

**PROBLEM GAMBLING
PRIMARY CARE PARTNERSHIP
INTEGRATED HEALTH PROMOTION
IMPLEMENTATION FRAMEWORK
2008-09 TO 2010-11**

August 2008

Department of Justice



Authorised by the Victorian Government, Melbourne.

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CONTENTS



1	Introduction	5
1.2	Background.....	5
1.3	Related Policy Documents.....	6
1.4	Rationale	6
1.5	Redeveloped model.....	7
1.6	Funding model.....	8
1.6.1	'Priority' PCP.....	9



2	Problem gambling community education program	10
2.1	Introduction.....	10
2.2	Definition.....	10
2.3	Policy context.....	10
2.4	Program objectives	11
2.5	Program structure	11
2.5.1	Catchment level.....	12
2.5.2	Regional level.....	12
2.5.3	State-wide level	12
2.6	Community education catchment level.....	12
2.6.1	Rationale for the Integrated Health Promotion model.....	12
2.7	Community education regional level.....	13
2.7.1	Service and health promotion.....	13
2.7.1.1	Definition.....	13
2.7.2	Provider education.....	14
2.7.2.1	Definition.....	14
2.7.2.2	Rationale.....	14
2.7.2.3	Scope of activity for provider education.....	14
2.8	Community education State-wide level - community education development.....	15
2.8.1	Definition.....	15
2.8.2	Scope of activity	15



3	Community education roles and responsibilities	16
3.1	Gambler's Help services	16
3.1.1	Service and health promotion.....	16
3.1.2	Integrated health promotion.....	16

CONTENTS

3.2	Primary Care Partnerships (PCPs).....	17
3.2.1	<i>Universal for all Gambler's Help services</i>	17
3.2.2	<i>Integrated health promotion</i>	17
3.3	Office of Gaming and Racing (OGR).....	18
3.3.1	<i>PCP Coordinator</i>	18
3.3.2	<i>PCP PASA</i>	19
3.3.3	Community education policy team.....	19
3.5	Department of Human Services (DHS).....	20
3.5.1	<i>DHS central office</i>	20
3.5.2	<i>DHS regional office</i>	20



4 Community education planning and reporting 21

4.1	Gambler's Help Service.....	21
4.1.1	<i>Planning timeframes</i>	21
4.2	Primary Care Partnerships.....	22
4.2.1	<i>Funding and service agreements</i>	22
4.2.2	<i>Planning and reporting</i>	22



5 Supplementary information 23



6 Glossary of Terms 29

7 Appendix 32

INTRODUCTION



Introduction

These operational guidelines have been tailored for the Primary Care Partnerships (PCPs) to provide an overview of the problem gambling program, in particular the community education program, to assist PCPs to understand the directions and expectations of the program. The guidelines are intended to provide a sufficient level of information for the PCPs to plan for problem gambling initiatives with Gambler's Help services. There are two components to the operational guidelines.

The **first component** is the most relevant to PCPs and provides:

- background information
- policy context
- redeveloped community education program model
- roles and responsibilities
- planning and reporting

The **second component** provides supplementary information to better understand the:

- regional Gambler's Help services
- Gambler's Help service delivery

1.2 Background

In 2006, the Victorian Government announced *Taking Action on Problem Gambling* a five-year strategy to address problem gambling in Victoria. As part of the strategy, the Gambler's Help service system has been redeveloped to enhance problem gambling treatment services to deliver a more responsive and flexible service system which implements the policy directions outlined in *Taking action on problem gambling (2006)*.

The two key action areas within the policy that underpin the redevelopment are: **Action Area 1: Building better treatment services** is concerned with strengthening service delivery partnerships and service integration between Gambler's Help services and other relevant service providers in a broader system of care. **Action Area 3: Promoting Healthy Communities** is concerned with developing activities to enable communities to identify the risks of problem gambling and equipping them to take action to mitigate problem gambling behaviour in its early stages.

Throughout the redevelopment process, the Office of Gaming and Racing (OGR), within the Department of Justice (DOJ) has been working closely with the Primary Health Branch, Department of Human Services (DHS), in relation to the expansion of the PCP agenda to include problem gambling services. It was agreed that the PCP platform was a well established, flexible and robust infrastructure that would support the objectives of the redeveloped Gambler's Help service system.

The redevelopment of the Gambler's Help service system requires that all service providers become members of the local PCP and adopt the key elements of Service Coordination and Integrated Health Promotion (IHP) as part of the Primary Care Partnership Strategy (2001). The redeveloped service system commenced 1 July 2008.

INTRODUCTION

1.3 Related Policy Documents

In October 2006, the Minister for Gaming released *Taking action on problem gambling*. The statement outlines Victoria's response to problem gambling over five years and sets out the major initiatives and actions the Government will take to combat problem gambling.

Implementation of the statement will involve a Government commitment of \$132.3 million between 2006-07 and 2010-11 to build a safer gambling environment and improve treatment services for problem gamblers and their families.

Taking action on problem gambling provides an integrated approach to prevention, early intervention, treatment of gambling related harm and consumer protection. The Government is committed to a co-coordinated, systematic and evidence-based approach to combat the effects of problem gambling. *Taking action on problem gambling* sets out seven Action Areas that have been identified to meet government policy objectives of minimising the harm caused by problem gambling as follows:

Action Area One:	Building better treatment services
Action Area Two:	Ensuring a more socially responsible gambling industry
Action Area Three:	Promoting healthy communities
Action Area Four:	Protecting vulnerable communities
Action Area Five:	Improving consumer protection
Action Area Six:	Enhancing the regulator
Action Area Seven:	Fostering gambling research

These operational guidelines are intended to guide the implementation of initiatives within Action Areas One and Three (in particular) of *Taking action*.

1.4 Rationale

Integrated health promotion

In the past, the problem gambling health promotion activities have provided an opportunity to provide information that targets the community at all points on the problem gambling continuum, from prevention and early intervention, through to reactive and responsive intervention activities. These activities align closely to the guiding principles for integrated health promotion and have strong linkages to the state-wide health promotion priorities implemented in the PCP community health plans.

It is expected that Gambler's Help services will leverage off the broader set of integrated health promotion activities across community services through the PCP. This will present new opportunities for better planning processes, capacity building approaches, and enhanced

coordination of health promotion effort that has the potential to increase protective factors and reduce risk factors for problem gambling. The integrated approach will facilitate the introduction of more proactive problem gambling health promotion activities which are considered to be more 'upstream' than traditionally undertaken at the local level.

Provider education

Provider education refers to education, training and relationship building activities that involve other health and welfare professionals likely to encounter individuals and families experiencing problem gambling related impacts. These activities include professional development and training about recognition and early intervention within non-specialist problem gambling settings.



Both provider education and the relationship building aspects of the new Portfolio Services program will be significant drivers in effectively implementing service coordination and integrated health promotion activities into local PCP catchments. In particular, these programs will facilitate the introduction of screening practices that will enable health and other professionals to identify in their service systems and coordinate responses to these clients across service boundaries.

Service coordination

The redeveloped Gambler's Help service system recognises the multiplicity of presenting issues by problem gamblers and the importance of integration and coordination with other agencies given that many

clients are shared across systems. The wide range of presenting issues for problem gamblers across the areas of primary health, family services, drug and alcohol and mental health domains clearly indicated the need for a cohesive service system that is integrated across various components.

Given the range of presenting issues, the problem gambling service system needs to facilitate easy and accessible entry points into the specialist problem gambling service system from a range of relevant services consistent with a 'no wrong door' philosophy. Similarly, Gambler's Help services require a set of relationships with relevant services in the primary, community and mental health sectors in responding to the holistic needs of problem gamblers and their families.

1.5 Redeveloped model

The new model of Gambler's Help service integration into the PCP platform allows for direct DOJ funding of problem gambling capacity into the PCP infrastructure by means of direct Funding and Service Agreements between the relevant PCP fund holder and DOJ. The funding provided to PCPs in the new model is being sourced from the Community Education Policy unit and the area of focus is problem gambling health promotion activities through the PCP integrated health promotion program.

A centrally located PCP Coordinator and a PCP Program and Service Advisor in the OGR, will be responsible for coordinating the OGR funding, based on mapping of local circumstances and the existing PCP capacity. It is important to note that capacity to be funded is not necessarily EFT in the form of project officers, but may be the funding of agreed capacity building activity based on existing structures, activities and networks at the local PCP level. The OGR funding will enable PCPs to build the capacity of local regional PCPs to better build protective factors and reduce risk factors for problem gambling in their communities and raise the awareness of problem gambling in the community as a public health issue.

The PCP Coordinator and PCP PASA will play an important role in facilitating collaborative relationships between DHS, PCPs, Gambler's Help services and OGR. The coordination and communication mechanisms between the OGR and DHS will be clearly established and the PCP Coordinator will be responsible for establishing clear accountabilities and communication structures in consultation with PCPs.

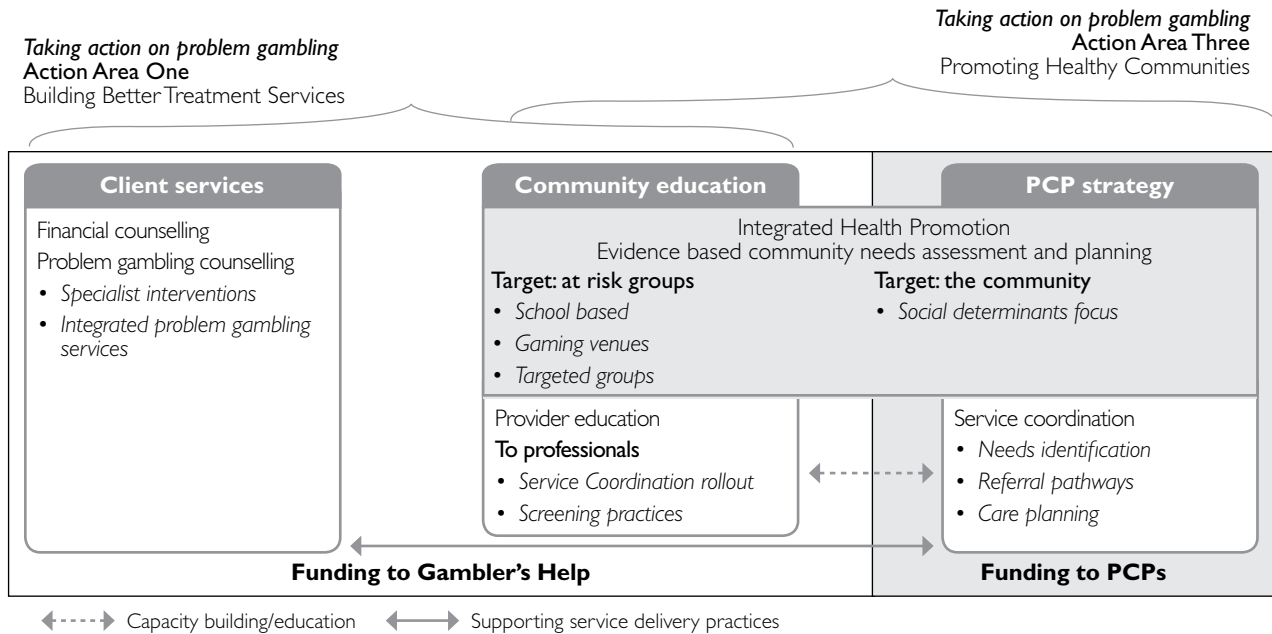
The PCP Coordinator and PCP PASA will work closely with the PCPs and Gambler's Help services to incrementally raise the profile of problem gambling and its complex and multiple co-morbid issues in the work of PCP member agencies and organisations. The PCP will include Gambler's Help services in the catchment planning for the integration of problem gambling needs into the Community health plans (2009 – 2012). The PCP will also play a major role with the PCP workforce development by capacity building and facilitating change management.

Refer to Figure 1 on page 8, for an overview of the re-developed model

INTRODUCTION

Overview of the re-developed model

Figure 1 Community education and PCP integrated health promotion

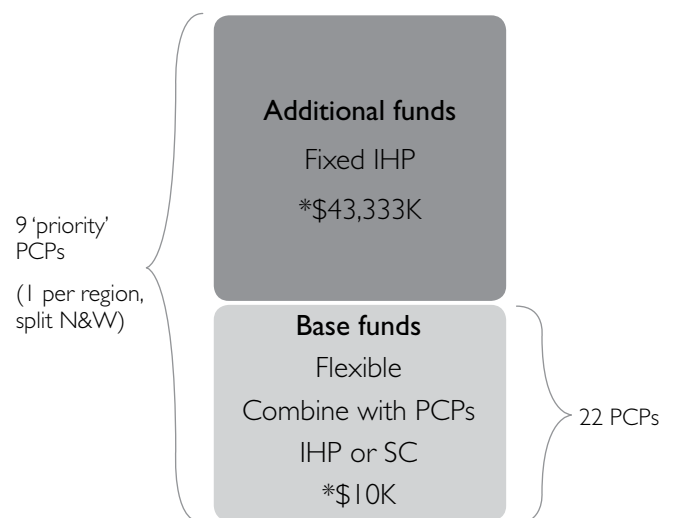


1.6 Funding model

The funding to PCPs will be provided over the next three years (2008/09 – 2010/11). The key features of the funding model are the:

- base funds will be provided to all PCPs to integrate problem gambling through integrated health promotion and/or service coordination
- base funds can be combined with other PCPs within the State-wide DHS region
- additional funds will be allocated to 9 'priority' PCP catchment areas in each region (separating North and West regions)
- additional funds must be allocated to integrating problem gambling through the integrated health promotion component

Funding per annum





1.6.1 'Priority' PCP

The criteria for determining the nine 'priority' PCPs included consideration of the following:

- Electronic gaming machine expenditure per capita
- Socio-economic index for area
- Accessibility/remoteness index for area
- Culturally and Linguistically Diverse groups
- Indigenous and new arrival forecast
- Gambler's Help service auspice agency location and outlets
- Primary Care Partnerships community health plans and capacity

2

THE PROBLEM GAMBLING COMMUNITY EDUCATION PROGRAM

2.1 Introduction

This section of the document provides operational guidelines for the redeveloped community education

program to support PCPs in delivering the program.

2.2 Definition: community education program

Community education describes a comprehensive program that includes activities at the local, catchment and state-wide levels to raise awareness of problem gambling issues and services. The key objective is to deliver a range of planned activities underpinned by a needs assessment process that increase awareness

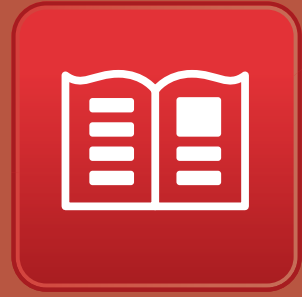
of problem gambling, responsible gambling and help services, builds community resilience through awareness raising, health promotion and provider education programs. Community education does not involve direct services to individuals.

2.3 Policy context

The community education program to be delivered by Gambler's Help services is primarily informed by **Action Area Three: Promoting Healthy Communities** of the Government's policy document *Taking action on problem gambling*. Action Area Three describes activities to be achieved by enabling communities to identify the risks of problem gambling and equipping them to take action to mitigate problem gambling behaviour in its early stages. This includes:

- **Enhanced coordination of community education, information and service promotional activities through the appointment of centrally located community education liaison officers.** These coordination functions will sit within the Community Education Policy Team within the Office of Gaming and Racing. The Community Education Policy Team has responsibility for developing and deploying community education and awareness campaigns aimed at communicating key messages to the Victorian community about problem gambling and responsible gambling.

- **Further raising community awareness of the importance of responsible gambling practice** at the personal, community and venue levels and of the dangers associated with new gambling technologies that are attractive to young people (including sports betting, online poker and other forms of betting easily accessible through mobile phones and the internet).
- **Improving community resilience to the development of problem gambling** through the tailoring of community education awareness, services, marketing and promotional activities to the needs of local communities.



2.4 Program objectives

The Gambler's Help local community education program is a broad strategy that is delivered by a number of key partners across government and the community sector. The community education program aims to raise awareness of problem gambling in the community as a public health issue. It is expected that the effective delivery of community education contributes to:

- Informing individuals about the risks associated with excessive gambling that will prevent recreational gambling from becoming problematic
- Activities that will reduce known risk factors for problem gambling and build resilience to protect against the development of gambling problems
- Identifying the early signs of problem gambling that will encourage individuals and their friends and families to act early to prevent the escalation of more severe gambling related problems
- Raising awareness of the range of services available to supporting problem gamblers and their friends and families to encourage self referral to Gambler's Help services
- Educate the community more broadly in relation to erroneous beliefs relating to the nature and provision of gaming products
- Increasing the capacity of public and private health and welfare professionals to recognise problem gambling for their clients to:
 - Provide health promotion information
 - Undertake brief interventions
 - Encourage facilitated referrals to Gambler's Help services
- Broaden the focus of problem gambling to encompass responsible gambling

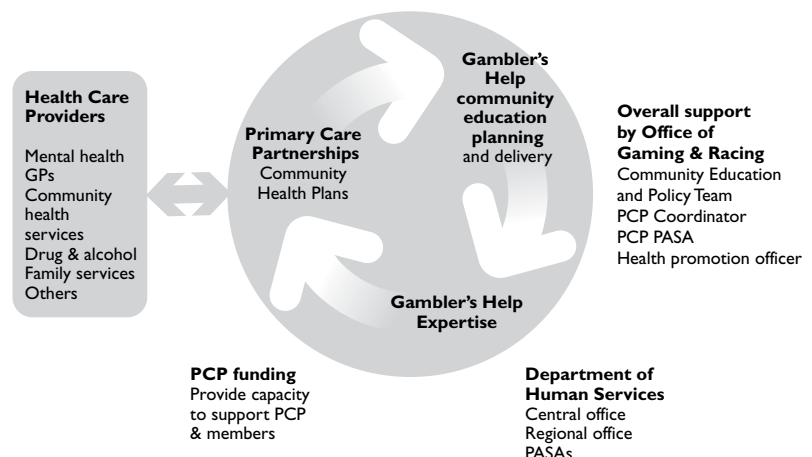
2.5 Program structure

The delivery of community education will be undertaken as one part of a community education model that provides activity across three tiers:

Catchment	Primary Care Partnerships Integrated Health Promotion
Regional	Gambler's Help Services service & health promotion and provider education
State-wide	Community Education Policy team, Office of Gaming and Racing

This diagram represents the new Community Education model and the regional, catchment and state-wide interfaces to deliver a seamless integrated service:

Figure 7: Problem gambling community education model



2

THE PROBLEM GAMBLING COMMUNITY EDUCATION PROGRAM

2.5.1 Catchment level

The community education activity at the catchment level will be integrated into the existing Primary Care Partnership (PCP) infrastructure. PCPs will facilitate the integration required by the community education

program through **Integrated Health Promotion**. The PCP does not deliver service & health promotion and provider education activities.

2.5.2 Regional level

The regional community education activity delivered by Gambler's Help services falls into a community level program (**service and health promotion**) and a clinical program (**provider education**). While these activities

are different, they should be seen as a seamless 'whole' so that the final outcome is integrated community education activities.

2.5.3 State-wide level

State-wide community education activity will be a centralised activity that is planned, coordinated and

delivered by the Community Education Policy team, Office of Gaming and Racing.

2.6 Community education catchment level – Integrated Health Promotion (IHP)

2.6.1 Rationale for the IHP model

In the past, the problem gambling health promotion activities have provided an opportunity to provide information that targets the community at all points on the problem gambling continuum, from prevention and early intervention, through to reactive and responsive intervention activities. These activities align closely to the guiding principles for integrated health promotion and have strong linkages to the health promotion within the PCP catchments. The IHP model will complement and enhance problem gambling health promotion and the benefits will be a reduction in duplication and development of ad hoc and fragmented health promotion programs.

Gambler's Help Services will leverage off the broader set of health promotion activities such as mental health and wellbeing, social connectedness and physical activity, across community services through IHP. This will present new opportunities for better planning

processes, capacity building approaches, and enhanced coordination of health promotion effort that has the potential to increase protective factors and reduce risk factors for problem gambling. Furthermore, community presentations promoted as focussing on problem gambling alone have been found to generally draw a smaller audience than those focussed more broadly on social wellbeing.

At the State government regional level project funding will be provided to a 'priority' PCP catchment area to support the integration of problem gambling community education with integrated health promotion and its delivery through the PCP infrastructure. The OGR funding will enable PCPs to build the capacity of local regional PCPs to better build protective factors and reduce risk factors for problem gambling in their communities and raise the awareness of problem gambling in the community as a public health issue.

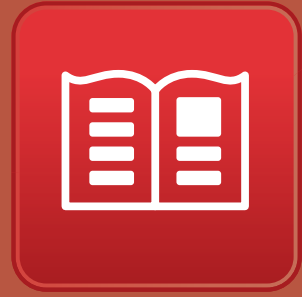
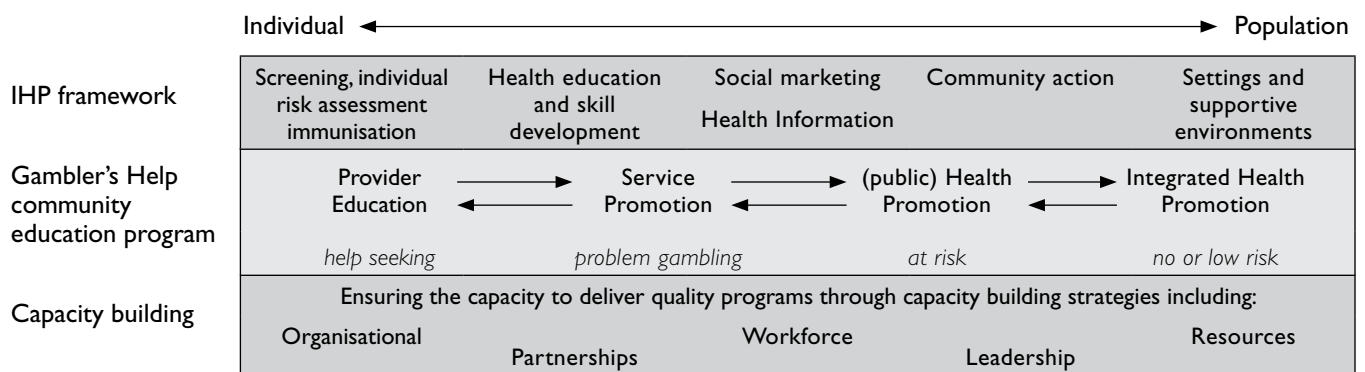


Figure 8: Model of Integrated Problem Gambling Community Education



This diagram shows the relationships between the integrated health promotion intervention categories and the continuum of community education (service and health promotion) activities and ensuring the capacity of the system for health improvement (capacity building). This diagram also illustrates how

these interventions relate (on a continuum) to an individual and to the whole population. The aim is to include a mix of interventions and a balance of both individual and population-wide interventions to achieve the goal and objectives for each health promotion priority.

2.7 Community education regional level

2.7.1 Service and health promotion

2.7.1.1 Definition

The community education program service and health promotion activities are focused on raising awareness at a community level about problem gambling and support services, through the delivery of community education

sessions to targeted groups, general public, schools and venues. Service and health promotion activities aim to prevent and minimise the harm arising from problem gambling.

2.7.1.2 Scope of activity for service and health promotion

Service and health promotion refers to activities undertaken within the region that are primarily aligned with targeted groups, the general public, schools and gaming venues.

Targeted groups

Targeted groups include those groups in the community who are at risk of developing a problem with their gambling such as culturally and linguistically diverse communities, Indigenous communities, women, young people and the unemployed.

General public

Service promotion and health promotion activities are provided to the general public at a local level to raise awareness of problem gambling issues and services. The aim is to build community resilience and social capital to mitigate the impacts of problem gambling at the local community level.

Schools

Recent research has shown that targeting schools is one of the most effective strategies in proactively addressing

2

THE PROBLEM GAMBLING COMMUNITY EDUCATION PROGRAM

problem gambling at the community level. The aim is to introduce ways of raising problem gambling as an issue among teachers, families and students.

Gaming Venues

It is necessary to address venues and promote responsible gambling and the services available for those who are suffering with problem gambling. This is

facilitated by responsible gambling messages to patrons and the promotion of consumer protection information to people who play Electronic Gaming Machines, wagering and casinos. In-venue advertising maintains awareness of problem gambling and promotion of the Gambler's Help Line.

1 Katherine L. Gray, Mark A. Oakley Browne, & V. Radha Prabhu (2007). Systematic review and meta-analysis of studies on early intervention and prevention for problem gambling.

2.7.2 Provider education

2.7.2.1 Definition

Provider education refers to the provision of education, training and other professional development activities by problem gambling clinicians to other health and welfare professionals likely to encounter individuals and families experiencing problem gambling related impacts. The range of relevant professionals may include

- General Practitioners (GPs)
- Primary and allied health providers, in both public health and in private practice
- Professionals in the community welfare and justice systems

2.7.2.2 Rationale

Analysis of Gambler's Help service utilisation data reveals low rates of referrals from other workers in the helping professions to Gambler's Help services. The provider education program is intended to increase the awareness

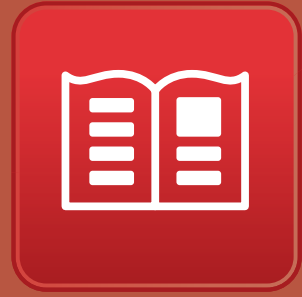
and skills of these professional to identify and provide appropriate responses to people experiencing gambling relating harm when they present to other services.

2.7.2.3 Scope of activity for provider education

- Professional development and training about recognition and early intervention within non-specialist problem gambling settings, including those that work with statutory clients
- Provide workshops, forums and training sessions to community service providers in relation to problem gambling interventions and casework practices, including therapeutic treatment practice
- Development and implementation of referral and other service coordination protocols
- Delivery of training and education to PCP members to underpin and support service coordination relating to problem gambling

- Introduction of screening practices

Aspects of the portfolio services program will replicate some of the activities undertaken in the provider education program, such as raising the awareness of problem gambling as a public health issue, screening practices and responding to problem gambling presentations.



2.8 Community education State-wide level - community education development

2.8.1 Definition

The state-wide community education development and delivery refers to the problem gambling initiatives that are developed and implemented for **Action Area Three: Promoting Healthy Communities** of the Government's

policy document *Taking action on problem gambling*. This includes the mechanisms to develop, implement and evaluate the impact of the program.

2.8.2 Scope of activity for OGR state-wide focus

A range of capacity building, resources, professional development & change management activities will be the responsibility of the Community Education Policy Team. These will include:

- Development of a program logic to underpin the development and delivery of the program
- Development of an operating framework: aims objectives, roles and responsibilities, outcomes and operating principles and definitions for activities
- Oversight of the implementation of the community education component of the program
- Responsibility for performance monitoring, reporting and accountability frameworks (emphasis on measuring impact and outcomes)
- Coordination and integration of state-wide community education and awareness and local communication and community education activities
- Development of standard resources, programs and products to support the delivery of community education programs at local, regional, PCP catchment and state-wide level
- Oversight of needs assessment and planning framework to support state-wide consistency and to identify strategic opportunities
- Development of state-wide community education and awareness campaigns, partnerships and school based learning
- Coordination of community education regional forums to promote best practice and peer to peer education
- Provision of processed data to local community education to inform solution generation activities (e.g. data, published information, evidence-based research, relevant theory and intervention models and evidence from past work)
- Facilitating information exchange across Gambler's Help services about good practice in community education (learning networks)
- Delivering training on best practice in community education and other professional development
- Enhancement of Gambler's Help services staff and organisational capacity to effectively deliver community education in particular through the PCP IHP model
- Development of models and approaches to engage the gambling industry in harm minimisation for state-wide and local delivery
- Delivery of education to state-wide bodies such as GPs, legal, peak bodies
- Supporting state-wide partnership projects and change management
- Other relevant community education initiatives over time.

3

COMMUNITY EDUCATION ROLES AND RESPONSIBILITIES

The key partnerships in the delivery of the Community Education Program include:

- Gambler's Help Services
- Primary Care Partnerships (PCPs)
- Office of Gaming and Racing (OGR)
- Department of Human Services (DHS)

3.1 Gambler's Help services

3.1.1 Service and health promotion

Gambler's Help services will be responsible for managing the delivery of community education activities through community educators. The community educators will plan, deliver and evaluate the local service and health promotion activities in alignment with the key areas of targeted groups, general public, schools and gambling venues. The service and health promotion activities

should be planned, implemented and evaluated as a parallel process with the Integrated Health Promotion. Gambler's Help services will also disseminate key learnings and findings from effective community education activities with other Gambler's Help services and the PCPs.

3.1.2 Integrated health promotion

Gambler's Help community education will feed into Integrated Health Promotion planning, implementation and evaluation at the PCPs catchment level by providing a specialist problem gambling perspective and working collaboratively with the other PCP member agencies.

The Gambler's Help services will work closely with the PCP and will be responsible for:

- Building a primary relationship with the 'priority' PCP catchment to support the development and implementation of IHP and build the skills and knowledge to assist them to develop strategies and responses to problem gambling
- Providing specialist advice and recommendations to the priority PCP on the range of planned activities that increase awareness of problem gambling and help services, builds community resilience through awareness raising, health promotion and provider education programs
- Actively participating in the planning, implementation, evaluation and dissemination (of best practice) of the Integrated Health Promotion activities within local Primary Care Partnership catchments
- Attending relevant PCP meetings for the priority PCP in the region. The community educator or the GHS manager/coordinator may attend the meeting if the meeting requires senior staff representation. In this case, the community educator should provide advice and recommendations for the senior staff to present the problem gambling perspective
- Liaising with Program and Services Advisors (PASAs) as required. This will include the Gambler's Help PASAs, OGR PCP PASA and the DHS regional PASAs where required
- Attending regional community education forums as required.



3.2 Primary Care Partnerships (PCPs)

The PCP role is to provide the infrastructure for agencies/organisations to network in a coordinated, cooperative and collaborative way to address issues that single agencies/organisations cannot resolve by themselves. PCPs do not deliver direct health

promotion services but will provide the avenue for Gambler's Help Coordinators and community educators to become members of the PCP and strengthen their partnerships with other agencies and organisations. The responsibilities include:

3.2.1 Universal for all Gambler's Help services

- Agreement to the funding and service contracts with PCP & OGR
- Providing the avenue for GHS services to become members of the PCP and strengthen their partnerships with other agencies/organisations working with and for communities
- Actively build relationships between the PCP Chairs and Executive Officer's with GHS and OGR
- Raising the profile of problem gambling and its complex and multiple co-morbid issues in the work of PCP member agencies and organisations

3.2.2 Integrated health promotion

- Building capacity of local PCPs to build protective factors and reduce the risk factors from problem gambling in their communities
- Strengthen integration of problem gambling needs into local IHP Plans
- Strengthen problem gambling benefits that may flow from existing IHP planned activities
- Create new activities with specific relevance to the prevention of problematic gambling
- Better targeting information development and dissemination for different socio-cultural groups and increase the focus on health and well-being
- Inclusion of Gambler's Help services in the catchment planning for health promotion priorities, namely the Community Health Plans and Community Health Plan Implementation Agreement, and evidence of problem gambling profile in these plans at the catchment level
- Developing and disseminating best practice and health information resources for individual practitioners and the general community to ensure they have access to high quality, accurate and up-to-date health information for their communities, and that there is no duplication of information products and services
- Expanding on the types of settings for both active and passive dissemination of health information, including local government advisory services, schools and workplace settings
- Demonstrating strong governance and leadership, in particular around problem gambling
- Participation and representation on relevant working groups and forums (for example, working groups and guest speakers at workshops/forums etc.)
- Developing a strategic framework to continue to align work of PCPs with the overarching statewide strategic directions as determined by OGR Community Education Team.

3

COMMUNITY EDUCATION ROLES AND RESPONSIBILITIES

3.3 Office of Gaming and Racing (OGR)

The role of OGR is to provide strategic directions for the re-developed model and maintain interdepartmental relationships. OGR will oversee the work undertaken

by the Community Education Policy Team and implementation of the new model of integrated local community education.

3.3.1 PCP Coordinator – OGR

The OGR PCP Coordinator's role is to oversee the implementation of the community education plan through the PCP platform and will be responsible for:

- Building relationships at DHS central office and regional office levels by formalising communication and decision making structures with key program and policy staff in DHS and with the eight DHS regional Program and Service Advisors (PASAs) that oversee Victoria's 31 PCP catchments
- Building relationships with the GHS and supporting the IHP component of the community education program
- Facilitating collaborative partnerships between the centralised OGR PASAs with the regional DHS PASAs
- Establishing an advisory group to monitor the implementation of the new model and provide feedback on issues arising. The group membership will be comprised of representatives from Gambler's Help services, PCPs, Council of Gambler's Help services, DHS and OGR
- Engaging with the PCP Chairs and Executive Officers and local PCP structures to facilitate the introduction of problem gambling more formally into the PCP planning and delivery, and to ensure that problem gambling remains visible within a more integrated and embedded context, particularly for IHP. This may be achieved by attending planned meetings at DHS and the local PCP level and when necessary planning additional meetings which may be at an individual level
- Mapping exercise to determine the priority PCPs in the region
- Communication and stakeholder engagement to support implementation of the model and in particular the priority PCPs in each region to increase their awareness & knowledge of problem gambling activities and avoid re-invention & duplication
- Facilitating dissemination of key learnings, community education and health promotion best practice via bulletins, website updates and forums
- Developing a monitoring, reporting and accountability framework in relation to funding provided to PCPs to undertake problem gambling project work within the PCP platform. This will be undertaken with the PCP PASA
- Reviewing community education plans and providing support where required
- Contributing to the development of a strategic framework for Gambler's Help services to ensure future alignment with key PCP policy and program documents, including Better Access to Services, Victorian Service Coordination Practice Manual and Service Coordination Tool Templates (SCTT)
- Coordinating the evaluation of the new model.



3.3.2 PCP PASA - OGR

The role of the OGR PCP PASA is to:

- Develop and manage the funding and service agreements with the PCPs. The PCP PASA will work collaboratively with the OGR Services Team PASAs to support the implementation approach and will be responsible for monitoring the service agreements with PCPs in relation to agreed activities
- Provide support to GHS in the planning and development of the community education plans
- Attend quarterly meetings with the OGR services team PASAs to review and feedback on the community education plans
- Support PCPs to plan problem gambling integrated health promotion activities.

3.3.3 Community education policy team

The community education policy team will play a role in a range of activities that will drive forward and underpin key aspects of the new model. The team will be responsible for providing centrally located support for the implementation of the community education program. This will be achieved by:

- Offering strategic guidance and policy direction to support the delivery of quality and equitable integrated health promotion programs
- Developing and deploying community education and awareness campaigns aimed at communicating key messages to the Victorian community about problem gambling. This will be managed by the centralised function of health promotion
- Disseminating best practice, developing a catalogue of resources and developing dissemination of collateral to ensure systematic demonstration of the effectiveness of community education activities
- State-wide funding through the development of funding and service agreements with the PCP lead agencies. This will be managed by a centralised PCP PASA within OGR
- Supporting the implementation of the new model through the PCP platform. A centralised PCP Coordinator will build relationships with PCPs, DHS, Gambler's Help services and support training and capacity building opportunities
- Facilitating state-wide planning and establish workforce development opportunities such as training and information sharing programs
- Explore opportunities across the department, whole-of-government and the Commonwealth to ensure a systematic approach to IHP
- Developing and disseminating operational guidelines, protocols and supporting resources for Gambler's Help services and PCPs

3

COMMUNITY EDUCATION ROLES AND RESPONSIBILITIES

3.5 Department of Human Services (DHS)

DHS operates both centrally and regionally. DHS central office will have a greater role and responsibility at the catchment level with PCPs while DHS regional office

will provide regional support to community educators where required:

3.5.1 DHS central office

DHS Primary Health Branch provides funding to PCPs to deliver IHP through the PCP platform and have a role in performance monitoring the PCP IHP. The DHS central office is responsible for:

- Facilitating connections and building relationships with the PCPs Chairs and Executive Officers, OGR and Gambler's Help services
- Promotion of Gambler's Help material and case studies on the DHS IHP website and Primary Health Bulletin

- Facilitating connections where required between Gambler's Help providers and DHS regional Program and Service Advisors and DHS regional contacts
- Participation and representation at forums (for example, guest speakers at workshops/forums etc.)
- Including problem gambling strategies into overarching policies and resources where appropriate and relevant.

3.5.2 DHS regional office

The relevant regional office will be available to support where required:

- Advice to Community Educators on regional health promotion priorities, provide relevant planning information and links to broader policy objectives
- Provide leadership in regional IHP planning and linking identified various stakeholders to ensure that such planning is informed from expressed need of the local population

- Skills development and information sharing programs
- Facilitate and support collaboration across the region among key stakeholders
- Facilitate the delivery of the IHP short course as needed.

4

COMMUNITY EDUCATION PLANNING AND REPORTING



4.1 Gambler's Help Service

Gambler's Help services will conduct an overarching needs assessment for the identification of priority activities and target groups, and for the allocation of available resources. The **needs assessment** will inform the activities outlined in a **community education plan**.

The community education plan is a modified version of the PCP CHP & CHPIA and is a planning tool for problem gambling agencies that will ensure that effective evidence-based activities are selected and provided on the basis of an assessment of community need. The domains in the community education plan are based on the common planning framework used for integrated health promotion.

The **community education plan** will:

- Articulate where the partnership or agency wants to be in respect to their community education program within a defined period of time
- Identify and articulate priority issues and needs within the community for both service & health promotion and provider education

- Provide analysis of the data, published information, evidence-based research, relevant theory and intervention models and evidence from past work
- Document a mix of interventions to address the issues and needs
- Capture provider education activities
- Provide estimates of staff time associated with the provision of activities
- Provide estimates of the number of individuals, communities and organisations targeted by planned activities
- Clearly articulate and formalise the responsibilities of Gambler's Help providers in the implementation of PCP Integrated Health Promotion plans
- Show evidence of at least one integrated health promotion activity with the PCP IHP

4.1.1 Planning timeframes

The following table outlines the planning and reporting templates, components, timeframes and submission dates for the period 2008 - 2011. The components are based

on the Integrated Health Promotion framework and the Integrated Health Promotion kit should be used when planning and reporting.

Template	Planning component	Timeframe	Submission date
Needs assessment	Priority setting, priority definition and solution generation	Triennially 2008 - 2011	15 October 2008
Community education plan	Plans include agency vision, needs assessment outcomes and evaluation plan	Annually 2008 - 2009	15 October 2008
		2009 - 2010	15 July 2009
		2010 - 2011	15 July 2010

4

COMMUNITY EDUCATION PLANNING AND REPORTING

4.2 Primary Care Partnerships

4.2.1 Funding and service agreements

OGR will have individual FASAs with all 31 PCPs. PCPs will be required to complete a FASA for each year of the three year funding period. The FASA will outline the

deliverables for each year and be agreed to by the OGR. The OGR PCP PASA will coordinate the development of the FASAs.

4.2.2 Planning

There will be two types of FASA: the base funding and the 'priority' PCP (additional) funding agreements. PCPs are flexible to shift the base funding to other PCPs in the region which includes the 'priority' PCP that receives the additional funding. 'Priority' PCPs will not be able to shift the funding to other PCPs and will be responsible for the agreed deliverables in the additional funding FASA.

The PCP reporting requirements will align with the DHS planning and reporting requirements. The OGR will

review the PCP Community Health Plans (CHP) and the annual Community Health Plans Implementation Agreements (CHPIA) submitted to DHS.

The OGR PCP Coordinator and the PCP PASA will provide advice and support for the CHP at the outset and approve the problem gambling integrated health promotion and/or service coordination activities. At six monthly periods the PCP Coordinator and PCP PASA will contact the PCP to discuss the progress and issues arising.

4.2.3 Reporting

The problem gambling deliverables of the CHP and CHPIAs will be reviewed and negotiated annually. The deliverables must align with the OGR and the DHS Performance Management Framework. In the subsequent years the planning and reporting requirements will be those set out by DHS. The Department of Justice will be a key stakeholder in the planning and reporting framework developed by DHS. In the interim, the reporting should be included in the CHPIA and address the following where appropriate:

- Achievement against both the qualitative and quantitative performance measures to be provided in the key performance monitoring framework
- Provision of examples of all materials produced as part of the Project during the reporting period
- A summary of expenditure for the reporting period compared against the budget detailed in the funding and service agreement.

This summary is to be certified by the chief executive officer of the organisation (or their delegate) that all funds expended have been used for the purposes for which they were provided. Funds that are not expended will be returned to the OGR as per the FASA.

Refer to Appendix Three: Needs assessment and planning resources

5

SUPPLEMENTARY INFORMATION



Regional Gambler's Help services

The purpose of the regional Gambler's Help services is to provide the following integrated and coordinated services in each of the eight Victorian State Government Regions:

- Problem gambling case work services, including:
 - Mobile and outreach services
 - After hours services
 - Specialist portfolio services
 - Problem gambling counselling services.
- Specialist problem gambling financial counselling, including:
 - Mobile and outreach services
 - After hours services.
 - Community education, including:
 - Problem gambling health promotion and service promotion activities
 - Provider education services
 - Integrated Health Promotion in partnership with Primary Care Partnerships.
 - Recovery Assistance Program (RAP) to provide material and financial assistance to individuals and their families when gambling has resulted in financial crisis.

Gambler's Help Line

The Gambler's Help Line is an integral component of the Gambler's Help services. The Gambler's Help Line is a 24-hour, seven days per week telephone service providing information, referral, counselling and support to problem gamblers and their family

members. Gambler's Help Line interfaces with Gambler's Help face-to-face problem gambling counselling and financial counselling services provided at the regional level. The service has been operated by Turning Point since 2000.

Services to Indigenous Victorians

The overall objective is to establish and implement Gambler's Help services for Indigenous communities. The health promotion and best practice services for Indigenous communities research and needs analysis project that was commissioned by the Department of Human Services (DHS) in 2003 identified two key recommendations to better meet the needs of Indigenous communities:

- The implementation of a preventative care model, with a focus on community development and strategies which include community education and working in partnership with communities; and
- The provision of an enhanced Indigenous-specific counselling service network.
- Two Indigenous services have been funded to meet these needs: the Victorian Aboriginal Health Service (VAHS) and the Victorian Aboriginal Community Services Association (VACSAL)

5

SUPPLEMENTARY INFORMATION

Centre for Culture Ethnicity and Health (CEH)

The CEH Victorian Multicultural Gambler's Help Program supports the problem gambling sector to work effectively with culturally and linguistically diverse clients and communities.

The program provides:

- Tailored training and education initiatives on culturally and linguistically responsive service delivery and planning
- Forums and seminars to create dialogue and share knowledge of problem gambling issues and service responses in relation to CALD communities
- Partnerships between the Gambler's Help and ethno-specific services to raise awareness of gambling harm and available services in CALD communities
- Research and consultation on problem gambling and help seeking in CALD communities
- Community and services sector consultations to improve knowledge of gambling related issues in CALD communities
- Resource development, including in-language brochures and materials for communities and specialised tools for service providers
- Information dissemination through CALD community festivals and events
- Information services- specialist in house library, online catalogue and resources, website and e-newsletter.

Problem Gambling Research and Treatment Centre

As part of the Taking action on problem gambling strategy, the Victorian Government has agreed to provide \$4 million over four years to develop a world-leading Problem Gambling Research And Treatment Centre (the Centre). The Centre will conduct nationally

and internationally leading research in the treatment of, and intervention for, people with gambling problems and others affected by these problems, with the objective of informing the design and delivery of effective treatment programs and the training of effective practitioners.

Council of Gambler's Help Services (CoGHS)

The Victorian Government has funded CoGHS since 2002/03 as the peak body representing Gambler's Help services. CoGHS acts as a conduit between Government and Gambler's Help services and provides advocacy, information sharing and professional development activities for its members.

CoGHS membership comprises each Gambler's Help service auspice agency, along with the providers of the new state wide services for culturally and linguistically diverse and Indigenous communities. The CoGHS Board comprises a representative from each member organisation (most often the service coordinator) and is responsible for setting the overall strategic directions for the Council.

The Board elects three members to form the Executive, which is responsible for the internal affairs of CoGHS and deals with more urgent matters between Board meetings. The Executive is also responsible for taking the strategies determined by the Board and translating those into actions.

The main domains under which there are various activities have been:

- Advocacy, communication and representation
- Strategic policy development
- Governance
- Workforce training and development.



Gambler's Help service delivery model

Access to services

Individuals are able to access Gambler's Help services directly by contacting the Gambler's Help Line (new national number 1800 858 858) or one of the regional Gambler's Help service locations across Victoria via their advertised telephone numbers. Regional services may have access points provided by the auspice agency or access points provided by agencies hosting Gambler's Help outposts. A new service operating as part of the Gambler's Help Line will soon enable individuals to access services via an online access point.

By more active involvement in the Primary Care Partnerships platform and by adopting and using the Service Coordination Tools and Templates (SCTT), Gambler's Help agencies will have a set of mechanisms in place at the nexus of specialist problem gambling

services and a broader system of care for the referral of clients with complex and multiple needs. The provider education component in particular will be important in assisting other professionals to recognise the signs of problem gambling and make appropriate referrals and coordinate responses to client needs with Gambler's Help counsellors.

Health and community service providers (who are members of a PCP) will utilise the Service Coordination Tool Templates (SCTT) in making referrals to a Gambler's Help Service. In most cases, practitioners will complete the Consumer Information template and the Summary and Referral template and include other templates or information when relevant.

Provision of coordinated care to consumers with co morbidities

An appropriate model of care is required for Gambler's Help services to better integrate with the broader system of care in order to meet the multiple needs of some gamblers, and to forge stronger and more clinically effective pathways and partnerships with other service providers. The Gambler's Help service model has at its core the principle of coordinated care in which the respective responsibilities of service providers in a more planned and coordinated approach are better understood. The model is intended to support the implementation of improved care management, care coordination, secondary consultation, outreach treatment, and shared care arrangements.

The service model recognises that there are cohorts of clients with more complex needs who may not make their way directly to specialist problem gambling services to address their gambling behaviours. For some individuals, problem gambling is just one factor in a complex array of interpersonal, intrapersonal and health problems.

Where problem gambling is identified within other specialist service systems, it may not be the most significant presenting issue for the individual or the worker. Referral of such consumers to specialist services is more likely to result in non-attendance and/or early drop out.

To ensure this cohort of consumers with complex needs are able to access services, problem gambling portfolio services will be delivered in each DHS region. The focus of the portfolio services within regions is to develop relationships with mental health, alcohol and drugs and family counselling service sectors to develop a responsive service approach to addressing the needs of consumers with co-morbid problem gambling issues. Where possible, the delivery of services under portfolio services should be planned using inter-agency and intra-agency care planning processes and the relevant SCTT tools. These tools and processes can also be used for other PCP member organisations beyond the portfolio services program areas.

5

SUPPLEMENTARY INFORMATION

Not all services will be PCP members using the SCTT and Gambler's Help services will be required to develop protocols and procedures that facilitate the provision of

care to clients with multiple needs across those service boundaries.

Problem gambling financial counselling

Financial counselling describes the range of activities at the local level to respond to financial crisis and stabilisation issues arising from problem gambling experienced by problem gamblers and their families.

Financial counselling is delivered as one part of an integrated model alongside problem gambling counselling services.

Recovery Assistance Program (RAP)

Problem gambling is known to significantly affect the financial stability of problem gamblers and their families. RAP aims to provide a mechanism to help stabilise

individuals and families in financial need resulting from problem gambling, to enable the gambling problem underlying the financial crisis to be addressed.

Portfolio services

Portfolio Services describes the range of activities at the local level to provide specialist problem gambling services in identified external service systems where co presenting problem gambling issues are likely to be present. Three priority service portfolios have been identified from the available evidence around the following key problem gambling comorbid and

copresenting issues: mental health, family and relationship services, and alcohol & drug. Dedicated positions will be located within each State Government Region to develop relationships with specific community service providers to better respond to the needs of clients presenting to those services with co-morbid and co presenting problem gambling issues.

Program objectives

The portfolio services program aims to develop strong linkages across services to enable greater coordination of care and integration of specialist service responses for individuals and families experiencing gambling related harm.

Portfolio services provides a funded opportunity for new and innovative practice through the improvement of partnerships, collaboration and strategic shared effort for common client groups.

This initiative offers alternative engagement options for people that experience gambling related issues as well as the opportunity for clients to maintain their primary therapeutic relationships, whilst still receiving a specialist problem gambling intervention.

Rationale

The development of portfolio services has been underpinned by a commitment to increase the program reach of Gambler's Help services to respond more effectively to unmet needs in relation to problem gambling.

A cohort of clients with more complex needs may not make their way to specialist problem gambling services to address their gambling behaviours. Firstly, it may be that problem gambling is one factor in a complex array of interpersonal, intrapersonal and health problems, and may be seen as a low order priority for the individual in addressing their needs. Secondly, presentation to services requires some insight into the gambling behaviour, and for this cohort of clients, the more immediate impacts of problematic gambling may be more salient than concerns about the underlying behaviour.

Where problem gambling is identified within other specialist service systems, it is not likely to be the most significant presenting issue for the individual or for the worker. Referral to Gambler's Help services is more likely to result in non-attendance and/or early drop out for this cohort.

Program structure

Portfolio services will be delivered by dedicated and specialised counsellors for each of three portfolio areas:

Mental Health	Services included in this portfolio include specialist public mental health services, both clinical (Area Mental Health Services) and non-clinical (Psychiatric Disability Rehabilitation and Support Services) around serious mental illness; generalist counselling dealing with high prevalence mental health issues (depression and anxiety) within community health and private practice (as brokered by GPs for example).
Family Services	This portfolio includes working with Family Support services, family violence services, and services providing support to people around parenting and relationship issues.
Alcohol and Drug	Services included in this portfolio include the array of services funded by the Department of Human Services.

Scope of activity for portfolio services

Portfolio services are intended to deliver a range of planned activities in partnership with relevant service providers in the portfolio areas within and across the State Government Region. The range of activities undertaken as part of this program will span a broad spectrum of interventions, ranging from relationship

building, planning and capacity building activities through to the delivery of direct client services in partnership with portfolio program areas.

5

SUPPLEMENTARY INFORMATION

Roles and responsibilities

There are three key stakeholders that are vital to Portfolio services as outlined below:

- Office of Gaming and Racing
- Gambler's Help services
- Portfolio services host agencies

OGR is responsible for state-wide planning activities, including operational guidelines, funding, state wide planning, approval and negotiation with funding bodies of

host agencies to ensure streamlined implementation of this initiative.

Gambler's Help services have responsibility for local mapping and planning activities, development of MoUs with host agencies, development of planning documentation, and rollout of this initiative at a local level, whilst contributing to and informing the initiative on a state wide basis.

OGR	Gambler's Help Services
Strategic guidance and policy direction	Mapping and analysis task
Operational guidelines for activity	MOU with outreach agency
Development of MOU with DHS to facilitate engagement with host agencies	Plan articulating service delivery for 12 months
Feedback on plan	Seek approval and guidance for plan via PASA
Feedback to sector on good practice	Development of Gambler's Help provider's staff skills
State wide planning and development	Development of new and innovative clinical practice
Workforce development	Development of specialised clinical knowledge of co-morbid issues.
Approval of plan based activity	

6

GLOSSARY OF TERMS



Client See also: <i>Unique client</i>	A client is an eligible service user of Gambler's Help services. This includes people whose gambling is problematic or of concern to themselves, or those defined as significant others in this glossary.
Clinical governance	Clinical governance is the term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system. Its most widely cited formal definition describes it as: "A framework through which [...] organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish." (Sally and Donaldson, 1998) This definition is intended to embody three key attributes: recognisably high standards of care, transparent responsibility and accountability for those standards, and a constant dynamic of improvement.
Community education	The term community education is an umbrella term that describes the set of activities progressed in partnership at the local level to raise awareness of problem gambling issues and services. The key objective is to deliver a range of planned activities that increase awareness of problem gambling and help services through a discrete health promotion and a provider education program. Community education does not involve direct services to individuals.
Consumer	The term consumer is used interchangeably with client in this document. It refers to both users of Gambler's Help services and actual or potential users of services in the health and human services sector.
Direct activity	Direct activity refers to time spent in direct contact with a client of Gambler's Help services, or delivering community education activities. Direct contact includes face-to-face, web based and telephone contact in real time. Direct activity is reportable as service hours.
Direct services	Direct services refer to those activities that involve the provision of service to Gambler's Help services clients. It includes problem gambling case work, counselling, financial counselling and portfolio services. Provider education is indirectly related to providing services to clients and is not included in this definition of direct services, despite being delivered by counsellors.
Financial counselling	Financial counselling describes the range of activities to respond to financial crisis and stabilisation issues arising from problem gambling experienced by problem gamblers and their families.
Gambler's Help agency Gambler's Help auspice agency	Refers to the organisation that receives funding to deliver problem gambling services described in these guidelines.

6

GLOSSARY OF TERMS

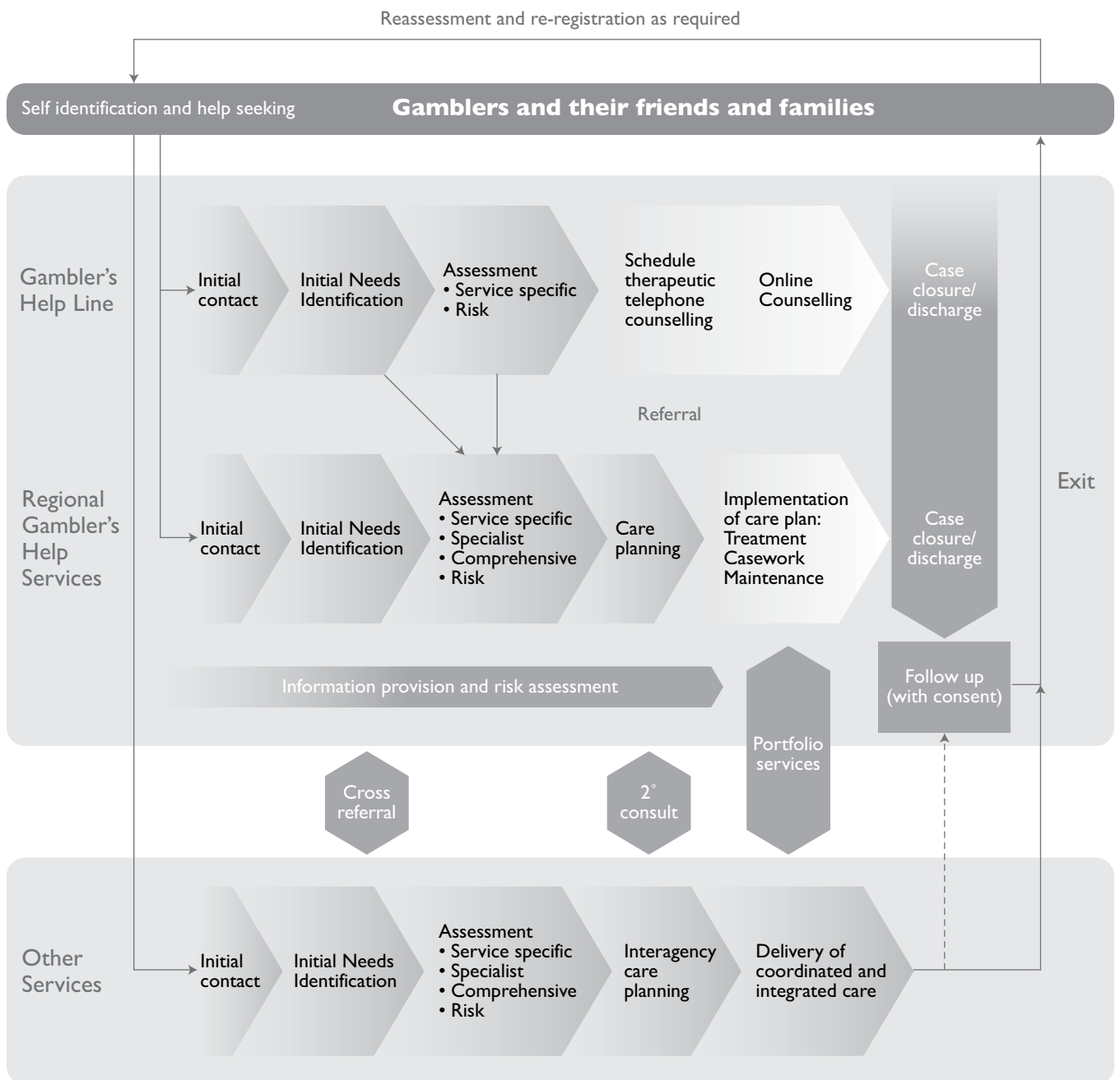
Gambler's Help agency	Refers to the organisation that receives funding to delivery problem gambling services described in these guidelines.
Gambler's Help auspice agency	
Gambler's Help provider	Refers to the staff, team(s), program area or business unit in a Gambler's Help auspice agency that delivers the problem gambling services described in these guidelines.
Gambler's Help service provider	
Gambler's Help services	Refers collectively to the suite of problem gambling programs and initiatives described in these guidelines.
Gambler's Help program	
Grey literature	Grey literature refers to publications issued by government, academia, business, and industry, in both print and electronic formats, but not controlled by commercial publishing interests, and where publishing is not the primary business activity of the organisation. Grey literature comprises newsletters, reports, working papers, theses, government documents, bulletins, fact sheets, conference proceedings and other publications distributed free, available by subscription, or for sale.
Group work	<p>Group work refers to direct service activities in which one or more workers provide a structured program to numerous clients. Group work includes the delivery of therapeutic services in isolation, or in tandem with other services. Where the focus is on problem gambling behaviour change, psycho-educational programs may be considered as group work. Community education sessions that are not specifically targeted to indicated cohorts of directly or indirectly affected people are not considered group work.</p> <p>In delivering group work, providers are to report the number of worker hours, not the client hours. That is, 2 Gambler's Help workers delivering a 2 hour group work session to 6 clients is $2 \times 2 = 4$ direct service hours. Similarly, a one hour single session service involving one client and multiple counsellors will be reported as the total hours of worker time, not just the one hour of service received by the client.</p>
Indirect activity	Indirect activity refers to time consumed in preparation for, following-up, or note-taking activities in support of the provision of services to clients. Indirect activity is reportable as service hours.
Information session	An information session is defined as a community education activity in which health promoting, problem identification, service promotion and help seeking information may be conveyed. Whilst an information session may potentially be a precursor to later therapeutic engagement with an individual, unless it is delivered to individuals specifically targeted as indicated or at risk groups, it is not considered group work as defined in this glossary.



Non-substantive case	A non-substantive case refers to the provision of services to a client who has not been registered with the service; that is, insufficient information has been collected for registration to be undertaken, or the nature of the service is too minimal to justify a more structured case work process to guide the provision of care (for example, providing information or a brief one-off session with no intended follow up or planned subsequent service).
Outcomes	An outcome is defined as the resultant benefit or change that arises from the delivery of the services described in these guidelines.
Outputs	An output is defined as the delivery of an hour of service toward the achievement of program objectives for the activities described in these guidelines.
Outreach	Outreach counselling is defined as interventions delivered to clients in settings other than the primary service delivery sites of the Gambler's Help program. This may include sessions delivered in Portfolio Services partner organisations, the client's home, another community setting of convenience to the client, or another community service. The use of special assessments prior to undertaking some outreach activities is recommended, particularly in the interests of worker and client safety and therapeutic benefit.
Peer delivered program	Peer delivered program refers to services that are either developed or delivered, or both, by people with the lived experience of problem gambling. Gambler's Help services may 'host' these programs or play a more active role in facilitating the development, implementation, co-delivery and evaluation of such programs.
Referral	<p>Referral describes the transmission of personal and/or health information relating to an individual from one agency to another agency with the individual's consent and for the purpose of further assessment, care or treatment. The process of referral takes many forms, depending on the needs of the client and the nature of the relationship between the services involved.</p> <p>Cold referral: the provision of information about the nature of the service and details about how the client can make contact.</p> <p>Warm/facilitated/assisted referral: the referring professional assists the client by actively linking them with the service. This either involves the referrer contacting the agency on the client's behalf and making the referral, or by setting up a three way conference in which the client is supported in undertake the intake process and engaging with the service. With the client's consent, the referring professional may also provide registration and other client information in the interests of more seamless service provision and to minimise the duplication of processes relating to intake and assessment. Some professionals such as GPs may provide the client with a referral letter for them to present to the provider at intake. Other professional will use Service Coordination Tool Templates (SCTT) and e-referral to support these processes.</p>
Triennially	Once every three years. Not to be confused with tri-annually; that is, three times a year.

APPENDIX

Appendix One: Gambler's Help services delivery model



Key: Shaded boxes = State wide Service Coordination Practice Manual

Appendix Two – Gambler’s Help services

Under the new funding approach, the Department of Justice provides funding to each of the eight State Government Regions in Victoria. Regional Gambler’s Help services are provided in each of these regions in one of the following service configurations:

- Sole provider – one funded agency delivers the full suite of Gambler’s Help services to the region by means of a Funding and Service Agreement (FASA) with the Department of Justice.
- Consortium – more than one funded agency delivers one or more parts of a regional Gambler’s Help service model, each of which has a Funding and Service Agreement with the Department of Justice and a Memorandum of Understanding with other consortium members.
- Subcontracting – one lead agency holds the funds for the region and subcontracts one or some parts of the regional service to a subcontracted provider or providers that has no direct contractual relationship with the Department of Justice.

Where consortia are in place, the Department of Justice requires all services and service delivery requirements to be available and accessible to problem gamblers and their families residing anywhere in the region. As such, all regional funded agencies are required to ensure an appropriate service model and service configuration to enable full service across the region.

Regional Gambler’s Help providers

Region	Provider	FASA management structure
Barwon	Bethany Community Support Inc	Bethany leads delivery of services and subcontracts to Community Connections and Diversitat.
Eastern	Eastern Access Community Health (EACH)	EACH delivers all services for the Eastern region.
Gippsland	Latrobe Community Health Service	Latrobe CHS delivers all services for the Gippsland region.
Grampians	Consortium comprising: Grampians Community Health Service, Relationships Australia, Wimmera Uniting Care and Child and Family Services.	The consortium delivers services as equal members, each with a FASA with DOJ, under an agreed MOU.
Hume	Consortium comprising: Upper Hume Community Health Service, Mitchell Community Health Service and Goulburn Valley Community Health Service.	The consortium delivers services as equal members, each with a FASA with DOJ, under an agreed MOU.
Loddon Mallee	St Luke’s Anglicare	St Luke’s is the lead agency and subcontracts to Centacare Ballarat to provide services to the Mallee area.

APPENDIX

Regional Gambler's Help providers (cont.)

Region	Provider	FASA management structure
North Western	Consortium comprising: ISIS Primary Care, Banyule Community Health Service and Salvation Army	The consortium delivers services as equal members, each with a FASA with DOJ, under an agreed MOU.
Southern	Bentleigh Bayside Community Health Service	Bentleigh Bayside CHS delivers all services for the Southern region.

Appendix Three – Needs assessment and planning resources

Link to resource	Description
<p><u>Australian Bureau of Statistics</u> http://www.abs.gov.au</p>	<p>The Statistics section of the Australian Bureau of Statistics (ABS) website gives you access to the full range of ABS statistical and reference information.</p>
<p><u>Victorian Government Problem Gambling website</u> www.problemgambling.vic.gov.au</p>	<p>The DOJ problem gambling site provides information on current Victorian Government campaigns, initiatives, publications and links to other key resources on problem gambling.</p>
<p><u>Problem Gambling Resource Kit: A guide to assist health and welfare workers who encounter problem gambling issues.</u> www.problemgambling.vic.gov.au/problemgambling/documents/HealthAndWelfareProfessionalsPGKit2007.pdf</p>	<p>The Problem Gambling resource kit includes a comprehensive further reading and resource list.</p>
<p><u>Gambling Research Australia and Clearinghouse</u> www.gamblingresearch.org.au</p>	<p>Gambling Research Australia (GRA) is an initiative of the Ministerial Council on Gambling (MCG). GRA is responsible for managing and implementing a national research agenda.</p>
<p><u>Victorian Commission for Gambling Regulation</u> www.vcgr.vic.gov.au</p>	<p>Statistical Data Fact Sheet Gaming Expenditure Community Benefit Statements Research (Research projects undertaken until May 2000 by the Commission predecessor, the Victorian Casino and Gaming Authority)</p>

