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Needs analysis of the NSW Problem Gambling Counselling and Support Services Program

A report prepared for the NSW Responsible Gambling Fund (RGF)

FOR RGF TRUSTEE REVIEW ONLY

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Terms used in the Needs Analysis report

CALD	Abbreviation for Culturally and Linguistically Diverse Communities.
Centre for Community Welfare Training	Abbreviation for Centre for Community Welfare Training. This provides a training service for all RGF-funded staff and coordinates and plans conferences and forums.
Client Data Set (CDS)	This is a database used to monitor treatment activity and clients involved in problem gambling counselling in NSW. Data is currently published annually.
Cognitive behaviour therapy (CBT)	This is a type of psychotherapy that helps people to change their thinking and behaviours.
Comorbidities/ co-occurring disorders	Research evidence highlights that problem gamblers experience a wide range of other co-occurring mental health disorders (e.g., Hare, 2009).
Counsellor Sam	A RGF web-based initiative, where information, advice and referral are provided anonymously to people seeking assistance via an Avatar (Counsellor Sam). Counsellor Sam engages qualified RGF-funded counsellors to answer people's problem gambling related enquiries and provide assistance.
Gambling Help Line (GHL)	This is a 24/7 telephone counselling service for people in NSW affected by problem gambling (accessed via 1800 858 858).
Gambling Help Online	This is a web site which contains information for people affected by problem gambling and provides online problem gambling counselling (accessed via gamblinghelponline .org.au).
Health Promotion Resource Kit in Problem Gambling	A Resource Kit developed by the Victorian Department of Justice designed to educate problem gambling workers in health promotion methodologies in the context of problem gambling (as part of a broader community education and awareness strategy).
Integrated Health Promotion (IHP)	In Victoria, the term 'integrated health promotion' refers to agencies and organisations from a wide range of sectors and communities in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues (see http://www.health.vic.gov.au/healthpromotion/what_is/integrated.htm).
Local Government Area (LGA)	Abbreviation for Local Government Area - a reference to a small geographic area, frequently also referred to as shires and councils.
LOTE	Abbreviation for Languages other than English.
Motivational interviewing	This is a counselling style which aims to resolve client ambivalence about behaviour change by understanding people's motivations (and encouraging people to explore their motivations).
MPG	Moderate risk and problem gamblers. These groups were combined in the Needs Analysis, as obtained from the 2012 NSW Problem Gambling Prevalence Study.
NSW Program	A term used to describe the NSW Problem Gambling Counselling and Support Services Program. This consists of all problem gambling counselling and related services funded by the RGF to respond to problem gambling in NSW.
OLGR	Office of Liquor, Gaming and Racing is the Government office in which the RGF is located.
RGAW	Responsible Gambling Awareness Week is a week during May in which the need for responsible gambling is promoted across NSW.
RGF	Responsible Gambling Fund (RGF) is the fund established to resource and manage the NSW Problem Gambling Program. OLGR staff who provide administrative support to the RGF are also colloquially often referred to as 'the RGF' by problem gambling counselling services.
RGF Trustees	Trustees are appointed to represent different community interests in relation to how the Responsible Gambling Fund monies are expended.
Screening	A structured assessment approach designed to identify problem gambling in a client presenting for help. Screening can also refer to other systematic processes used to identify other client needs (e.g., drug, alcohol counselling support needs etc.).
Significant other	A term used to describe people affected by problem gambling. Typically these are family and friends of problem gamblers.
Specialist problem gambling support services	A reference to two special services which support the work of RGF-funded counselling services. Wesley Community Legal Service and the Centre for Community Welfare Training (CCWT) are most commonly referred to in the current report.
Wesley Community Legal Service	A service which provides legal support to problem gamblers and people affected by problem gambling.

Executive summary

Purpose, aims and objectives

The current report presents key findings of a Needs Analysis of the New South Wales (NSW) Problem Gambling Counselling and Support Services Program (referred to as the Problem Gambling Program or the Program). This project was undertaken by Schottler Consulting Pty Ltd on behalf of the Office of Liquor Gaming and Racing (OLGR) of the NSW Department of Trade and Investment, Regional Infrastructure and Services.

The aim of the Needs Analysis was to determine the most appropriate model for the provision of high quality, cost-effective problem gambling services within NSW. Specific objectives of the project were to:

- Conduct an exhaustive evaluation of the needs of the whole sector including all major elements contained in the provision of problem gambling counselling and support services within NSW
- Determine what services are needed in NSW, and in what locations, to adequately meet community needs for gambling counselling and support

Findings of the Needs Analysis are used by appointed trustees of the Responsible Gambling Fund (RGF) of NSW to inform decision-making about funding allocations in problem gambling. Formerly the Casino Community Benefit Fund (CCBF), the RGF is governed by a board of Trustees appointed to make recommendations to the Minister on funding allocations to respond to problem gambling statewide. The RGF is supported by officers of the NSW Office of Liquor, Gaming and Racing (OLGR). The aim of the RGF is to reduce the negative impact of gambling and to benefit the people of New South Wales through the responsible administration of the Responsible Gambling Fund.

Methodology

As a service system analysis project (rather than a pure research project), the agreed methodologies for the Needs Analysis were focused on gathering and examining data relating to key elements of the NSW Problem Gambling Program. The methodology included:

- Secondary data analysis to develop an overview of problem gambling service system flows and activities including analysis of the following datasets:
    - Analysis of calls and referrals associated with the NSW Gambling Help Line (2008/09 to 2010/11)
    - Analysis of Client and Treatment Data Sets available from the RGF NSW Client Data Set (CDS) database (2008/09 to 2010/11)
- Conduct of statewide consultations with all currently funded RGF problem gambling counselling services and the NSW Gambling Impact Society – including consultations with problem gambling clients
- Conduct of a desktop review of important jurisdictional developments in problem gambling (including a brief review of scholarly literature)
- Environment scan of key trends which may affect problem gambling service delivery into the future

NSW Problem Gambling Counselling and Support Services Program

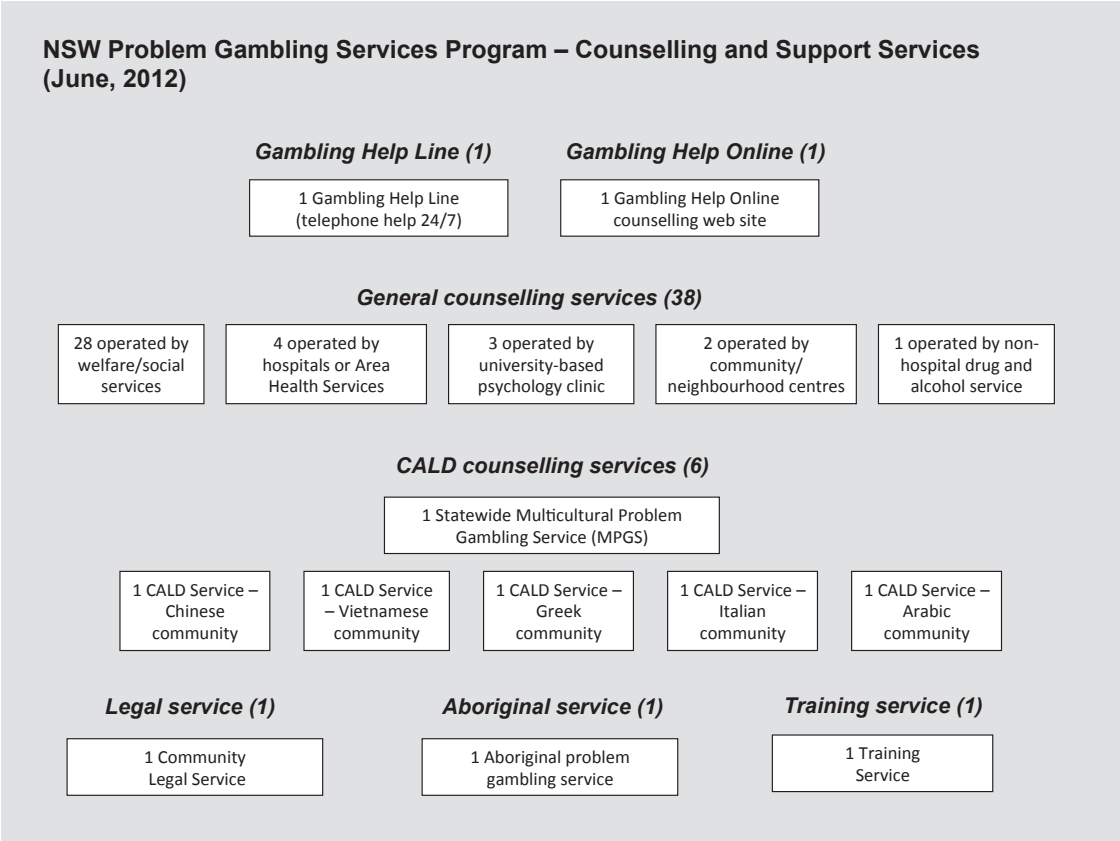
The NSW Problem Gambling Counselling and Support Services Program currently consists of a diverse range of services and programs. An overview of the Program and its major components is in Figure 1. Major elements of the NSW Program at June 30, 2012 include:

- *Gambling Help Line and Gambling Help Online* - Problem gambling counselling is available through a telephone-based 24/7 Gambling Help Line (1800 858 858). The Line also provides referrals to a statewide network of RGF-funded counselling services. An online counselling service similarly provides interactive counselling via the internet (www.gamblinghelponline.org.au)
- *Problem gambling counselling services* – These are provided by 38 counselling services - operated by 28 welfare/social agencies, 4 hospitals or Area Health Services, a university psychology clinic (which operates 3 funded services), 2 neighbourhood centres and a non-hospital based drug and alcohol service. One service operated by a welfare/social service is also a youth-specific service (located in Campbelltown)

- *CALD problem gambling counselling services* – These comprise six multi-region services and include a major Multicultural Problem Gambling Service (MPGS) operated by the NSW Ministry of Health (servicing all languages) and five services which work in the Chinese, Vietnamese, Greek, Arabic and Italian communities
- *An Aboriginal problem gambling service* – This program delivers community awareness sessions to Aboriginal communities across NSW and trains Aboriginal workers in the identification of problem gambling
- *Specialist problem gambling support services* – these include a Community Legal Service to assist problem gamblers facing legal issues and a training service to train workers across the problem gambling program

Other major RGF programs and activities include a Service Accreditation Program (which reviews and accredits funded services in line with Quality Improvement Council standards), a Clinical Supervision Program for problem gambling counsellors, Statewide and CALD communication programs, a research program (which conducts research relevant to problem gambling) and a range of other minor activities.

Figure 1. Counselling and Support Services in the NSW Problem Gambling Services Program (June 2012)



Total RGF funding for the 2011/12 funding year (July 1 to June 30) is in Table 1. A total of $13.78 million was allocated to the RGF (via the 2% levy on casino revenue), of which $8.12 million was allocated to treatment.

Table 1. Funding breakdown for the NSW Problem Gambling Services Program – 2011/12

Major programs funded during the 2011/12 funding year			
Telephone and online counselling	$1,022,001	Service accreditation	$384,512
General counselling	$8,122,510	Research	$498,390
CALD counselling	$1,383,359	Other projects	$1,229,226
Community legal service	$237,933	Other expenditure	$495,516
Training service	$408,429	Total funding	$13.78 million

Scope and focus of the Needs Analysis

As previous reviews had been undertaken of the CALD, Aboriginal and Service Accreditation Programs, for the purpose of the current project, these were considered outside the scope of the Needs Analysis. As a high-level review, programs were analysed from the perspective of the whole services system and thus did not focus on an in-depth review of any individual program. Within this context, key findings of the Needs Analysis are as follows.

FINDINGS OF THE 2012 NEEDS ANALYSIS

Discussions with Gambling Help Services (GHS) across NSW clearly highlighted that most services had high praise for the on-going work to further develop and improve the NSW Problem Gambling Program. There was particular recognition of the efforts and work of staff of the Office of Liquor, Gaming and Racing (OLGR) and comments about their helpfulness and preparedness to support services.

The last five years in Gambling Help service delivery were also seen as a relatively significant period in the overall development of funded services. There was acknowledgement that particular progress had been made in a number of areas including in relation to minimum qualifications and standards, encouraging quality practices within services and developing systems to support service operations (e.g., RGF web site, the Client Data Set, guidelines, procedures etc.). There was also significant appreciation of the very flexible nature of the RGF as a funding body, relative to other funding programs (which were seen to be much more difficult to deal with).

While the overall theme was for services to reflect favourably on general progress made in the Program, many services also acknowledged that a range of gaps and areas for improvement existed. Particular comment was made about the need to reflect on the overall design of the Problem Gambling Program and the need to improve the efficiency and effectiveness of the Program. Accordingly, major findings are outlined as follows.

(1) Issues relating to the current design of the NSW Problem Gambling Program

While the NSW Problem Gambling Program offers a range of very high-quality and well-regarded services, findings of the Needs Analysis provide some evidence that refinements to the Program design may have potential to further improve the quality of services in problem gambling in NSW. Based on statewide service consultations and detailed analysis of Program data during the 2010/11 funding year (the most recent full funding year), findings highlighted that:

- [redacted]

- There is currently no formal mechanism to balance 'supply and demand' within the NSW Problem Gambling Program – Discussions indicated that many counsellors saw potential for better utilisation of their treatment services. Concurrently, other services reported client waiting lists of up to 4 weeks. This reflects that there is currently no formal mechanism or approach to balance 'supply and demand' across the counselling program. This is also reflected in the wide range of client numbers treated by services. While RGF policies require services to refer clients, vested interests in maintaining client statistics are reported to make services reluctant to refer clients to another service. This highlights the need for a mechanism to balance supply and demand into the future (and to minimise client waiting lists)
- GHS need to be able to offer financial counselling alongside therapeutic counselling – Problem gambling counselling services across NSW universally advocated the need for a number of 'base services' in problem gambling treatment. Of most importance was the need to be able to offer clients both therapeutic counselling and financial counselling, given that many issues experienced by problem gamblers were partly financial in nature. Indeed, currently, only 17 services are funded to offer financial counselling. In spite of this need, many counselling services were not able to readily access financial counselling services. This was attributed to the low availability of financial counsellors in NSW relative to overall need in the community. On this basis, future service design should where possible ensure that any funded service has capabilities or resourcing to conduct both therapeutic and financial counselling. Some counsellors also expressed interest in acquiring a dual skill set if supported by the RGF
- There is not a formal system to ensure that clients with complex co-occurring disorders and problem gambling are referred to appropriately skilled RGF-clinicians – The NSW Problem Gambling Program currently allocates clients to services primarily based on client preference and geographic location. This approach broadly assumes that each service is 'generic' with the same potential to treat each and every client. Discussions with counsellors within the Program, however, highlight that many clients experience a range of very complex mental health issues alongside problem gambling (especially co-occurring mental health and psychiatric disorders). While many services are motivated to do the best for clients, there is currently no mechanism to ensure that clients are being referred to clinicians with appropriate skills to treat complex co-occurring disorders within the Program. This is also quite difficult, given that there is not a consistent approach to screening of co-morbidities and client needs across GHS
- There is limited availability of after-hours counselling in the Program – Staff working in problem gambling universally report the need for after-hours problem gambling counselling services. After-hours counselling is seen as critical for problem gamblers and families who cannot attend services during business hours due to work or family commitments. In spite of the need for after-hours counselling appointments, only 2.6% of counselling sessions during 2010/11 commenced before 9am and 4.9% commenced after 5pm. Services also report that provision of face-to-face counselling is difficult due to workplace health and safety concerns. Some staff also report successful use of telephone counselling as an alternative to face-to-face counselling after-hours
- Very few calls are made to the GHL by people of CALD backgrounds and by people living in Regional areas of NSW (implying no or extremely low referral numbers) – During 2010/11, analysis of GHL call statistics showed that very few calls were made to the GHL within many regional areas of NSW. In addition, only 47 callers during the entire period were of a LOTE background. CALD services also report the need to spend significant time on community awareness activities to drive demand for counselling (although most do not receive funding for dedicated positions of this nature). In addition, the GHL is reported as very difficult for LOTE speakers to access, given that signage is not always available in relevant languages

- While GHS are primarily funded as 'face-to-face' counsellors, many services would also like RGF recognition of their potential to offer multiple modalities of treatment (particularly phone and email counselling) - While counselling services are funded for the primary role of face-to-face treatment, many services comment that clients in treatment increasingly prefer diverse treatment modalities – particularly including telephone and email counselling. While not all RGF-funded services record alternative forms of counselling (some staff also believe that this is 'not valued' by the RGF), service system data from the CDS from 2008/09 to 2010/11 highlights that reported telephone counselling by GHS increased from 13.8% to 16.5% of total counselling sessions, as did total time spent on telephone counselling (a 47% increase in total counselling minutes). In addition, with counsellor involvement in ad hoc online counselling activities such as 'Counsellor Sam' (which whilst time-consuming is often not recorded in the CDS by services), findings highlight the potential for all modalities of treatment to be offered by GHS into the future (i.e., face-to-face, telephone and email counselling). This also implies the need for systems and support to manage such contact. With increasing convergence of communication channels and greater public acceptance of non-face-to-face forms of communication, it is also likely that demand for other modalities of treatment will increase in the future. Many services also see potential for use of videoconferencing in counselling (especially in rural locations) and in the use of all e-therapies and resources (including mobile applications). However, there are currently no mechanisms within the NSW Program to support this transition or harness opportunities for service improvements enabled through technology
- There is potential to support the recovery of problem gamblers through utilisation of special types of support services – GHS report that, on occasions, some problem gambling clients need special services to support their recovery from problem gambling. This may include seeking of advice from specialist counsellors (e.g., sexual abuse counsellor) and in other circumstances, clients may need on-going 'case work' to improve their chance of recovery (which is not counselling, but is delivered in a more so 'pastoral care' type model). Casework may include support to clients to improve their social connectedness, employment prospects or other related needs. However, services believe that casework is not valued by the RGF (and are reluctant to undertake this work) and have no funding to engage specialists when needed to improve client recovery. In regional areas, services are also forced to travel many hours to clients who cannot afford travel to their service (implying that travel vouchers or subsidies for travel may assist some regional clients who cannot afford to travel to a service and save GHS significant travel time)
- There is potential for improved screening for problem gambling in mental health and other service providers across NSW – Staff in GHS emphasise the potential to increase the involvement of a range of service providers in the screening of problem gambling. While this is recognised as an opportunity, there is also comment that *'much more work needs to be done'*. There is particularly potential to integrate problem gambling at a range of service delivery points within the public health system and other services to increase referrals of clients to Gambling Help
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- **RGF reporting processes in the Client Data Set do not contain all the data fields required to monitor GHS activities** – Gambling Help Services across NSW praise the RGF for developing a very easy-to-use and innovative service activity data collection system (called the Client Data Set). It is also widely praised that significant work has been undertaken to improve the system in recent years. However, GHS workers also comment that data fields in the CDS do not capture the diversity of activities within a service. Subsequently, services are utilising significant resources to develop 'duplicate' systems to ensure accurate reporting of service activity to the RGF. The current approach to data collection in the CDS is also limiting the insights that the RGF can make about needs and issues within the Problem Gambling Program. In addition, services report that extensive administrative work is required to compile RGF reports (as extensive data outside the CDS must be compiled). On this basis, development of additional fields in the CDS has potential to both enhance program information and 'cut down' the system duplication work being undertaken by services.
- **There is limited resourcing within the OLGR to support Program development work** – While there is potential to further improve the NSW Problem Gambling Program, there is currently limited resourcing within the OLGR to support development activities (There is currently only limited staff within the organisation). Current staff members are widely appreciated for their work and efforts by services, given the limited resourcing. In comparison, jurisdictions such as Victoria (although a much larger program) have significantly greater numbers of support staff to manage the program

Current issues pertaining to the overall design of the NSW Problem Gambling Program are summarised below.

Program design issues presenting challenges for the NSW Program

- Few calls from rural and regional areas
- Few LOTE calls

Incoming calls to > Gambling Help Line

Total GHL referrals (non-unique)

- Reasonable proportion of referrals to non-funded services (36%) – including GA
- GHS report that many clients referred also never present for treatment

GHS

- Many GHS relying on referrals alone for client numbers
- Many GHS struggle to undertake community awareness/service promotion activity
- Many GHS report their own service promotion activities as 'unsuccessful'
- Some GHS receive many referrals, others have no referrals – producing 'imbalance' in workloads
- GHS are reluctant to 'share' clients due to a need to maintain 'client statistics'
- No robust mechanism to allocate clients to services with skills to treat complex co-morbidities
- GHS each undertake separate 'needs assessments' using different methodologies
- Counselling techniques used are based on staff preferences/skills, rather than 'evidence'
- GHS staff struggle to interact and promote services to the gambling industry
- GHS report increasing demand for phone and email counselling (and also use such counselling)
- There is no current system for easy analysis of GHL calls and treatment activity by LGA by date
- Data fields in the CDS do not reflect the diversity of GHS service activity (largely only 'treatment')
- There is limited resourcing to manage development of the Program

(2) Issues relating to the efficiency and effectiveness of the Program

Discussions with GHS across the NSW Problem Gambling Program highlighted a range of key issues, which if addressed, may help enhance the overall efficiency and effectiveness of the Program. In particular, findings indicated that many processes across GHS differed and could be standardised. GHS staff particularly believed that work could be undertaken to avoid duplication of processes, forms and procedures across GHS within NSW.

In particular, there was seen to be potential to standardise a range of processes to ease the transition of staff into and across services. New staff members also felt that it would be easier to work in a service if all GHS had a set of common forms, processes and procedures. RGF efforts to develop guidelines in recent times were also well-regarded. While some services were required to adhere to organisational-wide procedures, most GHS advocated that standardisation of the following may be useful to consider:

- Standardisation of screening and needs assessments – There was general comment that screening and needs assessments processes varied widely across services and different procedures were also utilised by the GHL. This limited the type of data that could be collected across the Program and had implications for the way client needs were assessed (with some services using more structured approaches, others using basic approaches and some using informal approaches)
- Standardisation of client records and consent procedures – Services currently reported widely different approaches to maintaining client records and consent procedures. It was reported that greater standardisation of such approaches would support the introduction of new services and also assist with staff training in treatment procedures
- Standardisation of treatment procedures – In addition to comments about the need for greater use of evidence-based therapies, one service advocated the need for manualisation of problem gambling treatment procedures. This was seen as an effective way to encourage best practice and a useful way of training new staff in problem gambling. This was also seen as a clear opportunity, given that the key steps in problem gambling treatment should essentially be very similar across all problem gambling services
- Standardisation of materials and resources – While workers appreciate RGF's recent work in producing a range of useful materials to support problem gambling communications, there was also seen to be further potential to standardise other resources. In particular, if workers were involved in community education, it was felt that a standardised range of materials, approaches and templates (including consistent messages) should be developed to support this type of work. There may also be potential to share resources produced such as templates for legal reports, letters and the like
- Development of case conferencing processes – Many GHS recognised the value of case conferencing with other professionals in the context of problem gambling. However, few mechanisms and processes were currently in place to encourage this. On this basis, development of case conferencing processes and procedures were seen as potentially useful
- Centralisation and standardisation of follow-up processes – Many GHS praised the RGF in providing recent guidelines on the conduct of client follow-ups. It was also suggested that standardising the process across services – including independent conduct – would be useful

(3) Other issues raised by Gambling Help Services

A number of other needs and issues were raised by GHS consulted as part of the Needs Analysis including:

- Legal service needs – While legal services for problem gamblers were seen as a very valuable and useful service within the NSW Program, there was seen to be some potential to further increase the ease of access to legal services within the Western Sydney Region. Other counsellors also advocated the value of funding to procure medico-legal reports required by problem gamblers facing legal issues and additionally emphasised the need for some funding of barrister support. One stakeholder also requested that the legal service provider clarify the types of legal support which can and cannot be provided by the legal support and to ensure that a consistent approach was taken across all clients
- Training needs – Many staff members within the Program were very enthusiastic about the value of training services and training forums provided by the RGF (including the annual conference). It was also requested that future training should aim to cover more complex topics in the field, rather than basic courses. Treatment of complex comorbidities/co-occurring disorders in problem gambling was a particular area of need and interest, as was the delivery of webinars to support regional staff participation in training
- CDS reporting clarification needs – Discussions with GHS across NSW highlighted that many workers had very different views and understandings about the type of data to be recorded in the CDS. Accordingly, there is potential to further clarify data reporting requirements
- Needs of problem gamblers in crisis – GHS staff made comment that there are very limited service options for problem gamblers needing specialist suicide/mental health crisis support after-hours. Protocols relating to crisis referrals from the GHL were also seen as needing further clarification. While some services utilised mental health teams within Emergency Departments, service access was often very difficult or not possible due to limited resourcing. Accordingly, strategies to deal with mental health crises in problem gamblers were seen as a future priority (including protocols and knowledge about mental health legislation and crisis referral procedures)
- Stigmatisation of problem gambling – Services report high levels of stigma and shame associated with problem gambling services. There is seen to be a need to design and implement a statewide communications program to reduce stigma in problem gambling and to demystify help options and the help seeking process. Promoting help with financial matters is also seen as having potential to encourage help seeking, as there is reported to be lower stigma associated with financial issues than with problem gambling (and greater problem recognition)

(4) Proposed service locations within the NSW Problem Gambling Program

[redacted]

Discussion of key findings of the Needs Analysis

Improved channelling of clients from the GHL to GHS

Key findings of the Needs Analysis highlight a range of important needs and issues across the NSW Problem Gambling Counselling and Support Services Program. Of most relevance to the effectiveness of the Program is the current approach to overall Program design. Findings of the current project have identified some potential to further improve the flow of clients to Gambling Help Services by optimising referrals from the GHL and by improving community education and service promotions undertaken by Gambling Help Services. Indeed, counsellors report that clients referred by the GHL frequently do not present for counselling and a reasonably high proportion of total referrals are made to non-funded RGF services (36% including 24% to Gamblers Anonymous) (It should also be noted that some clients receive more than a single referral, so this figure is non-unique).

While any referral is undoubtedly still of some value to callers, this highlights that there may be potential to develop strategies to prevent this system 'leakage' (especially given that most people calling the Help Line have identified at least some need for some type of problem gambling advice or support). Increasing attendance at GHS from the GHL is also important, as counsellors rely heavily on the Help Line to supply clients for treatment. This is in part due to an expectation of the role of the Help Line and because counsellors often do not see that they have the skills for service promotion.

The experience of the New Zealand Gambling Help Line also illustrates some potential for the NSW Help Line to transition more callers to treatment at funded services. In this respect, it could be considered that the Help Line plays a fundamental role in 'channelling' clients to treatment. After all, callers have sought help by contacting the Help Line (unlike many problem gamblers) and thus present as an obvious 'treatment opportunity'. Clients calling but not receiving further counselling must also be considered a type of service system 'leakage'.

It is also clear that there will be many challenges in referring clients to Gambling Help Services. In particular, stigma and shame and not seeing a need for 'counselling' may in part be reasons why the referral process is difficult. This may, however, also point to the potential to reposition the work of Gambling Help Services. If GHS support is effectively 'sold' and clients are given the option to talk to experts about gambling issues through comfortable modalities (e.g., talking to a GHS counsellor at a GHS via telephone, rather than face-to-face), there is also potential that many clients will eventually be transitioned to face-to-face counselling relationships. In particular, live transfers to counsellors may present an opportunity for a counsellor to 'call back' the caller over time and conduct counselling, without reference to the term ('counselling'). Accordingly, there is opportunity to transition callers into counselling who have already signalled a need for help.

Given the crisis-oriented nature of many problem gambling help line calls, refinements to referral processes may also be worth considering. This would also be supported by literature which highlights that clients expect prompt support and that short waiting times for appointments may improve treatment engagement (within 72 hours particularly) (e.g., Weinstock et. al, 2011). While live transfers are obviously an optimal way to direct clients to help, this is not always possible or realistic. Barriers include when counsellors are not available, limited or no information at the GHL about counsellor availability (as there is no current system to inform the GHL who is available when) and the time at which calls may be made (currently, few counsellors work after-hours).

However, various possible solutions to barriers are worth exploring. One option may include paying counselling staff to be 'on-call' afterhours and purchasing a contact centre system, which allows both workforce planning and live identification of 'who is available when'. Such systems importantly also give the potential for workers to block out times they are unavailable and set clear availability periods. Such systems are also far superior to more manual approaches (e.g., Keeping an excel sheet on availability). Changes to availability can also be instantly updated. Such a system would then allow the GHL to direct calls to available GHS counsellors, ensuring that clients receive immediate support. If workers could not be reached, there is similarly potential for the GHL to book appointments direct. In this context, it may be important to offer callers both face-to-face and telephone 'counselling' relationships and possibly even other preferred alternatives (e.g., counselling via email). Consideration may also need to be given to how 'counselling' is sold. Reluctant callers, for instance, could be offered by GHL counsellors to be called back just to 'keep in touch'. This contact may thus provide an opportunity to build a treatment relationship with a reluctant client.

The potential for future web or Skype style videoconferencing combined with contact centre technologies is also clear. Utilising systems already commercially available within Australia, there is future potential to provide RGF-workers with the capacity to undertake videoconferencing with clients (in a Skype style format, but on a secure internet connection). Importantly, this may also provide regional clients with opportunities to access gambling help without the need for extensive travel. While broadband connections may compromise the potential for high-definition video in some regional and rural areas, the National Broadband Network roll-out across NSW by 2015 presents a real opportunity to leverage such technology.

The achievement of the New Zealand Help Line in booking 'hard appointments' for 64% of new callers (during 2011) also provides some inspiration that direct appointment booking may increase the number of clients in treatment. In addition, there is potential for the GHL to provide valuable administrative support to follow-up callers to ensure they attend counselling appointments. Based on counselling staff feedback that verbal appointment confirmations are not always undertaken (although many counsellors do this), such a process may help improve the 'turn-up' rate of clients.

This refined model may also help balance supply and demand for counselling across the NSW Problem Gambling Program. If online diary appointments are fully accessible to a GHL, clients would also be able to be allocated to services based on appointment availability. Contact management systems can typically identify available appointments in a live automated format. This may help ensure that gamblers 'in crisis' receive urgent crisis support in a timely, if not nearly immediate manner. Concurrently, appointments for non-GHL clients could also be booked by counsellors on the same system.

Improved triaging of clients to GHS may also present as an opportunity in the context of a more centralised appointment setting system. If a common standardised needs assessment of clients can be undertaken by the GHL or a GHS, this may also help ensure that clients can be allocated to services in line with their needs. For instance, assessing basic needs for support in relation to issues such as drug and alcohol use, relationship counselling needs (e.g., couples therapies are not always a skill of every counsellor), other health conditions (including mental health issues), after-hour counselling needs, expectations for spiritual support (which can be provided by some funded services, for instance) and the like may help ensure that clients are directed to services and staff with the right skills, orientation and experience. The Problem Gambling Research and Treatment Centre (2011) review also recommended screening particularly for anxiety disorders, depression, personality disorders, alcohol and drug dependence, other impulse control disorders and family violence as best practice (based on their Cochrane review). Of course, while a telephone discussion may not guarantee a 'perfect' in-depth needs assessment, this could be a useful 'first step' in helping ensure that clients are directed to the most appropriate service. In particular, it may also help ensure that people with complex existing mental health diagnoses are directly referred to clinicians with relevant experience (e.g., Sydney University, St Vincent's Hospital, Hornsby Hospital, Liverpool Hospital etc.).

Accommodating the need for after-hours counselling

The Needs Analysis has identified that counselling services will also need to be increasingly flexible in considering the needs of problem gamblers. As it is reported that many clients prefer after-hours appointments, this may signal the need to refine the work hours of GHS into the future. Many services believe that offering after-hours counselling is imperative and that all services need to consider such arrangements. Services which already offer after-hours counselling report that work during business hours can frequently be reduced to accommodate such arrangements (e.g., staff start at midday, instead of 8.30am one day a week or time-in-lieu). While this arrangement will clearly not suit all workers, it is arguably important for the service system to respond to this need. This is also why many private practitioners offer after-hour appointments.

A range of other options for after-hours counselling are also worth exploring. In particular, many staff currently report using telephone counselling as an alternative to face-to-face counselling after-hours. Telephone counselling may not work for each and every client, however, there is potential for the modality to appeal to *some* clients who are looking for a flexible alternative. If GHS staff can also be supported in after-hours work through technology, there is similarly potential for staff to be able to undertake after-hours counselling at *any* preferred location (e.g., at an office or at home). In this respect, modern VOIP PABX systems typically allow a worker to take a phone line home and 'plug' into a broadband connection. They are also often used in combination with IP-based contact centre systems. This is also how many global contact centres with remote workers operate.

Within Australia, GPs currently work remotely (including at home) to provide telemedicine diagnosis as part of the national after-hours 'Health Direct' contact centre. This clearly illustrates that professionals can and do work remotely after-hours, without being in the same location as a client (patient). Other organisations such as the Royal Flying Doctors of Australia have also perfected methods for conducting telemedicine and telehealth consultations via telephone (including diagnoses in the context of very severe emergencies). Accordingly, this illustrates that telephone counselling can be an art and also a skill which can be learned. Lifeline contact centres also provide a further example of innovation in very sensitive telephone counselling. The increasing use of telephone counselling by problem gambling counsellors since 2008 may provide some indication that contact channels are converging and that clients are now increasingly receptive to alternatives.

Increasing calls to the GHL made by LOTE and regional callers

The Needs Analysis has highlighted that very few calls are made by LOTE and regional callers to the GHL. As the GHL can be a potential source of clients for treatment, there is arguably a need to examine ways to better promote the Help Line to such audiences. This is also arguably important, given the higher prevalence of problem gambling in many CALD communities and the considerable resourcing spent on GHL promotion. While a range of strategies could be considered, one possible area for exploration may involve simply translating Gambling Help Line signage and materials into other languages (e.g., Vietnamese, Chinese languages). There may similarly be potential to have callers of CALD backgrounds call direct to funded CALD services (even if only messages are left) or implement a series of specialist phone lines (perhaps operated by multilingual staff who speak English and other languages). This latter approach has been used in New Zealand to encourage CALD audiences (people of Maori, Pacific and Asian backgrounds) to call for Gambling Help.

In terms of regional promotion, Help Line 'localisation' strategies could similarly be explored (e.g., Gambling Help North Coast) to reflect that help and counselling is available in the local region in which the service is promoted. This may in turn encourage locals to contact the Help Line. While research to identify barriers to calling for Help would reveal the most evidence-based strategies, if stigma is a key barrier, a further strategy may also involve developing a campaign to demystify the GHL and to de-stigmatise the help seeking process. Moreover, considering 'secondary branding' strategies which position the GHL and GHS as a means to resolving financial issues may encourage greater recognition in problem gamblers of the need for help (e.g., Gambling Help Line – with a strapline such as – Get help managing financial issues associated with gambling etc.).

Design of problem gambling services

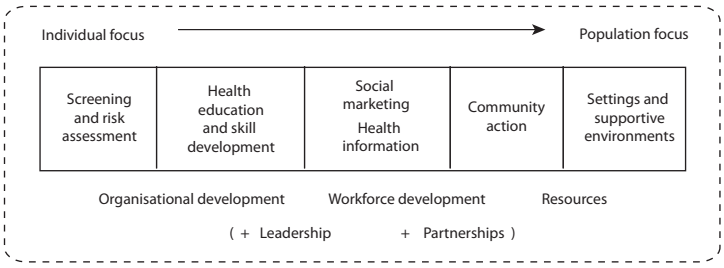
The current project has identified the need for Gambling Help Services to offer both therapeutic, as well as financial counselling. This would also be supported by literature showing that financial reasons are a major motivational driver for problem gamblers seeking help (e.g., Pulford et. al, 2009). Services without in-house (funded) financial counselling also comment that access to financial counsellors is difficult due to their undersupply in the market. As financial counselling is sometimes critical to problem gambling recovery, it is arguably important that RGF-funded services have capacity to offer financial counselling to clients. Services with dual skill sets (both problem gambling and financial counselling) also advocate the value of financial counselling, along with therapeutic counselling qualifications. Some staff within the Program are similarly interested in an opportunity to acquire such qualifications (if this was supported by the RGF).

This may signal that there is potential to offer such an opportunity to counsellors across the NSW Program. It may increase the number of counsellors available in NSW and fill a critical gap in service capacity. It could also potentially be argued that services unable to access financial counselling support should demonstrate clear linkages to other financial counselling services (perhaps verified through letters of support) as a condition of RGF-funding (if only therapeutic counselling is provided by the service).

Based on discussions with services, there is also a need for an improved approach to community education and health promotion of problem gambling within the NSW Problem Gambling Program. In particular, services argue that specialists should be funded to undertake these roles. While current funding levels may not enable community education/health promotion specialists to operate within each and every funded service, regionally-based health promotion specialist roles may be worthy of future consideration (within available funding limits). Such roles could coordinate and strategically plan health promotion work across NSW Regions and RGF-funded counsellors and workers could participate in activities as required. This would bring increasing levels of coordination to community education and in turn, help to raise awareness of problem gambling. The Ashley Gordon Program for Aboriginal communities also presents a useful model, which could be rolled-out in mainstream communities of NSW.

It would also be critical for any future health promotion workers to follow a public health approach to problem gambling and undertake activities in line with the Ottawa Charter for Health Promotion. The Ottawa Charter for Health Promotion outlines five major areas for targeting of health promotion programs. These are (1) Building healthy public policy, (2) Creating supportive environments for health, (3) Strengthening community action and responses to health issues, (4) Developing personal skills and (5) Re-orienting health services.

The Victorian Department of Health has additionally developed a useful framework for examining health promotion activities, using Integrated Health Promotion (IHP) methodologies. This model classifies health promotion activity along a 'continuum' following the general directions espoused in the Ottawa Charter. An overview of the continuum model is below. This shows that health promotion activities can range from an individual to population focus and can include a range of activities from screening and risk assessment, to health education and skill development, to social marketing, to community action and activities to create supportive settings and environments (e.g. encourage organisations to develop policies to prevent problem gambling or encourage responsible gambling).



Should such an approach not be feasible within the current Program, a training model could be one alternative. The Victorian Government has developed a Health Promotion Resource Kit in Problem Gambling (Designed by Schottler Consulting Pty Ltd), which could potentially be converted to a training program and resources to support health promotion activities within the NSW Problem Gambling Program. Training could also develop counsellor skills in areas in which counsellors may be more knowledgeable and comfortable (e.g., service networking to generate referrals) and leave other health promotion activities to specialists (particularly those which may require public liaison and health promotion strategy, which are areas with which GHS staff are less familiar). Development of strategies to encourage broader-screening of problem gambling in public health and related services could also be a key role of a health promotion specialist.

Permitting and encouraging services to engage in activities to promote problem gambling recovery may similarly be worthy of consideration. In particular, services believe that casework may assist some problem gamblers and that small-scale funding to support such activities may be useful. Similarly, enabling regional services to pay for client travel (in high-need cases) may also help reduce the travel burden on regional services and provide a valuable service to economically-vulnerable clients (i.e., by having clients travel to services). This could also be potentially more cost-effective and a better use of regional counselling staff time. However, as in all funding programs, clear guidelines would need to be administered to support decision making about how to best utilise such discretionary funding.

Development of a Refined Program Monitoring System

While OLGR staff have worked to progressively improve Program monitoring systems (e.g., via the CDS etc.), as staff also acknowledge, there is some potential to design and develop a more comprehensive Program monitoring system (if resources were available). There is particularly a need to develop a range of new fields to 'capture' all activities of GHS (i.e., not just treatment as is presently collected, but all activities). This would prevent system duplication at funded services, cut down reporting administration incurred by services (possibly removing most annual reporting requirements) and importantly, provide the RGF with a 'dashboard' of useful information on key activities and overall 'performance' of the Problem Gambling Program (at any point in time).

Regional analysis could also be facilitated through such a system. For instance, based on an analysis of GHL calls, client presentations at treatment services and education activities (by date), it would be possible to examine where promotional activity may be needed to increase both GHL calls and presentations to GHS. For instance, if Parramatta suddenly dropped in activity in a given month, Program managers would have such information at their fingertips. This would then allow promotional or communication activities in certain areas to be increased to increase counselling activity. Such a system would also allow the effectiveness of any promotions to be monitored and measured over time. Similar methodologies are also typically used in the commercial sector to monitor product/service sales across large geographic regions.

At the present time, analysis of trends across the Program is somewhat difficult, as education activity is not recorded in the CDS and treatment activity is not coded into easily-interpretable geographic areas (e.g., such as Local Government Areas or similar). This implies that analysis is currently quite administratively onerous and thus, that it is difficult to monitor changes in the Program across both time and geographic regions of NSW. This is also further complicated by different fields being recorded by the GHL compared to the CDS (implying that there is difficulty seeing how GHL calls may result in GHS referrals).

It is equally important to develop data fields which represent the full range of activities of funded services. For instance, services report that treatment often differs depending on the client and that more fine-grained approaches to defining 'treatment' are needed. New Zealand has a very interesting approach to data collection, which includes classifying contacts with clients in terms of brief interventions, full interventions, facilitation support (actively supporting people to attend treatment or working with another agency or specialist provider) and follow-ups. Public health services funded to undertake health promotion activity also report on service activities. Within the NSW Program, there is potential to undertake an in-depth analysis of the types of data fields required and develop a system 'specification' illustrating how data could be collected and then 'rolled up' for Program monitoring. Once functional data collection requirements are identified, a system could be procured or even the CDS expanded. Based on recommendations by Walker et. al (2006), there would also be significant benefit in developing a set of robust treatment outcome measures which could be compared across services, regions and periods of time.

Standardisation of assessment and recording approaches would also be critical in developing such a system. Standardisation of processes were generally identified as a future strategy to improve the operational efficiency and effectiveness of the Program. If initial 'in-take assessment' and needs assessment procedures could be standardised across the GHL and all GHS, this would also permit improved information gathering about needs across the Program. While other standardisation projects were also identified by GHS (e.g., standardisation of client records, consent procedures, treatment procedures etc.), standardising the approach to initial needs assessment should arguably be the first and possibly least complex initiative.

Once a refined system is in place, it would then be important to clarify to GHS staff how data is to be inputted. Use of an unique client identification number may also permit some tracking of clients through the Program in an anonymous fashion. If follow-ups were centralised, it would similarly be possible to gather useful information on client pathways through the treatment Program.

Future opportunities for collaboration with the gambling industry

While many GHS report on-going attempts to build relationships with gambling venues, it has been reported that venue commitment to working with counsellors is not optimal at a 'grassroots' level (i.e., in pubs and clubs). This indicates significant potential for the RGF to design and implement a program to encourage the gambling industry to work together with GHS. This should also include defining the possible scope of future dealings, examining ways for OLGR to support this work and undoubtedly allaying any venue concerns about possible future relationships. A range of potentially useful areas of collaboration could also be explored. In Victoria, a pilot project was undertaken to increase the use of GHS counsellors in the context of self-exclusions. This was a strategy to encourage self-exclusion clients to attend problem gambling counselling. While there is no requirement for this at present within NSW, there is obvious potential for this role to be of great value to both venues and GHS.

In addition, there is potential for venues to provide some basic opportunities for GHS to conduct regular education sessions on responsible gambling and to raise awareness of help services at a venue level. However, such arrangements are arguably best to be negotiated at a peak body and Governmental level, given that many staff have not had success to date. As this is akin to implementation of a major 'cultural change' program, there may also be benefit in conducting a survey with gambling venue staff to measure baseline preparedness for this collaboration and their associated knowledge of gambling help and problem gambling (including identification of signs of problem gambling). This type of program may also be worthy of future funding should resourcing be available. In Victoria, a venue-support worker program has also been funded to educate about responsible gambling and provides a valuable platform for relationship building between GHS and the gambling industry.

Recommendations based on the Needs Analysis

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Introduction

The current report presents key findings of a Needs Analysis of the New South Wales (NSW) Problem Gambling Counselling and Support Services Program (referred to as the Problem Gambling Program or the Program). This project was undertaken by Schottler Consulting Pty Ltd on behalf of the Office of Liquor Gaming and Racing (OLGR) of the NSW Department of Trade and Investment, Regional Infrastructure and Services.

Project aims and objectives

The aim of the Needs Analysis was to determine the most appropriate model for the provision of high quality, cost-effective problem gambling services within NSW. Specific objectives of the project were to:

- Conduct an exhaustive evaluation of the needs of the whole sector including all major elements contained in the provision of problem gambling counselling support services within NSW
- Determine what services are needed in NSW, and in what locations, to adequately meet community needs for gambling counselling and support

Findings of the Needs Analysis are used by appointed trustees of the Responsible Gambling Fund (RGF) of NSW to inform decision-making about funding allocations in problem gambling. Formerly the Casino Community Benefit Fund (CCBF), the RGF is governed by a board of Trustees appointed to make recommendations to the Minister on funding allocations to respond to problem gambling statewide. The RGF is supported by officers of the NSW Office of Liquor, Gaming and Racing (OLGR). The aim of the RGF is to reduce the negative impact of gambling and to benefit the people of New South Wales through the responsible administration of the Responsible Gambling Fund.

Problem gambling funding in NSW

The Responsible Gambling Fund derives income for problem gambling programs and services from a levy paid by the operator of the Sydney Casino, as required by the Casino Control Act 1992. The levy, set at a rate of 2% of the casino's gaming revenue, forms a part of the overall taxation arrangements that apply to casino gaming operations. Every few years, major funding decisions are made by the RGF about services and programs for problem gambling within NSW. This includes decisions about the funding of counselling services, which form the network of Gambling Help Services within NSW. Accordingly, key findings of the Needs Analysis will be used to inform RGF funding decisions for the next funding period commencing on July 1, 2013. Counselling services were re-funded from July 1, 2012 for a further 12 months to permit the Needs Analysis to be undertaken.

Methodology

The Needs Analysis involved a multi-stage methodology to identify needs across the NSW problem gambling services program. Each methodology is described in detail in each section of the report and included the following major work modules:

- Secondary data analysis to develop an overview of problem gambling service system flows and activities including analysis of the following datasets:
    - Analysis of calls and referrals associated with the NSW Gambling Help Line (2008/09 to 2010/11)
    - Analysis of Client and Treatment Data Sets available from the RGF NSW Client Data Set (CDS) database (2008/09 to 2010/11)
- Conduct of statewide consultations with all currently funded RGF problem gambling counselling services and the NSW Gambling Impact Society – including consultations with problem gambling clients
- Conduct of a desktop review of important jurisdictional developments in problem gambling (including a brief review of scholarly literature)
- Environment scan of key trends which may affect problem gambling service delivery into the future

Where trend analysis was relevant, data analysis in the project was undertaken for the three most recent whole funding years – 2008/09, 2009/10 and 2010/11. As CDS data for the most recent funding year was not available until several months after the end of the 2011/12 funding year (after project completion post-July 2012), this data was not able to be included in the analysis. However, it was envisaged that the three previous years would provide a good indication of general trends in help seeking and use of counselling services across the NSW problem gambling services program. Each funding year commenced on July 1 in a given year and ends on June 30 of the following year.

Linkages to other RGF projects

The current Needs Analysis involved a whole-of-program examination of general needs relating to the NSW Problem Gambling Counselling and Support Services Program. As a general and largely 'mainstream' Needs Analysis, a detailed analysis of CALD community and Aboriginal Service needs was outside the scope of the current project. To examine Aboriginal community needs and to identify learnings from previous Aboriginal Problem Gambling Programs, a review of RGF-funded Aboriginal Services was commissioned and completed during late 2011. This project identified the types of programs and support services, which would most benefit NSW Aboriginal communities in relation to problem gambling.

In addition, a separate review of the RGF-funded Service Accreditation Program (which requires services to achieve service accreditation with the Quality Improvement Council) was also undertaken during late 2011. Findings of this review are currently being used by the RGF to undertake refinements and improvements to the Service Accreditation Program. On this basis, both Aboriginal Problem Gambling needs and issues relating to the RGF Service Accreditation Program were outside the scope of the Needs Analysis.

While a detailed community-based analysis of individual CALD community needs was also outside the scope of the current project, a detailed analysis of CALD community needs was commissioned and completed during late 2008 (CIRCA, 2008). This identified a range of problem gambling support services and programs for CALD communities most affected by problem gambling and led to the establishment of a new CALD counselling service following the review (in the 2009/10 funding year). Accordingly, as this service had only been recently funded, examination of individual service needs of CALD communities was outside the scope of the current project.

Other projects commissioned by the RGF which will assist the RGF Trustees in decision-making relating to future funding allocations across the NSW Problem Gambling Services and Support Program include:

- Results of a prevalence study of problem gambling in NSW conducted during late 2011 to early 2012
- Results of evaluations of the major Gambling Hangover advertising and communications campaign
- Findings of a project examining the Workforce Needs relating to the Problem Gambling Services Program
- A review of the Gambling Help Line telephone service for problem gambling (scheduled for early 2013)
- Other internal OLGR reviews and project evaluation information

Within this context, the key focus of the current Needs Analysis related primarily to the provision of general community counselling and support services for problem gambling at an overall 'service system' level. As a high-level analysis, it did not include in-depth analysis of individual program areas such as those previously listed.

Overview of the NSW Problem Gambling Counselling and Support Services Program

The NSW Problem Gambling Counselling and Support Services Program currently consists of a diverse range of funded services and related programs. An overview of the Program and its major components is described below.

Gambling Help Line and Gambling Help Online

As in many Australian and international jurisdictions, problem gambling counselling in NSW is available through a telephone-based Gambling Help Line, which is accessed by calling 1800 858 858. The Gambling Help Line conducts problem gambling counselling 24 hours a day and provides referrals to a statewide network of face-to-face problem gambling counselling services. An online problem gambling counselling service similarly provides interactive counselling via the internet. This is operated as a national service with a funding contribution by (the RGF) NSW to national operational costs. The site is accessed at www.gamblinghelponline.org.au

Problem gambling counselling services

For the 2011/12 funding year, problem gambling counselling for the general community is provided by 38 counselling services. General counselling services are operated by 28 welfare/social agencies, 4 hospitals or Area Health Services, a university psychology clinic (which operates 3 funded services), 2 neighbourhood centres and a non-hospital based drug and alcohol service. One of the services operated by a welfare/social service is also a youth-specific service (located in Campbelltown).

CALD problem gambling services in NSW currently comprise six multi-region services. This includes a major Multicultural Problem Gambling Service (MPGS) operated by the NSW Ministry of Health (servicing all languages) and five services which respectively work in the Chinese, Vietnamese, Greek, Arabic and Italian communities.

A problem gambling communications program is also funded to deliver community education and awareness workshops to Aboriginal communities in NSW. This includes a training program for professionals working in Aboriginal communities and a telephone help line. This service was first funded as a trial during the 2010/11 funding year and is currently in the early stage of operation (so utilisation of the service is currently limited). Following a review of the Aboriginal Service Program during 2011, the service has also been funded for a further six months.

Specialist problem gambling support services

In addition to counselling services, a specialist problem gambling community legal service is funded to assist problem gamblers with legal issues related to gambling. This service is operated by Wesley Community Legal Service. A statewide training service is also funded to coordinate and provide training programs, forums and conferences to staff working in the NSW problem gambling services program (including organisation of the annual RGF conference in Sydney). The training service is currently operated by the Centre for Community Welfare Training (CCWT).

Other RGF-funded programs

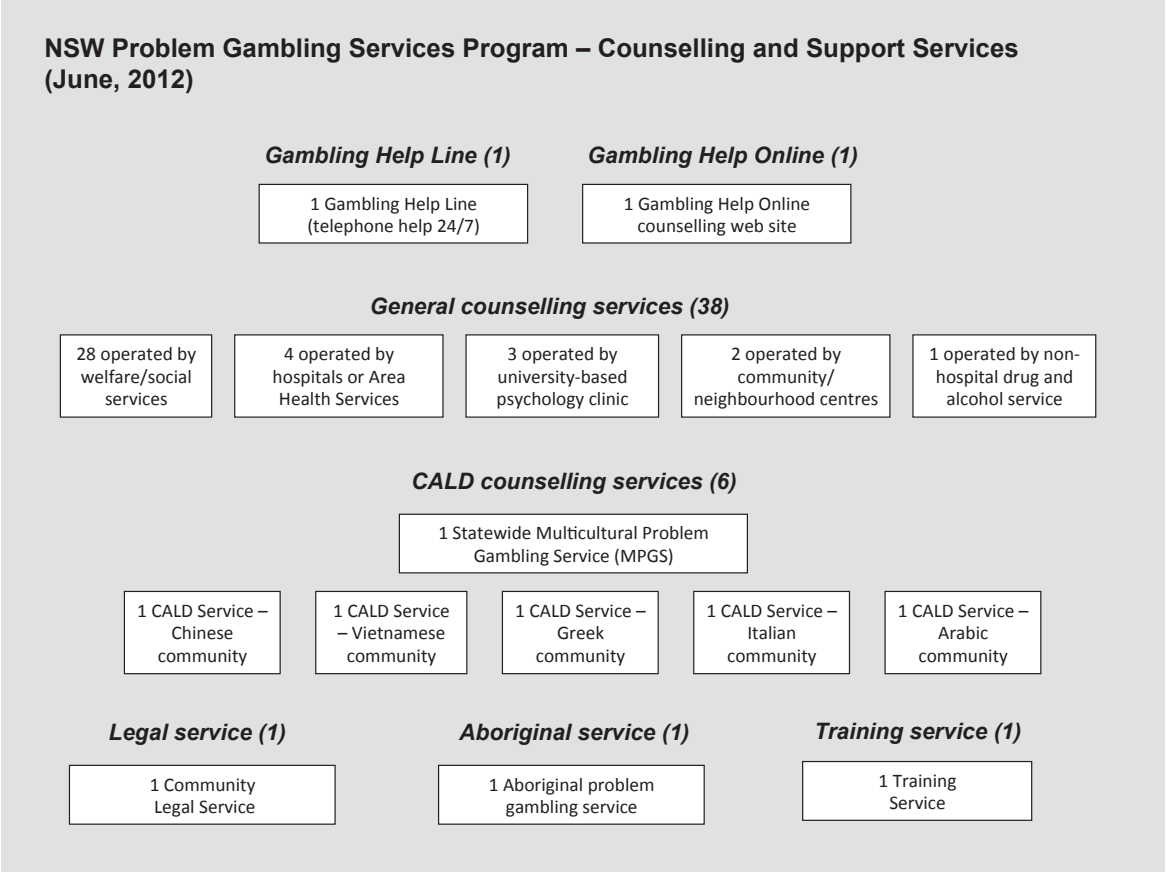
Other major programs funded by the RGF to support counselling service operation include:

- *Service Accreditation Program* – This program provides for training and support to counselling services to establish and maintain service accreditation with Quality Improvement Council (QIC) standards. Every three years, services undergo accreditation against the QIC standards and two problem gambling service specific standards. Most services are now in their second three-year accreditation cycle. A review of the Service Accreditation Program during late 2011 also identified some other accreditation options to pilot in the future to reduce the administration requirements of service accreditation
- *Clinical Supervision Program* – This is a program of regular and formal meetings between problem gambling counsellors and a highly experienced senior clinician (the clinical supervisor) to discuss client cases. The program aims to develop and improve counsellor skills in conducting problem gambling counselling through a mentoring and supervision model

- *Statewide Communications Program* – This includes a series of advertising campaigns and communications (including use of social media) to raise awareness of the availability of Gambling Help Services and the risks and impacts of problem gambling in NSW. Gambling Hangover was the most recent campaign undertaken
- *CALD Communications Program* – A communications campaign was developed to raise awareness of problem gambling and available Help Services in Arabic, Chinese, Greek, Italian and Vietnamese communities within NSW. This program was undertaken with support of RGF-funded CALD services
- *Research Program* – The RGF funds research to support the development and improvement of programs. Research includes conduct of regular studies examining the prevalence of problem gambling and the RGF also contributes to the national gambling research program through Gambling Research Australia.

An overview of major counselling and support services funded by the RGF NSW is shown in Figure 2.

Figure 2. Counselling and Support Services in the NSW Problem Gambling Services Program (June 2012)



RGF funding overview

Total RGF funding for the last four funding years (from July 1 to June 30) is in Table 3. A total of $13.78 million was allocated to the RGF during the 2011/12 funding year, of which $8.12 million was allocated to problem gambling counselling services (including both problem gambling and financial counselling).

Funding of problem gambling counselling services in NSW is allocated based on a Resource Distribution Model (RDM), a funding model originally developed by the NSW Department of Health. The model allocates funding by key Regions as defined by the NSW Department of Premier and Cabinet.

A number of refinements were also made to the RDM (by OLGR) for use by the RGF. This takes into account a range of factors in determining total problem gambling funding by Region including data from the RGF-funded gambling and problem gambling prevalence research, Gambling Help Line call data and counselling service utilisation based on the CDS data set.

Population data is also a key component of the funding model. The RDM can also be regularly updated to adjust the population of each Region based on key socio-demographics, which indicate need such as gender, age, Aboriginality, SEIFA (Socio-Economic Indexes for Areas) Index of Disadvantage, rural location and spoken English proficiency. The last adjustments to the RDM were made by the RGF in 2008 to support the last major funding round.

Table 3. Funding for the NSW Problem Gambling Services Program – 2008/09 to 2011/12

Major programs	2008/09	2009/10	2010/11	2011/12
Telephone and online counselling	$787,864	$1,134,206	$1,037,003	$1,022,001
General counselling	$7,338,304	$7,600,063	$7,973,689	$8,122,510
CALD counselling	$1,052,632	$1,310,743	$1,333,679	$1,383,359
Community legal service	$214,193	$222,761	$229,388	$237,933
Training service	$357,067	$382,385	$393,761	$408,429
Service accreditation	$356,714	$268,645	$323,704	$384,512
Research	$264,308	$326,292	$348,714	$498,390
Other projects	$1,799,354	$647,507	$2,105,328	$1,229,226
Other expenditure (admin, staff, overheads, depreciation)	$1,229,924	$1,109,177	$1,078,549	$495,516
Total expenditure ($)	$13,400,360	$13,001,779	$14,823,825	$13,781,876

Required LGAs for counselling service operation

The RGF currently requires funded counselling services to work in specific Local Government Areas (LGAs) of NSW. Services funded by Region for the 2010/11 funding year and the LGAs in which services are requested to operate are shown in Table 4.

Table 4. Where RGF funded services are required to conduct problem gambling counselling (2010/11 funding year)

NSW regions	Local Government Areas where the RGF requests counselling service activity	Funded agencies (2010/11 funding year)
Central coast	Gosford	Peninsula Community Centre
	Gosford, Wyong	UnitingCare Unifam Gosford
	Wyong	Wesley Mission - Central Coast
Coastal Sydney	Leichhardt, Liverpool and Wollongong	Co.As.It Italian Association of Assistance
	Canterbury, Bankstown, Parramatta, Marrickville, Sydney, Randwick, Rockdale	Greek Welfare Centre
	Sydney	Hopestreet Urban Compassion
	Hornsby, Pittwater, Warringah, Ku-ring-gai, Willoughby, Manly, North Sydney, Mosman, Lane Cove and Ryde	Hornsby Drug, Alcohol and Gambling Service
	Hornsby, Ku-ring-gai, Lane Cove, North Sydney, Ryde, and Willoughby	Lifeline Harbour to Hawkesbury
	Ashfield, Canterbury, Burwood, Hurstville, Leichhardt, and Sydney	Mission Australia - Sydney
	Sydney, Botany Bay, Randwick, Waverley, Woollahra	St Vincent's Hospital Gambling Treatment Program
	Canterbury, Ashfield, Burwood, Canada Bay, Hurstville, Marrickville, Strathfield, Parramatta, Blacktown and Penrith.	Sydney Women's Counselling Centre
	Sydney, Marrickville, Ashfield, Canada Bay, Canterbury, Leichhardt, Burwood, Strathfield	University of Sydney - Darlington
	Sutherland, Hurstville, Kogarah, Rockdale	Wesley Mission - St George/ Sutherland
	City of Sydney, Botany Bay, Leichhardt, Marrickville, Randwick, Waverley, Woollahra, Ashfield	Wesley Mission - City
Hunter	Cessnock, Maitland, Singleton, and Muswellbrook	Cessnock Family Support Service Inc.
	Newcastle, Maitland, Port Stephens, Singleton, Muswellbrook, Upper Hunter, Dungog, Gloucester, Great Lakes	Mission Australia - Hunter
	Newcastle	Wesley Mission – Newcastle
	Lake Macquarie	Woodrising Neighbourhood Centre
Illawara	Kiama, Shellharbour, Shoalhaven, Wingecarribee, Wollongong	Mission Australia - Illawarra
New England/ North West	Armidale, Glen Innes/Severn, Gunnedah, Guyra, Gwydir, Inverell, Moree Plains, Narrabri, Tamworth Regional, Uralla, and Walcha	Anglicare Northern Inland
	Armidale, Glen Innes/Severn, Gunnedah, Guyra, Gwydir, Inverell, Liverpool Plains, Moree Plains, Narrabri, Tamworth Regional, Tenterfield, Uralla, and Walcha	Centacare New England North West

NSW regions	Local Government Areas where the RGF requests counselling service activity	Funded agencies (2010/11 funding year)
North Coast	Coffs Harbour, Clarence Valley, Bellingen, Nambucca	Lifeline North Coast
	Greater Taree, Hastings, Kempsey	Mission Australia - North Coast
	Tweed Heads, Ballina, Byron Bay, Clarence Valley, Lismore, Richmond Valley, and Kyogle	Northern Rivers Gambling Counselling Service (The Buttery)
Riverina/ Murray	Albury, Corowa, Greater Hume, Deniliquin, Murray, Tumbarumba, and Berrigan	St David's Uniting Care
	Albury, Balranald, Berrigan, Bland, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Wagga Wagga, Wakool, and Wentworth	Mission Australia - Riverina
	Wagga Wagga	Wagga Wagga Family Support Service
South East	Bega Valley, Bombala, Boorowa, Cooma-Monaro, Eurobodalla, Goulburn Mulwaree, Harden, Palerang, Queanbeyan, Snowy River, Upper Lachlan, Yass Valley, and Young	Anglicare Canberra and Goulburn
South West Sydney	Bankstown, Campbelltown, Fairfield, Liverpool, Auburn, Blacktown, Holroyd, Parramatta, Penrith, Ashfield, Burwood, Canterbury, Hornsby, Hurstville, Kogarah, Marrickville, Rockdale, Ryde, Strathfield, and Sutherland	Arab Council Australia
	Fairfield	Lifeline Western Sydney (Fairfield) (funding for 8 months)
	Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wollondilly	Mission Australia - South West Sydney [spec. youth service]
	Liverpool, Bankstown, Fairfield, Campbelltown, Camden, Wollondilly	South Western Sydney Local Health Network
	Camden, Campbelltown, Wollondilly	University of Sydney - Camden
	Fairfield, Liverpool, Bankstown, Campbelltown, Auburn, Blacktown, Parramatta, Penrith, Marrickville, Canterbury, Burwood, Sydney and Ashfield	Vietnamese Community in Australia NSW Chapter Inc
Western NSW	Broken Hill, Central Darling, Unincorporated NSW	Lifeline Broken Hill
	Bathurst Regional, Blayney, Bogan, Bourke, Brewarrina, Cabonne, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Lithgow, Mid-Western Regional, Narromine, Oberon, Orange, Parkes, Walgett, Warren, Warrumbungle, Weddin, and Wellington	Lifeline Central West
Western Sydney	Bankstown, Camden, Campbelltown, Fairfield Liverpool, Wollondilly, Auburn, Baulkham Hills, Blacktown, Holroyd, Parramatta, Penrith, Ashfield, Botany Bay, Burwood, Canada Bay, Canterbury, Hornsby, Hunters Hill, Hurstville, Kogarah, Ku-ring-gai, Lane Cove, Leichhardt, Manly, Marrickville, Mosman, North Sydney, Randwick, Rockdale, Ryde, Strathfield, Sutherland, Sydney, Warringah, Waverley, Willoughby and Woollahra.	Auburn Asian Welfare Centre Inc
	Blacktown	CatholicCare Social Services
	Parramatta, Baulkham Hills	Lifeline Western Sydney
	Baulkham Hills, Hawkesbury and Windsor	St Vincent de Paul Society NSW
	State-wide	Western Sydney Local Health Network (Multicultural Problem Gambling Service)
	Blacktown	Western Sydney Local Health Network - Mount Druitt
	Auburn, Parramatta	University of Sydney - Lidcombe
	Penrith, lower Blue Mountains, Hawkesbury	Wesley Mission - Penrith

The counselling service workforce (during 2010/11)

The full time equivalent (FTE) workforce and total problem gambling workers for the 2010/11 funding year is in Table 5. Approximately 74.5 FTE was funded for problem gambling counselling during 2010/11 and approximately 13.4 FTE was funded for financial counselling (a total of 87.9 FTE). Headcount – based on both funded workers and volunteers – totalled 161 workers during 2010/11 (plus 80 sessional workers of the Multicultural Problem Gambling Service). If volunteers were excluded, total headcount was approximately 139 staff.

Table 5. Full time equivalent (FTE) workforce and total workers for the 2010/11 funding year

Type of counselling service	2010/11 funding year				
	Gambling counselling FTE	Financial counselling FTE	Total annualised FTE	Total headcount (workers and volunteers)	Total headcount (excluding volunteers)
General community counselling service	62.7	12.4	75.1	147	125
CALD counselling service	11.8	1	12.8	14 + 80 sessional staff at Multicultural Problem Gambling Service	14 + 80 sessional staff at Multicultural Problem Gambling Service
All counselling services	74.5	13.4	87.9	161 + 80 sessional staff at Multicultural Problem Gambling Service	139 + 80 sessional staff at Multicultural Problem Gambling Service

Requirements in funding service agreements

Services receiving funding from the RGF are required to maintain activities in a range of specified service areas. Specific percentages of resourcing required as part of RGF-funding agreements are outlined in Table 6. Percentages are only used as a guideline to provide services with some flexibility in the way resources are allocated to counselling and related activities. As such, some variation may be apparent across individual counselling services.

Table 6. Requirements of problem gambling counselling services as outlined in funding agreements

Resource allocation	Objectives
70-80%	1. To provide appropriate and equitable therapeutic counselling services to reduce the negative impact of gambling on individuals, families, and significant others 2. To provide appropriate and equitable financial counselling services to reduce the negative impact of gambling on individuals, families, and significant others (This objective only applies to organisations specifically funded to that effect)
5-15%	3. To raise community awareness of problem gambling issues and services via promotional and educational activities
5-15%	4. To build organisational capacity and optimise the scope and quality of service delivery 5. To ensure on-going compliance with the RGF Funding and Performance Agreement.

Major activities from 2008/09 to 2010/11 funding years

Major activities in the NSW problem gambling services program for the last three full funding years are in Table 7. This overview has been summarised from annual reports of the NSW Responsible Gambling Fund. As a high-level overview, only major activities and programs for each funding year are outlined.

Table 7. Significant developments in the NSW problem gambling services program from 2008/09 to 2010/11

Years	Major activities during the funding years	
2010/11	• Gambling Hangover awareness campaign was launched and used outdoor and radio advertising to target a group deemed particularly at-risk of developing gambling-related problems (men 18-39). The campaign included social media platforms – Facebook, Yahoo and Twitter with online Q&A style support provided through the avatars Gambling Hangover and Counsellor Sam • Aboriginal problem gambling program undertaken to raise community awareness of problem gambling and to train health and welfare sector professionals in the screening for problem gambling • A pilot campaign was undertaken to target problem gambling amongst culturally and linguistically diverse communities with a focus on Arabic, Chinese, Greek, Italian and Vietnamese communities • Most services underwent a second accreditation review as part of the service accreditation program • Workforce Development Strategy for Gambling Help commenced to help ensure the availability, capacity and distribution of a skilled and qualified workforce • The 2011 Counsellors Conference was attended by 159 delegates	• Engagement of provider of the Gambling Help telephone service for a further three years to 30 June 2014 • Review of the Responsible Conduct of Gambling training program to identify new content and materials to support staff and management working in clubs, hotels and the casino • Major NSW problem gambling prevalence study commissioned • The contract for the provision of the national Gambling Help Online counselling service extended to 30 June 2012 • Trustees held a planning day in February 2011 to discuss the future direction of the Fund. The outcome from the day was the development of Strategic Directions to guide operation of the Fund • The Aboriginal Health and Medical Research Council was funded to raise awareness of gambling related harm in Aboriginal communities and to provide tailored training courses • Funding approval was granted for two new projects to address problem gambling in Aboriginal communities
2009/10	• First year of the three-year Early Intervention, Prevention and Community Engagement Strategy rolled out – This included development of communication strategies for CALD and Aboriginal communities, launch of a new Gambling Help website and development and distribution of resources such as the DVD – 'Gaming Machines: Facts and Myths' (2000 copies distributed) • Gambling Hangover campaign launched • Launch of National Gambling Help Online • Problem Gambling Severity Index (PGSI) included in the NSW Population Health survey • Aboriginal Health and Medical Research Council received further funding to raise awareness of gambling-related harm in Aboriginal communities and to provide training for counsellors and other professionals • The 2010 Counsellors Conference was attended by 133 delegates	• Two Registered Training Organisations were engaged to roll out the Minimum Qualification project to RGF-funded counselling services • Approval of funding to extend Gambling Help Line for a further 12 months from 1 July 2010 to 30 June 2011 • Call for proposals relating to work within Aboriginal communities in NSW to address problem gambling and development of a training program for community workers • Service Accreditation Provider appointed for the period from 1 April 2009 to 30 June 2012 • CALD materials distributed to more than 1100 community organisations and community ambassadors recruited for the CALD campaign • An advertisement featuring real-life stories

Years	Major activities during the funding years	
	• Aboriginal website Let's Talk Gambling was launched, along with A Gambling Screen for Aboriginal people (SAGA) for Aboriginal health and community service workers • Pilot project to roll out the Minimum Qualification Pathway Strategy – 28 counsellors also received awards for completing the minimum qualification and 9 counsellors were awarded the Diploma of Problem Gambling Counselling. Following the pilot, the minimum qualification project was extended in late 2009 to the entire problem gambling workforce	of problem gamblers and their families was created in May 2010 • Direct marketing campaign to 6300 GPs and practice managers • A Guide to Problem Gambling: Children and Young people was launched for schools and TAFEs • Client follow-up guidelines were developed to improve the consistency and quality of client follow-up procedures and data across services
2008/09	• $1.8 million Gambling Hangover campaign was launched on 3 July 2008 • A pilot project commenced in early 2009 to roll out the Minimum Qualification Pathways strategy • A Gambling Hangover ad was also placed on the inside front pocket of the 2009 TAFE Diary, which is distributed free of charge to about 64,000 TAFE students in NSW • The Gambling Hangover campaign was advertised at the Ella 7s Aboriginal rugby carnival held in Coffs Harbour on 7 March 2009 • The Gambling Hangover website, launched on 3 July 2008 at www.gamblinghangover.nsw.gov.au • A coaster competition, called 'Draw the Line on Problem Gambling', was launched in February 2009. The aim was for 14-16 year olds to create artwork about problem gambling, the size of a drink coaster. The winning design was to be used on drink coasters in pubs, clubs and the casino during RGAW (11-17 May 2009) • A Pocket Guide to a Skilled Workforce: Problem Gambling Counselling, which provides information about the Diploma of Problem Gambling Counselling, was developed • The nine Canadian Problem Gambling Index (CPGI) questions were included in the 2008/09 NSW Population Health Survey • The 2009 Counsellors Conference was attended by 147 delegates	• In March 2009, the Minister approved funding for the Aboriginal Health and Medical Research Council to fund the service's proposed activities for Aboriginal communities through to 30 June 2010 • On 29 September 2008, the NSW Vocational Education and Training Accreditation Board (VETAB) accredited the Diploma of Problem Gambling Counselling for five years and the three specially developed problem gambling counselling units were endorsed as part of the national Community Services Training Package (CHC08) • In April 2009, the Minister launched the RGF's three-year, $2.4 million Early Intervention, Prevention and Community Engagement Strategy. The aim of the strategy is to reduce the impact of problem gambling on NSW communities • In April 2009, the Minister approved the Trustees' recommendation that up to $18,000 be allocated for the development and delivery of a series of awareness activities for partnership organisations (from the medical and health sector, mental health, legal and corrections, welfare, community and other sectors) • In January 2009, the Minister approved a recommendation from the Trustees that up to $41,000 be allocated for the development of a DVD to explain how gaming machines work and to dispel commonly-held myths

Major report sections

Section I:
Service activity in the NSW Problem Gambling Counselling and Support Services Program (2008/09 to 2010/11)

Methodology used to profile service activity

Profile of service activity of the NSW Gambling Help Line

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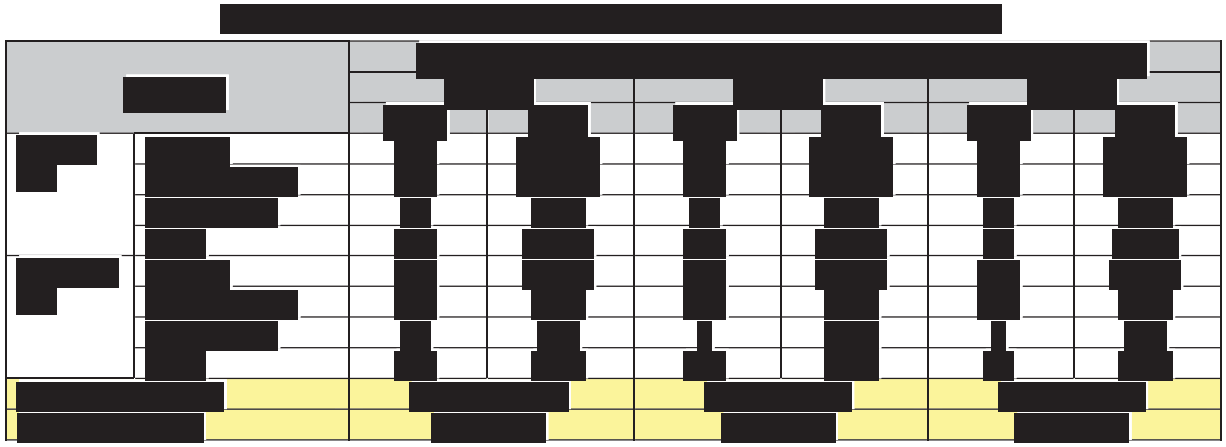

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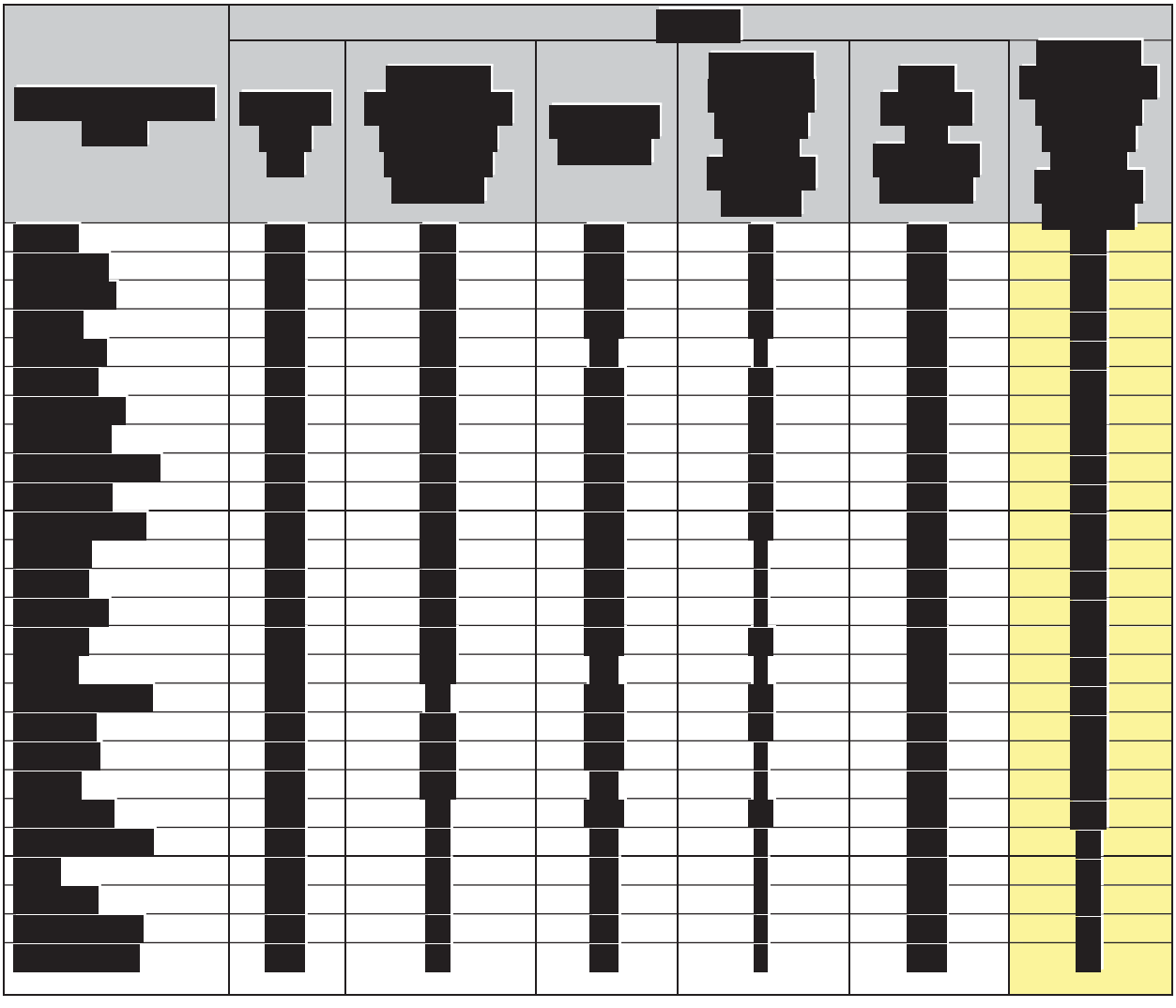

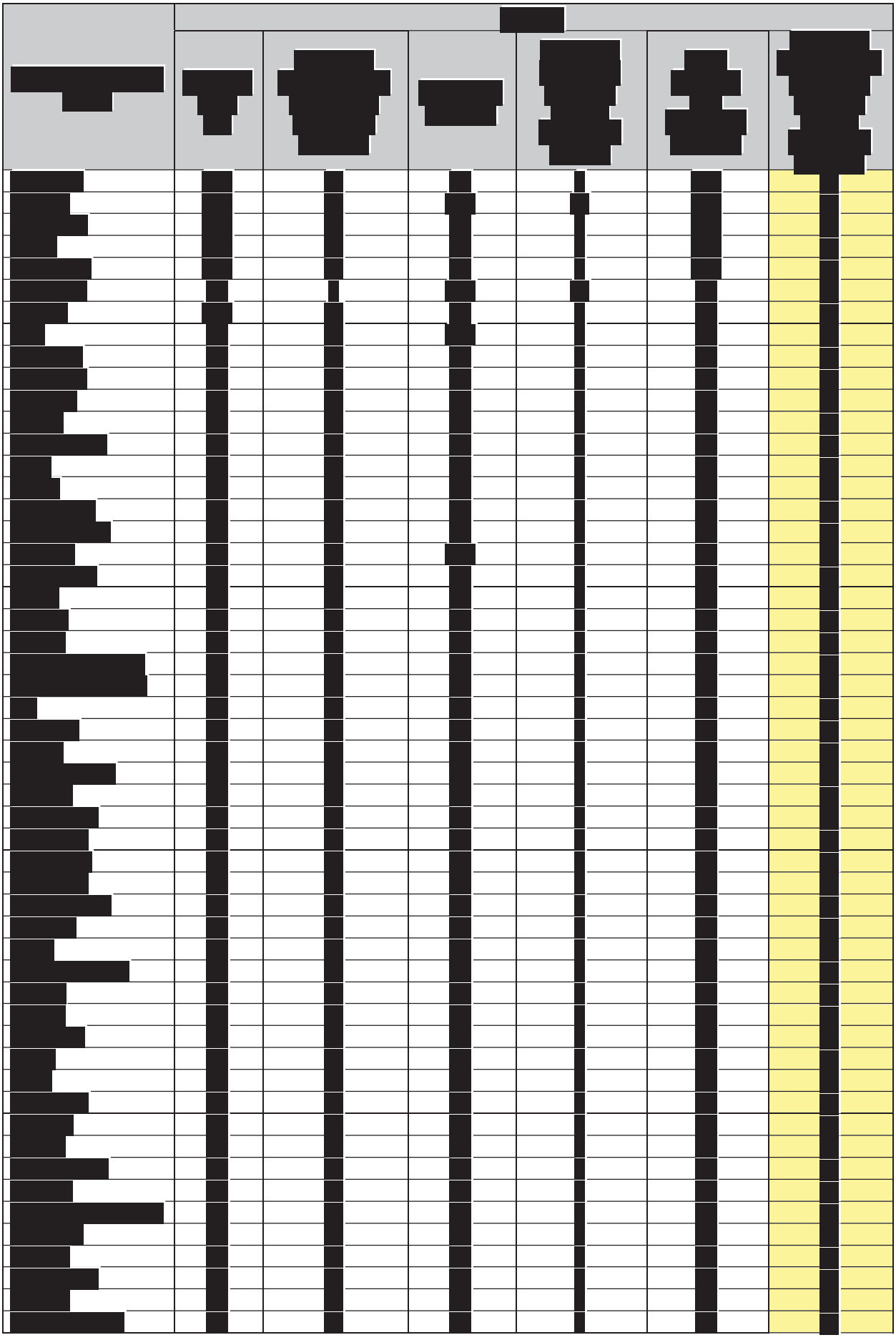

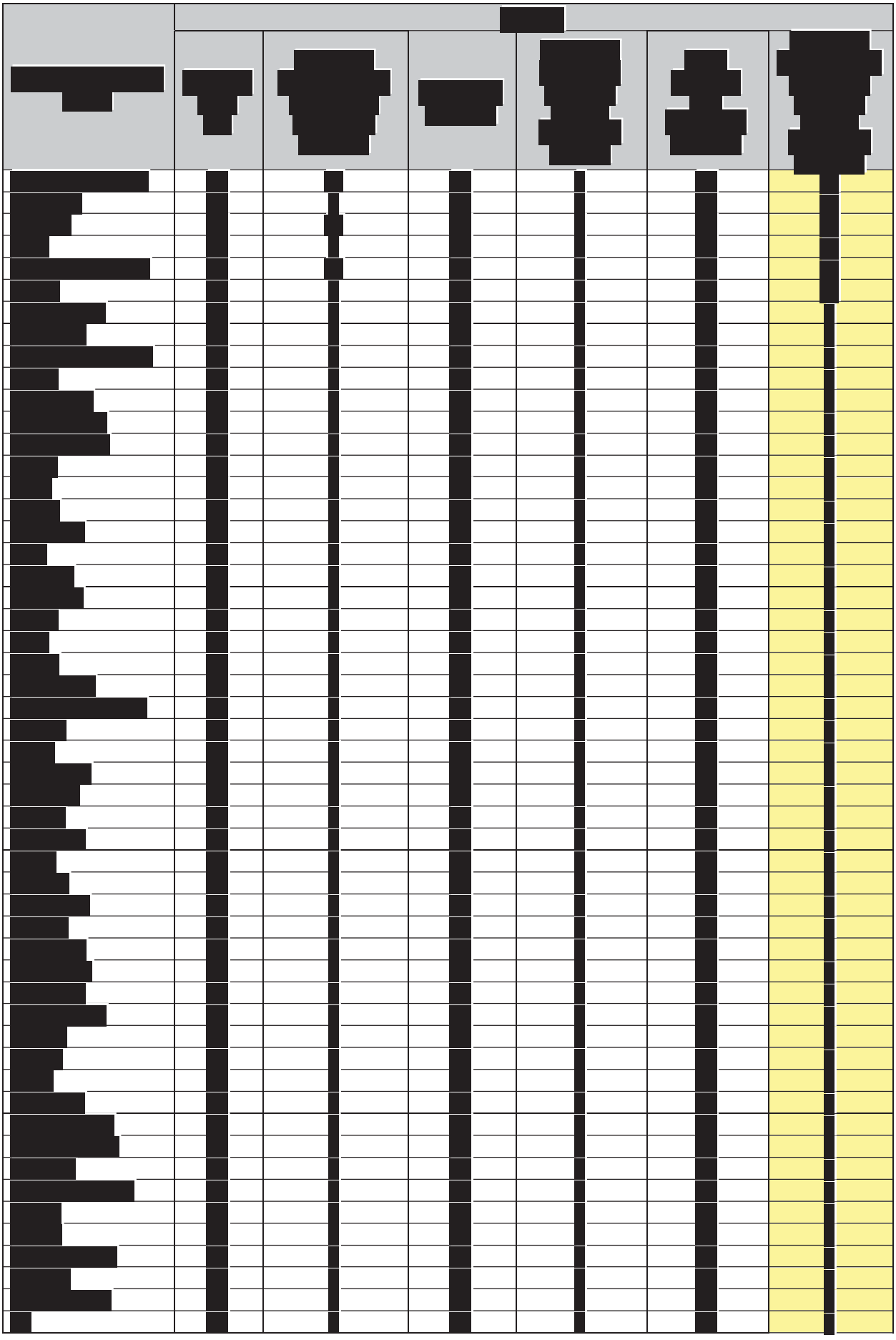

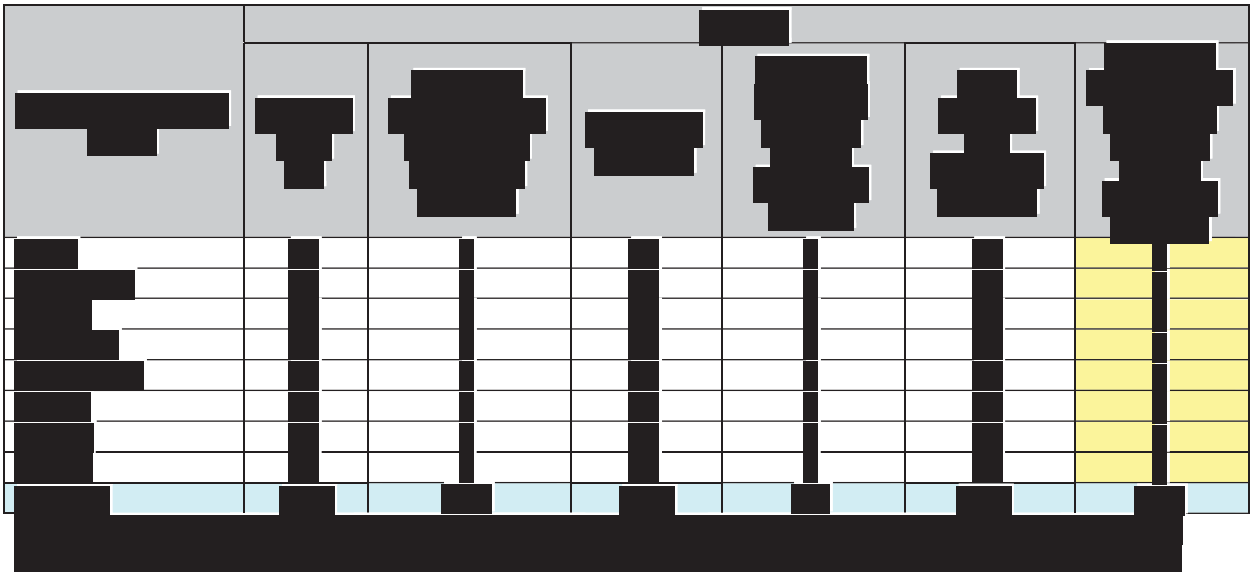

Profile of service activity of NSW Gambling Help Services

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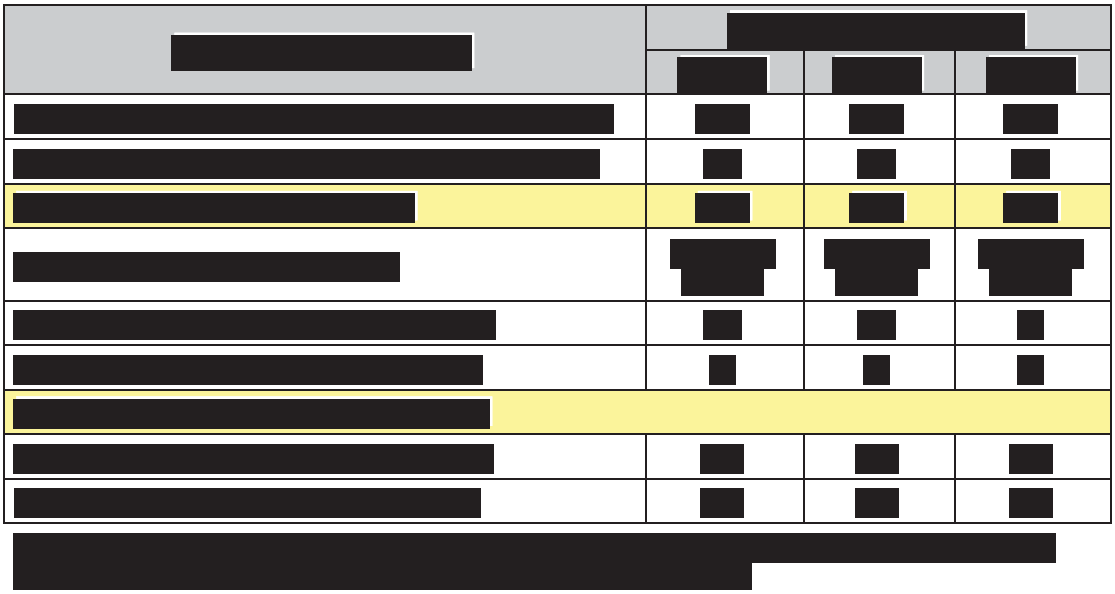

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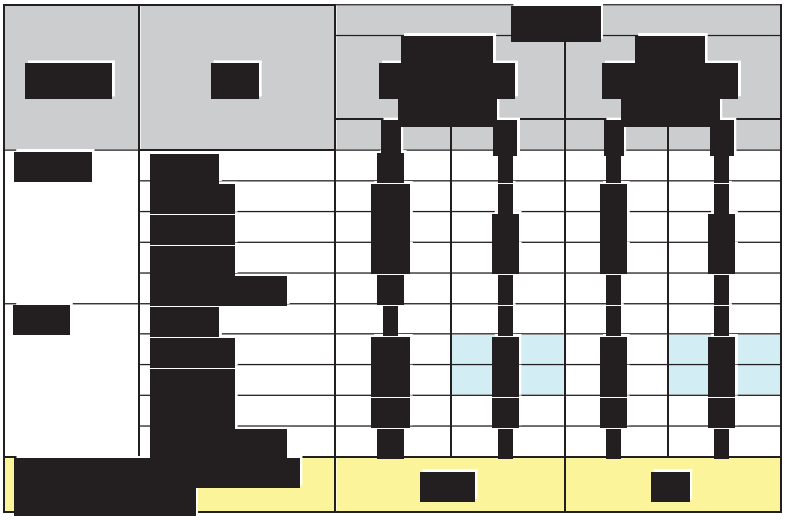

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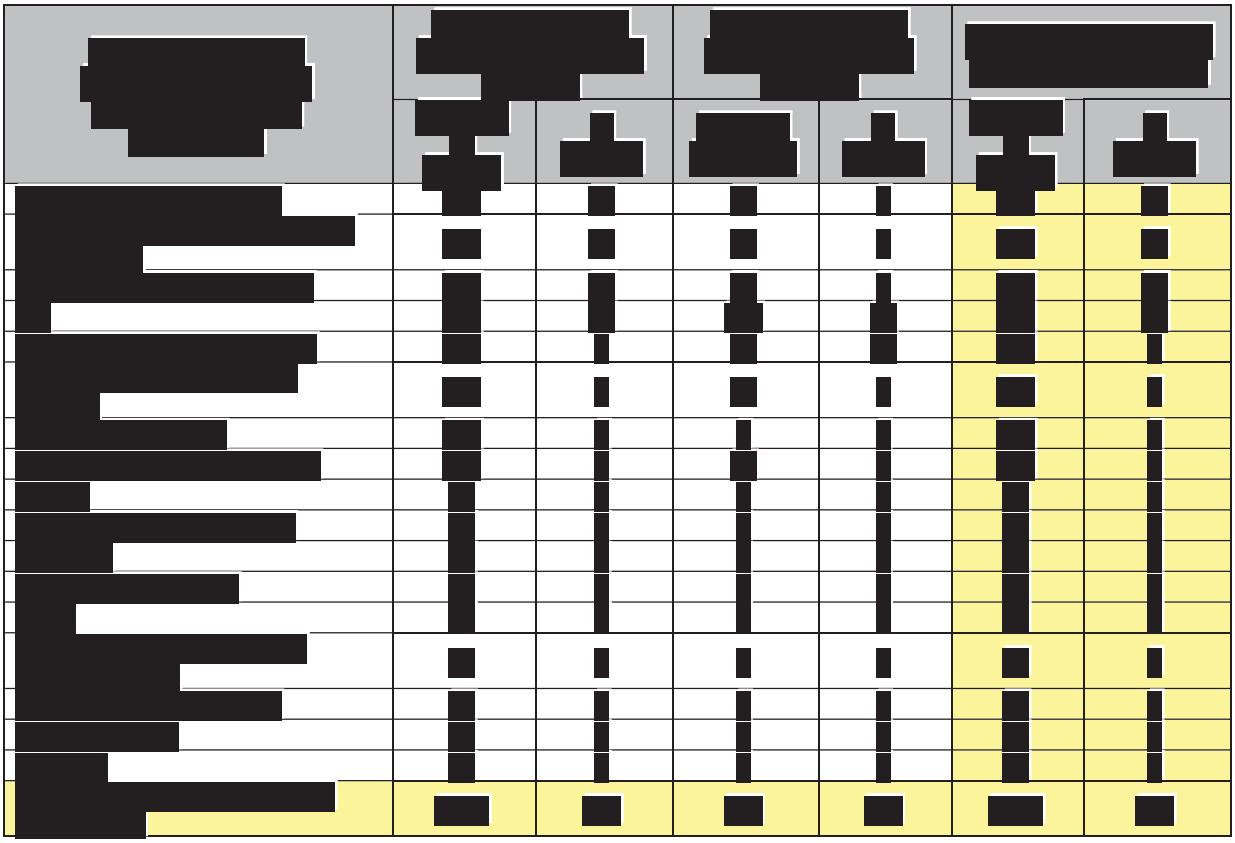

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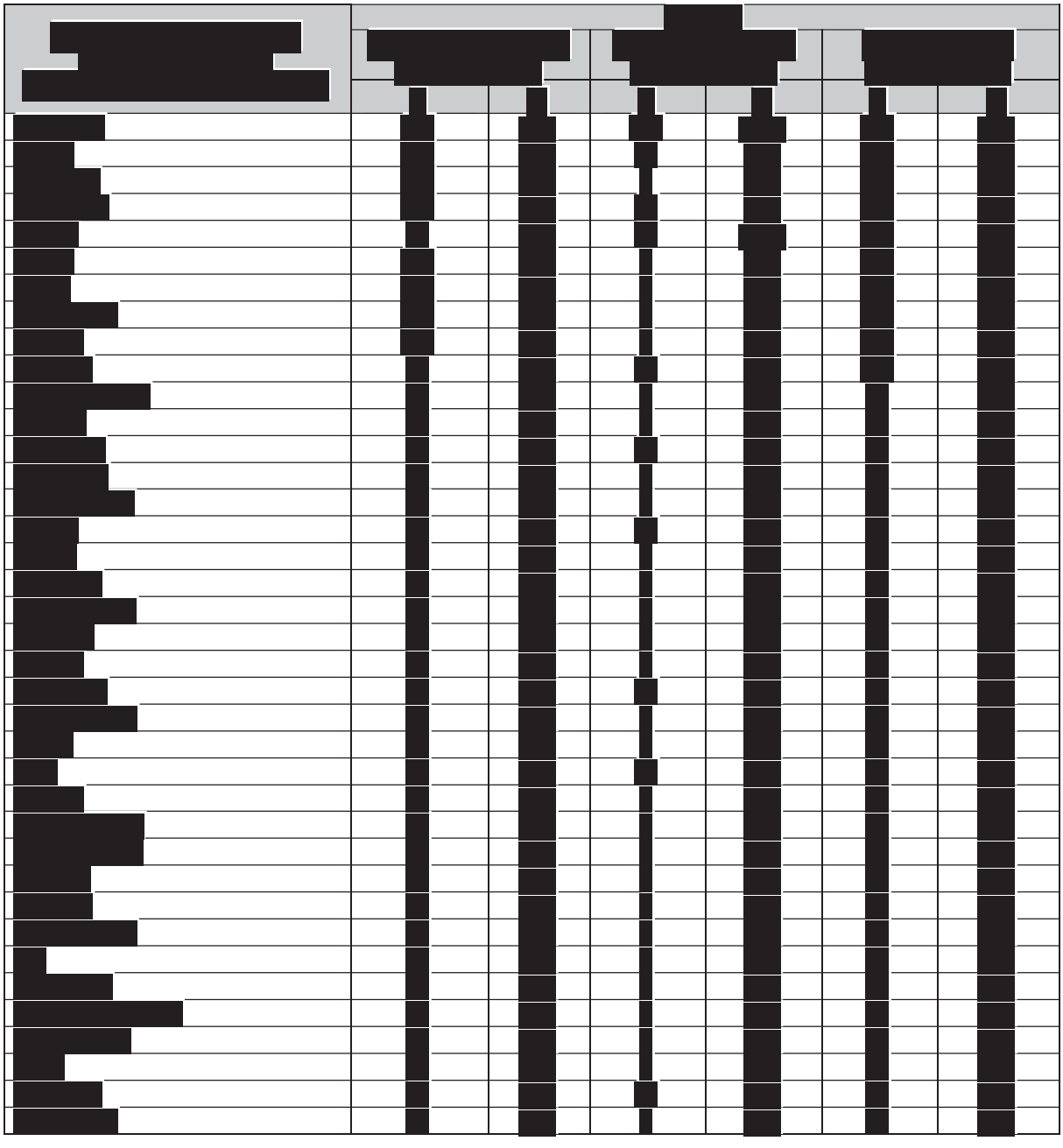

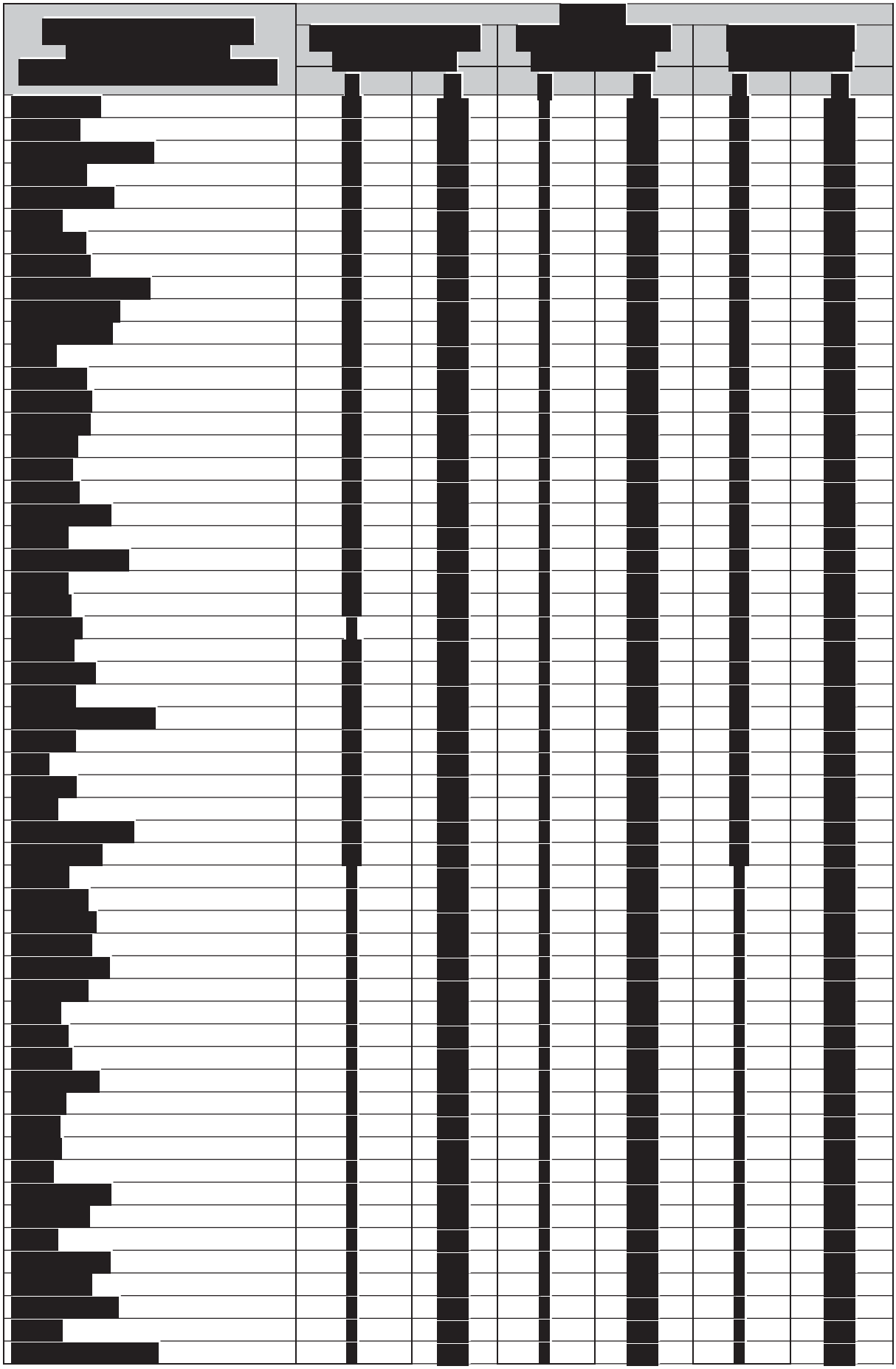

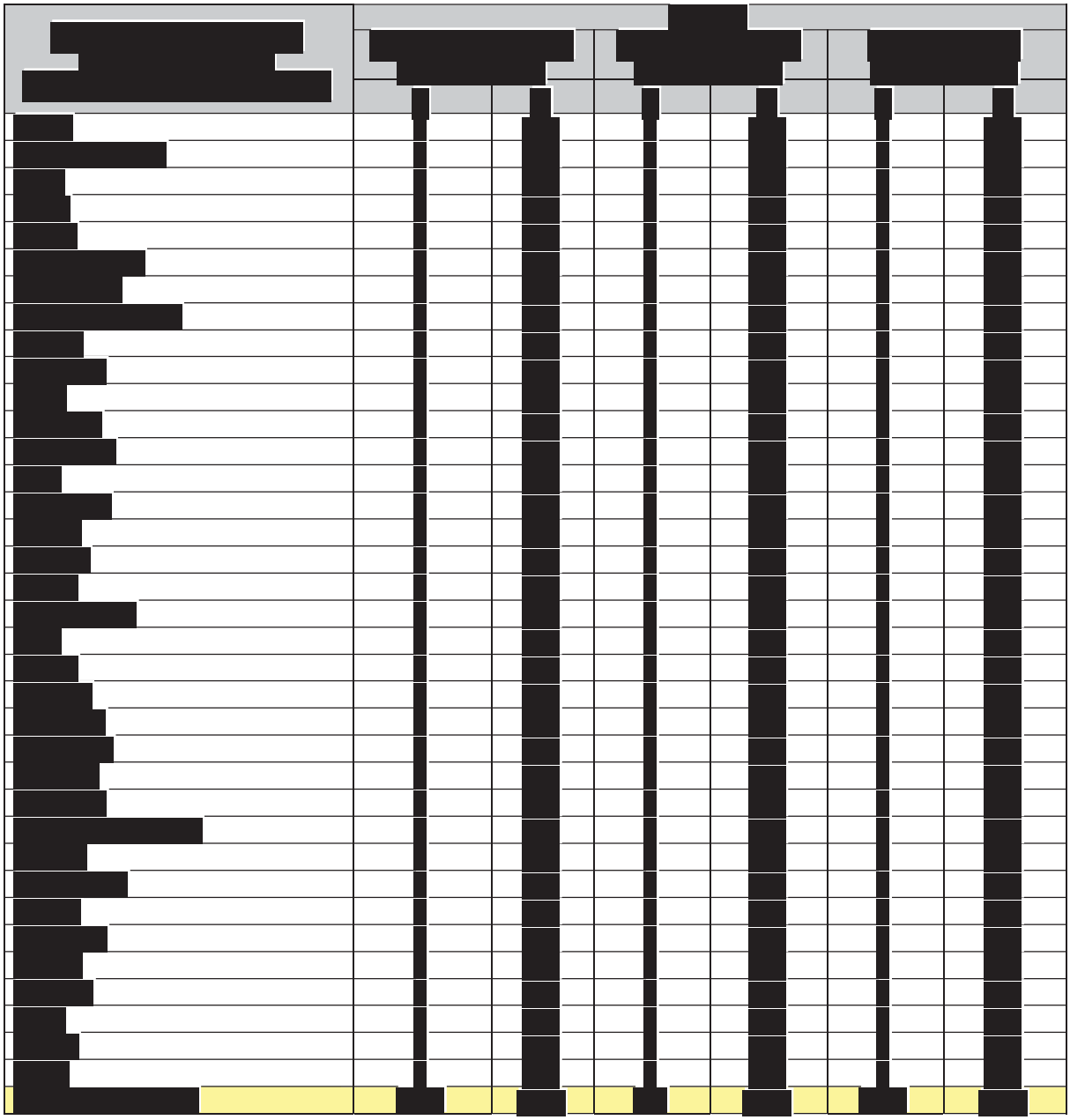

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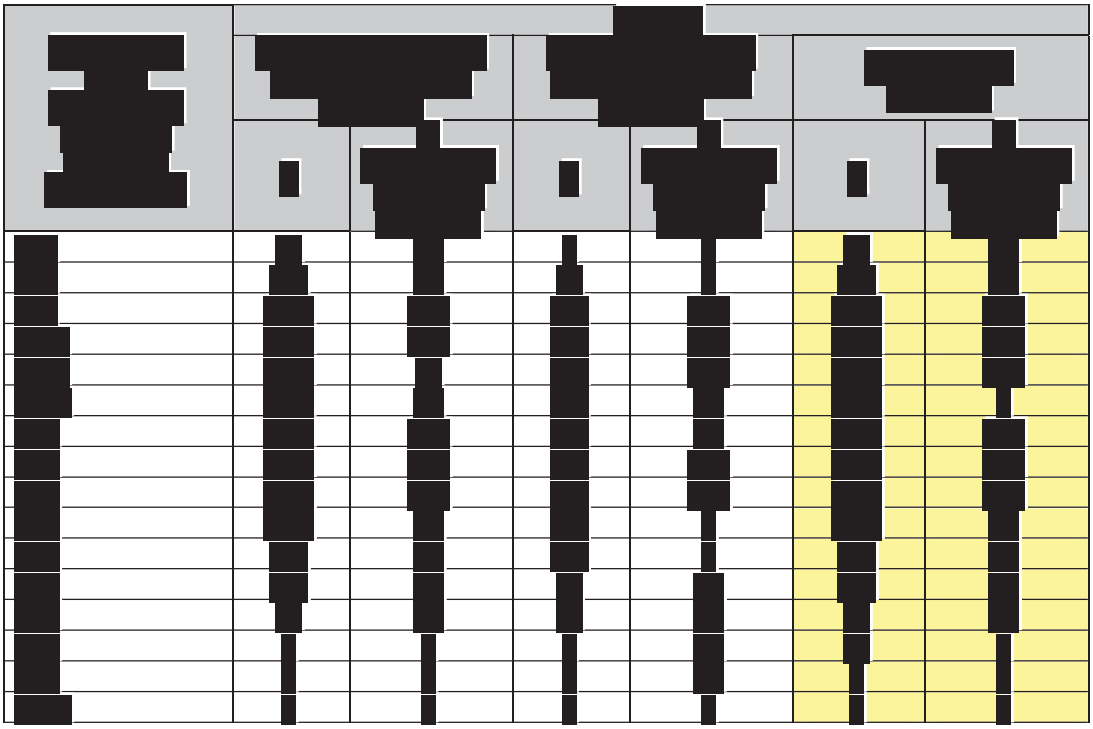

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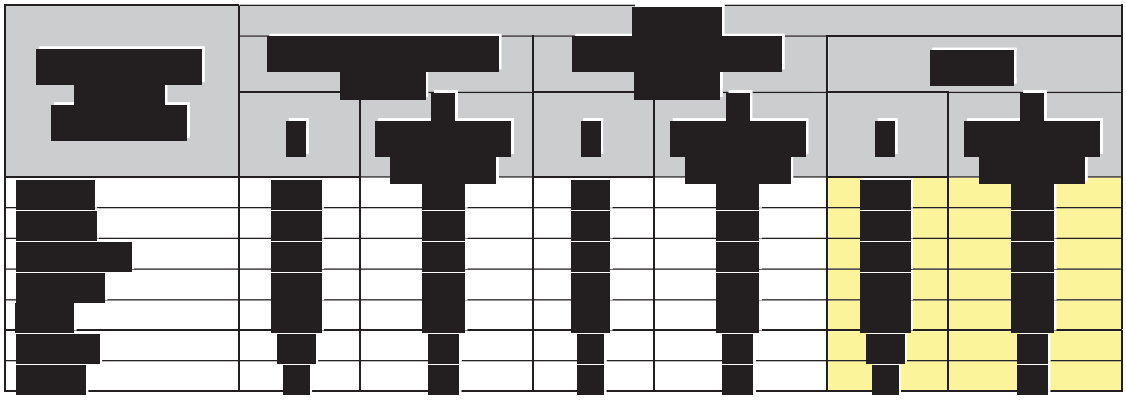

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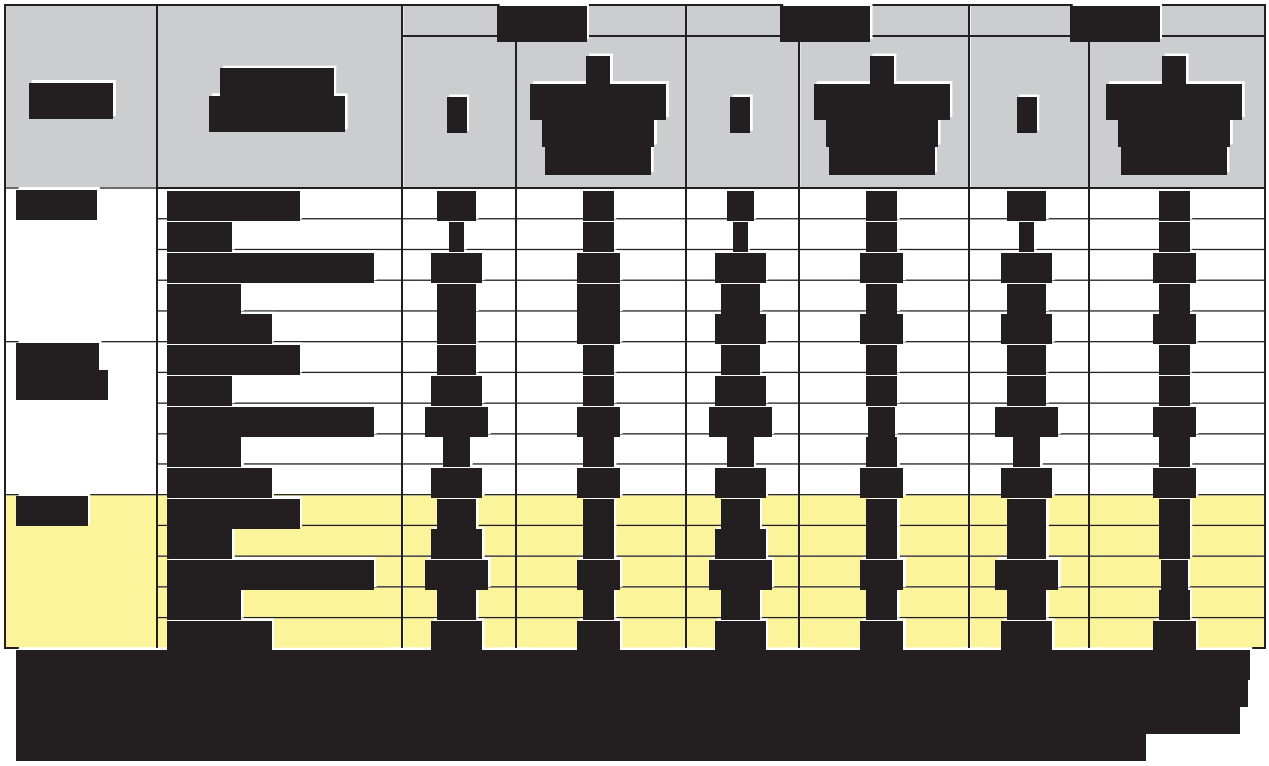

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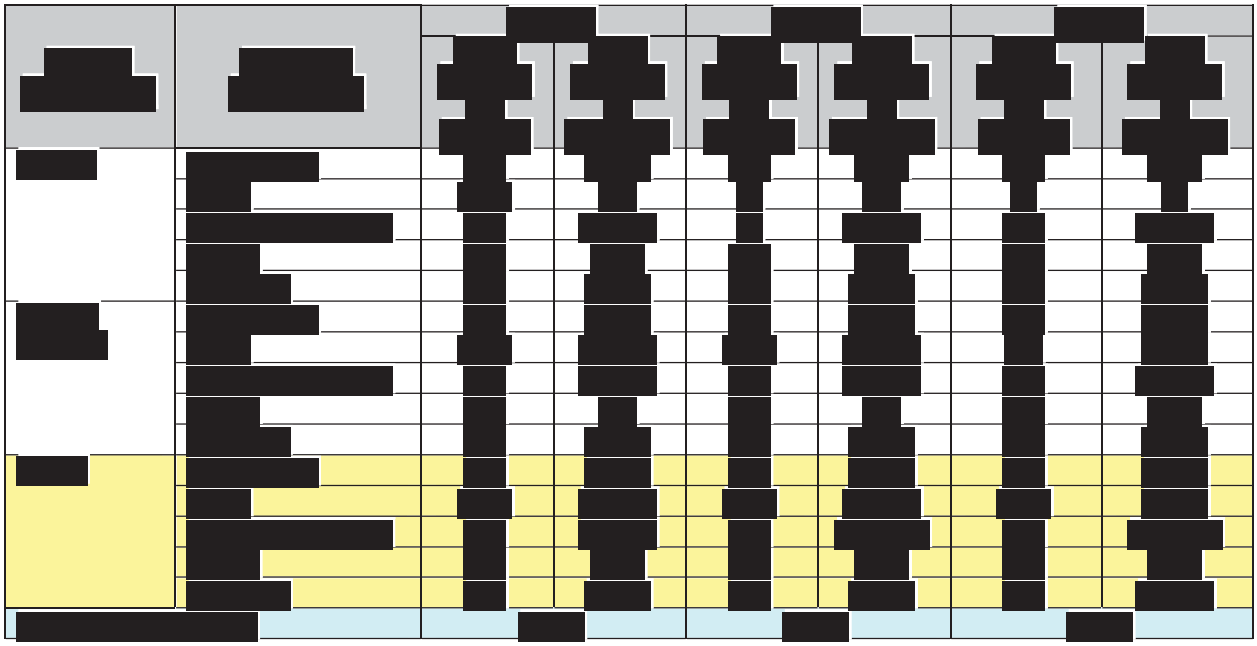


High-level summary of service 'system flows' in the NSW Problem Gambling Program

An overview of major service system flows in the NSW Problem Gambling Program is presented in Figure 4. Most notably, this shows that approximately 6,121 incoming calls were received during 2010/11 and 6,103 referrals were made (non-unique referrals allowing more than one referral per caller). Of the 6,103 total referrals, around 36% were made to non-funded RGF services. In addition, relative to all 6,103 referrals, 24% in total were made to Gamblers Anonymous and 6% each to fee-for-service counsellors or other miscellaneous non-RGF funded services. While this may highlight some difficulties in convincing callers to attend funded services (in lieu of alternatives such as Gamblers Anonymous), it may also highlight the potential to further enhance the referral process between the Help Line and the Gambling Help Counselling Services Program.

It is also noteworthy that the 'Gambling Help Line' is mentioned as a referral source by 21% of people attending problem gambling counselling. This may suggest that either the Help Line plays an important role in raising awareness of the availability of counselling. It is similarly of note that the Gambling Help Line plays much less of a role in encouraging clients of CALD services to access Gambling Help. This highlights the importance of community awareness raising in CALD counselling services about GHL services.

Trend analyses showed some evidence of a gradual decline in Gambling Help Service attendances during the last funding three years (from 4,041 clients in 2008/09 to 3,695 clients in 2010/11). Interestingly, however, client attendances of CALD backgrounds have risen (from 341 in 2008/09 to 542 in 2010/11). However, this may also be in part due to the establishment of a further CALD Gambling Help Service or possibly also due to a notable increase in the number of clients attending the Multicultural Problem Gambling Service.

In spite of a decline in mainstream service client attendances, a small increase was observed in the total number of inbound calls received by the Gambling Help Line (from 5,914 to 6,121). This may thus highlight some potential to increase referrals from the telephone service to problem gambling counselling. In this context, it is noteworthy that a relatively large proportion of referrals made by the Gambling Help Line were to non-funded RGF services.

Trend analyses from 2008/09 to 2010/11 also highlight an increasing reliance of Gambling Help Services on telephone counselling. In particular, while only 13.8% of counselling sessions were based on telephone counselling in 2008/09, this had increased to 16.5% of total counselling sessions in 2010/11. Examination of the time spent on telephone counselling further illustrates a substantial increase in the total time spent on telephone counselling. Whilst possibly also attributable to the funding of an additional service, this alone is unlikely to account for the 47% increase in the total minutes spent on telephone counselling from 2008/09 to 2010/11.

This is possibly due to the increasing general community acceptance of different contact modalities and reliance on the telephone in many areas of life. It is also apparent that the mean length of time spent on telephone counselling increased over the same period for both financial counselling (from a mean of 22.8 to 26.4 minutes) and problem gambling counselling (from a mean of 26.4 to 31.3 minutes).

Given the comments by some counsellors that they have not reported all their telephone counselling work (as some were unaware that this could be reported and others believed that it was not of value to the RGF), it is also conceivable that this figure has been under-reported. The increase in telephone counselling is probably conservative and may reflect some increasing acceptance of telephone counselling over time (just as internet use is becoming increasingly more well-accepted in the broader community). This may also highlight some future potential for Gambling Help Services to field Help Line calls directly and attempt to build rapport with clients to further increase referrals to Gambling Help Services. This may help better integrate the telephone help line into the Problem Gambling Counselling Program and provide an opportunity for RGF-funded counsellors to actively build rapport with clients to encourage their continued participation in counselling.

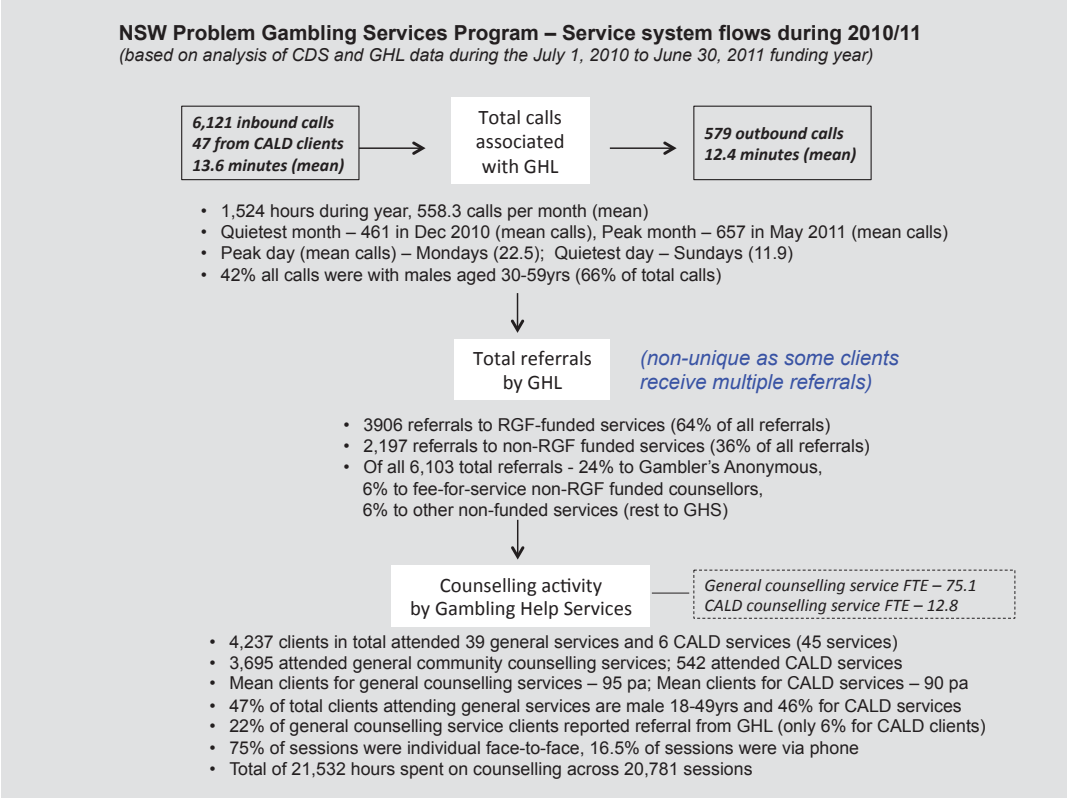
Given the increasing community reliance on non-face-to-face modes of contact, counselling participation in this context may also need to consider the potential for on-going client contact via any channel preferred by the client – whether via telephone, email or through more traditional face-to-face counselling. This may thus imply that Gambling Help Counsellors should be encouraged to embrace any channel preferred by a client and that such channels should be considered not just the role of the Gambling Help Line.

On this basis, this may indicate some level of early 'convergence' of contact channels within the Problem Gambling Program. Indeed, unlike many years ago, where there was much clearer delineation between face-to-face contact and alternatives such as telephone and email, there is now increasing community acceptance that all contact channels offer value and are no longer a barrier to service delivery. The increasing community acceptance of online transactions (and the like) may also provide some level of evidence of this early change. This is not to suggest that such channels are more or less effective than traditional face-to-face counselling, however, it may indicate some increasing community preference for more diverse contact channels.

This may thus indicate that the Problem Gambling Program is commencing (or has already commenced) a period of transition. While many people affected by problem gambling counselling will continue to need face-to-face counselling to resolve their gambling issues, this may indicate that contact modalities in the future will by necessity need to be increasingly more diverse. In particular, as problem gambling counsellors begin to embrace new channels (such as Counsellor Sam and the like), it will be important for the services system to change and adapt accordingly.

This may also signal the need for a range of new resources and supports to enable the existing program to work with the Gambling Help Line to ensure that clients asking for help receive any relevant help they need to address their gambling issue. While it is clear that many callers will only wish to have very short contact with the Gambling Help Line, it is conceivable that a number of callers, with appropriate rapport building and 'nurturing', could be transitioned into regular contact with Gambling Help counsellors. The key issue, however, may be that much contact will initially need to be through the telephone, rather than more traditional face-to-face counselling channels. From this perspective, the high-level review of service activity may provide some indication that there is potential to better integrate the role of the Gambling Help Line with the counselling program with the broader NSW Problem Gambling Program.

Figure 4. Service system flows in the NSW Problem Gambling Counselling and Support Services Program - 2010/11



Section II:
Key findings of consultations across the NSW Problem Gambling Counselling and Support Services Program

Overall views about the NSW Problem Gambling Counselling and Support Services Program

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Design and structure of the NSW Problem Gambling Counselling and Support Services Program

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Identification and treatment of problem gamblers with complex comorbidities by Gambling Help Services

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After-hours service needs of clients with problem gambling

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The perceived role and effectiveness of the Gambling Help Line with the Problem Gambling Counselling and Support Services Program

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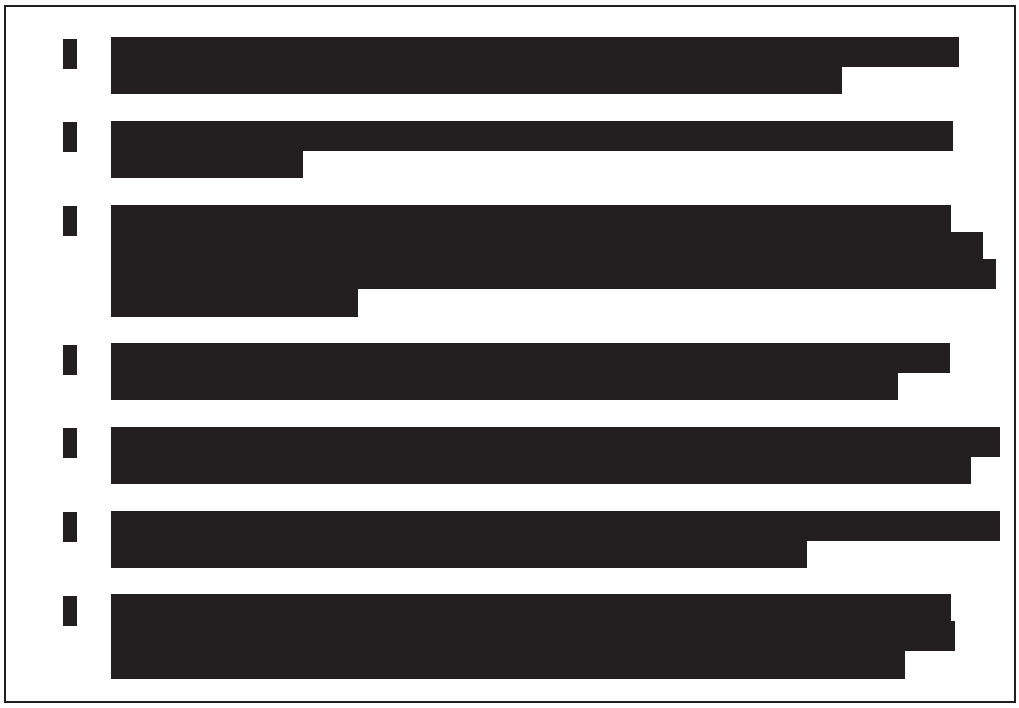

Issues relating to waiting lists in Gambling Help Services

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Use of different contact modalities for the delivery of Gambling Help to problem gamblers

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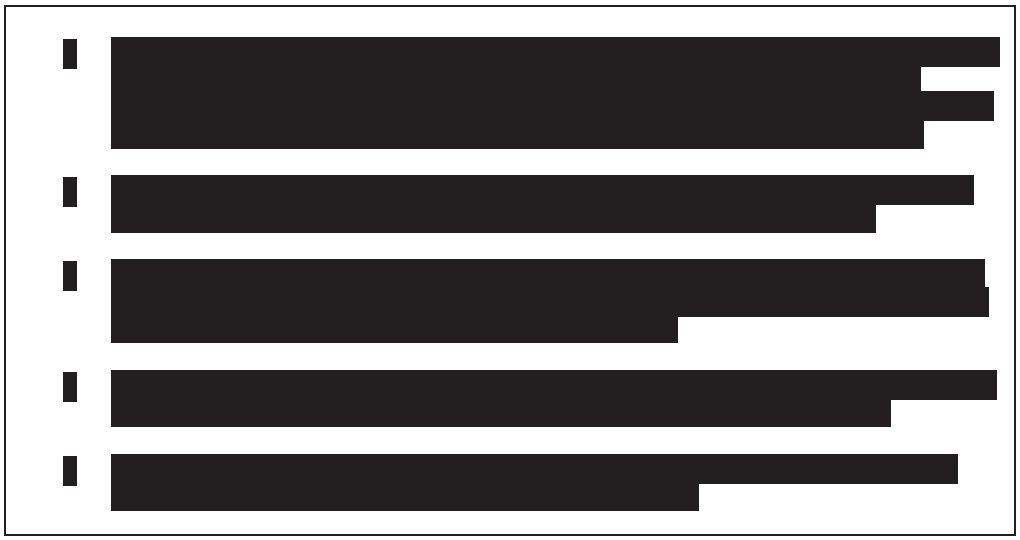

Consistency of processes across the NSW Problem Gambling Counselling and Support Services Program

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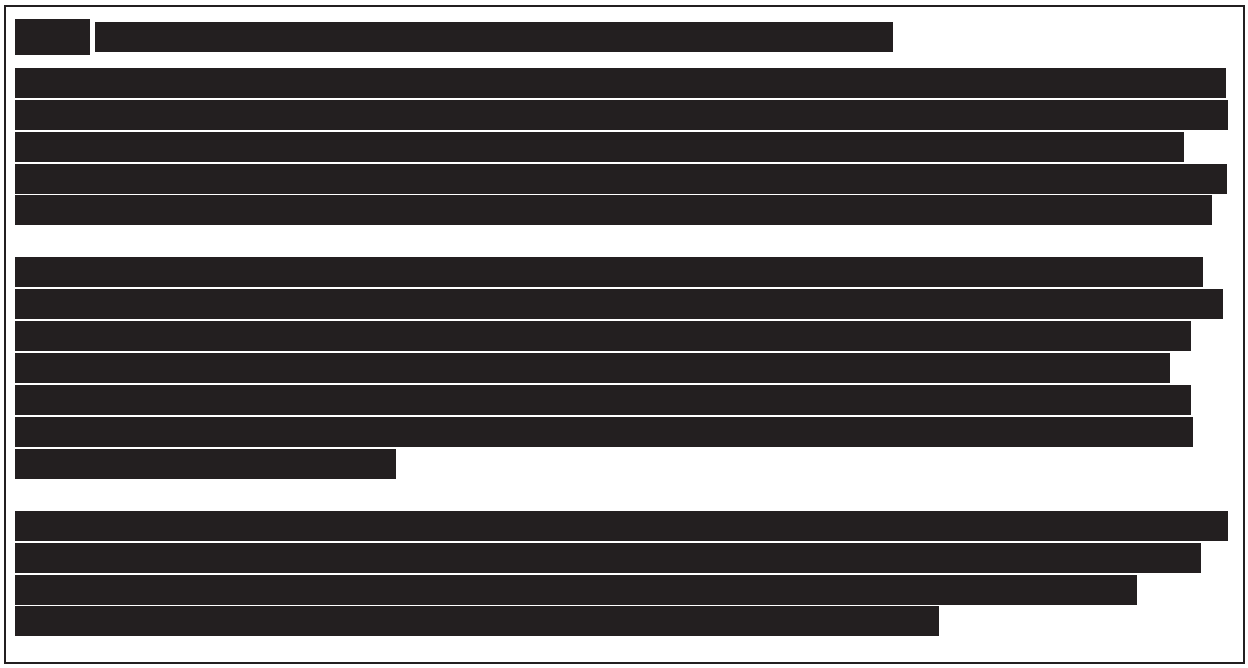

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Raising community awareness about the impacts of and services for problem gambling in NSW communities

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Views relating to needs for legal services for problem gambling in the NSW Problem Gambling Program

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Building the commitment of industry and venues to addressing problem gambling within NSW

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Funding and resourcing available to the NSW Problem Gambling Counselling and Support Services Program

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CALD and Aboriginal problem gambling service needs

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Views about the design of Client Data Set (CDS) data collection system and RGF reporting requirements

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Gambling Help Service views about miscellaneous issues

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Section III: Innovation in problem gambling programs and future trends and literature insights which may influence the NSW problem gambling program

The current section of the report examines innovation across the world in the delivery of problem gambling programs and identifies future trends and literature insights which have possible implications for the NSW problem gambling program. Innovative practices were limited to any jurisdictions which have differentiated programs or services which were deemed interesting or unique in problem gambling service delivery. An environment scan of other current, emerging and future developments was also undertaken to identify any trends which may impact problem gambling service delivery into the future. Finally, while a full review of treatment methods was outside the scope of the Needs Analysis, a small-scale review of scholarly literature was undertaken to identify any studies revealing useful insights of possible relevance to problem gambling program design or service delivery. This section was based on global internet searches and reviews of scholarly academic databases.

Key sections are presented as follows:

- Funding sources of National Problem Gambling Programs
- Innovation in the largest Australian Problem Gambling Counselling Programs
- Innovation in other international Problem Gambling Counselling Programs
- Trends with possible implications for problem gambling service delivery within NSW
- Scholarly literature highlighting key practice insights relating to the management of problem gambling services
- Key points in summary

Funding sources of National Problem Gambling Programs

The recent enquiry by the Productivity Commission provides comparative information relating to national problem gambling counselling program funding (Productivity Commission Report - J17, 2010). This information has been compiled and summarised for useful comparisons with NSW and is based on 2007/08 funding levels (Table 26). This illustrates that NSW receives the second largest amount of funding for problem gambling programs in Australia, second only to Victoria.

The third most well-funded program was South Australia, which received $6.47 million during 2007/08. Per capita, however, NSW had a higher prevalence rate of problem gambling during 2006 (0.8%), compared to Victoria (0.70% in 2008). As NSW has a higher total population, per capita funding can be interpreted as considerably lower in New South Wales, compared to Victoria (and particularly from July 2012, where $150m has been dedicated over four years to a Victorian Responsible Gambling Foundation).

Table 26. Funding sources and funding for National Problem Gambling Counselling Programs for 2007/08

Jurisdiction	Funding source	Funding on counselling programs ($m)	Funding on problem gambling campaigns ($m)	Total funding (counselling, campaigns, other programs) ($m)
Victoria	Net gaming revenues from hotels with gaming machines pay an additional tax of 8.33% into the Community Support Fund (CSF). Clubs are not required to make a contribution if they make a community benefit contribution of at least 8.33%.	14.2	5	21.39
New South Wales	Responsible Gambling Fund derives income from a 2% levy on the Sydney Casino. This levy has been negotiated to run till 2019.	9.27	1.8	11.38
South Australia	Contributions to the Gambler's Rehabilitation Fund are made by the Australian Hotels Association, Clubs SA, SkyCity Adelaide and the SA Government.	5.46	-	6.47
Queensland	8.5% of all gambling taxes are allocated to a Community Investment Fund (CIF), which provides funding back to the community through a Community Benefit Fund. Each of the four casinos pay 1% of gross profits into a casino community benefit fund.	3.7	0.2	3.9
Tasmania	A Community Support Levy (CSL) is derived from 4% of gross profits on gaming machines in hotels and clubs. In addition, 4% of Tasmanian monthly betting exchange commissions from brokered wager events held in Australia is paid to the CSL.	0.78	0.43	2.17
Northern Territory	Revenue for the Community Benefit Fund is derived from a levy on EGM revenue by licensed hotels. Licensed clubs operating EGMs do not pay a contribution levy, but are required to make a direct contribution to community development and improvement in line with the level of gambling activity undertaken.	0.84	0.20	1.58

Jurisdiction	Funding source	Funding on counselling programs ($m)	Funding on problem gambling campaigns ($m)	Total funding (counselling, campaigns, other programs) ($m)
Australian Capital Territory	Casino, gaming machine licensees and sports bookmakers pay taxes and the casino and sports bookmakers also pay an annual licence fee. Monies are directed into consolidated revenue, from which the ACT Government provides funding to a help service. ClubsACT and ACTTAB also provide funding to the provider to deliver specialist problem gambling counselling and financial counselling to participating clubs and the TAB.	-	-	0.65

Innovation in the largest Australian Problem Gambling Counselling Programs

Along with the NSW problem gambling program, problem gambling programs in Victoria and South Australia receive the highest amount of funding nationally. Within this context, the following section identifies a range of interesting innovations in the delivery of these two major problem gambling programs within Australia.

THE VICTORIAN PROBLEM GAMBLING PROGRAM

The Victorian Problem Gambling Program is undoubtedly the most well-resourced and sophisticated problem gambling program within Australia, with $132.3 million dedicated to the previous Victorian Government five-year problem gambling strategy, Taking Action on Problem Gambling (from 2006-07 to 2010-11) (TAPG). This equated to annual funding of approximately $26.5 million for problem gambling programs and services.

On July 1, 2012, the new Victorian Government established a Victorian Responsible Gambling Foundation (VRGF), which will be funded $150 million over four years to respond to problem gambling statewide. The new funding equates to approximately to $37.5 million per annum.

Innovative aspects of the program

While the new Foundation is currently still only early in operation, it is expected that many innovative programs and services may be continued from the previous Victorian Problem Gambling Program. Of particular note, examples of innovative programs from Taking Action on Problem Gambling included:

- *Integration of Gambler's Help in Primary Care Partnerships (PCPs)* – while Commonwealth Government established Medicare Locals may eventually replace PCPs, the integration of Gambler's Help into PCP operations presents an innovative approach to developing linkages between health and welfare services and problem gambling counselling. Under the model, Gambler's Help staff become part of PCPs. Primary Care Partnerships were established to improve primary health care service delivery in communities across Victoria. Inclusion of Gambler's Help in PCPs aims to develop and improve linkages between other health and welfare services and problem gambling counselling. While the referrals generated from PCPs have yet to be evaluated, this illustrates an innovative example of how problem gambling services have been well-integrated into an existing localised public health structure within Victoria

- *Funded expansions to after-hours gambling help* – Under TAPG, Gambler's Help Services were expanded with $2.1 million to provide after-hours problem gambling counselling services. This strategy was developed in response to increasing demand for after-hour appointments for problem gambling counselling

- *Centre for Excellence in Problem Gambling Treatment* – The Victorian Government committed over $4 million to establish a research centre under TAPG to examine the efficacy of clinical treatments and programs to respond to problem gambling. This represents an initiative to build the evidence base to support the development of effective problem gambling treatment programs. The Centre is also a collaborative partnership between Melbourne and Monash Universities

- *Screening for Problem Gambling at the Alfred Hospital* – This program included funding to support the screening of problem gambling at a major metropolitan hospital emergency department in the context of mental health crises. This was developed as an initiative in recognition of the many complex mental health comorbidities in problem gambling. The program also provides a consultation and advisory service for staff of Gambler's Help in relation to clients with complex mental health comorbidities and problem gambling

- *Purchase of a clinical health system to support data collection by Gambler's Help Services* – to improve the collection of outcome-based data by Gambler's Help Services, purchase of a major clinical health system called TrakCare was funded. This system provides Gambler's Help staff with a full platform to gather all necessary data relating to problem gambling counselling. A dashboard concept has also recently been introduced to allow agencies to monitor their own progress against KPIs agreed with the department

- *Health Promotion and Professional Resource Kits for Problem Gambling* – Under TAPG, two major resource kits were funded and developed. The first included a kit to improve the knowledge of Gambler's Help services about health promotion approaches to problem gambling (including effective health promotion case studies targeting problem gambling or responsible gambling). This Kit also educated health promotion workers outside problem gambling about problem gambling as a health issue. The second kit involved development of a resource for health and welfare professionals to raise awareness about problem gambling as a public health issue (including warning signs, screening processes and referral options)

- *Venue Support Worker Program* – In recognition of the need to build grassroots industry awareness of the impacts and signs of problem gambling, the Venue Support Worker Program provides training and support to gambling venues in Victoria about responsible gambling environments. The program aims to develop the capacity of staff to identify problem gambling behaviours and to respond appropriately. The Program also supports the self-exclusion process

- *Self-Exclusion Program Enhancements* – The Victorian Government funded a pilot to improve the linkages between self-exclusion and problem gambling counselling. Strategies were developed to link gamblers who requested self-exclusion into appropriate counselling programs. Following a successful pilot, the model was proposed as a useful mechanism to increase attendances at problem gambling counselling services

- *Recovery Assistance Program* – The Victorian Government funded a material aide program to assist problem gamblers and their families to meet immediate financial needs affected by problem gambling. This provides up to $1,000 in emergency relief funds

- *Peer Connection Program* – The Peer Connection Program provides free, confidential and anonymous over-the-phone support from volunteers who have successfully dealt with a gambling problem, or have worked through the impact of someone else's gambling problem. This allows interested gamblers to follow a peer support model with some analogies to Gamblers Anonymous

- *Statewide community awareness campaigns* – Under TAPG, the former Victorian Government funded $24 million over five years for a comprehensive community advertising program to raise awareness of problem gambling, responsible gambling and available help services. A range of innovative TV campaigns from the funding have also been developed – including the 'Take the Problem Out of Gambling' television commercials and more recently, the 'Gamble Aware' campaign

Structure of Gambler's Help Services

The Victorian Problem Gambling Counselling Program funds 17 community organisations to deliver problem gambling counselling. Services are reported to provide problem gambling and financial counselling across over 90 locations within Victoria. Approximately, 10 of the 17 funded services are health services. All counselling services are also funded to deliver what are termed 'portfolio services' as part of Gambler's Help. The Portfolio Program develops linkages with organisations in specialist service sectors to help address client gambling problems in other settings. This program was developed to respond to the co-occurrence of mental health, drug and alcohol, family and relationship problems with problem gambling.

Funded CALD and Aboriginal services include:

- *The Multicultural Gambler's Help Program* – This Program works with the Gambler's Help sector and community organisations to build knowledge of problem gambling in CALD communities, develop and implement inclusive and tailored early intervention and prevention strategies, improve access to problem gambling services and enhance organisational responsiveness to gambling related issues in CALD communities

- *The Chinese Peer Support Program* – This is a telephone service for problem gamblers and their families staffed by bi-lingual volunteers who have been affected by problem gambling

- *Bilingual Problem Gambling Counselling Service – Vietnamese and Italian* - This free service provides confidential telephone and face-to-face counselling, education sessions to raise awareness of gambling harm for community groups as well as training and support for service providers to help groups recognise the signs of problem gambling

- *Aboriginal Problem Gambling Program* – The Victorian Aboriginal Health Service is funded to provide problem gambling counselling to Aboriginal communities. In addition, an Aboriginal program was also funded to undertake and plan communications (Victorian Aboriginal Community Services Association Ltd Aboriginal Gambling Awareness Services)

THE SOUTH AUSTRALIAN PROBLEM GAMBLING PROGRAM

The South Australian Problem Gambling Program is increasingly being recognised as one of Australia's leading problem gambling programs. The Gamblers Rehabilitation Fund (GRF) was established in South Australia in 1994 to fund services to support and rehabilitate those affected by problem gambling. The GRF contributors are the Australian Hotels Association, Clubs SA, SKYCITY Adelaide and the South Australian Government. The GRF is administered by the Department for Families and Communities (DFC). The program receives approximately $3.845 million in funding per annum.

Innovative features of the South Australian Program include:

- *Offenders Aid and Rehabilitation Service* – This program provides specialised gambling help services to people who are in, or at-risk of, entering the criminal justice system including one-on-one assistance

- *Aboriginal Problem Gambling Service* – This program provides specialist gambling help to the Aboriginal community

- *Specialist Problem Gambling Therapy Service* – This Statewide Gambling Therapy Service operates from Flinders Medical Centre and also offers an inpatient treatment service where patients can reside for a period of two weeks. Clients who use the inpatient treatment service may do so for reasons such as the distance they would have to travel to see a therapist, factors in their home life that would complicate treatment, or because they may have severe anxiety or depression. The Service also monitors the outcomes achieved from its program on an on-going basis. If clients live in a country area, there is also some visit programs and for others outside visit programs, the Service can arrange both telephone or Skype based counselling

- *Flinders Centre for Gambling Research* – In May 2010, a Flinders University Centre for Gambling Research was launched. The Centre brings together researchers from the Southgate Institute and the Flinders Human Behaviour and Health Research Unit to focus on key elements of the phenomenon of gambling addiction; identification, prevention, treatment and relapse to addictive gambling

- *A health professionals web site* – as part of the South Australian Gambling Help web site, a General Practice Problem Gambling Resource Kit was developed for GPs, nurses and related clinicians. Waiting room posters, referrals and related resources were also developed to support the communications campaign. This included a referral poster which aligned help services for problem gambling to Divisions of General Practice across South Australia

- *Common screening by Gambling Help Services* – Within South Australia, all funded services screen for problem gambling using the Canadian Problem Gambling Severity Index. This common screening approach was implemented for all new clients from April 1, 2009

- *Large Prevalence Study of Problem Gambling* - The study of Gambling Prevalence in South Australia, conducted from October to December 2005, was prepared for, and jointly funded by, the Department for Families and Communities (DFC) and the South Australian Independent Gambling Authority. It involved a sample size of over 17,000 adults and 605 young people aged 16 - 17 years (the previous prevalence study conducted in 2001 involved a sample of over 6000 adults)

- *Project to re-develop the Gambling Help Line* – The Problem Gambling Services Action Plan made a commitment to redevelop the telephone service in 2007 to become a comprehensive first contact for initial assessment, referral and follow-up of people seeking help.

Structure of Gambling Help Services

Within South Australia, there are 4 metropolitan and 8 country Gambling Help Services and 9 Statewide and Special Purpose Services (i.e., CALD, Aboriginal and Offender services). The Office for Problem Gambling collects data from all Services. South Australia also operates a 24/7 telephone help service accessed by dialing 1800 060 757 (operated separately from the other national service).

Innovation in other international Problem Gambling Counselling Programs

A number of problem gambling counselling programs in other jurisdictions have developed an interesting range of approaches to the provision of programs and services to respond to problem gambling. This also includes interesting approaches to funding problem gambling programs. Within this context, following is an overview of international jurisdictions that have innovated in their approach to problem gambling counselling and strategy.

NEW ZEALAND

Managed by the Ministry of Health (MoH), New Zealand's problem gambling program is one of the most well-funded and coordinated problem gambling programs in the world. As a health department, the MoH manages and coordinates problem gambling programs and services from a public health perspective, with the overall charter broadly aligned to the Ottawa Charter for Health Promotion. Legislative responsibility for problem gambling is delegated to the Ministry under the Gambling Act 2003. Regulation of the gambling sector is undertaken by a separate agency, the New Zealand Department of Internal Affairs (DIA).

New Zealand has an interesting approach to funding problem gambling services and programs. Every three years, a levy is calculated which is set under the Gambling Act 2003. Two main factors are used for levy calculations – player losses (expenditure) for each gambling sector and rates of client presentations to problem gambling services attributable to each gambling sector. Profits of major gambling providers are then levied accordingly. The overall approach to setting the levy is designed to reflect the extent to which each gambling sector contributes to problem gambling. Funding from the levy is then directed towards an integrated and comprehensive range of treatment programs, research and related services.

The Productivity Commission (2010) reported that, for the 2010–11 to 2012–13 levy period, the Ministry of Health proposed a levy weighting of 30% on expenditure and 70% on presentations with calculations shown below:

Levy calculation - ((A*W1) + (B*W2))*C/D

- A - estimated current expenditure in a sector, divided by the total estimated current player expenditure in all sectors subject to the levy
- B - the number of customer presentations to problem gambling services that can be attributed to gambling in a sector, divided by the total number of customer presentations to problem gambling services in which a sector that is subject to the levy can be identified
- C - the funding requirement for the period
- D - forecast players
- W1 and W2 are weights, the sum of which is 1

Service statistics show that a total of 12,090 total clients presented for problem gambling treatment to New Zealand problem gambling services during July 2010 to June 2011 (Gambling Helpline Report, 2011). This interestingly represented a 9% decline from the previous period. Of the 2,122 new clients calling the Gambling Help Line during 2011, 64% were given what are termed 'hard referrals' to problem gambling counselling. Hard referrals involve a faxed referral to a funded treatment service with client details confirming appointment times. Hard referrals are always followed-up with the agency to ensure receipt. Soft referrals are situations where the client is given the phone number of the treatment provider to independently make the appointment (typically at the request of the client) (New Zealand Gambling Helpline Database, December 2011, p26).

Examples of program and service innovation in problem gambling within New Zealand include:

- *A Six-year Strategy Plan for problem gambling (2010/11-2015/16)* – This document plans and sets a strategic vision for problem gambling in New Zealand and highlights the high-level strategic thinking and planning evident in the jurisdiction for problem gambling programs and services

- *Funding of a National Coordination Service (NCS)* – This service is funded to coordinate communications with all funded problem gambling providers across New Zealand. The National Coordination Service develops newsletter and other communications to support sector training and workforce development. It is currently operated by the Salvation Army. A particular role of the Service is to improve the coordination and communication between problem gambling services and align national, regional and local activities to ensure that they complement each other and support the Ministry's Strategic Plan

- *Territorial Authority responsibility for gambling policies* – Within New Zealand, all local governments (term Territorial Authorities) are required to have policies for gambling venues in their jurisdiction. Policies must be reviewed during every three years and communities must be involved in the process. New gaming machine and TAB sites need territorial authority approval and all gaming machine sites need territorial authority approval to increase their number of machines. This requirement has also supported the public health approach to problem gambling within New Zealand at a localised level. A resource to assist Territorial Authorities to conduct their gambling policy reviews has also been developed by the Ministry

- *Funding of specialised and CALD-specific Gambling Help Lines* – New Zealand funds separate gambling help telephone services for the mainstream community, the Maori community, the Pacific community and the Asian community (all major cultural groups within New Zealand). There is also a specialised debt helpline (The Gambling Debt Helpline) and a specialised youth Helpline (Gambling Youth Helpline)

- *Problem Gambling Foundation (PGF)* – The PGF is a problem gambling treatment and advocacy service within New Zealand, predominantly funded by the Ministry of Health. The organisation is also the single largest treatment provider within the country, with a staff of around 60 and operating at over 60 locations nationwide. The organisation operates both mainstream treatment services and an Asian and Pacific service (a Maori Service is also operated by a further provider). A public health approach is central to the work of the PGF. This involves providers working together with communities to strengthen their resilience to problem gambling using health promotion methods. This role also includes advocacy about problem gambling policy to local and central governments

- *Text 4 Help* – This is a free SMS based treatment service designed to link mobile users in need of gambling help to treatment services. Clients can send an anonymous free text to a number and receive confirmation that the Gambling Helpline has received the SMS. Counsellors then text with the sender and typically encourage people in need of help to phone for help or to provide details to which an information pack can be sent

- *Intervention service versus Public Health service funding* – The Ministry of Health allocates specific funding to both intervention services (treatment services) and public health services (health promotion) to deliver treatment and programs to respond to problem gambling. The split was reported by KMPG New Zealand (2011) as approximately 60-40 for the 2007-2010 funding period. Public health services include strategies implicit in the Ottawa Charter for Health Promotion and include initiatives relating to policy development and implementation, safe gambling environments, supportive communities, aware communities and effective screening environments.

In July 2008, the Ministry for Health developed a handbook to set clear expectations for New Zealand's problem gambling intervention services. This handbook includes material on the strategic goals of problem gambling programs, Ministry-funded requirements, requirements specific to brief interventions, full interventions and facilitation and follow-up sessions and expectations relating to sector relationships and service activity.

Specific requirements are also outlined for different types of intervention. 'Brief interventions' are viewed as services designed primarily for people early in the course of developing gambling problems (primary and secondary prevention along a public health continuum), while 'full interventions' are described as appropriate for clients who seek help at a service for gambling issues. 'Facilitation services' can also be counted as the time associated with any support required to help a client receive help for other associated problems (including any support which may be required upon referral of a client to another type of help service). 'Follow-up' services provide follow-up and motivational support to clients for 12 months after their last full intervention session.

Data is also recorded to reflect the different types of treatment. In lieu of a treatment logged as 'generic treatment session', the Ministry requires providers to record each of their treatment activities along this definitional continuum. In this context, brief interventions may include activities such as:

- Screening for suicidality/homicidality potential
- Assessment of gambling problems utilising tools approved by the Ministry of Health
- Facilitation of culturally appropriate interventions or referrals
- Accurate education and information giving on gambling harms and available interventions
- Referral to more intensive problem gambling intervention services (including facilitation)
- Referral to other services where appropriate
- Offering all clients, provided with brief intervention services, the option of a follow-up contact within two weeks of the previous intervention

Performance objectives are also provided per FTE, with the expectation that each FTE will deliver a minimum of 120 brief sessions per month (of average 15-30 minutes length). Case study examples of how to count the 'brief interventions' in different contexts are also provided. For instance, people are not counted as clients or given a file until they have received at least 15 minutes of individualised time in their own right that involves a discussion of their screening results, disclosure and discussion of clinically relevant information.

The Ministry of Health endorses two screens for brief intervention – The Brief Gambler Screen and the Brief Family/Affected Other Screen. The Brief Gambler Screen consists of five simple questions to assist in rapid screening of an individual in a very user-friendly and non-threatening format (**Box 20**). Even if the screen is not positive, service providers must offer to re-contact the person within two weeks to re-assess their need.

Box 20. Brief Gambler Screen – New Zealand Ministry of Health brief intervention screening tool

Introduction/opening statement: Many people in New Zealand enjoy gambling, whether it's Lotto, track racing, the pokies or at the casino. Sometimes, however, it can affect our health. To help us to check your wellbeing, please answer the questions below as truthfully as you are able from your own experience. A 'no' answer can also mean that you don't gamble at all.

Brief gambler screen *(record the number of positive responses to questions 1 to 4. If there are no positive responses, then record a zero "0")*

1. Do you feel you have ever had a problem with gambling? (Only ask if not obvious)
2. If the answer to Q1 is yes, ask: And do you feel you currently have a problem with gambling?
3. Have you ever felt the need to bet more and more money?
4. Have you ever had to lie to people about how much you gambled?
5. If you answered yes to any of the above, what would help?
   - ☐ I would like some information
   - ☐ I would like to talk about it in confidence with someone
   - ☐ I would like some support or help
   - ☐ Nothing at this stage

A full intervention episode, in comparison, is described as one or more sessions in a specialist setting with people experiencing harm from their own or someone else's gambling. The Ministry reports that eight sixty minute sessions within three months of the first session is a typical (although not compulsory) format. This will also typically include implementation of an intervention plan that addresses the problems identified during comprehensive assessment and on-going review including the service user's readiness for change.

Intervention services are reported include activities such as:

- Screening for suicidality/homicidality
- Assessment for gambling problems utilising tools approved by the Ministry of Health
- Education to the service user about gambling harm and management of that harm
- Comprehensive assessment (including alcohol and other drug use, mental health, financial and cultural variables etc)
- Development of an intervention and relapse prevention plans
- Interventions including psychosocial therapy, support and case management (for individuals and groups) (as outlined in the MoH revised practitioners manual)
- Referral to relevant life skills programmes, including self-help or support groups, appropriate cultural activities/services, budgeting services, relationship counselling or other follow-up services as negotiated with the service user
- Education and planning with clients about early intervention, maintenance of health, relapse prevention, problem prevention and promotion of health.

Several gambling screens must be completed and discussed with the client to comply with contract specifications. As part of the requirement for a comprehensive assessment, service providers must assess other health and social areas of the client's life that may have been affected by problem gambling (including the impact on significant others such as family). Key issues which must be assessed during comprehensive assessment include suicidality, alcohol and other drug use and depression.

The minimum screens for a full intervention episode are:

- The gambling harm screen (gambler or family/affected other) (Problem Gambling Severity Index)
- The outcomes screens to assess change for the client (gambler or family/affected other) and service
- Co-existing issues screens to assess other issues for the client (gambler or family/affected other)

As part of the comprehensive outcome screening assessment, clients must be asked about:

- The current level of control they have over their gambling
- The amount of money they have lost ('dollars lost')
- Their annual household income

Co-existing issue screens include the AUDIT alcohol screen (to assess high risk alcohol use), a single item drug screen, a two-item depression screen and a single item suicidality screen. Intervention and referral planning also has a similar focus with a structured and agreed approach to needs assessment. Key intervention planning elements also consider the need for:

- Budgeting or financial advice
- Assistance regarding legal matters
- Assistance regarding housing
- Assistance regarding employment matters
- Help with work and income assistance
- Help with family/relationship matters
- General health matters
- Information about support groups (e.g., Gamblers Anonymous)

Facilitation support is particularly targeted at comorbidities of problem gambling, which require specialist support and services including those from an external provider. Specific facilitation support activity may include:

- Sessions within a full intervention episode actively supporting people experiencing harm to access specialist mental health, alcohol and other drug, or social services
- Working with an agency or service other than the specialist problem gambling intervention service
- Working one-to-one with people who have to some degree acknowledged the harms they are experiencing from their own or another's gambling
- Working with people who have made some commitment to seeking support from a specialist gambling service

This is described as potentially a diverse range of support services. Examples may include attendance at court sessions, time spent building relationships with other services, self-exclusion and services involving the following:

- Establishment of formal referral and relationship protocols with those services being utilised (including accountability for access, case management, exit processes, follow-up and information sharing)
- Development of referral plans
- Facilitation and support access to relevant life skills programs, including self-help or support groups, cultural activities/services, budgeting services, relationship counselling or other follow-up services as negotiated with the service user
- Facilitation and support access to problem gambling full intervention services including the Helpline
- Education in relation to early intervention, maintenance of health, relapse prevention, problem prevention and promotion of health.

Follow-up services comprise the final step in the client treatment approach. Follow-up is viewed as an opportunity to re-engage with clients throughout the year after full intervention and facilitation services. This service applies to problem gamblers and affected others who have been previously registered as receiving full interventions.

The follow-up episode is typically via phone or face-to-face, but never in a group format. Follow-ups are conducted at one month, three months, six months and twelve months after a full intervention service. At the three-month, six-month and 12-month follow-ups, reassessment screens are used for both problem gamblers and affected others. If a follow-up episode session identifies that a client requires further counselling, assessment or facilitation services, the follow-up episode is ended and the subsequent sessions are recorded as a full intervention episode.

Public health services are similarly reported and recorded by providers as a requirement set by the Ministry of Health. Public health services include public health practices in line with the Ottawa Charter for Health Promotion such as policy development and implementation, safe gambling environments, supportive communities, aware communities and effective screening environments. The Ministry also outlines for providers examples of activities which would qualify as 'public health services' in problem gambling. For instance:

- Policy development and implementation – includes any policies which support the gambling related harm (e.g., employee assistance policies, organisational positions on accepting gambling funding, relationships with gambling venues, gambling promotions in internal and external media)
- Safe gambling environments – any strategies to improve environment safety such as improving self-exclusion practices at a given venue
- Supportive communities – Helping communities gain access to services that provide strong protective factors and building resilience to problem gambling
- Aware communities – This can include any activities to support community awareness programs or contribute to improving community awareness about problem gambling (including contribution of stories or advice for a national campaign)
- Effective screening environments – Implementing and increasing screening activities to help ensure that problem gambling is identified and that people are referred to help

A review of the New Zealand problem gambling program also made the following conclusions about needs (Francis Group, 2009):

- Participation in gambling was in decline and fewer clients were seeking help at treatment services
- More socio-economically deprived areas tended to consistently be linked with higher prevalence of gambling and higher gambling expenditure
- Help seeking tends to occur following crisis and there was a need for earlier intervention strategies
- Leveraging of primary care and other networks for problem gambling screening could be improved
- There is limited information on the types of treatments which are most effective for problem gambling
- Health services are not effective in identifying problem gambling as a comorbidity of other issues
- There is room to improve the ability of services to report on their effectiveness as treatment services

UNITED KINGDOM

The UK Gambling Commission was established under the Gambling Act 2005 as the organisation responsible for the regulation of commercial gambling within Great Britain. Within the UK, GamCare is the leading funded provider of problem gambling treatment services. GamCare currently operates the national telephone and online help lines, delivers treatment services for problem gamblers and their families, creates awareness about responsible gambling and treatment and encourages responsible gambling within the gambling industry.

In 2009/10, GamCare received 2.46 million pounds in funding from the UK Responsible Gambling Fund and received a further 0.25 million pounds through donations. Currently, the organisation employs around 45 staff, 39 of whom are clinically-focused (i.e., staff who provide counselling either face-to-face or via the help line). The organisation delivers around 1,500 counselling sessions per month and has approximately 350 clients in treatment at any one time. Calls to the help line are also available free-of-charge from mobile phones across the UK.

GamCare Trade Services (www.gamcaretradeservices.com) also offer a certification system for industry to become accredited responsible gambling providers. This interesting approach is said to reflect best practice in the provision of gambling through compliance with a range of responsible gambling practices. Practices include age verification of patrons, staff training, facilitating patron use of time and spend limits, self-exclusion and displaying information about problem gambling help services.

In recognition of the increasing budget pressures on the UK National Health Service (NHS), GamCare has recognised that the potential to integrate problem gambling into the UK public health service is probably constrained at the current point of time. As an alternative, it has been suggested that the next best viable pathway is to raise awareness of GPs about problem gambling and the availability of problem gambling help services.

One interesting service for people experiencing problem gambling is a moderated online discussion forum (www.gamblingtherapy.org). This discussion forum operates different discussion threads for people experiencing problem gambling and people affected by problem gambling. Afterhours, the site also recommends people in need of help to consider contacting the online help site 'Befrienders.org' – a site designed to link people in need of mental health support with others able to provide such support. Gamblingtherapy.org similarly offers multilingual online counselling relating to problem gambling and a one-on-one email counselling service (for those preferring email rather than face-to-face counselling). In this context, the forum allows more anonymous discussions and email counselling permits a more personalised counselling session.

A further interesting approach is the availability of a clinical residential service for people experiencing problem gambling called Broadway Lodge. This centre also treats a range of related comorbidities such as drug and alcohol addictions, eating disorders and co-dependency through a 33 bed treatment centre.

ONTARIO CANADA

The Problem Gambling Institute of Ontario and the Centre for Addiction and Mental Health (CAMH) manage a range of innovative problem gambling services in Canada (refer www.problemgambling.ca). Most notably, this includes a series of self-help tools online and online resources for professionals who may come across problem gambling. Self-help tools interestingly include a variety of web site sections including legal information (for both problem gamblers and families), ways to keep gambling safe and an online workshop on how to quit or reduce your gambling. There is also information which presents gamblers with a range of 'options' for support. This attempts to present information on the various supports available to empower problem gamblers to make a choice about the type of support they want to receive. This resource is also available in over 20 languages to ensure that CALD communities can access the information.

A range of online resources is also available for professionals on the Ontario web site. One notable resource concerns evidence-based problem gambling treatment practices. While it is acknowledged that there is limited evidence available to support the efficacy of many clinical treatments, cognitive and behavioural treatments are described by the Institute as the most promising overall. There is also acknowledgement of the growing research base to support some value of self-help approaches, pharmacological treatment and other therapies such as motivational enhancement. On this basis, the Institute espouses the need to 'strike the right balance at this stage of maturity in the gambling treatment field' between current practices and the available research base (Korn & Shaffer, 2004, p6).

In Ontario, the Provincial Government has formed Local Health Integrated Networks (LHINs) to coordinate and plan primary health care in the province. This new model is seen to have potential to see more patients presenting with a wider variety of health issues – including problem gambling. On this basis, GPs were seen as a critical link to identify problem gambling within the province. For this purpose, CAMH has developed a five question short screen to assist all professionals to identify problem gambling.

The Ontario Problem Gambling Helpline (OPGH) interestingly also provides advice to both members of the public and professionals or service providers who encounter problem gambling (www.opgh.on.ca). In this context, the service is designed to advise professionals about treatment and support options for problem gamblers. The service also offers not only a phone service, but also anonymous chats over the internet and email advice.

In addition to more conventional online resources, an iPhone application has also been developed to assist problem gamblers to self-monitor their gambling urges. This application is available from the Apple App Store through the search term - Mobile Monitor Your Gambling & Urges (MYGU). This application records:

- The date and time of the urges experienced
- The triggers of the urges
- Activities used in lieu of gambling
- Wins and losses gambled
- Feelings if people gamble or didn't gamble
- Consequences of gambling or not gambling

A range of other online specialist resources have also been developed including:

- A guide for managing problem gambling specifically targeting financial counsellors
- A six week online training course to support identification of problem gambling through financial analysis – *Financial Fitness and Problem Gambling*
- A repository of clinical tools online
- Information for teachers looking to instruct students about problem gambling
- A four week online course on the fundamentals of problem gamblers aimed at practitioners

NOVA SCOTIA

Capital Health is Nova Scotia's largest provider of health services. The organisation has developed a special framework which recognises the need for special treatment approaches for co-occurring disorders in the mental health field. The framework provides a specialist 'model of care' of people with problem gambling and other comorbidities. This discusses different approaches to treatment of comorbidities such as sequential treatment, parallel treatment and integrated treatment. Parallel treatment is also the current recommendation. This involves a coordinated approach to clinical client care with concurrent treatment from a specialist provider where needed. For instance, mental health issues may be treated by one clinician and problem gambling by another where appropriate (but in coordination and consultation). The challenge to the overall success of the model is seen to involve effective communication between professionals. Integrated treatments are also seen as appropriate for clients attending residential and related programs. Information on the co-occurring disorders framework for treatment is available at www.cdha.nshealth.ca/addiction-prevention -treatment-services/concurrent-disorders.

UNITED STATES

While US is not generally recognised as a leader in problem gambling treatment, a range of innovations with different US states are noteworthy. Trends for different US states are as follows:

- Iowa – has developed a series of YouTube videos on problem gambling treatment. These aim to demystify problem gambling treatment and give people experiencing gambling issues the confidence to call for help. These also emphasise the benefits of seeking help by referencing the recovery of problem gamblers and similarly explain to people what they will experience when they call the gambling help line (www.youtube.com/1800betsoffiowa). The 1800 number is also called 1800-Bets-off to assist with the destigmatisation process

- Louisiana – The Louisiana Association on Compulsive Gambling is a not-for-profit organisation dedicated to helping people experiencing problem gambling in the US state of Louisiana (www.helpforgambling.org). One interesting web site page offered by the Association is an Employee Assistance Program web page. This aims to provide employers with information on how to identify the early signs of problem gambling in people who are employed. This references critical indicators for employers to consider and then explains the nature of problem gambling. Louisiana also funds the 'Core Program', which is a residential treatment program for people experiencing problem gambling within the state

- Massachusetts – The Massachusetts Council on Compulsive Gambling has developed a problem gambling specialist certificate in conjunction with the State Department of Public Health and Bureau of Substance Abuse Services (www.masscompulsivegambling.org). This certificate requires a Masters or Doctoral Degree with three years of addictions related clinical experience or a Bachelors Degree with four years of addictions related clinical experience. The certificate provides 30 hours of training and on-going mentoring post-training with a clinical supervisor and has annual continuing education requirements. Each clinician must also adhere to an Ethical Code of Conduct. Prevention focused education and health promotion style activities were also recently funded by the Council including information dissemination, prevention education, support for alternative activities to gambling, support for community-based processes to prevent problem gambling, environmental approaches and development of protocols and procedures to assist individuals involved in problem gambling to seek help. This highlights some early work with a public health focus in Massachusetts

- Minnesota – While having only very limited resources dedicated to problem gambling, Minnesota has an interesting project designed to share stories about problem gambling. Termed the 'Take Hope' project, this provides mp3 files online which provides stories of males and females who have experienced problem gambling. This includes 'Kathy's Story' which outlines a gambler's experience of suicide ideation, 'Amanda's Story' about hitting 'rock bottom' due to gambling and 'Katie's Story' about how gambling went from fun to desperation. Such stories illustrate a creative way of communicating information about problem gambling through first hand experiences

- Mississippi – The Mississippi Council on Problem and Compulsive Gambling has developed an interesting two-level certification program for problem gambling counsellors (www.msgambler.org). This aims to develop minimum standards of competence in problem gambling counsellors and ensure that the general public receives appropriate problem gambling support. Two levels of certification are offered. Level I covers the basic topics in problem gambling over 30 hours (e.g., communication, counselling and treatment, cultural aspects, financial aspects etc.), while Level II is for only people who are certified addictions counsellors or work in a recognised mental health field (e.g., psychologist, physicians, psychiatrists, counsellors, social workers). This second qualification level covers 60 hours of specialist training in gambling and 2000 hours of documented work experience. In addition, applicants must also complete the same written examination as completed by candidates for the first level qualification (with minimum pass scores). All 'Compulsive Gambling Counsellors' must also be recertified every three years and complete at least 30 hours of gambling specific work experience

- National Centre for Responsible Gambling (NCRG) – The NCRG is the only national organisation in the US which funds research exclusively devoted to gambling (www.ncrg.org). It receives around US$22 million per annum. One interesting program offered by the NCRG involves conduct of webinars online to provide useful research and scientific information on problem gambling to professionals. Webinars can be attended live and are also archived for future use. Topics related to issues such as internet gambling, adolescent brain development and gambling, college gambling and gambling disorders for addictions professionals. This shows a purposely attempt to engage professional audiences with interesting live webinars. The NCRG also hosts regular workshops to update professionals on the latest clinical research on problem gambling. Collegegambling.org has also recently been developed by the NCRG to educate colleges (universities) about problem gambling identification in young people (e.g., campus administrators and health professionals, students etc.) (in March 2011) (www.collegegambling.org)

- The National Council on Problem Gambling (NCPG) – This is a national advocacy service for programs to assist problem gamblers and others affected by problem gambling in the US (www.ncpgambling.org). One interesting program of the NCPG is a set of 'internet responsible gambling standards'. These are standards developed to help ensure that players can receive appropriate information and treatment should they need it while participating in internet gambling. Standards include limit setting, self-exclusion information, policies for handling player distress or crisis, exclusion standards relating to the desirable length of time to minimise harm, conditions of self-exclusion and reinstatement of self-exclusion. Another focus of NCPG activities has been on the military and problem gambling

- New York – The New York Council on Problem Gambling is dedicated to increasing public awareness of problem gambling and to advocating for treatment services for problem gamblers (www.nyproblemgambling.org). One interesting program offered involves the provision of free clinical supervision to problem gambling providers in New York State. Providers register online to access the free clinical supervision. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) also offers a 'recovery coaching' training service. This is a non-clinical peer-based recovery service designed to engage recovery from any addiction (including maintenance of the recovery). Upon completion of 30 hours of training, people can become 'recovery coaches'. A list of recovery coaches is also available and this is promoted as a service through the New York Council on Problem Gambling

- Washington – The Evergreen Council on Problem Gambling has an interesting section on its web site relating to ways for the 'gaming industry' to support problem gambling (www.evergreencpg.org). This includes policy recommendations for gaming venues in Washington to consider to develop a responsible gambling and problem gambling prevention culture. A responsible gambling certification program is also promoted by the Council and materials are supplied to assist with problem gambling prevention

SOUTH AFRICA

The South African National Responsible Gambling Program (NRGP) has developed a school-based education program to educate students about problem gambling and the risks of gambling more generally. The program has curriculum targeting students in grades 7-9 and 10-12 and was first piloted in 2011. A second pilot is also taking place during 2012. As a multicultural country, the education program has a range of educational materials for different cultural groups within South Africa. A step-by-step administration guide is also available for teachers, along with a comic book and multimedia components. The program is called Taking Risks Wisely and is available at www.responsiblegambling.co.za. The NRGP training division also provides responsible gambling training to all gambling industry employees throughout South Africa.

Trends with possible implications for problem gambling service delivery within NSW

Within both NSW and Australia, many factors have potential to influence problem gambling service delivery over the next five years. While it is difficult to pre-empt how specific trends may affect problem gambling, it is useful to consider trends in the context of future service delivery planning. Most notably, relevant trends include (Table 27):

Table 27. Trends with potential to affect problem gambling service delivery into the future

Trends	Description	Possible implications
National Broadband Network (NBN) (www.nbnco.com.au)	The NBN is a next-generation broadband network designed to support high-bandwidth internet services. The NBN will install a range of technologies to households and business across Australia to enable high-speed internet services. These include a mix of fibre optic, fixed wireless and satellite technologies. At the end of December 2011, it was estimated by the Australian Bureau of Statistics that there were 11.6 million active internet subscribers in Australia, of which 89% had broadband connections of at least 1.5 megabits (ABS, 2011). Most communities within NSW are scheduled to receive an NBN service by June 30, 2015. Communities in very rural locations will also be likely to be able to access alternative internet services including wireless internet and satellite services (although such services are likely to be inferior to city dweller services which are primarily based on fibre optic access).	Roll-out of the NBN is likely to increase community access to high-speed internet technologies which will in turn lead to the development of a range of high-speed internet services. This may include the potential for greater use of videoconferencing for health service delivery and related technologies. Other potential impacts may include: • Increasing use of internet by the NSW community, along with computer technologies and smartphones • Implementation of new models for the delivery of Government services which harness high-speed broadband capabilities • Potential for regional service delivery from any location in NSW – improved access of regions to all types of services • Increasing consumer confidence in the internet as a legitimate way of receiving a Government service and interacting with others • Convergence of current communication channels – Telephone, internet, email and videoconferencing become standard in most telecommunications products (e.g., client approaches a 'single service' and selects their most preferred counselling 'channel' for telephone, email, chat or video-based counselling) • Rural areas become increasingly familiar with use of videoconferencing to purchase services – including Government services
National health contact centres (www.healthdirect.org.au)	Through the Council of Australian Governments (COAG), the Federal Government has established a National Health Contact Centre Network (NHCCN) permitting after-hours access to health information and advice across Australia. This is in part to respond to the need for after-hours medical services across Australia and the current difficulty experienced by the general public in accessing such services. Branded 'Healthdirect Australia', the general public of NSW can call a telephone service	After-hours medical services using telephone and video technologies are likely to revolutionise health care provision to metropolitan, regional and rural areas of NSW. They are particularly likely to improve consumer access to specialists in regional and rural areas. Increasing use of telemedicine by the general public is likely to build increasing consumer confidence in telemedicine and telehealth consultations in the longer term. This may also lead to future provision of mental health services – including problem gambling counselling – using telehealth service delivery models.

Trends	Description	Possible implications
	after-hours to speak to a qualified nurse about medical matters. Nurses also have the ability to direct callers for consultations with a GP. Video services between patients and GPs will also be available from July 1, 2012. Telepharmacy will also be implemented into the future to permit after-hours access to GP prescriptions. This may involve a GP sending a prescription electronically to a location able to provide medications.	Increasing public reliance on the internet as the standard way of 'doing business' may also imply that an internet site is the first port of call for consumers accessing problem gambling services and thus also a logical future service delivery point. In this regard, the Government has also committed to the delivery of GP consultations with videoconferencing from a web site portal by July 1, 2012. Medibank Health Solutions is currently operating the HNCCN and will offer videoconferencing for telehealth into the future.
Personally controlled electronic health records (PCEHR) (www.nehta.gov.au)	In 2011, the Federal Government implemented legislation to allow creation of Personally Controlled Electronic Health Records (PCEHRs) for the general public of Australia. Records will have the ability to contain information about the person's medical history and conditions and patients are able to decide which information can be shared with different health professionals. As the system will allow electronic exchange of information (if patient's opt-in), this may support electronic health service delivery and referrals. The National E-health Transition Authority is currently responsible for e-health reform initiatives within Australia.	As a type of health service, problem gambling counselling has potential to be recorded on PCEHRs with consent of individuals who access help. This may potentially also be a means of sharing information about patient needs with other professionals – particularly in the context of mental health comorbidities and shared care arrangements. This may imply that the problem gambling services program needs to keep abreast of PCEHR developments into the future. The potential to encourage clients to record their information on PCEHRs could also be explored.
Medicare rebates for telemedicine consultations	As part of the transition towards telemedicine and telehealth, people in rural and regional areas can now access Medicare rebates for video conferencing with medical specialists (from 1 July 2011). This telehealth initiative is designed to improve rural and regional access to specialists across Australia. This will provide patients in need with easier access to specialists, minimising travel to metropolitan areas.	While Medicare rebates are currently only available for people in rural and remote areas (and only in relation to medical specialists), there is some potential that rebates may be extended to a range of other services. If mental health services are eventually included, this may help increase consumer confidence in the delivery of mental health services via videoconferencing and teleconferencing. In turn, this may support delivery of problem gambling services through similar channels.
Medicare Locals (yourhealth.gov.au) Also see - http://www.youtube.com/watch?v=W62WDkmXkhQ	Medicare Locals are currently being established by the Federal Government to plan and coordinate primary health care service delivery in local communities across Australia. As a major new public health structure, they will also drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities. A key role of Medicare locals is the aim to make it easier for the public to access health services needed in the local community. Around 62 Medical Locals will be established across Australia. Specific roles of Medicare Locals will include: • Working with Local Hospital Networks to make sure that primary health care services and hospitals work well together for their patients	As a network of Medicare Locals is being established, there is potential for NSW GHS services to commence relationship building with organisations within the new structures. There is also potential for GHS and the NSW Problem Gambling Program to eventually: • Become part of Medicare Locals across NSW as service providers • Build referral networks with doctors, clinicians and other public health and community services working in Medicare Locals • Provide training to professionals working in Medicare Locals • Raise the profile of problem gambling through Medicare Locals As the development of Medicare Locals is on-going, there may also be benefit to explore relationship building opportunities early in their progression and

Trends	Description	Possible implications
	• Planning and supporting local after hours face-to-face GP services • Identifying where local communities are missing out on services they might need and coordinate services to address any gaps in service delivery	development.
Pre-commitment	There is currently political pressure for the Federal Government to introduce pre-commitment into EGM gambling venues across Australia. While the current political situation does not guarantee implementation of pre-commitment, it is probable that pre-commitment will be implemented in most gambling venues at some point into the future.	While long-term effects of pre-commitment need further research, implementation of pre-commitment will present an opportunity for Gambling Help Services to engage with gambling venues. Support could also be potentially provided to assist patrons to set-up pre-commitment. This may also be one of the most significant consumer education opportunities in gambling in the next decade.
Liberalisation of online gambling	There is a currently a Senate enquiry being conducted to examine the future of online interactive gambling within Australia. This follows legislation which has previously made the provision of certain types of online gambling to Australians illegal (e.g., certain casino table games, pokies) (via the Interactive Gambling Act 2001). While the outcome of the enquiry is unclear, it is likely that a range of previously banned online gambling services may be legalised into the future. Liberalisation of online gambling was also recommended by the Productivity Commission (2010).	Online gambling opportunities are likely to increase into the future and may also become increasingly linked to problem gambling. This may indicate that future Gambling Help Services will need to be able to provide treatment for online gamblers and to engage through web sites with potential clients. Treatment methodologies based on evidence will also need to be developed – including possible treatments delivered online and through non-face-to-face channels.
Increasing use of social media	Social media are increasingly being used as a means of promoting products and services to the community. Facebook is currently the single largest social media site in the world. In August 2011, Facebook announced a move to permit online gambling advertising on Facebook, as long as activities are legally permitted in countries in which they are being offered. This is also said to include 'sports books' and other forms of online gambling.	Online gambling through social media such as Facebook may eventually be permitted within Australia. Whilst not currently an issue, this may imply that Gambling Help Services will need to actively engage with online gambling providers and also with providers currently offering legal forms of 'online gambling' through Facebook. Current examples may include online TAB and lottery promotions. Increasing volumes of internet problem gamblers may also imply the need for a shift in resourcing towards 'online support' and less face-to-face counselling.
Cost pressures on Government service provision	Across Australia, State Governments and businesses have been universally affected due to a reduction in consolidated revenue as a result of the Global Financial Crisis. Within NSW, the Responsible Gambling Fund administers a levy set at 2% of casino revenue to fund problem gambling service delivery. While casino revenue has increased marginally in the past three years (from $13.646 million in 2008/09 to $14.299 million in 2010/11), the future revenue of the casino may be less certain in a more liberalised interactive gambling environment. In addition, there is also general pressure for Governments to achieve greater results and efficiencies from service delivery within all sectors.	Problem gambling services – like all businesses and government funded services – will be under some level of increasing pressure to achieve more with the same resourcing. However, there is currently limited means to increase resourcing of problem gambling in NSW, as funding is linked to a 2% levy on casino revenue (which runs for 12 years from 30 October 2007) (although further legislative changes are possible). Jurisdictions such as New Zealand have designed levies that are in part based on problem gambling presentations to help services. This ensures some alignment of resourcing to problem gambling needs. Accordingly, future costs of service provision can be covered through changes in presentation levels.

Trends	Description	Possible implications
Declining participation in gambling	In most jurisdictions throughout the world, gambling participation is in decline. In some jurisdictions (e.g., Queensland), a decline in prevalence of problem gambling has also been observed (although confidence intervals often are not able to reveal such small changes). Within NSW, presentations to Gambling Help have also declined.	While reasons for decline in problem gambling presentations are unclear, stigmatisation of problem gambling may present one reason why many people are disinclined to present at health services. This may highlight the need to increase resource to primary and secondary prevention education as a means to encourage help seeking and access to problem gambling help.

Scholarly literature highlighting key practice insights relating to the management of problem gambling services

While a full literature review of problem gambling therapies and treatments was outside the scope of the Needs Analysis (as a high-level service system review), the following scholarly research findings were identified as providing useful insights about key considerations relating to the management of problem gambling programs. Apart from treatment literature (evaluating therapeutic and other treatment methods), there is relatively limited literature on the design of problem gambling programs. However, some studies relating to gambling help service delivery, client expectations of help and the help seeking process provide some indirect insights of relevance to Program design.

Study authors	Key literature insights of possible relevance to the NSW Problem Gambling Program
Guideline for Screening, Assessment and Treatment in Problem Gambling (Problem Gambling Research and Treatment Centre, 2011)	This document outlines a set of guidelines for the screening, assessment and treatment of problem gambling based on a scholarly review of research evidence using a Cochrane review methodology (which reviews evidence in a systematic and scientific manner). The guideline summarises recommendations in terms of whether they were 'consensus-based', 'evidence-based' or merely practice points (practical advice based on expert opinion). The guideline has been approved by the National Health and Medical Research Council (NHMRC) under Section 14A of the National Health and Medical Research Council Act 1992. Evidence-based recommendations identified in the Guideline notably include: • Individual or group Cognitive-Behavioural Therapy should be used to reduce gambling behaviour, gambling severity and psychological distress in people with gambling problems Practice Points were also offered as follows: Where Cognitive-Behavioural Therapy is to be prescribed, the following could be considered: • Practitioners with appropriate qualifications and training • Manualised delivery of the intervention • Motivational Interviewing and Motivational Enhancement Therapy should be used to reduce gambling behaviour and gambling severity in people with gambling problems. Practice Point were also offered as follows: • Practitioners with appropriate qualifications and training • Manualised delivery of Motivational Enhancement Therapy could be considered • Practitioner delivered psychological interventions should be used over self-help psychological interventions to reduce gambling severity and gambling behaviour • Group psychological interventions could be used to reduce gambling behaviour and gambling severity in people with gambling problems Consensus based recommendations of note in the Guideline included: • Those who screen positive for problem gambling using an initial brief (i.e., 1-3 items) screening tool could be referred for further assessment and treatment by appropriately trained specialist practitioners in problem gambling. Screening could be used in primary care settings where at-risk clients may be presenting for services These may include: • People who present for other mental health problems • People who come from groups with relatively high rates of problem gambling

Study authors	Key literature insights of possible relevance to the NSW Problem Gambling Program
	• Adults with high risk of mental health problems - including those who are presenting for treatment or for assessment for mental health problems - could be screened and assessed for problem gambling using a validated measurement tool or tools. Brief screens were recommended to include the Brief Bio-Social Gambling Screen (BBGS), Lie-Bet Questionnaire and the NODS-CLiP. The Problem Gambling Severity Index was also recommended as a medium length screen A further useful practice point included: • People with high risk of gambling problems - including those presenting for treatment or for assessment for gambling problems - could be screened for other mental health problems including: Anxiety disorders, Depression, Personality disorders, Alcohol dependence, Drug dependence, Other impulse control disorders and Family violence
Weinstock et. al (2011)	This study examined treatment of problem gamblers calling a gambling help line from 2000-2007 based on a sample of 2,900 unique callers. Findings of the study showed that over 76% of callers accepted referrals and 55% of callers attended in-person assessment appointments. It was also noted that treatment engagement was higher for problem gambling help lines than other types of help lines. Logistic regression analyses also showed a range of factors predicted engagement in treatment including: • The severity of gambling problems • The total amount of gambling debt • Coercion by legal or social networks It was similarly identified that offering appointments within 72hrs (3 days) assisted with treatment engagement. Given the value of help lines, telephone counselling was also described as beneficial for people who do not engage in problem gambling treatment.
Rigbye and Griffiths (2011)	This study examined the extent to which a recommendation by the British Medical Association in 2007 had been taken up by NHS Trusts (which provide services on behalf of the NHS). The recommendation was that people with problem gambling should receive treatment via the UK National Health Service (NHS). Findings showed that 97% of services did not provide any service for problem gambling treatment during the time period reviewed. However, there was some evidence to suggest that problem gamblers may get treatment via the NHS if the person had other co-morbid disorders as the primary referral problem. The authors then espoused that much work still had to be done to ensure that problem gambling was well-managed through the NHS.
Walker et. al (2006)	This paper presented a framework designed through expert panel consensus relating to the types of outcome measures which should be reported in problem gambling treatment research. This analysis was undertaken given the wide variability of measures noted across many studies. Based on a review of measures by an expert panel, the following measures were recommended to examine the efficacy of treatment outcomes: • Measures of gambling behaviour - the net expenditure each month, the frequency (in days per month) with which gambling takes place and time spent thinking about or engaged in the gambling each month • Measures of problems caused by gambling - especially problems in the areas of personal health, relationships, financial and legal plus; • Additional measures such as the quality of life and measures capturing the process of change
Gomes and Pascual-Leone (2009)	This study explored the change facilitating effects of certain characteristics or conditions of an individuals and their relationship to problem gambling recovery. Participants in the study were 60 outpatients with problem gambling recruited from several treatment centres throughout Ontario, Canada. Findings of the study highlighted that: • Depressed affect and emotional support seem to influence self-efficacy for abstinence • Emotional support alone appears to influence motivation for change and; • Involvement in Gamblers Anonymous, depressed affect and emotional awareness together, seem to influence an individual's readiness for change

Study authors	Key literature insights of possible relevance to the NSW Problem Gambling Program
Jackson and Thomas (2005)	This study examined what clients expect from problem gambling help services, based on the observation that most studies were treatment-focused. Qualitative group interviews were undertaken with Gambler's Help Services and a community support service operated by a former problem gambler in Victoria. While only a small qualitative study, features of services which problem gambling clients saw as helpful included (although it should be noted that these were not based on full consensus and were only generally raised): • The opportunity to have contact with other people affecting by problem gambling • People attending the community support service (the non-Gambler's Help service) liked that meetings held by the service were at familiar and comfortable community places (and not in venues) • Programs which provided a broad range of services to meet changing client needs – including help lines for emergency support • Multimodal approaches to problem gambling treatment • Continuity of staff and the ability to work with both problem gamblers and families • A small number of participants advocated the value of residential treatment services Aspects which problem gamblers found unhelpful in problem gambling programs included: • The perceived failure of gambling help lines to offer helpful assistance (it was also reported that problem gamblers often expected help lines to provide effective crisis counselling) • Long waiting times to have counselling appointments (Some clients also felt that counselling should be 'on demand', implying the expectation of immediate treatment)
Australian Institute for Gambling Research (McMillen & Natalie Bellew, 2001)	While a study undertaken many years ago (in 2001), an ACT needs analysis of the problem gambling program identified a range of needs relating to problem gambling services. Findings included (pp41-42): • There were major service deficiencies across the gambling continuum from prevention to support and treatment • There was a lack of coordination and cooperation between the ACT's community services • There was a need to improve assessment and referral of clients to relevant culturally appropriate services and programs • Referral patterns to gambling help were described as ad hoc and selective • There was a need for a coordinated network of support services for people with gambling problems and families • Methods for data collection were deemed inadequate. There was no consistent or uniform client data set on problem gambling in the ACT • There was limited evidence on the efficacy and effectiveness of interventions used • There was a reported need for a multicultural community education program to normalise and de-stigmatise problem gambling; • There was a perceived need for greater commitment by the ACT gambling industry to achieve a 'safe gambling' environment and to develop and implement uniform and effective harm-minimisation practices
Smith & Harvey (2010)	This study undertook focus groups with 26 clients from a selection of Gambling Help Services in South Australia to explore client experiences in attending help services. Findings suggested that most clients were driven to contact a help service due to the experience of a crisis characterised by suicidal thoughts and actions. Notable findings of the study included: • Clients wanted services to address co-occurring disorders in conjunction with gambling • The relationship between the client and support worker was described as critical to engagement, retention in treatment and the success of treatment • Clients were reported to highlight the need for flexible options for accessing help when they the need arises • Service providers were reported to need to be able to respond to uniquely individual

Study authors	Key literature insights of possible relevance to the NSW Problem Gambling Program
	circumstances and situations of clients • More pro-active screening of people in the wider health system was recommended as a strategy to identify potential problem gamblers before they reach crisis
Jackson et. al (2008)	This study examined the experience of problem gamblers over their 'treatment career'. A total of 1899 clients in the study were entering treatment the first time and 374 were re-entering treatment. Findings of the study showed that re-presenting clients differed from first-time clients in various ways. This included being of lower socioeconomic status, presenting to treatment with family problems and to experience more positive treatment outcomes than new clients. The study then concluded that distinguishing between first treatment contact and subsequent entry to treatment was clinically relevant.
Pulford et. al (2009)	This study examined the motivations of problem gamblers to seek help for a gambling problem. Both gamblers calling a national helpline and problem gamblers in the general population were included in the study (i.e., help seekers versus non-help seekers). Non-help seekers were queried about factors which would motivate help seeking. Findings of the study showed that financial concern was the most powerful driver for both help seekers and non-help seekers. Other secondary influences were reported to include psychological distress (both help seekers and non-help seekers), problem prevention (help seekers), rational thoughts (help seekers), physical health issues (help seekers) and relationship issues (non-help seekers).
Productivity Commission (2010)	The Productivity Commission (2010) identified a range of insights about counselling and support services for problem gambling in the recent review of Australian gambling industries. Key insights included: • Very few people experiencing problems seek help for problem gambling, with around 17,500 people attending gambling help services in Australia during 2007/08 • Most clients seeking help are typically at a crisis or rock-bottom stage (or close to this) • Stigma was identified as the main barrier to help seeking, along with problem denial or thinking that the problem can be managed independently • Interventions need to cover the full continuum of gambling problems and not just focus on 'treatment' • Most clients seeking help benefit from treatment (irrespective of its form) • While cognitive behavioural therapy has the most empirical support, no single treatment intervention was described as best practice

Key points in summary

Jurisdictions across the world have implemented a range of innovative programs and activities to respond to problem gambling. Some of the most innovative programs also include activities extending well-beyond problem gambling counselling to building the capacity of industry and the community to understand and identify problem gambling. Examples include venue support worker programs designed to work with industry, programs which formally link counsellors into the self-exclusion process, programs which undertake health promotion activity in problem gambling and programs which attempt to identify and respond to complex co-occurring disorders in the context of problem gambling.

It is also noteworthy that problem gambling programs across the world have procured a range of useful supports and systems to enhance service system activity. This includes purchase of clinical information systems, adoption of common screening approaches to problem gambling needs across services, development of special programs for special populations (e.g., offenders, students) and implementation of special CALD programs (e.g., peer connection programs). Some jurisdictions such as New Zealand have also developed culturally-specific Gambling Help Lines to respond to cultural needs within the community. There is similarly a general trend for some Governments to fund research into the efficacy of therapies and treatments for problem gambling to encourage use of evidence and best practice in Gambling Help Service delivery.

Differences are also apparent in the way calls to Gambling Help Lines are leveraged. In particular, within New Zealand, there is a very high conversion rate in calls which are converted to 'referrals' (possibly due to appointment booking). It is also evident that this is part of the philosophy of the New Zealand Ministry of Health. Full interventions are seen as needed by any person experiencing problem gambling, while brief interventions are proposed to be only for people in the very early stage of developing problem gambling.

Advocacy roles are also funded in some programs. This is particularly apparent in the New Zealand Program, where organisations such as the Problem Gambling Foundation undertake both counselling and advocacy work. Similarly, a new Victorian Responsible Gambling Foundation, independent from Government, was established in Victoria on July 1, 2012. It is also noteworthy in jurisdictions such as New Zealand that around 40% of funding is dedicated to public health activity (rather than just treatment) and that specialist services are funded for this purpose.

Program funding bodies such as the New Zealand Ministry of Health have also developed very clear performance criteria and expectations for funded services such as outlining the expected number of 'brief interventions' per month. This illustrates that some programs are very tightly controlled with key performance indicators set for services. A similar approach is also apparent in Victoria where a range of performance-based measures has been developed into a performance management system.

Other interesting trends include:

- Use of online moderated gambling help forums to engage problem gamblers and significant others
- Funding of residential programs to assist people to recover from problem gambling
- Development of online self-help tools and mobile applications for problem gambling
- A trend for jurisdictions to develop problem gambling counselling qualifications
- Online promotion of mp3 sound files highlighting stories and experiences of problem gamblers
- Development of curriculum programs for school students about gambling and problem gambling

A scan of trends with potential to shape problem gambling service delivery similarly highlights that the National Broadband Network may present opportunities to further harness counselling using video and teleconferencing methods. Public confidence in such approaches may also grow over time, as consumers become increasing acquainted with such services. Potential future liberalisation of online gambling and introduction of pre-commitment nationally may also present opportunities for help services to increase engagement with the gambling industry.

A review of scholarly literature additionally revealed several important insights of potential relevance to the NSW Problem Gambling Program. These included evidence to support the use of cognitive behaviour therapy, motivational interviewing and motivational enhancement therapy and the value of screening for co-occurring disorders in the context of problem gambling (e.g., most notably anxiety disorders, depression, personality disorders, alcohol dependence, drug dependence, impulse control disorders and family violence) (PGRTC, 2011). It is also noteworthy that a study identified the benefits of prompt appointment setting (within 72 hrs particularly) and that this was found to be associated with improved treatment engagement (Weinstock et. al, 2011). Similarly, long waiting times for counselling were not seen by problem gamblers to be helpful (Jackson and Thomas, 2005).

Motivations for seeking help for gambling problems were also espoused to be primarily crisis related and financially driven (Pulford et. al, 2009). It is also noteworthy that a range of measures were agreed by an expert panel to be critical in examining the efficacy of treatment outcomes (Walker et. al, 2006), including measures of gambling behaviour (net expenditure per month, frequency of gambling and thinking about gambling), measures of problems resulting from gambling (e.g., personal health, relationships, financial issues, legal issues) and other measures relating to quality of life and the process of change.

Section IV:
Data to support decisions about where to locate problem gambling counselling services in NSW

Methodology used to determine useful service locations

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Considerations when funding problem gambling counselling services

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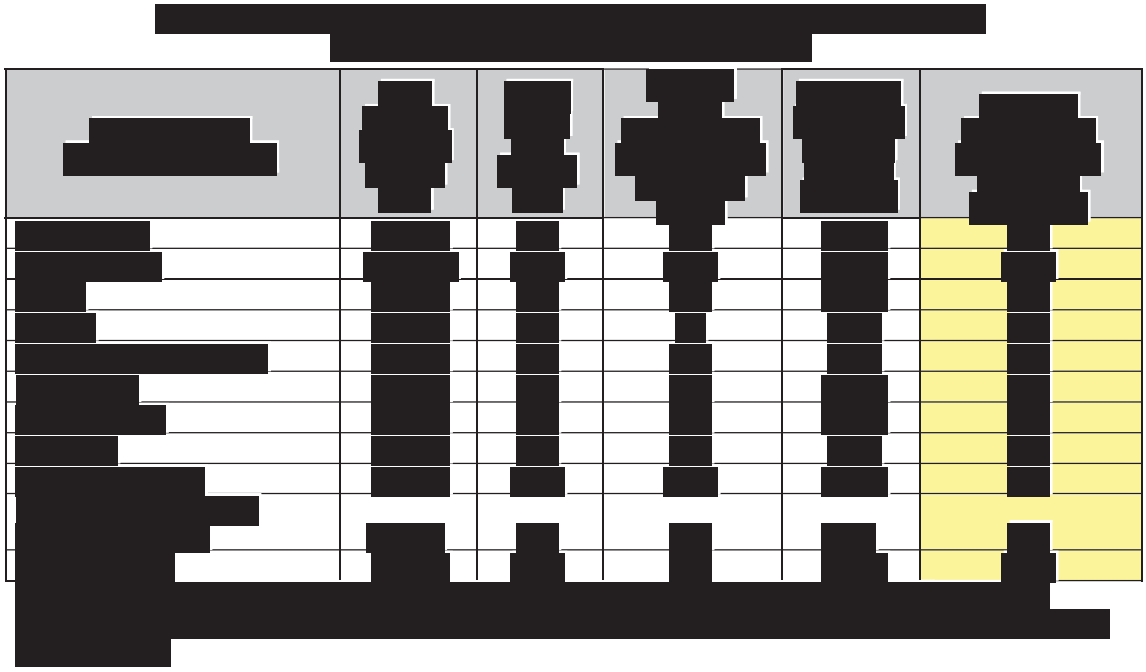

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Possible locations for NSW problem gambling counselling services

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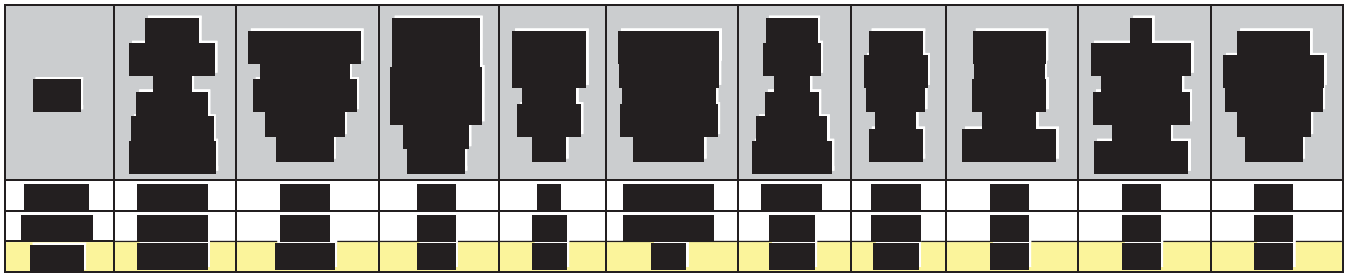

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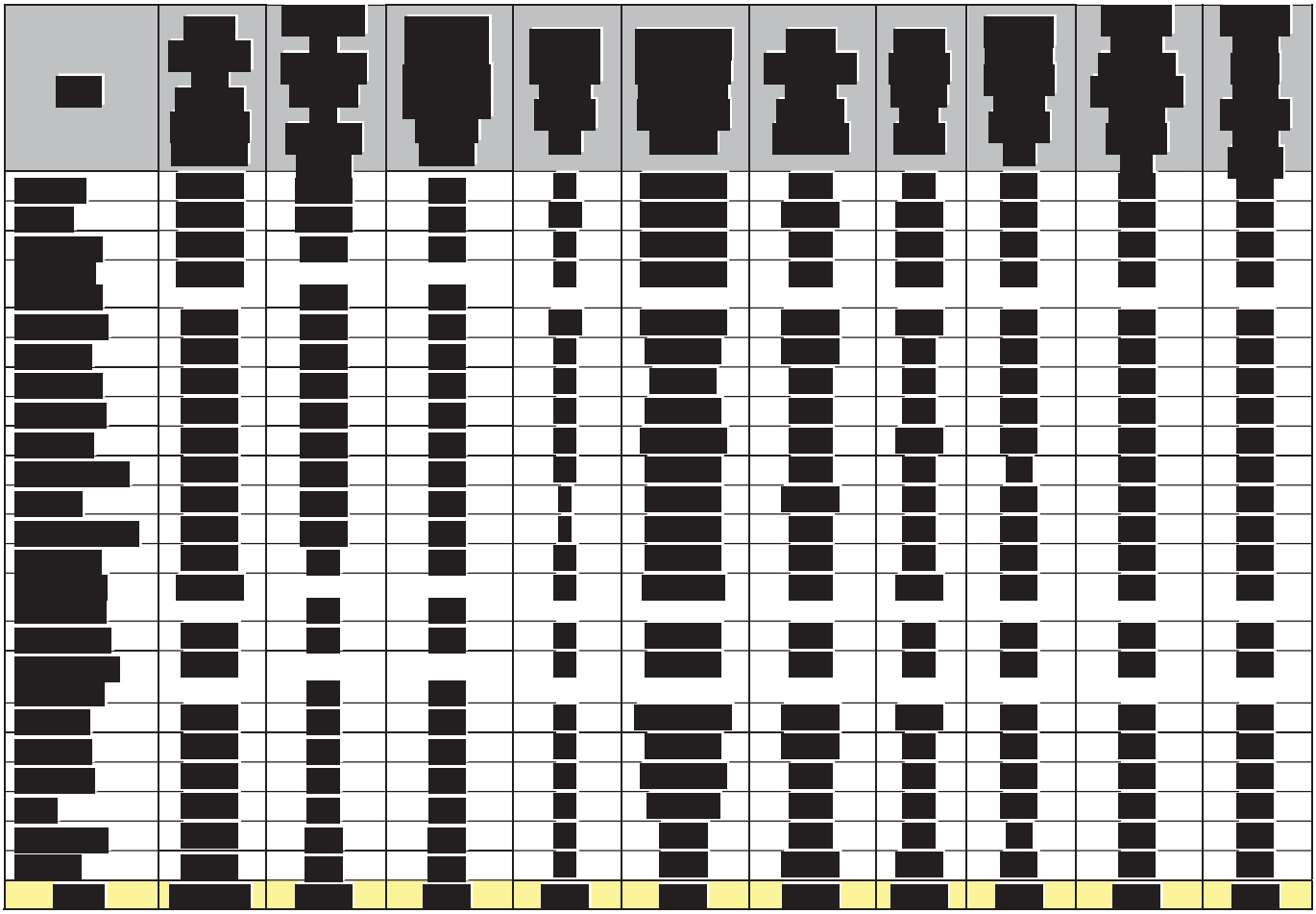

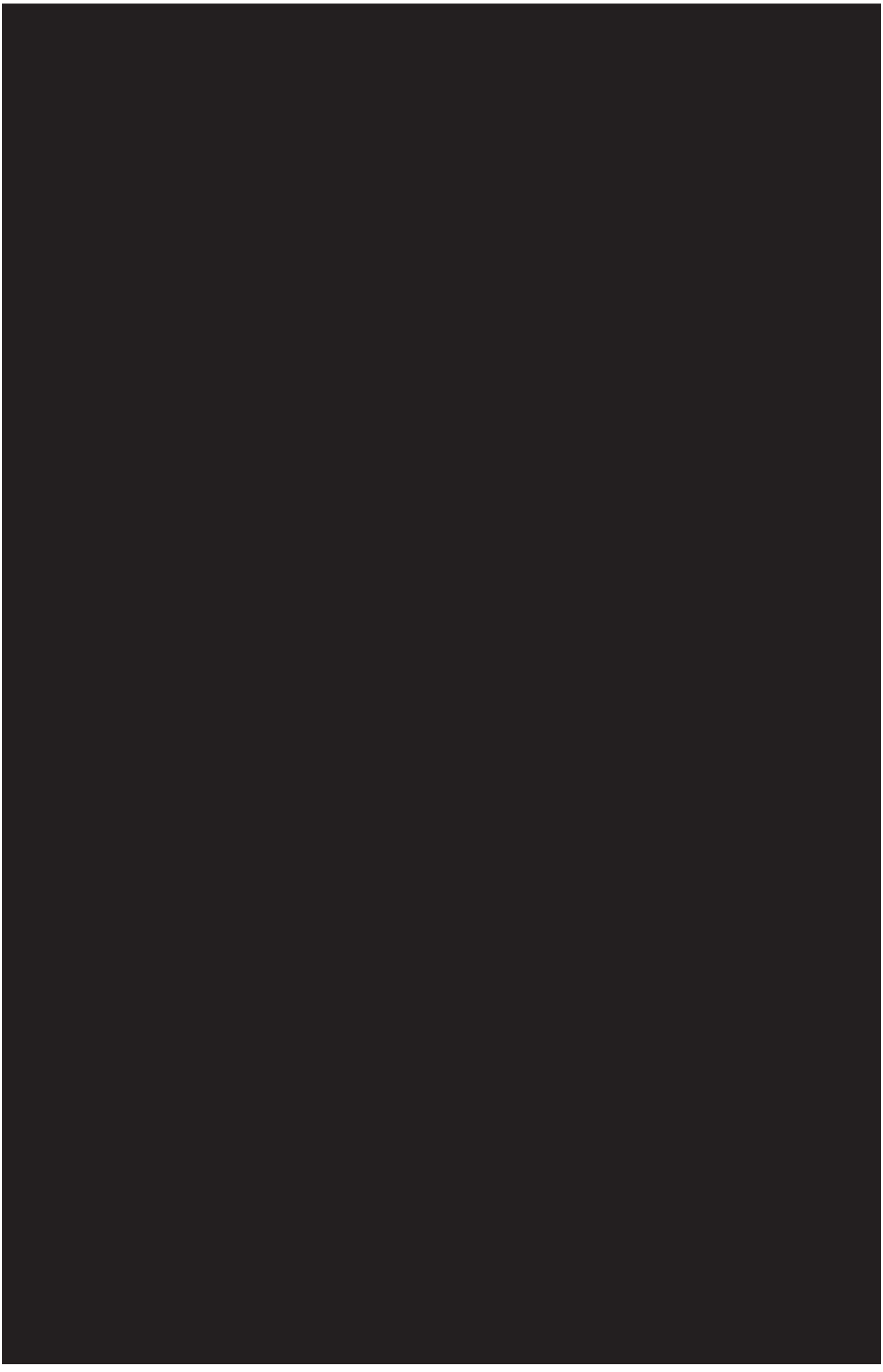

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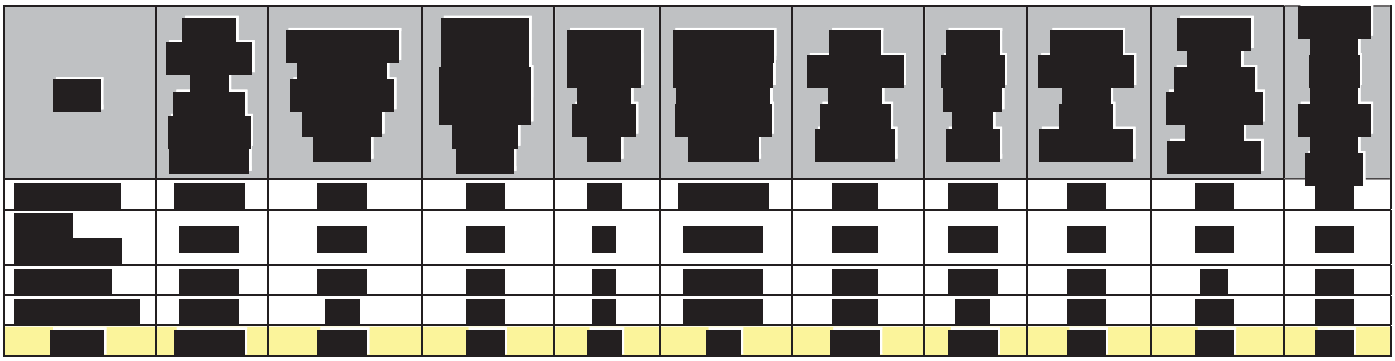

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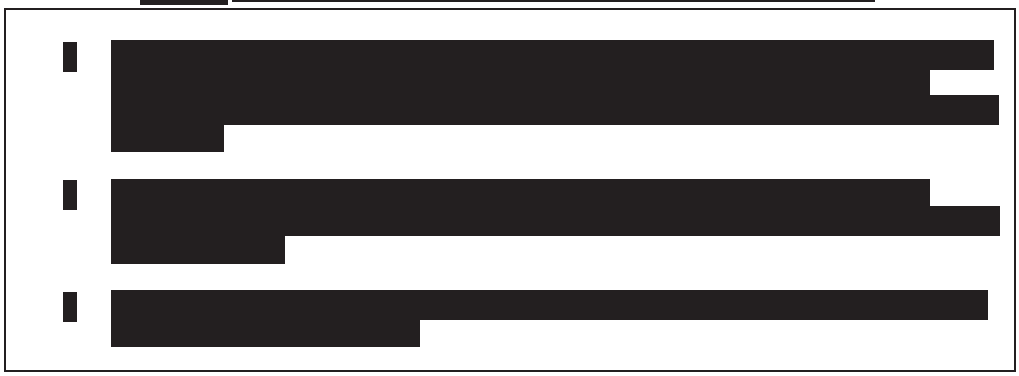

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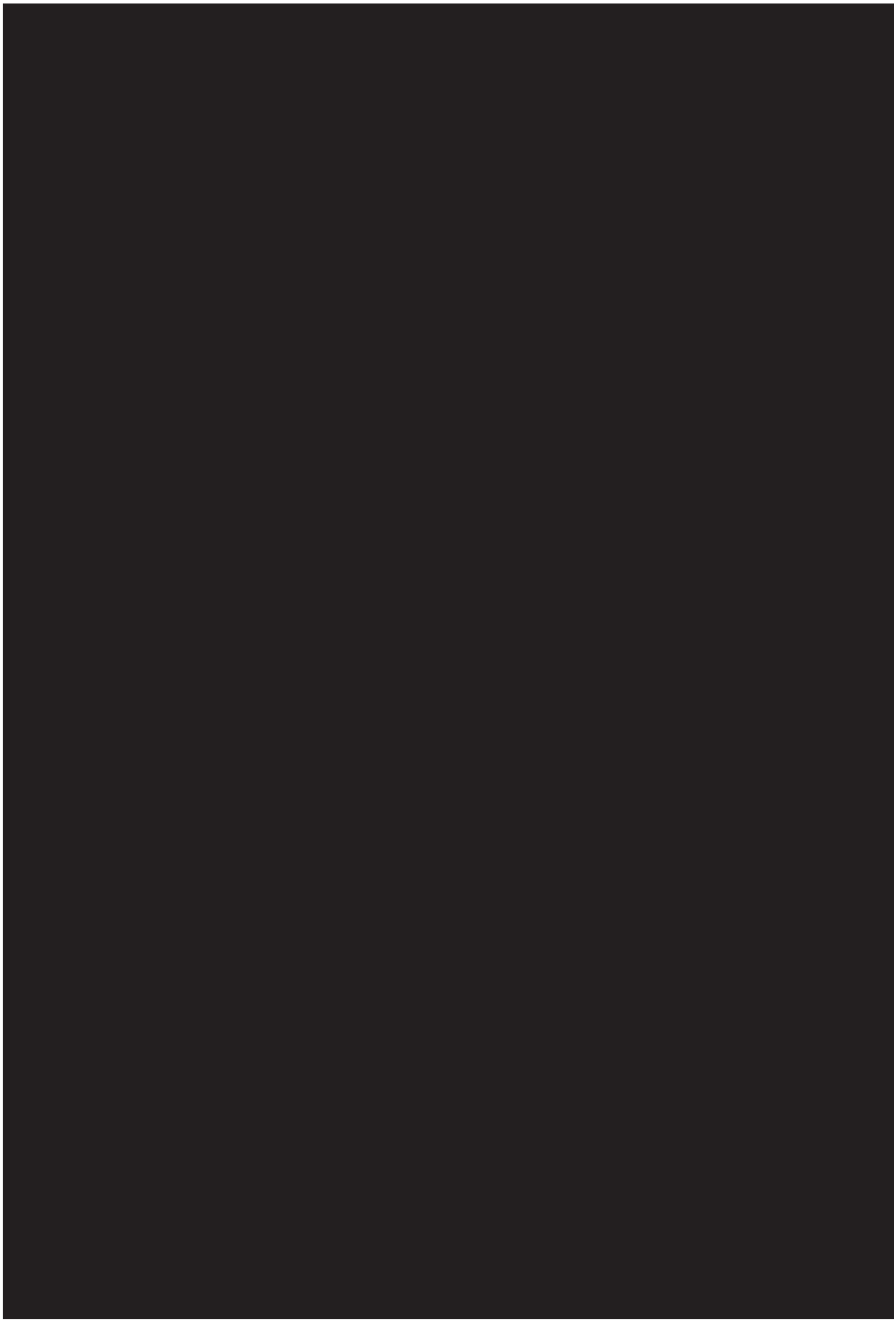

Summary of possible service locations and predicted counselling FTE required based on the Needs Analysis

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Appendices

Appendix A – Protocol for statewide consultations

The following protocol guided consultations with Gambling Help Services across the NSW problem gambling services system. While not all questions were asked to each and every stakeholder, the overall aim was to cover major headings across all consultations.

Overall effectiveness and operation of the problem gambling service system

- How well is the current service system able to respond to problem gambling service needs in NSW?
- What key aspects are working well within the services system?
- What key aspects are not working as well as they could work and may benefit from improved resourcing or service design refinements (or any other types of improvements)?

Funding and resourcing of problem gambling counselling and financial counselling services

- How appropriate is the current model used by the RGF to fund counselling services? (and financial counselling services)
- What level of demand exists for problem gambling counselling/financial counselling within NSW?
    - How many people typically wait for your services at any given point of time?
    - How long on average do people have to wait to gain access to services?
    - Can you comment on your caseload?
    - What are the barriers to balancing supply versus demand?
- What level of need do you believe exists for different modes of problem gambling counselling in NSW? (e.g., face-to-face, phone, online and group formats)
- Where do you see counselling modalities heading into the future? (e.g., online, videoconferencing etc.) Why? Are there any constraints or barriers you could foresee?
- How could counselling supply and demand be better matched across the service system? (describe)
- How well is the Gambling Help telephone line (1800 858 858) and Gambling Help Online (gamblinghelponline.org.au) supporting work of the service system? What refinements if any are needed?
- How effective are referrals from the Gambling Help Line and Gambling Help Online (in terms of volume of referrals provided and the referral process)?

Agency-specific service trends

Discuss trends pertaining to specific agency services over time and ask services to comment on their CDS treatment data and the factors, which influence observed trends.

- Your service currently receives $X in funding per annum for X FTE - Here is a profile of your service's counselling activities over the past three years (or other time frame if appropriate). How would you explain the current trends and your approach to service delivery?
- What factors do you believe have influenced the observed trends over the past 3 years? (describe)
- If you were examining ways to improve the following aspects of service delivery for your service, what measures would you examine or consider?

    (A) Quality of service delivery
    (B) Cost-effectiveness
    (C) Increasing numbers of new clients

Regional or rural specific issues (Regional services only)

- What are the key challenges of service delivery in regional areas of NSW?
- How could supply and demand for problem gambling be better balanced within regional areas?
- What alternatives – if any – could be considered to better service the needs of regional or rural areas?

Client needs in relation to problem gambling related counselling

- How well does the current system meet the needs of different types of clients in the services system? (e.g., women, youth, significant others etc.)
- What types of client needs are more difficult or complex to meet as a service provider? Why?
- Could you provide views on the following aspects of the NSW problem gambling services system?

  (A) Services for young people/youth or young people disengaged from schooling
  (B) Services for significant others
  (C) Services for people who are incarcerated or leaving incarceration
  (D) Services for people with complex comorbidities (e.g., drug and alcohol issues, psychiatric issues)

- To what degree does counselling require more specialist medical advice as part of service delivery? (e.g., for other problem gambling comorbidities)
- Do you see any other special client needs which could benefit from services or resourcing? (describe)

Currently funded specialist services in problem gambling

- How useful do you see current specialist services funded by the RGF to support the problem gambling services system?
- Can you comment on the following services?

  (A) Centre for Community Welfare Training (CCWT) – training courses and forums for counsellors
  (B) Wesley Community Legal Services
  (C) Aboriginal services
  (D) CALD services

- Do you see a need for any other specialist services into the future? (describe)

Community education

- How effective is the current RGF approach to raising community awareness of problem gambling? (i.e., statewide communications)
- What activities does your service perform to raise community awareness at a local level?
- How well is this working? What key areas for improvement do you see?
- How could the overall model used to raise awareness of community education be further improved?

RGF data and system monitoring

- How well does the current RGF data collection process work from the perspective of your service? (including the Client Data Set – CDS - and annual reporting)
- To what degree is the right type of information being gathered to assist in service system monitoring?
- If any, what refinements or additional information would you suggest for future data collection? Why?

Appendix B – Breakdown of calls to Gambling Help Line

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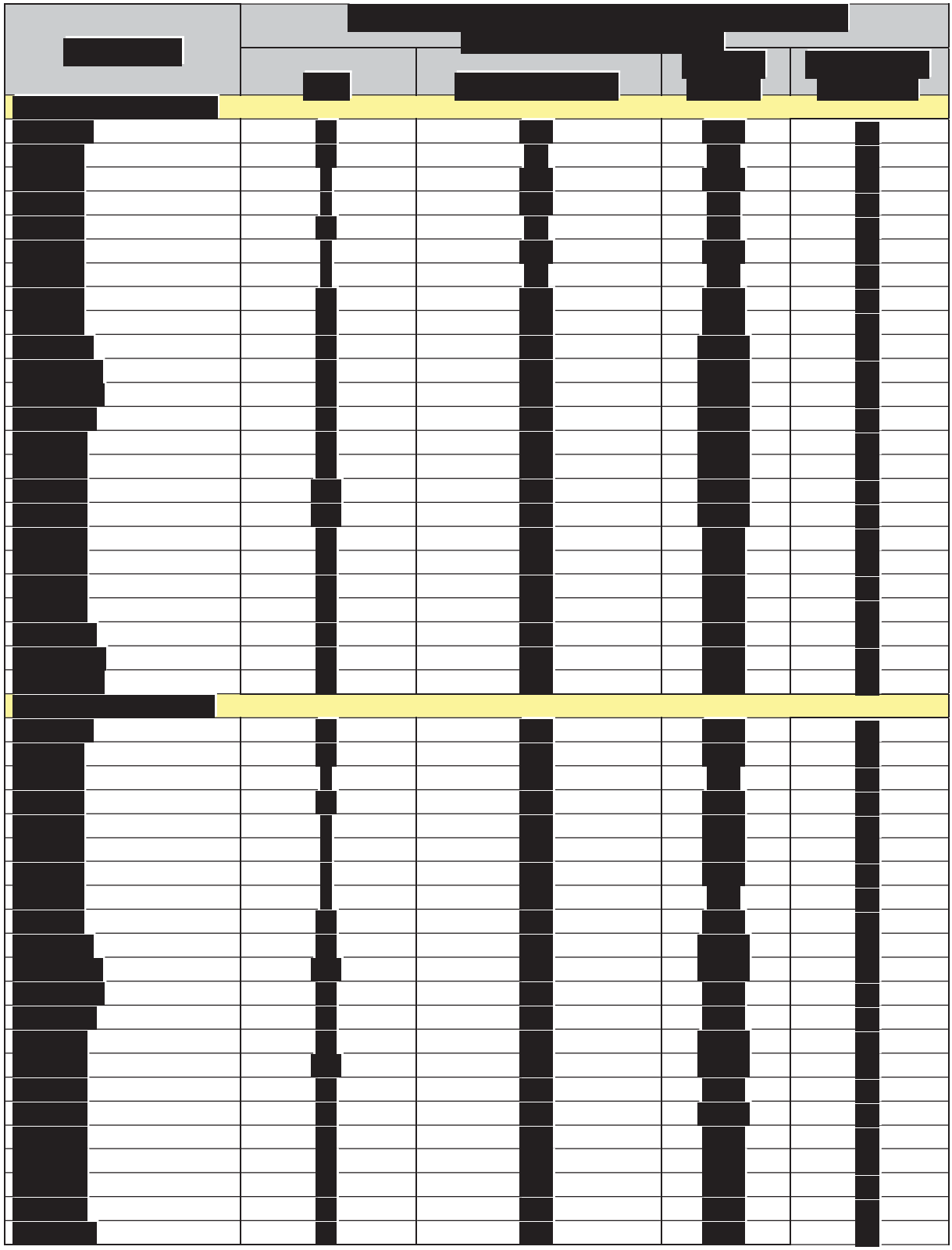
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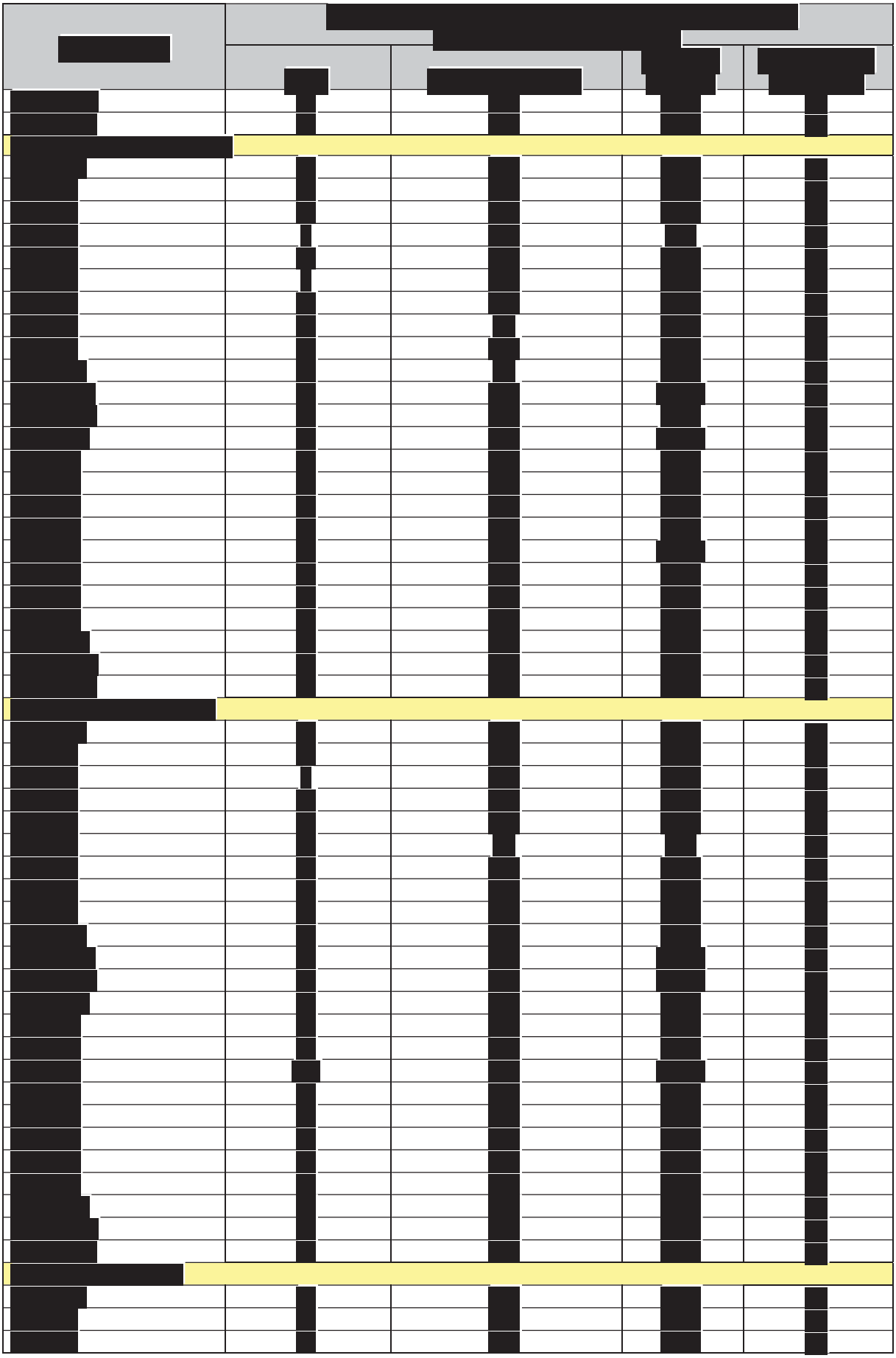

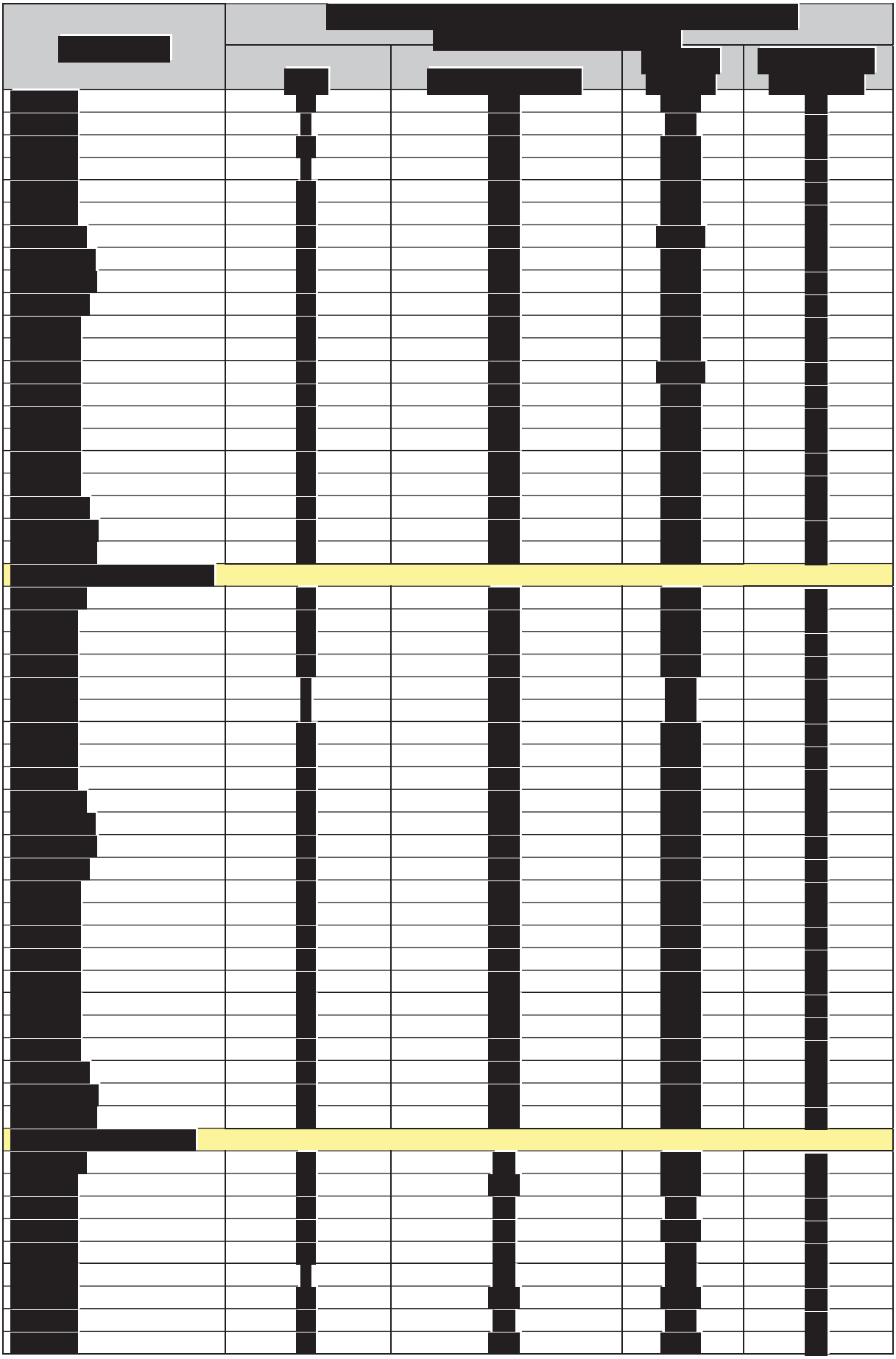

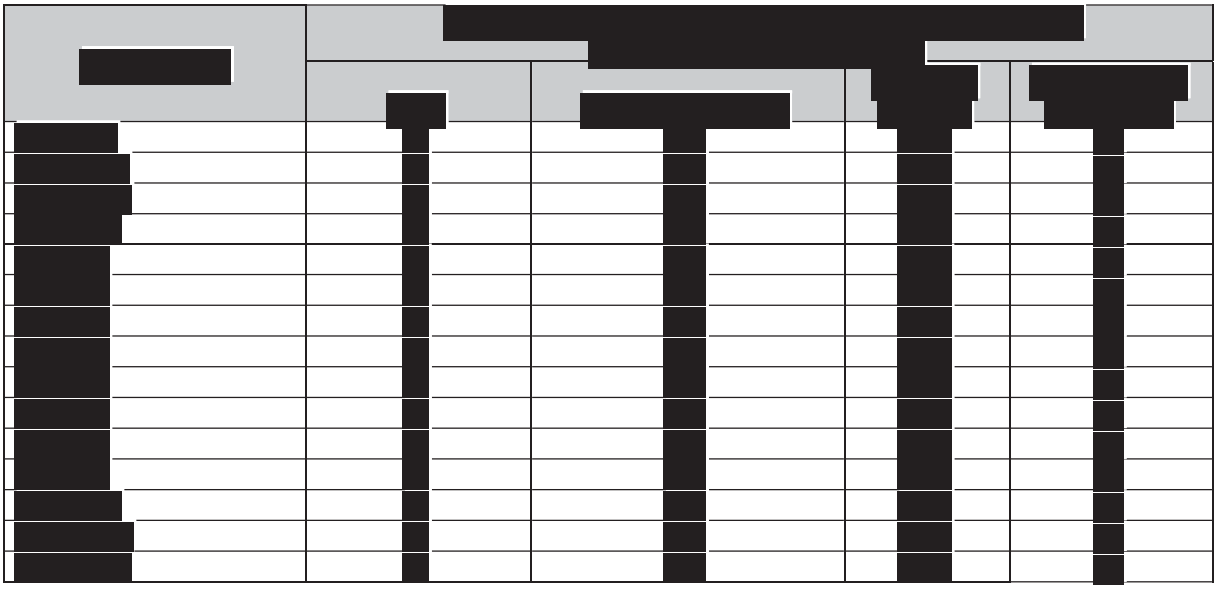

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