Gambler's Help Program Guidelines

Operational and service delivery requirements for funded agencies

OFFICIAL

VICTORIA State Government | Department of Health

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This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Introduction

The Gambling Harm Prevention and Response function of the Mental Health and Wellbeing Division, Department of Health, provides funding to partner agencies (agencies) to deliver Gambler's Help services and programs aimed at improving the health and wellbeing of the Victorian community. This is achieved by taking a public health approach (refer to Appendix 1), through the local delivery of prevention, early intervention, treatment and support to reduce harm from gambling for all Victorians experiencing or at risk of experiencing harm from gambling.

Purpose

These guidelines provide agencies with information about the service and operational requirements for each of the Gambler's Help programs and services. The document guides best practice and support for a consistent standard of service across Victoria.

These guidelines are to be read in conjunction with the Department of Health Policy and Funding Guidelines and the Service Agreement.

The Department of Health provides strategic direction for the delivery of services, drives service improvement initiatives, and manages service performance and accountability requirements. There is an expectation that reasonable direction provided by the department on specific program delivery and elements be followed and implemented by Gambler's Help agencies. This aim is to work collaboratively to provide high quality services consistently achieving program goal and objectives across the state to reduce the impact on Victorian communities from gambling harm.

Gambler's Help programs and services

Overview

Gambler's Help operates as an integrated system of prevention, early intervention, and treatment and support initiatives aimed at addressing gambling harm.

Gambler's Help includes:

- **Local Gambler's Help program** delivering therapeutic and financial counselling, community engagement activities, school education and venue support.
- **A state-wide Gambler's Help Line and Youthline** providing 24-hour, seven days a week, telephone-based crisis counselling, support, information, and referral services.
- **National Gambling Help Online** and Victorian **Gambler's Help** websites collectively providing 24-hour, seven days a week live chat and email counselling and support, self-help information and resources.
- **First Nations Gambling Awareness Program** providing specialist support for First Nations communities, including traditional cultural activities with a therapeutic benefit and alternative social and recreational programs.
- **Multicultural Gambler's Help Program** providing culturally appropriate services including confidential in-language counselling services, resources and wellbeing programs, for migrant and refugee communities in Victoria.

- **Peer Support Programs (Peer Connection and Chinese Peer Connection)** offering free and confidential non-crisis, confidential telephone peer support from a person with direct or indirect lived experience of gambling harm.
- **ReSPIN** offering volunteer educators that speak to various audiences - community groups, government agencies, health services, and media - about firsthand experiences with gambling harm.
- **Gambling Minds** offering a statewide mental health and gambling harm program specialising in assessment and treatment planning for people with co-occurring mental health conditions and gambling harm needs. The program works closely with Local Gamblers Help services to support people with acute gambling harm needs.

Aims and Goals

Gambler's Help programs and services aim to prevent and reduce gambling harm, support recovery, and improve the wellbeing of people, families, and communities affected by gambling. This is achieved through the delivery of coordinated and integrated services for people who are at risk of, or are experiencing, gambling-related harm, spanning those who gamble and affected others.

The goals of the Gambler's Help suite of programs and services are to:

- Support people and families, who gamble or are an affected other, to reduce or stop gambling-related harm and support recovery.
- Assist individuals and families to build protective factors to positively influence gambling related behaviour long term.
- Increase awareness and knowledge within community of potential harms and risks associated with gambling.
- Increase help-seeking behaviour within community to access programs and services to reduce and stop gambling-related harm.
- Increase awareness, knowledge and capability of professionals/staff within adjacent sectors to identify and provide support to help reduce and stop gambling harm, including supporting referrals into Gambler's Help services.
- Deliver best practice strategies through consistent referral pathways, information & resources, and sector/ cross sector and cross-agency collaboration.

Gambler's Help principles

The Gambler's Help delivery model is underpinned by 5 domains and 10 principles to reflect the values essential to delivering a quality service to all Victorians experiencing or at risk of experiencing harm from gambling. Agencies must ensure their service and program delivery reflects these principles. These principles form the basis of the key performance indicators and secondary measures (refer to Performance Management section of the guidelines).

The 5 domains and principles are:

1. People-centred
   - Support is based on people's needs and preferences.
   - People have choice and control about the support they access.

2. Accessible (see Accessibility and Inclusion section of the guidelines)
   - Services are available to all people residing in Victoria.
   - Support is culturally sensitive and appropriate.

3. Quality controlled and effective
    - Programs are evidence informed, guided by best practice.
    - All counselling services are delivered by a qualified and experienced workforce.

4. Flexible and efficient
    - Programs are responsive to emerging individual and community needs.
    - Counselling services are responsive throughout the intake and case management process and adapt to client needs.

5. Integrated
    - People are supported to transition seamlessly between different health, social and community services.
    - Strategic partnerships are formed in local areas to ensure gambling harm is identified and responded to, recognising that gambling harm does not occur in isolation.

Accessibility and Inclusion

Services are expected to be accessible, culturally safe and responsive to the needs of diverse communities. Agencies must maintain arrangements to support access for people who prefer to communicate in a language other than English, people with disability, people who are deaf or hard of hearing, people in regional and rural communities, Aboriginal communities, and multicultural and multifaith communities.

This includes:

- interpreting services offered where required or requested
- staff using plain language and avoiding stigma, blame or judgement
- service information being accessible and available through appropriate channels
- cultural capability and inclusion activities planned, delivered and reported in accordance with the agreed service proposal and departmental reporting requirements
- agencies using client and stakeholder feedback, complaints and service data to identify barriers to access and improve service quality and responsiveness
- undertaking activities to build on the cultural competency of staff to increase access to vulnerable and at-risk groups.

Local Gambler's Help Program

Overview

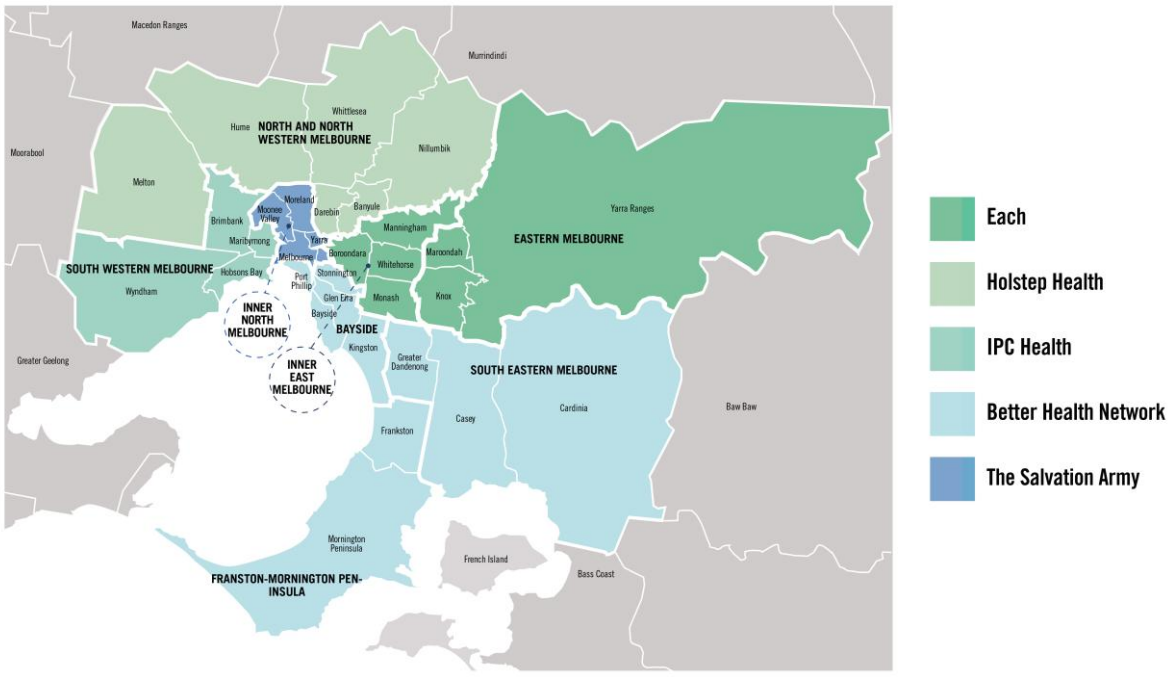
The Local Gambler's Help Program delivers universal services and programs across the state that include:

- Therapeutic counselling
- Financial counselling
- Recovery Assistance Program
- Community Engagement Program
- Be Ahead of the Game Education Program
- Venue Support Program

The Local Gambler's Help program provides funding to 11 community organisations (agencies) covering 15 metropolitan and regional catchments across Victoria.

Gambler's Help catchments

Gambler's Help catchments in Metropolitan Melbourne



Gambler's Help catchments in Regional Victoria

Treatment and Support Services

System Context

The Local Gambler's Help treatment and support services (therapeutic and financial counselling) operate within the broader mental health and wellbeing system, where there is an increasing focus on integrated, person-centred care across services and sectors.

People experiencing gambling harm often have co-occurring mental health, psychosocial, and wellbeing needs, requiring coordinated responses across clinical, community, and social support services. Local Gambler's Help services are expected to actively collaborate within this system, strengthening partnerships and referral pathways to ensure people experience seamless and holistic support.

Clinical Governance

Local Gambler's Help services are expected to have robust clinical governance in place, including clinical supervision, and appropriate systems and processes. Services must also assure that the provision of treatment is evidence-based, effective, safe, and delivers high-quality care to all service users.

Local Gambler's Help service providers are required to align with the requirements of the Victorian Government Clinical Governance Framework.

The framework refers to the systems and practices that organisations implement to:

- ensure organisational and individual accountability for the safety and quality of care
- maintain high standards of care to all service users
- ensure care is evidence-based, effective and safe
- continuously improve the quality-of-service delivery.

Strong clinical governance and robust system processes also drive continuous improvement, person-centred and family-inclusive treatment and support, and the management of risk.

Clinical governance is inclusive of having systems and protocols in place for:

- comprehensive assessment and individual support planning
- evidence-based, developmentally, and contextually appropriate therapeutic and financial counselling interventions
- established and agreed clinical escalation processes to account for a person attending a service in distress or whose health and wellbeing deteriorates after engagement with the service
- ensuring staff have a clear understanding of their scope of practice and when to refer or escalate to someone who is more experienced/qualified
- staff to escalate through clear and established internal structures
- review of any (serious) clinical incident(s) and implementation of recommendations as part of quality improvement.

Clinical governance structures must clearly define role and responsibilities and clinical accountability, including shared accountability for clinical governance when working in partnership across services and programs, such as the Gambling Minds Program.

Referral pathways

Inbound Referrals

Referrals may be received from other gambling harm programs and services, including Gambler's Helpline, referrals from other services within agencies, primary care providers (including general practitioners), mental health, alcohol and other drug (AOD) services, generalist financial counselling services, community organisations, social service organisations, and self-referrals from individuals, families and affected others.

Outbound referrals

Agencies are expected to provide those accessing their Gambler's Help services with supported referrals to additional services and supports where required. A supported referral includes ensuring clients understand the referral process, reassuring the clients, and providing follow up support if needed. It also includes transfer of essential information about the client's needs (with consent) before commencing the supported referral process.

Services must maintain strong outbound referral pathways to support a coordinated and holistic response to client needs. This includes establishing partnerships and formal referral protocols with other services within and external to their organisations.

Urgent Referrals

Local Gambler's Help services may be required to support urgent referrals when there is immediate risk or high acuity (e.g., suicidality, family violence or significant distress).

Services are expected to support urgent referrals for people at immediate risk or harm by following their organisation's escalation processes and enabling rapid connection to crisis or specialist supports. This includes facilitating warm transfers where possible, sharing essential information (with consent), and remaining engaged until the individual is successfully linked with the receiving service.

Access and intake

Local Gambler's Help services are expected to undertake a timely initial assessment at the point of intake to determine client needs, level of risk, and appropriate service response. This includes

screening for gambling harm severity, co-occurring concerns such as mental health, AOD or family violence, and any immediate risks requiring a prompt response.

Intake should be person-centred, trauma-informed and non-judgemental, recognising stigma and building early rapport to support engagement from the outset. An Intake Officer or Therapeutic Counsellor is required to support the intake process, collect core information and ensure that clients are connected quickly to the right type of support. Following intake, clients can expect to be connected to services within the Gambler's Help service.

Close working relationships and robust referral procedures between Therapeutic Counsellors, Financial Counsellors, the Gambling Minds Program and other treatment professionals (e.g. in mental health, AOD, and generalist counselling) enable an integrated, timely, holistic, person-centred approach to client support.

Therapeutic Counselling

Overview

Therapeutic counselling provides support to people, affected others and families in managing gambling harms, and to reduce, stabilise or stop gambling behaviours for those that gamble. Through effective recovery, it also supports service users to maintain positive behaviour change post-treatment. Therapeutic Counsellors have expertise in assessment, therapeutic interventions and clinical governance, and ensure their support meets safety, quality, legislative, and professional standards and requirements.

Gambler's Help therapeutic counselling includes specialist and evidence-based support. Counselling may be delivered face-to-face, through telephone or online, and can be provided one-on-one, within families and/or in groups.

Scope of activity

Therapeutic counselling activities include:

- intake to identify people's needs based on presenting issues and ensure timely access to gambling-specific services and supports
- detailed needs assessment, including screening for co-occurring needs, setting person-centred goals, and developing an agreed holistic support plan and, where required, a safety plan
- administration of the Client Survey (CS-INI) to establish a baseline understanding of client circumstances and prioritise areas of focus for support and intervention (see Client Survey section of the guidelines)
- tailored therapeutic counselling interventions, such as cognitive behaviour therapy, motivational interviewing, relapse prevention, behavioural strategies, problem-solving skills and brief interventions to help clients manage distress and gambling urges, minimise harm, reduce or stop gambling behaviours, and enhance wellbeing and recovery
- support for people experiencing crisis to facilitate access to timely and appropriate care and support within other parts of the mental health and wellbeing service system
- case review with clients at 3-month intervals to support ongoing assessment of needs and goals, adaptation of support plans, and reinforcement of positive behaviour change
- ongoing administration of the Client Survey (CS-CR) throughout the support period in line with regular case reviews (see Client Survey section of the guidelines)

- supported referrals, including warm referrals, for co-occurring needs to other gambling harm services and programs, peer support programs, inter-agency services and external services where required
- coordination of care and support with financial counsellors, including secondary consultation and/or co-counselling, input into support planning, and facilitation of continuity of care and support for clients transitioning between therapeutic and financial counselling
- secondary consultation and/or co-counselling with other professionals and support providers, including specialist input into care planning and coordination undertaken by professionals from adjacent sectors, and initial referral and secondary consultation with clinicians from the Gambling Minds Program for complex clients or clients presenting with co-occurring mental health needs
- interim support for people awaiting access to financial counselling services, where service availability permits, to help stabilise and improve a person's situation until financial counselling becomes available
- provision of information about the range of other support options available
- support for people accessing self-exclusion, including treatment provision for those who have signed a self-exclusion application (see Appendix 5, Self-exclusion engagement guidance for Gambler's Help services)
- provision of the Recovery Assistance Program (RAP) in accordance with these guidelines (refer to the RAP section of the guidelines)
- proactive follow-up Client Survey (FUS) requests, where agreed with clients, including advising clients at case closure what to expect from a follow-up call and providing reassurance about ongoing support and timely re-entry to service if needed (see Client Survey section of the guidelines)
- use of interpreting services to support people who prefer to speak a language other than English (refer to Oncall Interpreting Service section of the guidelines)
- participation in service promotion activities, including raising awareness of Gambler's Help programs and services among community groups and professionals in adjacent sectors, provided this work remains within 15% of the agency's core service hours

Service hours and mode of service delivery

Support must be available during standard business hours (9 am to 5 pm Monday to Friday) and must include:

- face-to-face counselling, delivered at designated locations and/or through outreach services
- remote scheduled counselling, including telephone and / or web counselling sessions
- after-hours access to counselling services.

Workforce requirements

Service Type	Required
Therapeutic Counselling Clinical Supervision	Those providing therapeutic counselling services must hold relevant tertiary qualifications, have relevant counselling experience and be eligible for membership/registration with one of the following: 1. Provisional registration with the Psychology Board of Australia 2. Registration with the Australian Health Practitioner Regulation Agency (AHPRA) in the National Board category of Psychology Board of Australia or Nursing & Midwifery Board of Australia

Service Type	Required
	3. Full, graduate or Accredited Mental Health Social Worker (AMHSW) membership with the Australian Association of Social Workers (AASW) 4. Membership with Psychotherapy and Counselling Federation of Australia (PACFA) in the Clinical, Academic or Provisional categories; or 5. Level 2, or higher, membership of the Australian Counselling Association. Clinical Supervisors must be a current accredited supervisor with one of the following organisations: 1. AHPRA/APS (www.psychologyboard.gov.au/Registration/Supervision.aspx) 2. AASW https://www.aasw.asn.au/document/item/6027 (Access to this link requires an active AASW membership and log in) 3. PACFA (https://www.pacfa.org.au/portal/Membership/Accredited-Supervisor/Portal/Membership/Accredited-Supervisor.aspx

Financial Counselling

Overview

Financial loss, instability or crisis are some of the harms experienced by people, affected others and their families in relation to gambling. Gambler's Help financial counselling exists to stabilise and improve these financial situations.

Financial crisis is often a reason for people to engage with help services, making financial counselling an important entry point into Gambler's Help. Financial counselling can be the immediate support requested by people and affected others impacted by gambling harm.

Gambler's Help financial counselling involves tailored support that may be delivered both face-to-face and remotely (telephone or online), and can be provided one-on-one, for families and/or in groups.

Scope of activity

Financial counselling activities may include:

- needs assessment, setting person-centred goals and developing an agreed support plan
- administration of the Client Survey (CS-INI) to establish a baseline understanding of client situations and prioritise key areas of focus for support and intervention (see Client Survey section of the guidelines)
- tailored financial counselling interventions, such as debt management and negotiation, advocacy and disputes with creditors, accessing entitlements, problem-solving skills and brief interventions to help clients manage distress, stabilise situations, minimise harm and enhance wellbeing
- follow-up with clients at agreed intervals to encourage and maintain service engagement, reinforce positive changes and achievements, and support re-engagement with services where required
- provision of information about the range of other support options available

- coordination of care and support with therapeutic counsellors, including secondary consultation and/or co-counselling, input into support planning, and facilitation of continuity of care for clients transitioning between financial and therapeutic counselling support
- secondary consultation and/or co-counselling with other clinicians and support providers, including specialist input into care planning and coordination undertaken by professionals from adjacent sectors
- provision of flexible service delivery interventions and outreach support to meet the needs of Aboriginal communities (see Appendix 6, Accessible, effective, and culturally safe financial counselling for Aboriginal People)
- provision of the RAP in accordance with these guidelines (refer to the RAP section of the guidelines)
- interim support for people awaiting therapeutic counselling services, where service availability permits, to help stabilise and improve a person's situation until therapeutic counselling becomes available
- use of interpreting services to support people who prefer to speak a language other than English (refer to Oncall Interpreting Service section of the guidelines)
- participation in service promotion activities, including raising awareness of Gambler's Help programs and services among community groups and professionals in adjacent sectors, provided this work remains within 15% of the agency's core service hours.

For people accessing only financial counselling services, activities may also include:

- regular case reviews with clients at 3-month intervals to support ongoing assessment of needs and goals, adapt support plans where required, and reinforce positive behaviour change
- ongoing administration of the Client Survey (CS-CR) throughout support periods in line with regular case reviews (see Client Survey section of the guidelines)
- supporting referrals, including warm referrals, for co-occurring needs to other gambling harm services and programs, inter-agency services and external services
- in agreement with clients, requesting proactive follow-up Client Survey (FUS), administered 6 weeks after a client leaves the service. As part of case closure and before discharge, advising clients what to expect from a follow-up call, providing reassurance of ongoing support and timely access back into service if needed (see Client Survey section of the guidelines).

Service hours and mode of service delivery

Support must be available during standard business hours, 9 am to 5 pm Monday to Friday and must include options for:

- face-to-face counselling, delivered at designated locations and/or through outreach services
- remote scheduled counselling, for example telephone and /or web counselling sessions
- after-hours access to counselling services.

Workforce requirements

Service Type	Required
Financial Counselling	Those providing financial counselling must hold an accredited, associate or student (intern) membership of Financial Counselling Victoria (FCVic) as per the FCVic Membership Policy.

Recovery Assistance Program

The Recovery Assistance Program (RAP) is administered by counselling staff providing Gamber's Help services to people facing financial challenges, caused by their own or a family member's gambling activities. RAP is a funding source, providing immediate material and financial support, to help stabilise the individual and/or family during financial crises as well as support their recovery from gambling related harm.

Scope of activity

RAP is available to people engaged in Gambler's Help therapeutic counselling or financial counselling, and clients must engage in financial assessment/s to be eligible for the program.

Implementation of the RAP follows two key principles:

- Appropriate non-judgmental responses are offered to those who gamble and/or affected others who seek out or need RAP.
- Clients are encouraged and supported to access other Gambler's Help services to assist with ongoing treatment and support and recovery from gambling or the impact of someone else's gambling; for example, therapeutic counselling, self-help, or peer support programs.

RAP Requirements

To prevent RAP from inadvertently supporting gambling behaviour, requirements and funding limits have been established (refer to table below).

Table: RAP eligibility, requirements and funding limit

<table>
<tr><th>Stream Requirements</th><th>Eligibility</th><th>Maximum amount per household per 12-month period</th></tr>
<tr><td>Individual with a gambling-related issue</td><td rowspan="3">Client is:
6. undertaking Gambler's Help therapeutic counselling or financial Counselling
7. participating in a financial assessment by the Financial Counsellor
8. registered on GH Connect.</td><td>$2500</td></tr>
<tr><td>Affected other</td><td>$2500</td></tr>
<tr><td>Family, which may include a person with a gambling problem and/or a family member and one or more children</td><td>$3500</td></tr>
</table>

In exceptional circumstances, a payment exceeding the funding limits is warranted if:

- the rationale for providing RAP payments exceeding the identified limits is fully documented in the client's record; **and**
- the agency's Gambler's Help Program Manager approves the payment; **and**
- approval is attained from relevant organisation financial delegate.

Financial assessment

Financial Counsellors are required to undertake a financial assessment of the individual for all categories of expenditure before providing RAP assistance, except for the provision of vouchers and medical/dental assistance.

An assessment should determine that the client:

- demonstrates financial need arising from gambling harm;
- cannot overcome financial problems by drawing on their own financial resources; and
- indicates signs that they are in crisis.

Therapeutic Counsellors have the discretion to provide vouchers and medical/dental assistance with a limit of up to $500 for each client, without the need for a financial assessment by a Financial Counsellor. It is recommended the Therapeutic and Financial Counsellors collaborate to ensure a consistent and holistic approach is undertaken.

RAP categories of expenditure

The below table details the RAP payments categories of expenditure and authorisation.

Note: All RAP payments must be paid directly to the third-party provider, except for vouchers, which can be issued directly to RAP recipients.

Table: RAP categories of expenditure and authorisation

Expenditure category	**Item**	**Authoriser** Therapeutic Counsellor (TC) Financial Counsellor (FC)
Vouchers (up to $500 per client per 12 months)	Supermarket voucher (food) Retail voucher (clothing) Petrol voucher (transport-related) Public transport payment/voucher (transport-related) Taxi vouchers (transport-related) Chemist voucher	TC or FC
Bills/utilities	Unpaid bills only Note: Bills are defined as a third-party payment for essential household expenses only, e.g. gas, electricity, and water bills	FC
Transport-related	Vehicle registration payment Contribution toward vehicle repairs Vehicle loan repayment	FC
Housing and accommodation related	Contribution to rent arrears payment or mortgage payments Bond payment or contribution to rent-in-advance related to moving into new rental accommodation Municipal rates instalment (where penalty interest applies)	FC

Expenditure category	Item	Authoriser Therapeutic Counsellor (TC) Financial Counsellor (FC)
	Essential repairs and essential household items, including whitegoods and bedding	
School-related expenses	Payment of school education books Payment of school uniforms, excursions, extraordinary school activities, fees, etc.	FC
Medical/dental expenses	Balance of essential medical expenses (gap payment), for which a Medicare or private health insurance rebate has not been received Note: Refer to TC application to apply discretion outlined in financial assessment section.	TC or FC
Supporting family recovery and community (re)connection (financial assessment required)	Expenses relating to building and/or maintaining family and community re(connection)	TC
	Expenses for recreational alternatives to improve protective factors i.e. social connection, knowledge and skills e.g. costs associated with art classes or reimbursement of costs for second hand laptops, etc.	TC

In exceptional circumstances, if a payment outside these categories is warranted:

- the rationale for providing RAP payments should be fully documented in the client's record; **and**
- a financial assessment is conducted by the Financial Counsellor; **and**
- the agency's Gambler's Help Program Manager approves the payment.

Agencies are advised to consult the RAP exclusions list below.

Supporting family recovery and community (re)connection

Supporting family recovery and community (re)connection assistance recognises evidence regarding the role of social capital and community connectedness as protective factors against social or emotional harm. This supports families who:

- Are no longer in crisis but are still recovering from gambling harm.
- Wish to engage in approved activities that will enable them to build and/or maintain community connections. An 'approved activity' is one that is identified as potentially providing social/emotional benefits to the client and/or the family unit. Examples include:
  - family access visits.
  - participation, particularly by dependent children, in extracurricular, sporting, or recreational activities, social support groups, and local community or cultural events.

The rationale for a RAP payment to support family recovery and community (re)connection must be fully documented in the client's record.

Supporting family recovery and community (re)connection assistance can only be provided by a Therapeutic Counsellor, following financial assessment by a Financial Counsellor. This program may be available to people should they meet the program requirements.

RAP exclusions

The following items are excluded from RAP payment:

- reimbursement of paid bills, including reimbursement of payments made via credit card
- consolidation of debts, including taxation, personal loans, etc
- non-essential items, such as insurance premiums (including health insurance), subscription television services, newspapers, magazines etc
- professional fees, for example, accountants', architects' or legal fees
- purchase of external counselling services for clients
- business operating expenses
- any agency operational expense or capital purchases
- payment of 'loan shark' debts.

Staff and family members of staff employed by a Gambler's Help agency are not eligible to receive RAP assistance, except where it is accessed from another Gambler's Help agency.

Recording of RAP

RAP recipients must be registered on GH Connect[1] with their complete name, address, and date of birth. The use of pseudonyms or anonymous registrations are not permitted. The services provided must be recorded on the GH Connect RAP case page for each occasion RAP is provided. Recording of RAP payments must also be conducted via GH Connect.

The rationale for a RAP payment must be documented in the client's record. Details to be recorded include, but are not limited to:

- assessment of the individual's/family's/affected other's eligibility for RAP
- written authority from the client to pay a creditor/third party, obtained prior to making a payment
- recipient acknowledgment of the receipt of RAP assistance
- dates, category stream and monetary value of assistance provided.

RAP is subject to regular independent audits.

Community Engagement Program

Overview

The Community Engagement Program supports the flexible delivery of prevention activities that raise awareness of gambling harm and Gambler's Help services with locally identified at-risk populations, sectors and settings. Community engagement activities are underpinned by public health promotion approaches. They draw on health promotion principles to achieve reach, impact

[1] GH Connect is the web-based client/case management system used by partner agencies that deliver Gambler's Help therapeutic and financial counselling services and are required to collect and report a minimum data set, client related activity and outcomes to the Department of Health.

and outcomes through integrated partnerships and collaborations with other organisations within local catchments.

Program planning within the community engagement model allows agencies to develop annual plans that cover the target groups they intend to engage in their catchment, evidence for working with those groups, and how the work will be delivered and measured. Agencies then implement their annual community engagement plans each year using Department of Health templates and submit mid-year and annual reports to the Department of Health. Agencies are encouraged to build on existing programs, partnerships, and networks as part of their program planning and incorporate lived and living experience perspectives where possible.

The 'Be Ahead of the Game' Education Program forms part of the Community Engagement Program planning and reporting (see Be Ahead of the Game Education Program section of the guidelines). Agencies are required to include their Be Ahead of the Game performance targets and planned approaches to stakeholder engagement and program promotion in their annual plans. Activities with cohorts aged 18 and under can be recorded as Be Ahead of the Game data in the community engagement reporting as guided by Department of Health.

The GHPRU Gambling Harm Partner Resource is available on the Gambler's Help Professionals' Extranet to support agencies with delivering up-to-date, evidence-based information with audiences. Agencies are also encouraged to participate in the quarterly Gambling Harm Prevention Community of Practice to learn new information, build relationships and share knowledge with other organisations delivering gambling harm prevention programs.

Service promotion forms a key component of awareness raising and capacity building activities, particularly with adjacent sector professionals and organisations (for example, mental health, AOD family violence, homelessness and other social services, etc). As part of their service promotion activities, agencies are expected to:

- promote the gambling harm treatment and support service system, including self-help resources, multicultural and First Nations services, the Gambler's Help Line/Youthline, their local Gambler's Help services, and the peer support programs
- raise awareness of gambling harm and the importance of screening for gambling harm.
- encourage screening for gambling harm using a gambling harm screening tool and/or single-item gambling harm screening question
- provide advice on referral pathways to gambling harm services where screens are positive.

As part of the program monitoring, agencies need to facilitate standardised survey questions available through a dedicated online platform (Qualtrics). All surveys must be accompanied by the relevant collection notice. Data collected from community engagement activities via hard copy surveys will need to be entered into Qualtrics by agencies. Data from surveys completed online will automatically be processed through the Qualtrics platform. Agencies can also utilise the program's suite of alternative data collection tools to collect activity data.

Objectives

The objectives of community engagement are to:

- improve community knowledge, including for adjacent sector professionals, of the potential risks and harms of gambling, particularly for at-risk populations
- promote Gambler's Help services as specialist support services for individuals, affected others and families experiencing gambling harm
- build the capability of community members and professionals to prevent or address gambling harm

- build and strengthen catchment-based partnerships with organisations across the health, community and local government sectors.

Scope of activity

Community engagement activities may include:

- activities that build community knowledge and understanding of gambling risks/harm and Gambler's Help support services, such as:
  - tailored and targeted education, including embedding gambling harm in social and emotional activities
  - speaking engagements and stalls at local events
  - sharing messaging via digital or local media platforms
- activities that increase the confidence and capability of community members and professionals to act, such as:
  - workforce development to increase capability to screen for gambling harm and refer appropriately to Gambler's help services
  - facilitating workshops with community leaders to build confidence in supporting people experiencing gambling harm
  - tailored and targeted education, including integrated gambling harm content into existing health and wellbeing programs
- activities that address the drivers and exposure of gambling harm in key settings, locations and with at-risk populations, such as:
  - supporting the development and implementation of local government plans and policy priorities to address risk and protective factors associated with gambling harm
  - working with other organisations to deliver recreation and social activities that reduce social isolation and provide alternatives to gambling for at-risk groups
  - integration of Love the Game within activities in the sporting context to address the normalisation of gambling (noting that agencies are expected to liaise with the Department of Health Love the Game team on any planned activities in the sport setting)
- relationship-building with community, health and local government sector organisations to increase understanding of gambling harms and Gambler's Help services, and to foster cross-sector partnerships. This may include active participation and provision of subject expertise in local network meetings and on working groups and key projects.

Be Ahead of the Game Education Program

Overview

The Be Ahead of the Game Education Program is designed to help young people understand the risks of gambling. It supports schools and youth community groups by providing workshops, classroom ready resources, lesson plans, and a range of various fact/information sheets.

Agencies are required to only utilise the specifically designed presentations and instruction guides that are located within the Gambler's Help Professionals' Extranet to ensure consistent and accurate information and messaging. Parents and teachers supporting instruction guides are also available to assist staff to deliver and promote this program within their catchments to students. Department of Health is responsible for promoting the program through representative workforce networks, such as the Department of Education and relevant subject teacher associations.

Agencies are encouraged to participate in the Department of Health's project based working groups to support the ongoing development and implementation of any new programs, initiatives and resources as required.

All activities for the program should be recorded in GH Connect, including:

- schools and other educational/youth providers engaged
- sessions delivered (including, teacher, student and parent; with information regarding session type/name, year levels, and participation numbers)
- timesheets for each activity.

The Be Ahead of the Game Education Program should also be referenced in the Community Engagement Program plans and reports.

As part of program evaluation, partner agencies will need to facilitate both paper and online standardised survey questions. The data will need to be entered into a dedicated online platform (Qualtrics) for all sessions delivered to school students. This also includes data from teacher feedback surveys and parent/teacher surveys.[2]

Each agency is provided yearly targets in relation to the number of schools/educational providers to be engaged, the number of sessions to be delivered, and the number of parent sessions to be delivered per catchment. Agencies can view these as baseline targets and where possible exceed these targets, particularly if a high level of demand from educational providers exists.

Objectives

The objectives of the Be Ahead of the Game Education Program are to:

- help students/young people to develop the skills to think critically and make informed decisions, about gambling and gaming
- assist teachers and parents/carers to help young people develop informed attitudes towards gambling and gaming and the potential risks
- educate school communities and youth-based organisations about how to recognise when gambling and gaming might be becoming a concern and the Gambler's Help services that are available.

Scope of activity

All secondary schools that are engaged as part of the Be Ahead of the Game Education Program can be one or more of the following:

- co-educational
- single sex
- specific purpose (for schools that provide an alternative educational program or educational focus)

[2] **Please note:** Presentations delivered to students in schools must adhere to Department of Health's established framework guidelines and include the completion of surveys specifically designed for this program. This ensures consistency, quality, and the collection of important feedback, including those relevant to the objectives of the ReSPIN Program.

- specialist (for schools that cater mainly for students with disabilities or with social, emotional, or behavioural difficulties).

Such schools need to be listed on the state register of Victorian Registration and Qualifications Authority (VRQA). As TAFE's and vocational providers such as SEDA are fundamentally aligned to VRQA (i.e. are registered schools), programs sessions delivered in these educational institutions should also be entered as program data in GH Connect.

Youth groups and other similar groups that are not directly aligned/facilitated by a registered educational provider (i.e. do not meet the definition of state, catholic, independent schools, TAFE, etc.) can be entered as Be Ahead of the Game data in GH Connect as guided by Department of Health if the participating cohort are aged 18 and under.

Service hours and mode of service delivery

- To engage with at-risk populations, some activities may be performed outside of standard business hours.
- School education sessions can be delivered either face-to-face or via online sessions (including teacher, student, and parent).

Workforce Requirements

Service type	Required
Community Engagement	Health promotion, public health, education or community development qualifications are desirable. Depending on the activity, clinical qualifications may be appropriate in some circumstances.

Venue Support Program

Overview

The Venue Support Program is a settings-based early intervention initiative, which recognises that patrons of electronic gaming machine (pokies) venues are vulnerable to gambling harm.

The Venue Support Program:

- delivers mandated Responsible Service of Gaming (RSG) and associated mandated and non-mandated training to gaming venues
- supports venues to develop responsible gambling practices and environments consistent with the requirements of approved industry responsible gambling codes of conduct
- provides a critical interface between gaming venues and Gambler's Help services.

Venue Support Workers are the only authorised party in Victoria to deliver mandated RSG training to Victorian gaming venue staff. The Ministerial Directions of September 2020 state that "a Venue Operator is expected to ensure that staff who have day-to-day management of the operation of the approved venue and Responsible Gambling Officers meet with the venue's nominated venue support worker at least once every six months". Therefore, the meeting targets for the Venue Support Program are based on Victorian Government directives.

Record keeping and data entry for RSG and associated training delivery, and venue management meetings are recorded in GH Connect. Service reporting must be completed regularly and in line with direction from the Department of Health.

All necessary training and harm minimisation resources are available to Venue Support Workers on the Gambler's Help Professionals' Extranet.

Objectives

The objectives of the Venue Support Program are to:

- ensure gaming venue staff understand their legislative requirement to monitor customers for signs of gambling harm and respond to these signs
- increase the capacity of staff knowledge and resources within gaming venues to recognise and respond to people experiencing gambling harm
- increase awareness of supports available, particularly for vulnerable groups within the community
- encourage the development and maintenance of gambling practices and environments which prevent and reduce harm.

Scope of activity

Venue Support Program activity may include:

- provision of RSG and associated face-to-face training to venue staff which ensures compliance within regulatory timeframes. Gaming staff are required to complete a standardised RSG course of four training modules (noting that scope or content of prescribed RSG training can be subject to change)
- provision of formal meetings with management and Responsible Gambling Officers at all gaming venues within funded catchment areas at least once every six months.
    - **Note:** these meetings support venues in meeting their current Responsible Gambling Code of Conduct regulatory requirements and must be conducted within each prescribed half-year reporting period: July-December and January-June
- provision of training and support to enable venue staff to develop and maintain the skills, knowledge and confidence to identify and respond to signs of gambling harm
    - **Note:** this includes enabling support for patrons to access Gambler's Help, YourPlay and self-exclusion programs
- working with the Department of Health to ensure continuous improvement of harm minimisation gaming venue supports developed by the Venue Support Program, such as the Venue Better Practice Guidance Checklists and non-mandated training products to support gaming venue staff to respond to signs of gambling harm (e.g. understand their Code of Conduct obligations; recognise and be able to promote the available supports for people experiencing gambling harm; and other training resources developed to minimise harm)
- attendance at the quarterly Venue Support Program network meetings, involving information sharing and collaboration with the Victorian Gambling and Casino Control Commission and Department of Justice and Community Safety. These quarterly meetings commence with a practice sharing workshop for the Venue Support Workers
- supplying gaming venues with generic Gambler's Help support brochures for display and distribution as required.

Service hours and mode of service delivery

- Must provide regular face-to-face coverage of all electronic gaming machine venues in the catchment.

- Must provide coverage that allows meeting of expectations based on RSG training requirements and Responsible Gambling Codes of Conduct related venue meeting and support requirements.
- Must have capacity and ability to semi-regularly deliver activities outside of standard business hours (9am-5pm Monday to Friday) to best support gaming venues and meet RSG training needs.

Workforce Requirements

Service Type	Required
Venue Support	Venue support workers must hold a Certificate IV in Training and Assessment at a minimum

Gambler's Helpline and Youthline

Overview

The Gambler's Helpline is a statewide telephone service that provides free and confidential brief counselling, support, information and referrals to people in Victoria 24 hours a day, 7 days per week. The Youthline provides specialist telephone support for young people affected by gambling, whether this relates to their own gambling or the gambling of a family member, friend or other person.

The Helpline plays a key role as a statewide entry point and navigation function. It supports people to receive immediate telephone-based assistance and, where appropriate, transition into local or specialist supports. Its effectiveness depends on strong relationships and clear referral pathways with key services including Local Gambler's Help services, Gambling Help Online, Peer Support programs, Multicultural and First Nations programs, mental health services, AOD services, family violence services, generalist financial counselling services, and emergency supports.

Objectives

The service objectives are to:

- provide immediate, accessible and confidential telephone support for people experiencing or affected by gambling harm
- offer brief counselling intervention that supports callers to recognise and understand gambling-related harm, respond to immediate concerns and consider next steps.
- provide accurate information for people experiencing gambling harm. This includes detail on Gambler's Help services, available support options, and relevant health and community services
- facilitate timely and meaningful referral to Local Gambler's Help services and other appropriate services
- support young people through a dedicated Youthline response
- promote culturally safe, inclusive and non-stigmatising access to telephone support, including facilitating the use of interpreting services when required
- identify and respond appropriately to risk, including crisis presentations, immediate safety concerns and other complex needs
- collect and report data that reflects the actual work of the Helpline and supports service improvement.

Service Model

As described in the objectives, the Helpline delivers a range of supports to callers. These include:

- brief intervention:
  - consisting of a range of once-off-support approaches that may be used in the telephone engagement. This includes therapeutic interventions and strategies as well as the facilitation of self-exclusion measures and facilitating links to financial and legal support services
- crisis and high-risk presentations
- information provision:
  - providing clear, accurate and current information about gambling harm, Gambler's Help services and other relevant support options. Information may be provided verbally and, where appropriate, by post, email, or other agreed communication methods.

Supported referral and warm transfer

Where a caller is ready, and with consent, staff should offer a facilitated referral to appropriate services within the gambling harm service system.

It is expected that the Helpline will facilitate high quality referrals. This involves:

- collecting meaningful information to support the receiving service to understand the person's needs and preferences
- using agreed referral pathway processes, including GH Connect where required
- clearly recording the method of referral, including facilitated referral, self-referral, information only, warm transfer or other pathway
- actively minimising duplicate, incomplete or low-quality referrals.

Crisis response

The Helpline must have documented procedures for identifying, responding to, recording and escalating crisis and high-risk presentations. Crisis support provided by the Helpline should focus on immediate engagement, stabilisation, safety planning where appropriate, and connection to emergency, crisis or specialist services when required.

- The Helpline will provide:
  - immediate crisis response where there is an imminent or serious safety concern requiring urgent action or warm transfer to emergency or crisis services
  - non-immediate or follow-up crisis support where the caller is distressed or at elevated risk but does not require an immediate emergency response
  - risk documentation whereby staff must record the nature of the risk, supports provided, referrals or transfers made, and any follow-up actions required
  - feedback loops where crisis response links to ongoing support, relevant information should be provided to the receiving service with the caller's informed consent, unless information sharing is otherwise legally authorised or required.

Youthline

Youthline provides dedicated telephone support for young people affected by gambling, including young people concerned about their own gambling and young people affected by the gambling of a family member, friend or other person.

The Helpline service model is shared by the Youthline, however the service provided should ensure that responses are developmentally appropriate, confidential, trauma-informed and sensitive to the

circumstances of young people. Where a young person requires support beyond the Helpline's role, staff should provide information, referral or warm transfer to appropriate youth, family, mental health, financial counselling, family violence, community and social services or emergency supports.

Service Hours

The Gambler's Helpline and Youthline are expected to provide immediate telephone help and support 24 hours a day, seven days a week, including public holidays, unless otherwise agreed in writing by the department.

Workforce Requirements

Service Type	Required
Gambler's Helpline counsellors	Relevant tertiary qualifications and relevant counselling experience, and 9. content-related tertiary qualification 10. a minimum of 12 months working in face-to-face, telephone-based counselling or other telehealth delivery mode; and 11. internal service provider gambling harm training program.

Gambler's Help Multicultural Program

Overview

The Multicultural Program (MCP) Gambler's Help delivers culturally appropriate services sensitive to the range of intersecting issues impacting on many migrant and refugee communities across Victoria. Expertise of funded agencies includes:

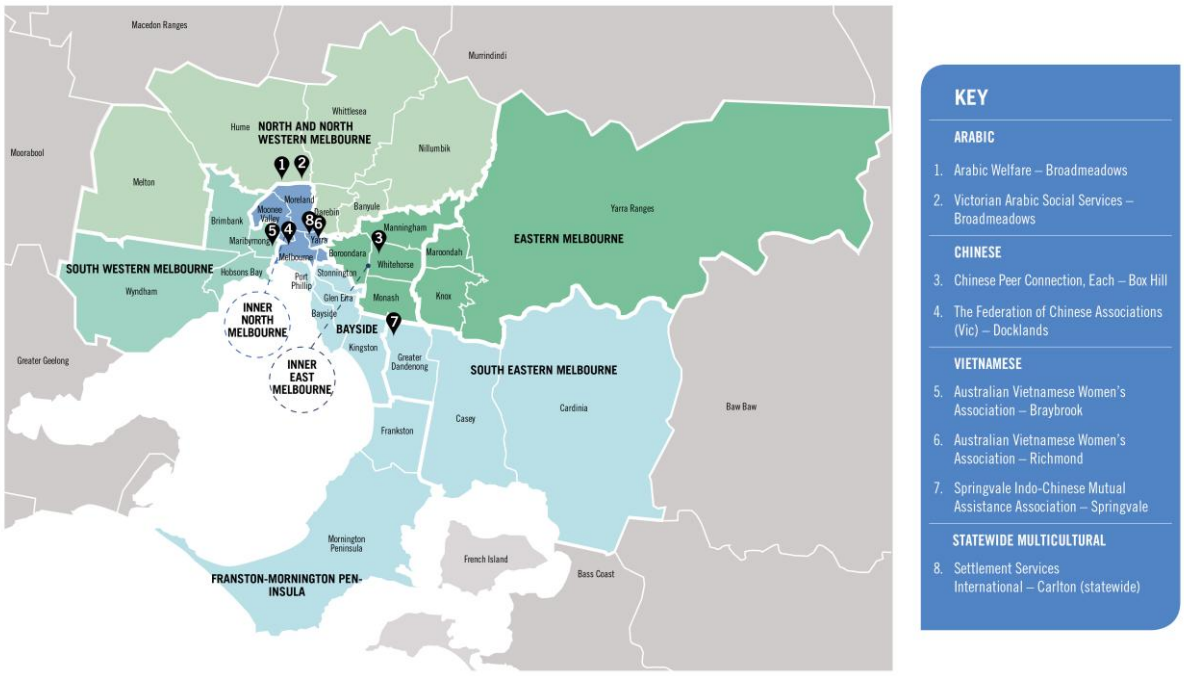
- appropriate cultural knowledge and networks within the community in which they work
- expertise regarding the interplay of issues that add complexity to migrant and refugee communities' experience of gambling harm
- capacity to integrate gambling harm prevention and support services within existing family, community counselling, or other health support and wellbeing programs
- extensive experience and/or qualifications in counselling and community development or related work to support delivery of the full spectrum of harm prevention activities.

The MCP provides funding to 5 community organisations located across Metropolitan Melbourne servicing primarily these areas, with scope to provide support services across the state if needed. These services support primarily people speaking Arabic, and Chinese languages.

An additional organisation is funded to deliver the statewide multicultural service. The Statewide Multicultural Service is intended to complement other Gambler's Help services and assist clients to receive culturally appropriate support via:

- streamlined triage and warm referral to a service that meets their needs (e.g., Multicultural Gambler's Help service, local Gambler's Help service or Peer Connection program)
- in-house counselling
- provision of co-consultation or secondary consultation (contributing to counselling sessions delivered by other counsellors with expertise relating to gambling harm and issues facing migrant and refugee communities).

Refer to the below map and the Gambler's Help program website for more information on locations.



Objectives

Provide culturally appropriate services to multicultural communities to:

- improve individual and community capacity to reduce gambling related harm
- minimise the personal, health, social and financial harms that arise from gambling.

Scope of activity

The Multicultural Gambler's Help Program provides services to multicultural communities across the full range of strategies. These deliverables include:

- provide culturally appropriate therapeutic counselling and support services (which may include casework, group counselling and financial counselling)
- provide supported referral or co-consultation within Gambler's Help network, or to other health and community and social service providers
- community development – bringing together community members in ways that enable them to take collective action to mitigate gambling harm
- culturally appropriate education and awareness raising – delivering culturally appropriate forums, sessions and publications that engage communities in contemplation and discussion of gambling harm and mitigation strategies including help seeking
- cross-sector relationship and partnership development – building relationships with local organisations in areas of client service delivery, education provision and community development, including local Gambler's Help, other funded gambling harm prevention and peer support projects, other health, education and community and social service providers and other community organisations
- a flexible funding program (Statewide Multicultural Service only) – providing small funding amounts to other organisations to deliver small community awareness activities about gambling harm.

Service hours and mode of service delivery

Support must be available during standard business hours (9 am to 5 pm Monday to Friday) and must include options for:

- face-to-face counselling, delivered at designated locations and/or through outreach services
- remote scheduled counselling, including telephone and / or web counselling sessions.

Workforce Requirements

Minimum qualification requirements
All staff delivering the Multicultural Gambler's Help services must have: 12. Appropriate cultural knowledge and networks within the community in which they work. 13. Expertise regarding the interplay of issues that add complexity to migrant and refugee communities' experience of gambling harm. 14. Capacity to integrate gambling harm prevention services within family, community, counselling, or other health support programs.
Culturally appropriate gambling harm support service Counsellors supporting psychological or social wellbeing (Therapeutic Counsellors) must meet the following requirements: 15. Relevant tertiary qualifications and relevant counselling experience, and eligibility for or actual: 4. Registration with the Australian Health Practitioner Regulation Agency (AHPRA) in National Board categories of Psychology Board of Australia or Nursing & Midwifery Board of Australia, or 5. Full, graduate or Accredited Mental Health Social Worker (AMHSW) membership with the Australian Association of Social Workers (AASW), or 6. Provisional, Academic or Clinical registration with Psychotherapy and Counselling Federation of Australia (PACFA), or 7. Level 2, or higher, membership of the Australian Counselling Association. 16. Receive clinical supervision provided in-house or externally paid for by their employer. Clinical Supervisors must be a current accredited Supervisor with one of the following organisations: 8. AHPRA/APS (www.psychologyboard.gov.au/Registration/Supervision.aspx) 9. Australian Counselling Association (https://www.theaca.net.au/become-a-supervisor.php) 10. AASW (https://www.aasw.asn.au/document/item/6027) (Access to this link requires an active AASW membership and log in) 11. PACFA (https://www.pacfa.org.au/portal/Membership/Accredited-Supervisor/Portal/Membership/Accredited-Supervisor.aspx) If employed counsellors do not meet these requirements, the agency must demonstrate their relevant qualifications and counselling experience. Their inclusion in the program will be subject to consultation with and approval from Department of Health. **Financial Counsellors** must meet eligibility requirements for an accredited, associate or student (intern) membership of Financial Counselling Victoria.
Culturally appropriate community education, engagement, and development service Health promotion, public health or community development qualifications are preferable but not mandatory. Clinical qualifications (for example, as a Therapeutic Counsellor) may be appropriate in some circumstances.

Minimum qualification requirements
Flexible funding program (Statewide Multicultural Service only) Appropriate financial delegation to manage funds.

Lived Experience (Peer) Programs

Peer Connection & Chinese Peer Connection

The Peer Connection and Chinese Peer Connection programs provide free and confidential, telephone-based, non-crisis peer support across Victoria. These services support people experiencing gambling harm, including people who gamble and affected others such as family members and friends. They are delivered by trained volunteers with lived experience of gambling harm.

Objectives

The Peer Connection and Chinese Peer Connection telephone support services:

- provide peer support for people experiencing gambling harm, through building respectful relationships and strong rapport
- offer practical ideas for managing gambling harm, either directly or as an affected other
- empower people to take control over their gambling by increasing their self-efficacy, psychological wellbeing, and social connectedness
- empower affected others to take back control over their own lives
- complement or suggest other treatment interventions.

Scope of activity

Peer Connection services are available to anyone experiencing gambling harm. Chinese Peer Connection is designed for Chinese-speaking people, or members of the Chinese community, who speak Mandarin, Cantonese or English. These programs are not designed for people in crisis, who should be referred to appropriate clinical or crisis support services.

- The Peer Connection program is operated by Holstep Health in West Heidelberg.
- The Chinese Peer Connection program is operated by Each in Box Hill.

Program work also includes the following activities to support delivery of the telephone support service:

- service promotion and marketing
- building of networks and partnerships
- development of program tools and resources
- training, development and support of volunteers
- development of appropriate client pathways including intake, assessment, and referrals.

Peer Connection and Chinese Peer Connection services include provision of information about other Gambler's Help services, however, do not provide professional counselling. Callers do not need to be registered clients of Gambler's Help to access the programs.

Service hours and mode of delivery

Initial enquiries are taken between 9 am and 5 pm, Monday to Friday. Follow-up telephone sessions are scheduled as agreed.

Workforce Requirements

Funded agencies are responsible for providing a skilled and competent workforce to meet the service delivery requirements.

Service Type	Minimum qualifications / competencies
Co-ordinator	17. Access to clinical supervision to be provided in-house or externally paid for by their employer as required. 18. Counselling, social work, psychology or other related qualifications are desirable. 19. For Chinese Peer Connection only – fluency in speaking, reading and writing in Mandarin and/or Cantonese.
Promotion worker	20. Health promotion, public health or community development qualifications are desirable. 21. For Chinese Peer Connection only – fluency in speaking, reading and writing in Mandarin and/or Cantonese.

ReSPIN Gambling Awareness Speakers Bureau

ReSPIN is a lived experience speakers program that raises awareness of gambling harm, reduces stigma, and builds community understanding across Victoria.

The program is operated by Holstep Health in West Heidelberg.

ReSPIN recruits, trains and supports people with lived experience of gambling harm, whether they are a person who gambles or an affected other. Speakers share their experiences in community education settings across Victoria, including health, community, ethnic, sporting, and local government organisations.

Objectives

The objectives of ReSPIN are to:

- deliver tailored presentations to community groups, not-for-profit organisations, government agencies, and training events and conferences across Victoria
- recruit, train and support a diverse pool of volunteer speakers with lived experience of gambling harm
- provide ongoing support to speakers, including briefing and debriefing before and after speaking engagements
- support speakers' personal and professional development
- maintain appropriate clinical governance and oversight to support safe and effective sharing of lived experience.

Scope of activity

ReSPIN presentations are delivered to a wide range of audiences across Victoria, including community groups, professionals in health, social services and education, students in schools, TAFE and university settings, parents, and educators.

Key program activities include:

- recruiting and training volunteer speakers with lived experience of gambling harm
- providing speakers with tailored development opportunities
- coordinating and supporting speaking engagements, including briefing and debriefing
- maintaining appropriate governance, safety and support arrangements for speakers.

Service hours and mode of delivery

- ReSPIN activities are demand-driven and based on presentation requests.
- Presentation requests are assessed on a case-by-case basis, taking into account program priorities, available funding and resources, speaker availability, and the suitability of speaker experience for the requested audience and topic.
- Not all presentation requests can be accommodated.
- Some engagements may occur outside standard business hours.
- Sessions may be delivered face-to-face or online, including to students, teachers and parents.

Workforce Requirements

The funded agency is responsible for providing a skilled, competent workforce to meet the service delivery requirements.

Service Type	Minimum qualifications / competencies
Co-ordinator	Qualifications in health promotion, public health, or community development are desirable.

First Nations Gambling Awareness Program

Overview

The First Nations Gambling Awareness Program provides culturally appropriate services to First Nations people and communities to:

- improve individual, family and community capacity to reduce gambling-related harm
- minimise the family, cultural, health, social and financial harms that arise from gambling
- improve individual and community wellbeing, including reducing risk and increasing protective factors for gambling harm.

The service is free to any First Nations community member who is experiencing gambling harm. This could include a person who gambles, or someone affected by another person's gambling.

The Department of Health supports and funds a network of First Nations Gambling Awareness Programs operated by Aboriginal Community Controlled Health Organisations and First Nations organisations in metropolitan and regional Victoria to deliver these services.

Refer to the below map and the Gambler's Help website for more information on services and locations.

Scope of activity

Organisations deliver the First Nations Gambling Awareness Program activities within a specified geographical catchment.

Activities include:

- client services such as practitioner-led activities for individual and/or groups, traditional cultural activities with a therapeutic benefit, therapeutic counselling, and financial counselling
- community engagement activities that work with the local community to increase knowledge and awareness of gambling harm, provide alternative social and recreational programs, develop and deliver harm minimisation strategies, and promote help seeking
- working with local networks, community groups and other organisations, including Local Gambler's Help services, to share knowledge, develop collaborative approaches, and build referral pathways
- build working relationships with the Local Gambler's Help service to ensure appropriate client referrals between services. For example, First Nations clients attending a local Gambler's Help service may also want to access cultural support from a First Nations service.

The types of services offered by the First Nations Gambling Awareness Program, will depend on the aspirations and needs of the communities they work within. The Department of Health will work collaboratively with the First Nations Gambling Awareness Program agencies to identify activities appropriate to each of their communities.

The First Nations Gambling Awareness Program and Local Gambler's Help agencies are encouraged to share knowledge and improve inter-agency referrals. This may include attending

appointments with clients to improve client outcomes. Local Gambler's Help services are expected to prioritise referrals from the First Nations Gambling Awareness Program.

The Recovery Assistance Program is also administered as part of the First Nations Gambling Awareness Program and covered by separate guidelines.

Client Survey

Overview

The Client Surveys are administered by Gambler's Help services to better understand overall wellbeing, gambling behaviours, financial circumstances and the effectiveness of treatment and support for people experiencing and affected by gambling harm.

The Gambler's Help Client Surveys include:

- CS-INI (Client Intake Survey) – administered as part of intake.
- CS-CR (Client Survey Case Review) - administered during treatment and support.
- FUS (Client Follow-up Survey) – administered 6 weeks post case closure.

The surveys combine a validated tool- the Personal Wellbeing Index (PWI), Global Life Scale (GLS-single-item question) with non-validated gambling specific, financial circumstance questions and client experience questions.

The surveys provide a consistent set of questions to support:

- meaningful conversations with clients
- baseline understanding of clients needs, circumstances at a point in time
- a better understanding of client wellbeing at a point in time
- ability to track improvements in overall wellbeing as part of treatment and support, and adjust support plans if needed
- stronger feedback loop between clients and counsellors
- consistency in tracking changes in line with case reviews
- proactive follow-up and opportunity to reengage with services post treatment and support.

The Client Surveys are an 'opt in' survey. While survey completion is not mandatory, it is strongly encouraged to provide a consistent approach to tracking client progress and change overtime, support ongoing conversation and engagement between client and counsellors, and a common set of questions that clients can become familiar with and reflect upon.

CS-INI

The initial survey, referred to as CS-INI, is administered by either a Financial Counsellor, Therapeutic Counsellor or Intake Worker prior to or during the client's first initial counselling session (ideally between intake and the end of the first counselling session). The survey acts as a baseline measure of a person's wellbeing, gambling behaviours and financial circumstances before they engage in support.

The survey can be completed via telephone or in person. Survey responses are entered on GH Connect, either directly or transferred from the paper form within two weeks of being administered to the client.

CS-CR

The CS-CR surveys are administered by either a Therapeutic or Financial Counsellor throughout treatment and support and intended to build on the CS-INI baseline survey. The first CS-CR should ideally be administered 6 weeks after a person has commenced with the service. Subsequent CS-CR surveys should be administered every 3 months, from the date service commenced, throughout the duration of the person's treatment and support journey

The survey can be completed via telephone or in person and is entered on GH Connect.

FUS

The FUS is the client survey administered after a client leaves service and contains all questions from the CS-CR (with exception of the client satisfaction section) plus an additional set of client experience questions.

The FUS offers pro-active follow-up for clients post engagement with a Gambler's Help service, including an opportunity to check-in on client wellbeing, encourage and maintain service engagement, reinforce positive change, and support prompt reengagement with services if needed. Client experience questions provide an opportunity to give feedback on their service experience to help support continuous service improvement.

It is at the discretion of the Therapeutic or Financial Counsellor in agreement with clients whether a FUS would be beneficial. The survey is requested at case closure. The survey is completed via telephone by either the Gambler's Helpline or the Gambler's Help agency the client engaged with. If the Gambler's Help agency opts to administer, the FUS ideally should not be administered by the counsellor that provided primary support.

Where possible, Gambler's Help agencies are encouraged to administer the FUS. The survey provides immediate feedback, an opportunity to maintain ongoing engagement with clients, enables a more responsive approach to supporting clients that may need to reengage with services, and provides service experience information first-hand that can be used to support continuous service improvement.

Oncall Interpreting Service

Agencies delivering the Gambler's Help Program have access to Oncall Interpreting service (Oncall). Oncall provides access to telephone, onsite and video interpreting for clients of Gambler's Help services.

Agencies have access to the Oncall Service booking and management system (NextGen) and may book an interpreter through this system or via telephone on-demand interpreting services.

Email clientservices@oncallinterpreters.com to register or speak to your Department of Health Senior Policy Officer for further details.

Performance Management

Overview

Department of Health has Service Agreements with funded Gambler's Help providers where progress against planned service delivery and operation requirements is monitored. This insight helps ensure that services remain responsive, effective, and aligned with community need.

To support this, Department of Health will oversee ongoing service performance monitoring, including collection and analysis of key performance indicators and secondary measures, alongside a review of contextual factors that many influence service delivery and outcomes.

To ensure accountability and continuous improvement of services, Department of Health will also conduct performance and operational reviews, which may include but not limited to:

- performance reporting to allow funded agencies to highlight key achievements and challenges in service delivery and identify ways in which Department of Health could further support the achievement of program outcomes
- assessment of service delivery that is at variance to the requirements of the service requirements
- quality of submitted activity and outcome data
- acquittal of contractual obligations
- any incidents or complaints.

Department of Health will identify areas of underperformance and work with the agencies to identify and discuss strategies and solutions that the agencies will implement to address area(s) of concern. Agencies should also proactively report areas of underperformance and alert departmental staff.

Performance monitoring

The performance monitoring and management of agencies funded to deliver Gambler's Help comprise:

- an ongoing, routine, core monitoring process of delivery performance built around the review of output and outcome data
- formal support via mid-year and end of year meetings with the agencies
- formal and informal contact as required.

In situations where unsatisfactory performance requires remedial action, core monitoring with actions will be undertaken. This will involve increased frequency and intensity of performance monitoring processes and the development and implementation of agreed actions by the agency, to address identified performance issues and improve service quality. If performance issues are unable to be addressed, this may result in funding recall or other agreed actions (refer to clause 4.9 of the Service Agreement).

Performance measures

Performance measurement allows the department and funded agencies to track and guide progress towards achievement of program goals and outcomes.

Key performance indicators (KPIs) and secondary measures make up the performance measures for Gambler's Help agencies and are used to assist with data collection for quality improvement

purposes. These measures are based on the key domains/principles that underpin the Gambler's Help service delivery model (see Gambler's Help principles section of the guidelines).

The KPIs include set targets for each activity.

Local Gambler's Help Program measures

Therapeutic Counselling and Financial Counselling – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Flexible and efficient	Number of core service hours	See Funding Agreement	Six-monthly	GH Connect
Flexible and efficient	Percentage of clients who receive service within 5 Business days	96%	Six-monthly	GH Connect
Flexible and efficient	Client Goals completion	80%	Six-monthly	GH Connect
Flexible and efficient	Case Outcome completion	80%	Six-monthly	GH Connect
Flexible and efficient	Proportion of clients for whom Client Survey (CS-INI) is administered	80%	Six-monthly	CS-INI (GH Connect)
Quality controlled and effective	Proportion of clients who report overall satisfaction with the service they received	85% of responses are 'Yes'	Six-monthly	FUS (GH Connect)
Accessible	Proportion of clients who report that the local service was easy to access	90% of responses are 'Yes'	Six-monthly	FUS (GH Connect)

Therapeutic Counselling and Financial Counselling – Secondary Measures

Domain / Principle	Secondary measure	Reporting frequency	Reporting source
Flexible and efficient	Number of clients	Six-monthly	GH Connect
Quality controlled and effective	Case Outcomes	Six-monthly	GH Connect

Community Engagement (including Be Ahead of the Game Education Program) – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Increased awareness by participants of risks and harms associated with gambling	70% of participants report an increase in awareness of gambling risks and harms	Six-monthly	Reporting template
Quality controlled and effective	Increased awareness by participants of help services	70% of participants report an increase in awareness of help services available	Six-monthly	Reporting template
Quality controlled and effective	Increased confidence by participants to implement learnings	50% of participants report an increase in confidence to implement what was learnt	Six-monthly	Reporting template
Quality controlled and effective	Increase and strengthening of catchment-based partnerships with health and community organisations and local government	Agency demonstrating an increase and strengthening of catchment-based partnerships as set out within their annual plan document	Six-monthly	Reporting template
Flexible and efficient	Number of school education sessions delivered (student, parent)	See Funding Agreement	Six-monthly	GH Connect
Flexible and efficient	Number of schools and/or youth-based organisations reached	See Funding Agreement	Six-monthly	GH Connect

Venue Support Program – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Reported increase in knowledge and awareness by participants in Venue Support Program sessions	Average rating of at least 4.5/5.0 for post training effectiveness across all assessed knowledge domains	Six-monthly	GH Connect
Quality controlled and effective	Delivery of Responsible Service of Gaming training to all venues annually	Catchment target based on number of EGM venues within the catchment (to be advised by the Dept. of Health)	Six-monthly	GH Connect
Flexible and efficient	Number of venues visited and engaged in meetings with Venue Support Worker, with at least 1 dedicated meeting with venue management and 1 dedicated meeting with venues RGO's per venue per 6-month reporting period	Catchment target based on number of EGM venues within the catchment (to be advised by the Dept. of Health)	Six-monthly	GH Connect
Flexible and efficient	Number of venues within the catchment participating in training	Catchment target based on number of EGM venues within the catchment (to be advised by the Dept. of Health)	Six-monthly	GH Connect

Venue Support Program – Secondary Measures

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Quality controlled and effective	Reported level of gaming venue engagement with the Venue Support Program	Six-monthly	GH Connect

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Quality controlled and effective	Effective spread of Venue Support Program training session content across all domains	Six-monthly	GH Connect
Flexible and efficient	Number of Venue Support Program and Responsible Service of Gaming education sessions delivered	Six-monthly	GH Connect

Gambler's Help Line and Youthline measures

Gambler's Help Line and Youthline – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Proportion of clients* who report satisfaction with the Gambler's Help Line service	85%	Quarterly	Reporting template
Flexible and efficient	Proportion of calls responded to within 30 seconds	70%	Quarterly	Reporting template

* denotes caller with a gambling-related concern

Gambler's Help Line and Youthline – Secondary Measures

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Flexible and efficient	Proportion of telephone calls responded to	Quarterly	Reporting template
Integrated	Proportion of clients* who are offered a facilitated referral to local or specialist Gambler's Help services	Quarterly	Reporting template

* denotes caller with a gambling-related concern

Multicultural Gambler's Help measures

Therapeutic Counselling and Financial Counselling (where relevant) — Performance Measures

Domain / Principle	Performance measure	Target	Reporting frequency	Reporting source
Flexible and efficient	Number of clients	See individual agency annual plans	Six-monthly	GH Connect
Flexible and efficient	Client Goals completion	80%	Six-monthly	GH Connect
Flexible and efficient	Case Outcome completion	80%	Six-monthly	GH Connect

Community Engagement – Performance Measures

Domain / Principle	Performance measure	Target	Reporting frequency	Reporting source
Flexible and efficient	Number of participants	See individual agency annual plans	Six-monthly	Reporting template
Quality controlled and effective	Participants report an increased awareness of risks and harms	70%	Six-monthly	Reporting template
Quality controlled and effective	Participants report an increased awareness of help services	70%	Six-monthly	Reporting template

Statewide Multicultural Program measures

Therapeutic Counselling and Financial Counselling (where relevant) — Performance Measures

Domain / Principle	Performance measure	Target	Reporting frequency	Reporting source
Flexible and efficient	Number of clients	See individual agency annual plan	Six-monthly	GH Connect
Flexible and efficient	Case Objective completion	80%	Six-monthly	GH Connect
Flexible and efficient	Client Goals completion	80%	Six-monthly	GH Connect

Domain / Principle	Performance measure	Target	Reporting frequency	Reporting source
Integrated	Total number of referrals to other Gambler's Help services	No target	Six-monthly	GH Connect
Integrated	Total number of referrals to other support services	No target	Six-monthly	GH Connect

Community Engagement – Performance Measures

Domain / Principle	Performance measure	Target	Reporting frequency	Reporting source
Flexible and efficient	Number of participants in community engagement activity	See individual agency annual plans	Six-monthly	Reporting template
Quality controlled and effective	Participants report an increased awareness of risks and harms	70%	Six-monthly	Reporting template
Quality controlled and effective	Participants report an increased awareness of help services	70%	Six-monthly	Reporting template
Quality controlled and effective	Increase and strengthening of partnerships with health and community organisations and local government	Demonstrated an increase and strengthening of catchment-based partnerships as set out within their annual plan	Six-monthly	Reporting template

Peer Support Programs measures

Peer Connection and Chinese Peer Connection Programs – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Proportion of participants who report feeling more hopeful about the future	85%	Annually	Reporting template

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Proportion of participants who report that their situation has improved	85%	Annually	Reporting template
Quality controlled and effective	Proportion of participants are satisfied with the service received	85%	Annually	Reporting template
Quality controlled and effective	Proportion of volunteers who are satisfied with the formal training and support from staff that they receive	85%	Annually	Reporting template

Peer Connection and Chinese Peer Connection Programs – Performance Measures

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Flexible and efficient	Number of contacts	Six-monthly	Reporting template
Flexible and efficient	Number of participants within the financial year	Six-monthly	Reporting template
Quality controlled and effective	Number of current volunteers	Six-monthly	Reporting template
Quality controlled and effective	Proportion of participants receiving an initial response within five working days	Six-monthly	Reporting template

ReSPIN – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Proportion of speakers who are satisfied with the formal training and support from staff that they receive	85%	Annually	Reporting template

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Proportion of audience reporting increased awareness of gambling harm, following presentations	85%	Annually	Reporting template

ReSPIN – Performance Measures

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Flexible and efficient	Number of sessions delivered	Six-monthly	Reporting template
Flexible and efficient	Number of attendees	Six-monthly	Reporting template
Quality Controlled and effective	Number of current speakers	Six-monthly	Reporting template
Quality Controlled and effective	Number of new speakers	Six-monthly	Reporting template

Performance reporting

Agencies are subject to reporting obligations as set out in these guidelines. Performance reporting is undertaken through six-monthly or annual reports (as detailed in tables below) and include six- and twelve-month review meetings. Performance reporting also allows for agencies to highlight key achievements and challenges in their service/program delivery.

To assist with performance reporting, the case management system Gambler's Help Connect (GH Connect) supports the collection and reporting of KPIs and secondary performance measurement data, except where other reporting sources are indicated in the Performance Measures section of the guidelines. For further information on GH Connect refer to Appendix 3 of the guidelines.

All funded agencies are also required to submit their Gambler's Help program's Annual Income and Expenditure Report the Department of Health as detailed below.

Report	Due date
Annual Income and Expenditure Report An income and expenditure statement certified by an authorised officer of the Organisation (i.e. Chief Executive Officer, Chief Financial Officer, Board or Committee of Management) relating to the expenditure of the funds paid under this Agreement – a template for guidance will be provided by Department of Health.	Annually (1 October)

Report	Due date
A Recovery Assistance Program Income & Expenditure statement certified by an authorised officer of the Organisation (i.e. Chief Executive Officer, Chief Financial Officer, Board or Committee of Management).	

Local Gambler's Help reporting

Local Gambler's Help agencies are required to submit reports for each catchment, utilising program templates as directed by Department of Health.

Report	Description	Frequency
All service delivery		
Performance reports	Report on issues and actions to address impact on achieving service/program delivery targets during reporting period, submitted in response to data report provided by Department of Health. Current FTE and any vacancies must be included as part of the reporting.	Six-monthly
Community Engagement		
Annual plan	A 12-month community engagement plan including target groups, SMART* objectives, activities, partners, outputs and outcomes.	Annually (31 July)
Mid-year report	A progress update on the planned activities and outcomes contained in the annual plan, using template provided by Department of Health.	Bi-annually (31 January)
Annual report	An annual report focusing on performance against the planned activities and outcomes contained in the annual plan, using template provided by Department of Health.	Annually (31 July)

*Specific, Measurable, Achievable, Realistic, Time-based

Gambler's Helpline and Youthline reporting

Helpline and Youthline services are required to submit the below reports to the Department of Health each year.

Report	Description	Frequency
Performance reports	Report via agreed template detailing activity delivered in the Helpline and progress toward service delivery targets.	Six-monthly
Service Plan	A 12-month service plan for Helpline delivery outlining model of care, staffing and sector engagement using a template provided by the Department of Health.	Annually (31 July)
Mid-year report	A progress report on Helpline service delivery, focusing on efforts and challenges to date.	Bi-annually (31 January)
Annual report	An annual report focusing on achievement against secondary performance measures and other qualitative information.	Annually (31 July)

Multicultural Gambler's Help reporting

Multicultural Gambler's Help providers are required to submit the below reports to the Department of Health each year.

Report	Description	Frequency
Service Plan	A 12-month service plan for counselling and casework (client) and Community Engagement (non-client), using template provided by the Department of Health	Annually (31 July)
Mid-year report	A progress report (using template provided) on service delivery, focusing on activities in the service plan, including reporting on underperformance and actions to address impact on achieving service delivery targets during reporting period, submitted in response to data reports provided by the Department of Health.	Bi-annually (31 January)
Annual report	An annual report (using template provided) focusing on service performance against the planned activities and outcomes contained in the service plan, including reporting on underperformance and actions to address impact on achieving service delivery targets during reporting period, submitted in response to data reports provided by the Department of Health.	Annually (31 July)

Peer Connection and Chinese Peer Connection reporting

Peer Connection services are required to submit the following reports to the Department of Health each year:

Report	Description	Frequency
Service Plan	A 12-month service plan, outlining projects, service activities, anticipated outcomes and timeline.	Annually (31 July)
Data Report	Report on service data, including performance measures as set out in reporting template provided by the Department of Health.	Six-monthly (31 January, 31 July)
Mid-year report	A progress report against the service plan including activities completed / not completed, outcomes achieved, discussion of emerging trends and next steps.	Bi-annually (31 January)
Annual report	An annual report against the service plan.	Annually (31 July)

ReSPIN reporting

The ReSPIN service is required to submit the following reports to the Department of Health each year:

Report	Description	Frequency
Service Plan	A 12-month service plan, including outlining projects, service activities, anticipated outcomes and timeline.	Annually (31 August)

Report	Description	Frequency
Data Report	Report on service data, including performance measures as set out in reporting template provided by the Department of Health.	Six-monthly (31 January & 31 July)
Mid-year report	A progress report against the service plan including activities completed / not completed, outcomes achieved, discussion of emerging trends and next steps.	Bi-annually (31 January)
Annual report	An annual report against the service plan.	Annually (31 July)

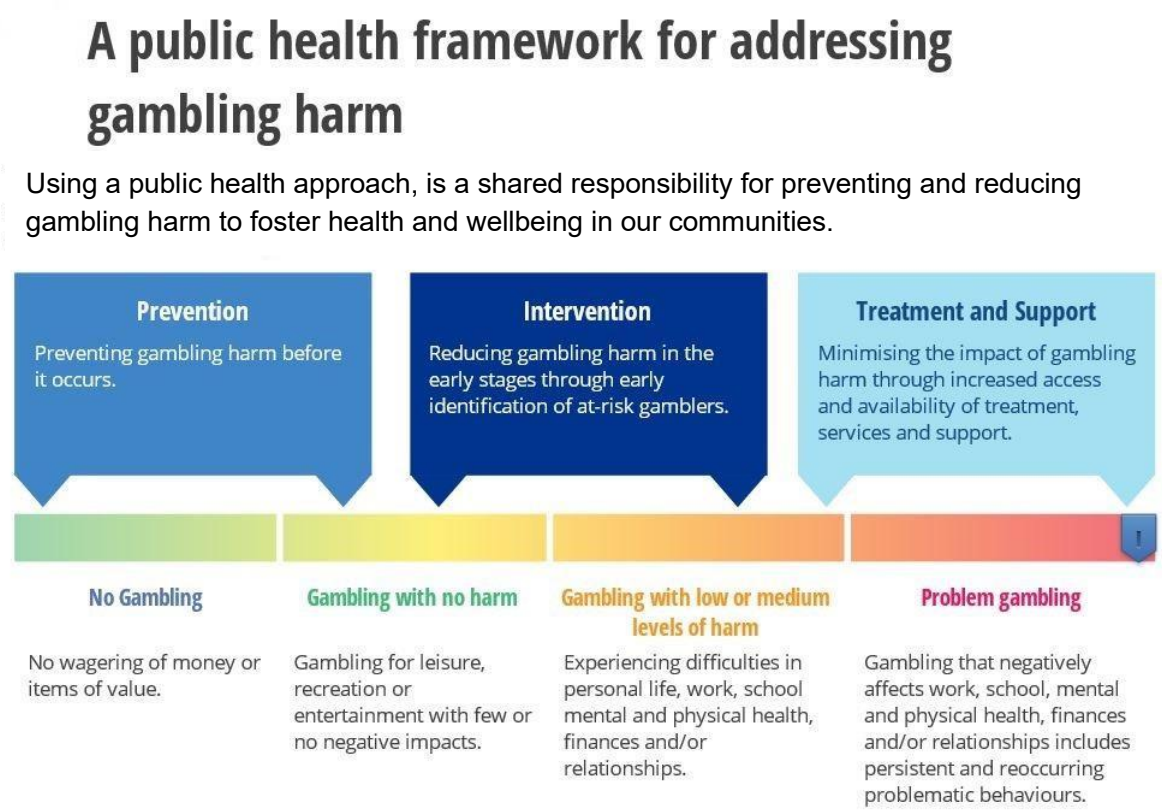
Appendix 1- Public Health Framework

The Gamber's Help Program works within a public health framework, focusing on the community as a whole or at a population level rather than that of individuals. This approach recognises that no single intervention, when employed in isolation, will deliver an optimal public health outcome.

The framework employs multiple strategies to work towards achieving its mission of preventing and reducing gambling harm in Victoria. Strategies work to target the overall population and sub-populations that have been identified as being at risk of experiencing gambling harm. The diagram below outlines the continuum of prevention, early intervention and treatment/support activities associated with this mission, delivering across a range of target audiences and settings.

Community engagement activities largely fall within the realms of prevention and intervention with a focus on preventing harm before it occurs and reducing gambling harm in the early stages.

Using a public health approach, is a shared responsibility for preventing and reducing gambling harm to foster health and wellbeing in our communities.



Appendix 2 - Other Gambler's Help Programs

National Gambling Help Online

Overview

Gambling Help Online (National) and Gambler's Help (Vic.) websites collectively provide a range of web-based self-help information and support materials. In addition, Gambling Help Online provides live chat and email counselling and support, 24 hours a day, seven days a week. The websites can be found at:

- Gambling Help Online (National) - https://www.gamblinghelponline.org.au/
- Gambler's Help (Victoria) - https://gamblershelp.com.au/

Users will need to register an email address to access some services. Gambling Help Online membership will give users access to a range of services including chat sessions, self-help modules and the peer-to-peer forum.

Objectives

Gambling Help Online:

- provides anonymous, free, confidential advice, counselling and support
- assists people to manage gambling harms.

Scope of activity

Gambling Help Online and Gambler's Help (Vic) offer support and connection through the provision of online resources to support people in developing their own strategies for change. In addition, Gambling Help Online offers:

- live chat – access to counsellors 24 hours a day, seven days a week
- email counselling – for those who may not be ready for a live chat session or do not require an immediate response. Emails are monitored Monday to Friday 9 am – 5 pm and in most cases, responses are within 24 hours.

The Gambler's Help website is managed by the Department of Health and provides links to Gambling Help Online which is managed by a national consortium.

Gambling Minds

Overview

Gambling Minds is a statewide mental health and gambling harm program based at Alfred Mental and Addiction Health (Alfred Care Group, Bayside Health), specialising in assessment and treatment planning for people with co-occurring mental health conditions and more acute gambling harms.

Gambling Minds is primarily a secondary consultation service, meaning it can work alongside existing Local Gambler's Help counsellors, GP, or other supports to provide additional specialist assessment. It does not provide ongoing treatment for individuals, offering assessment and

treatment recommendations. In some cases, short term support and care coordination may be offered.

Aims

The primary aims of the service are to provide:

- a specialist clinical response to people across Victoria experiencing comorbid mental conditions and problem gambling; and
- education and consultation to professionals supporting them.

How to Refer

Gambling Minds accept referrals from primary service providers such as Gamblers Help counsellors, GPs, Mental Health Clinicians, other health and community service providers and now accepts self-referrals.

Download the latest referral form from the Gambling Minds website under the Resources tab: gamblingminds.org.au/resources

Appendix 3 – Supports and Resources

Department of Health Senior Policy Officers

Senior Policy Officers at Department of Health staff are assigned as key contact people to each of the Gambler's Help funded agencies. The Senior Policy Officers offer direct support to Gambler's Help program staff providing support and relevant information to meet program objectives and deliverables, respond to direct programmatic related questions, and provide expert program knowledge and information.

Gambler's Help Managers Update

The Gambler's Help Managers Update is a regular email designed to provide updates and information to managers and team leaders of Gambler's Help agencies across Victoria. It is expected that those managers/team leaders will forward relevant information to staff within their Gambler's Help teams.

Network opportunities

A range of network forums for specific areas of Gambler's Help are held regularly to showcase innovative program work, deliver professional development, share information, and promote networking. These may include:

- Gambler's Help Manager Meetings (for all Gambler's Help providers)
- Gambling Harm Prevention Community of Practice
- Venue Support Program Peer Network Meetings
- First Nations Gambling Awareness Program Network Meetings
- Multicultural Gambler's Help Network Meetings

Sector Development Program

The Sector Development Program coordinates and facilitates delivery of targeted, best practice workforce development activities such as online training, webinars, dissemination of research and information for professionals and staff working in the gambling harm service system and adjacent service sectors. The aim of the Sector Development Program is to inform and deliver activities that strengthen the gambling harm funded service system and support other service sectors to better understand and respond to gambling harm needs.

Due to the comorbid nature of gambling harm, sector development activities seek to build knowledge, awareness and capability across sectors including mental health, Alcohol and other Drugs (AOD), Family Violence and wider community sectors.

Sector development activities align with reform objectives for the gambling harm service system from prevention, early intervention through to treatment and support. Activities will continue to be guided by reform priorities.

Professional Development for Gambler's Help staff

Gambler's Help staff are encouraged to access professional development activities available through the Sector Development Program. Activities are promoted via a range of communication channels, such as through the Gambler's Help Manager's Update email.

Note: Any professional development opportunities outside of the programmed training is at the discretion and possible cost to agencies.

Collateral and merchandise

Gambler's Help staff have access to a range of materials to support their work in the community. Resources include promotional materials such as brochures, pens and Program-specific collateral.

Please contact gamblershelp@health.vic.gov.au to request program-specific collateral.

Wholesale ordering of materials occurs twice yearly and is facilitated by the Department of Health.

Gambler's Help brochures are expected to be delivered to Victorian gaming venues by Venue Support Workers at their scheduled 6-month venue meetings.

Media

Gambler's Help agencies are encouraged to engage with local media to promote their services and increase community awareness and understanding of gambling harm.

Agency staff can receive assistance by their Senior Policy Officer in responding to media enquiries with advice and key messages. Agencies should notify Department of Health (via their Senior Policy Officer) of their media engagement activity where Gambler's Help services are mentioned.

Tips for media engagement

Below are several tips for media engagement:

- consider referencing gambling expenditure data for your LGA from the Victorian Gambling & Casino Control Commission (VGCCC) website
- refer journalists to Reducing Stigma: A guide of talking about gambling harm (see below) to help them avoid stigmatising language
- if appropriate, ask the media outlet to include the contact details of the local Gambler's Help service in the article
- use the opportunity to promote the benefits of Gambler's Help services. Suggested language:
  - Gambler's Help offers free, confidential, 24/7 support for anyone affected by their own or someone else's gambling
  - Gambler's Help offers a range of support options to suit everyone from face-to-face counselling and self-help tools to online assistance and peer support
  - Gambler's Help also offers free and confidential financial counselling to people who are experiencing money problems due to their own or someone else's gambling.

Guidance for talking about gambling harm

Reducing Stigma: A guide of talking about gambling harm is a resource to assist media professionals and others to promote healthy, productive public conversations about gambling harm through a better understanding of the issue and appropriate language for talking about it.

Gambler's Help Connect

Gambler's Help Connect (GH Connect) is a web-based case management system that enables and guides a common standard of service provision to clients and target groups of Gambler's Help. GH Connect is primarily used by the programs funded under these guidelines.

A key component of GH Connect is the single client record which supports client pathways through the Gambler's Help service system and reduces the need for people to tell their story more than once. The Tableau reporting portal provides reports to authorised staff within Gambler's Help agencies and the Department of Health to view catchment based and aggregate GH Connect data via predefined reports.

GH Connect has the capability of recording and collecting the following data, collectively known as **GH Connect Data**:

- client contact and demographic information and information related to people's gambling (**GH Client Information**)
- clinical notes and documents associated with the provision of clinical services (**GH Case Notes**)
- client objectives and outcomes related to treatment services
- venue information and activities related to the provision of the Venue Support Worker services
- data collected for the provision of the Be Ahead of the Game Education program, including data about participating schools and activities serviced by Community Engagement staff
- data collected for reporting purposes, including service and performance information (**GH Reporting and Performance Data**).

The GH Connect solution provides:

- consistent recording of client information, service activities, service integration and treatment outcomes
- the planning, recording and reporting of non-client activities undertaken by the Venue Support and Be Ahead of the Game Education Programs
- a mechanism for agencies to manage and monitor their own service/program activities and the Department of Health to monitor agency performance, against targets
- a source of data about the characteristics of the help-seeking population that will inform:
  - a common understanding of the incidence, prevalence and treatment of gambling harm
  - decision-making about the future provision of Gambler's Help services.

The Department of Health provides support to Gambler's Help staff in using the GH Connect case management system for planning, recording and reporting on service activities. The GH Connect user manual *Connect Help* is available on the Gambler's Help Professionals' Extranet.

The GH Connect Helpdesk is available to provide assistance with system access, password resets, technical issues, troubleshooting, data entry queries and general use of the GH Connect platform. Users are encouraged to contact the Helpdesk as soon as issues are identified to minimise disruption to service delivery and reporting activities.

For GH Connect support, please contact:

Email: ghpr-itsupport@health.vic.gov.au
Phone: +613 9500 3266 (9:00 am to 5:00 pm, Monday to Friday)

Helpdesk support is available by telephone between **9:00 am and 5:00 pm, Monday to Friday (excluding Victorian public holidays)**. Support requests can also be submitted via email and will be responded to during business hours. Emails and voicemail messages received outside business hours will be monitored for urgent queries.

Where a technical issue may impact client service delivery, data quality, privacy, security or reporting obligations, agencies should notify the Helpdesk as soon as practicable.

GH Connect data and agency responsibilities

Agencies must manage GH Connect information in accordance with applicable legislation and Department of Health policies, standards and frameworks, including but not limited to the Health Records Act 2001 (Vic), Privacy and Data Protection Act 2014 (Vic), Public Records Act 1973 (Vic), Freedom of Information Act 1982 (Vic), Victorian Protective Data Security Standards (VPDSS), Victorian Protective Data Security Framework (VPDSF), Department of Health Privacy Policy, Department of Health Information Security Framework and associated standards, and other departmental information management, records management, privacy and cyber security requirements as amended from time to time.

If a Gambler's Help agency suspects GH Connect data has (or may have) become lost, corrupted, wrongfully extracted or shared or there is unauthorised access to GH Connect data, the agency should immediately notify the Department of Health.

The agency must inform the Department of Health before publicly releasing any reports using data from GH Connect or the reporting solution.

These obligations continue to apply after the end of the Agreement.

Supervision

Clinical supervision is a workplace health and safety requirement and an essential support for Gambler's Help counsellors.

The Victorian Allied Health Clinical Supervision Framework provides guidance, training modules and tools to support high quality clinical supervision across allied health workforces and is adaptable to other health workforces.

Please refer to https://www.health.vic.gov.au/allied-health-workforce/victorian-allied-health-clinical-supervision-framework

Appendix 4 – Gambler's Help Written Consent Form

[Insert Agency Name]

Information about informed consent can be found: Informed consent and presumption of capacity | health.vic.gov.au

Information about the Gambler's Help Program

The Gambler's Help Program is managed by the Victorian Department of Health and provides integrated telephone, online and face-to-face counselling and financial services.

[Insert agency name] …… is one of the providers of the Gambler's Help Program. We respect your right to privacy and will comply with all privacy laws concerning the collection, use, disclosure and security of your personal information.

Collection of information

We will only collect personal and health information that is necessary to provide you with Gambler's Help services. The types of information we will collect from you will depend on the services you are seeking, and may include your name and contact details, and personal details such as health and financial information. You are not required to disclose your personal information to us however, if you do not do so, we may not be able to provide you with effective and appropriate services.

Use and disclosure of your information

We will use or disclose your personal information for the main purpose for which it was collected. Your personal and health information will be stored in a central database held and managed by the Department of Health. Your personal and health information may be shared with other Gambler's Help Program providers involved in your treatment or care where necessary to provide Gambler's Help services.

Written consent

Please sign this form to confirm that you understand the above information, and consent to your personal and health information being collected, used and disclosed by us, Department of Health, and other Gambler's Help Program providers in the ways set out in this form.

For further information about how your personal and health information is collected, used, disclosed, stored, and managed, including your rights to access and correct your information or make a privacy complaint, please refer to the Department of Health's Privacy Policy (https://www.health.vic.gov.au/privacy).

Name: ……

Signature: ……

Date: ……

Verbal consent [for use when assisting a client, for example with language or literacy differences] ☐I have discussed with the client how and why certain personal information may be used and shared with other Gambler's Help Program providers. ☐I am satisfied this has been understood and informed consent for the information to be shared as detailed above has been given.
Name of client: …… Name agency contact: …….. Signature: …… Date: …….....

[insert agency contact details]…….....

Appendix 5 - Self-exclusion engagement guidance for Gambler's Help services

What is self-exclusion?

Self-exclusion enables a person to ban themselves from gambling venues and/or internet gambling. Self-exclusion programs historically evolved within the gambling industry prior to the government mandating the existence of these programs. Self-exclusion programs continue to operate within industry organisations with dedicated staff to support people in reducing and potentially eliminating the harms they experience from gambling.

Self-exclusion is a useful therapeutic tool when used in conjunction with other therapeutic interventions that incorporate best-practice methodology. Self-exclusion can be an important component of treatment by Gambler's Help services in supporting the the client to avoid gambling and, in turn, reduce or stop their gambling behaviour. It can be particularly valuable in the goal-setting and early intervention stages of change as it can empower clients by providing them with an immediate means of taking back control and a sense of achievement that they are proactively dealing with their gambling.

What is the role of Gambler's Help agencies in relation to self-exclusion?

The role of agencies delivering Gambler's Help services is as follows:

- to educate clients about self-exclusion options and promote the self-exclusion programs to their clients
- to support clients in accessing the self-exclusion programs by:
  - assisting with the completion of self-exclusion applications
  - attending meetings/interviews between the client and self-excluder provider where appropriate
  - attending self-exclusion application signings with clients at a self-excluder provider location where possible
  - attending order/application signings with clients in gambling-venue settings (Crown Melbourne or local gaming venues) where possible
- to accept self-exclusion client referrals/requests (including from those wishing to revoke their self-exclusion application) and offer appropriate therapeutic and/or financial counselling support
- to provide a written statement (if requested by a client) regarding their attendance at counselling session/s and an outline of the treatment modality, including:
  - the number of sessions attended by the client
  - the duration of treatment
  - the type of support received, including interventions

Clients wanting to attend a Gambler's Help service for the purpose of revoking their self-exclusion should receive access to the service similarly to clients seeking treatment and support with the service.

In writing a report for the purpose of the client's request to revoke their self-exclusion order, agencies are **not** to comment or make a recommendation on whether the client is fit to revoke. The expectation for agencies is to provide a statement to the client addressing at least the following:

- the counsellor's qualifications and expertise in the field of gambling harm
- whether the client sought any professional assistance in relation to their gambling behavior following self-exclusion through:
  - individual counselling/therapy
  - financial counselling/management
  - family counselling
  - group counselling/therapy; or
  - a General Practitioner
- how long the client was in treatment prior to his/her approach in relation to the report
- frequency and period of treatment and whether the treatment appears to have been of benefit to the client
- whether formal gambling harm screening tests (e.g. Gambler's Help Initial Needs Identification survey) have been administered and if so the results of testing
- whether the client reports breaching the conditions of his/her self-exclusion program/s
- whether the client reports having gambled at other gambling venues whilst being self-excluded
- whether the counsellor considers that the applicant has been honest in relation to their application
- whether the client has been provided guidance on revocation or reduction of the self-exclusion period (including the ramifications thereof)
- any other relevant observations on the mental or physical health of the applicant.

Who manages Victoria's self-exclusion programs?

In Victoria there are four industry-based self-exclusion programs - two for the electronic gaming machine (EGM) venues and one each for the TAB (wagering) and Crown Casino. There is also the national self-exclusion program BetStop (online wagering), an Australian Government initiative.

EGM Venues

The EGM self-exclusion programs are run by Community Clubs Victoria (CCV) and the Australian Hotels Association (AHA). If a Gambler's Help service has a client wishing to self-exclude from EGM venues, they can contact either CCV or the AHA (there is no criteria to accessing either provider). The two providers work collaboratively to support clients in self-excluding from clubs and hotels with gaming machines across Victoria. Self-exclusion from EGM venues is a minimum of 6 months, can run for up to two years, and can be renewed.

Community Clubs Victoria self-exclusion program

Australian Hotels Association Victoria self-exclusion program

Crown Melbourne

Crown Melbourne offer their own self-exclusion program.

Crown's self-exclusion program differs from the gaming venue programs in two critical ways:

- it is an indefinite commitment (i.e. it does not expire), however there are processes in place for revoking the self-exclusion order following 12 months without breaches
- the exclusion applies to all gambling areas of the casino, not just the gaming machines areas (as is the case with the EGM-venue exclusion programs).

Self-Exclusion - Crown Melbourne

Tabcorp (TABCare)

For TAB venues, a separate exclusion program is in place called TABCare and this is operated by Tabcorp. TABCare allows people to exclude from up to 15 TAB outlets, and / or 15 TABs operated out of gaming venues. People can opt to be excluded from betting with TAB for a period of between 6 months to 24 months.

Any TAB betting accounts in the person's name will be suspended for the duration of the self-exclusion period.

TABcorp self-exclusion program

BetStop – The National Self-Exclusion Register

BetStop - the National Self-Exclusion Register - allows people to exclude themselves from all online wagering services in Australia for a minimum of 3 months up to a lifetime in one simple process.

If a person self-excludes, online wagering service providers are required to close their betting accounts and must not:

- allow them to place a bet
- allow them to open a new account
- send them marketing messages.

The process for registering on BetStop - the National Self-Exclusion Register is to call on **1800 238 786** or via the BetStop website https://betstop.gov.au.

Appendix 6 – Accessible, effective, and culturally safe financial counselling for Aboriginal People

This guidance supports agencies to design and deliver financial counselling services that are culturally safe, accessible, trauma-informed, and effective for Aboriginal people. They are grounded in Aboriginal understandings of Social and Emotional Wellbeing and self-determination. Further information on improving accessibility to financial counselling for Aboriginal people is available through the practice guide on the Professionals Extranet.

Principles

All service provision should be based on the following core principles.

Self-determination

Aboriginal people must lead the design, governance, delivery, and evaluation of services.

Cultural Safety

Cultural safety requires an organisation wide commitment to meeting each client's cultural needs, and ensuring they are free from judgement, racism, or discrimination.

Social and Emotional Wellbeing (SEWB)

Treatment for gambling harm should consider the full SEWB domains including body, mind, family, community, culture, Country, spirituality, and identity, consistent with an Aboriginal understanding of health.

Trauma-informed Practice

Services must understand intergenerational trauma in order to avoid the re-traumatisation of clients.

Understanding of gambling harm

Approximately 30% of Aboriginal people experience harm from gambling in Victoria. The close nature of the community means that harm has a ripple effect impacting family and friends. It is statistically likely that all members of the community are directly or indirectly affected by gambling harm. Aboriginal families are often managing multiple complex social, economic and health concerns and gambling is generally not the first concern.

In practical terms, this means that:

- Aboriginal community members are eligible for Gambler's Help services, whether they disclose a gambling issue or not.
- Gambling may not be the first priority for Aboriginal clients and, for some, may be a coping strategy for more significant problems.
- Aboriginal people may have family and cultural obligations to provide financial support to family members who have lost money through gambling.

Service adaptation

Gambler's Help services are encouraged to actively support more Aboriginal clients to access financial counselling and RAP.

Supporting more Aboriginal people to access financial counselling can be achieved by:

- Building relationships with Aboriginal Community Controlled Organisations (ACCOs), Aboriginal Community Controlled Health Organisations (ACCHOs), Gathering Places and other Aboriginal community organisations in the region.
- Respecting the priorities of Aboriginal organisations regarding the services their community requires and the preferred methods of delivery.
- Adapting service locations and delivery modes, and providing flexible intake and administrative processes.

The role of the Financial Counsellor

Aboriginal community leaders have advised that financial counselling is the preferred Gambler's Help service type. Ideally engagement with Aboriginal community members will involve financial counsellors.

Aboriginal community members report that getting to know the Financial Counsellor is an important prerequisite to making an individual appointment. It is therefore important that financial counsellors are the 'face' of engagement.

Adaptions to reporting and GH Connect

It is recognised that the approach to supporting Aboriginal people and communities may take more time than a standard consultation and that other requirements may require adaptation (e.g. intake procedures). To support this, changes in GH Connect will enable financial counsellors to account for shorter counselling sessions and to facilitate flexible approaches to providing financial counselling support.

Changes in GH Connect include:

- the ability to select brief intervention and outreach as support activity options
- the ability to record service promotion hours for attendance at Aboriginal community events, such as yarning circles and NAIDOC Week activities
- the ability to record outreach support delivered at ACCOs, ACCHOs and other Aboriginal community organisations as group sessions.

Further information for recording and capturing activities in GH Connect that support flexible approaches to providing financial counselling support for Aboriginal communities will be provided for agencies.

Workforce and staff capability

All financial counselling staff should undertake ongoing cultural capability training. Where possible, organisations should employ Aboriginal staff.