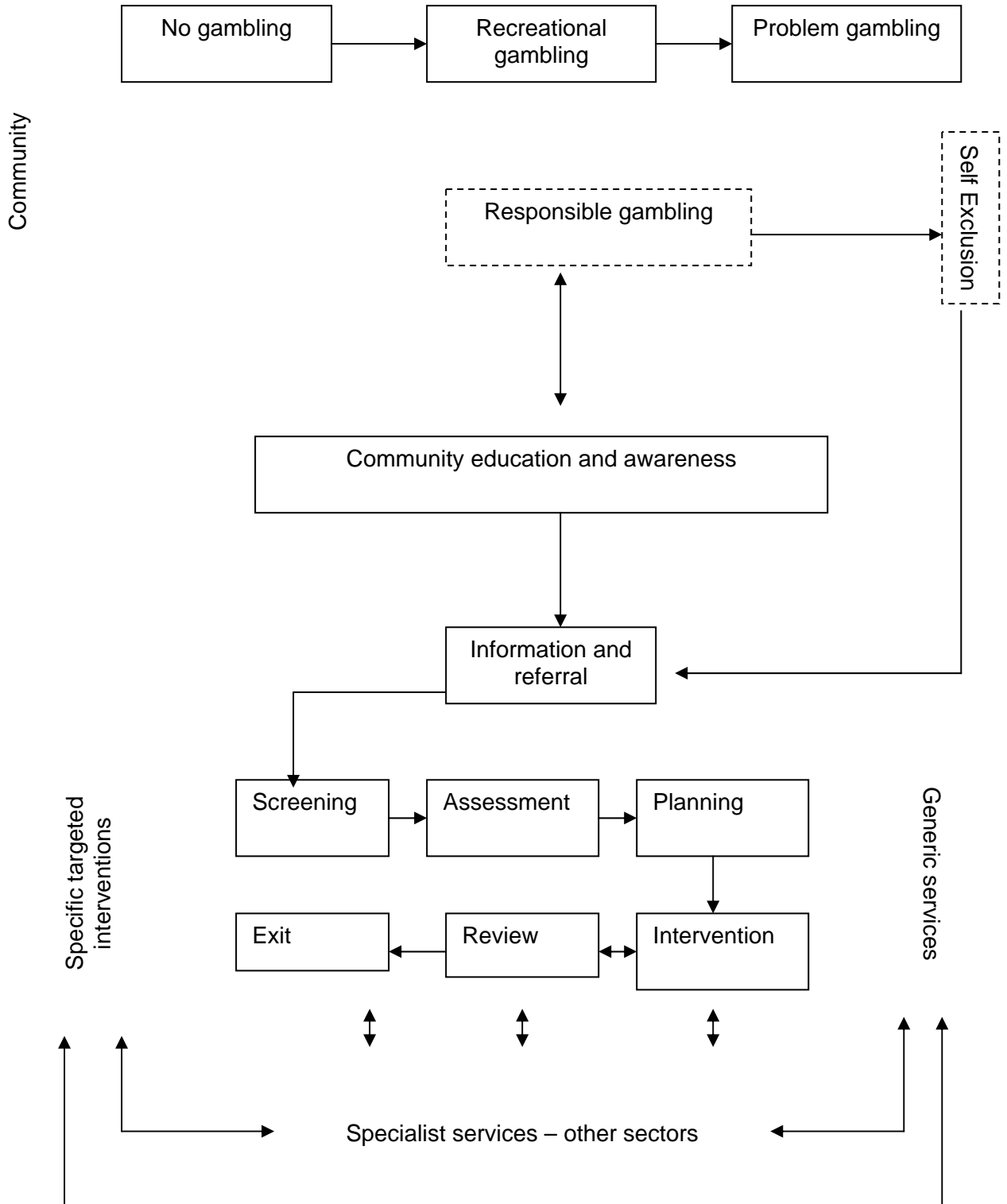


Figure 1: A continuum of services based on a continuum of need within the community
Agencies work together to address client needs

Component	What is needed?	Who?
Community education	<ul style="list-style-type: none"> • Appropriate policy framework – public health • Targeted strategies • Knowledge base • User-friendly informative material 	<p>Contracted organisation – may be generic or specialist</p> <p>Support from GSB – policies, approval of targeted strategies, publications and other material</p>
Generalist screening	<ul style="list-style-type: none"> • Screening tools • Training • Support 	<p>Community based services</p> <p>Support from GSB, specialist services</p>
Specialist problem gambling services	<ul style="list-style-type: none"> • Criteria for target group • Standards for service delivery • Case management framework including integrated case planning for clients with complex needs • Evidence base and clinical governance • Interagency collaboration 	<p>Contracted specialist service providers</p>

Figure 2: Components of an integrated service system

Break Even Gambling Support Services Program logic

Appendix 1

	Inputs	Outputs			Outcomes		
		Activities	Participants	Processes	Short-term	Medium-term	Long-term
Client focus	Community Support Levy funding Agency contracts Service standards Guidelines	Personal, family and financial counselling Support groups 24-hour telephone crisis and referral service Harm minimisation through community education	People experiencing severe problems through gambling	Referral processes Engaging client Intervention strategies Case management	1. Commitment to resolving problem 2. Improved capacity to address issues arising from problem gambling	3. Action taken to address issues arising from problem gambling	4. Resilience and self-reliance 5. Reduced gambling behaviour and consequences
System focus		Coordination of specialist and generic services Network activities GSB support to Network and facilitation of Network activities	DHHS – Children and Families Division, Gambling Support Bureau Relationships Australia Anglicare Gambling & Betting Addiction Inc McKesson Asia Pacific P/L Wider community services	Access and equity Referral processes Partnerships Quality assurance Qualifications and accreditation Reporting requirements Collaborative community education and knowledge sharing	4. Coordinated services	5. Integrated service response 6. Improved capacity to deliver services that are evidence-based	7. Reduced negative impact of problem gambling

This program logic was developed at the commencement of the evaluation project to assist in understanding the intent of the program. It has been modified slightly during the consultation process.