Reference: A5075297

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Department for Communities and Social Inclusion

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Ms Meg Banfield
Principal Research Officer
Joint Select Committee on Gambling Reform
Department of the Senate

Dear Ms Banfield

Thank you for your correspondence of 16 May 2012 (via email) seeking advice regarding South Australia's progress in establishing consistent outcome measures to evaluate the effectiveness of gambling treatment interventions.

I welcome the opportunity to provide the *Joint Select Committee on Gambling Reform* with an overview of the strategies put in place by South Australia since the 2005 *Inquiry into Effectiveness of Gambling Rehabilitation Programs*.

The Department of Communities and Social Inclusion, through the Office of Problem Gambling (OPG) has implemented reporting strategies across all South Australian Gambling Help Services (GHS) to enable the consistent measurement of the effectiveness of gambling treatment interventions.

Since the 2005 Inquiry, Gambling Help Service Standards have been developed for all GHS. This involved extensive consultation with the gambling help sector and key stakeholders from community services and the gambling industry. These standards necessitate reporting to OPG on progress towards meeting consistent standards in their annual monitoring process. The standards recognise the need to report on the effectiveness of gambling treatment interventions.

It is a requirement of all South Australian GHS to undertake the following rigorous monitoring and evaluation processes to ensure the gambling interventions are appropriate to the needs of their clients:

- As part of the initial assessment clients work with counsellors and therapists to establish goals, which vary depending on the needs of the individual clients. All GHS are required to assess clients when they

register for services and to provide follow up and maintenance procedures.

- Various screening and assessment tools are used at assessment throughout the duration of seeing a client and at follow up intervals. On-going monitoring of these goals forms part of the continued monitoring and assessment undertaken by GHS.

- Key Performance Indicators have been developed for all GHS and include the requirement to use the Canadian Problem Gambling Index (CPGI) with all registered clients. This screening tool is one of several screening tools that are used by GHS to determine the severity of gambling problems and co-related issues such as mental health, suicide, drug and alcohol use etc.

- Individual assessments are made as to whether the client has a financial issue and the GHS ensures appropriate financial counselling and support is provided where necessary.

- Data is collected at all stages and services are obliged to report quarterly to OPG. A Data Working Group is currently being established to review the data collected by OPG to ensure it supports the ongoing evaluation of the effectiveness of gambling treatment intervention. The Independent Gambling Authority will be invited to participate on this Group.

Yours sincerely

Lindy McAdam
Director
Community Connect

Gambling Help Service Standards (SA)

Standards

Published 2009

CLUBS S.A. Community way of life!
AHA SA Australian Hotels Association (SA)
SKYCITY ADELAIDE
Government of South Australia
Department for Families and Communities

Funded through the Gamblers Rehabilitation Fund

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Acknowledgements

The Gambling Help Service Standards have been developed with the aim of providing a robust set of standards to support the development and continued improvement of a broad range of gambling help services in South Australia.

The Standards were developed by Quality Management Services (QMS) who brought experience and expertise in the field of quality improvement and standards development. QMS combined this with knowledge and wisdom from within the sector and current research and good practice in the field.

Stakeholders who contributed their time and expertise to support the development of these Standards are gratefully acknowledged. Particular acknowledgement goes to participants of a consultation process conducted in late 2006 by the Office for Problem Gambling, Department for Families and Communities:

- Anglicare
- Australian Hotels Association
- Centacare
- Clubs SA
- Flinders University
- Gambling Helpline
- Lifeline South East (SA) Inc
- Nunkuwarrin Yunti of SA Incorporated
- Offenders Aid & Rehabilitation Services SA (OARS)
- Relationships Australia (SA)
- Salvation Army
- Sky City
- Uniting Care
- Uniting Care Wesley, Adelaide
- Uniting Care Wesley, Bowden
- Vietnamese Community in Australia / SA Chapter Inc

A sincere thank you is extended to the members of the Standards Project Reference Group for their commitment and enthusiasm.

The Reference Group included representation from:

- Anglicare SA
- Department for Families and Communities
- Flinders Medical Centre (SA)
- Lifeline South East (SA) Inc
- Nunkuwarrin Yunti of SA Incorporated
- Quality Management Services
- Salvation Army
- Vietnamese Community in Australia / SA Chapter Inc

Recognition and gratitude is given to the work that has preceded and informed the development of these Standards:

- in Victoria, 2005 La Trobe University and the Victorian Department of Human Services developed the Problem Gambling Services Implementation Kit Service Standards[1]
- in Tasmania, service standards for Break Even services have been in place since 2001 and findings from the evaluation of the services conducted in 2005 have informed these Standards[2]
- in New South Wales (NSW), in 2006 - 2007 Quality Management Services (QMS) and the NSW Government developed and implemented the "NSW Problem Gambling Treatment Service (PGTS) Standards Module"[3]

[1] Victorian Government, Department of Justice, 2005. Problem Gambling Services Implementation Kit Service Standards, the Victorian Government Publishing Service, [Accessed on line] URL: http://www.problemgambling.vic.gov.au [Cited 15/07/07].

[2] Department of Health and Human Services, Tasmania, 2005. Evaluation of Current BreakEven Gambling Support Services and recommended future service delivery, [Accessed on line] URL: http://www.dhhs.tas.gov.au/agency/pro/gambling/documents/Evaluation_of_Current_Break_Even_Gambling_Support_Services.pdf [Cited 30/7/07].

[3] QMS, 2007. *NSW PGTS Standards Module*, adapted from the QIC Victorian Gambling Standards by Quality Management Services (QMS) for the Problem Gambling Treatment Service Accreditation Project with funding from the NSW Government through the Responsible Gambling Fund, endorsed by the Quality Improvement Council.

- in South Australia, the report: The Prevention and Treatment of Problem Gambling in South Australia through the Gambler's Rehabilitation Fund - A Strategic Review[4] developed by the Department for Families and Communities, and
- the Problem Gambling units of competence within the Community Services Training Package (Code CHC08).

[4] Gambler's Rehabilitation Fund, 2005. The Prevention and Treatment of Problem Gambling in South Australia, through the Gambler's Rehabilitation Fund, A Strategic Review, [Accessed online] URL: http://www.sapo.org.au/pub/pub3301.html [Cited 30/5/08].

Contents

"Problem Gambling is characterised by difficulties in limiting the amount of money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community." [5]

Background

Gambling has become a part of leisure and recreational activities for many people in the community. For most people this is done in a responsible manner enabling them to enjoy gambling as entertainment; however for some it can have a negative impact on themselves, their families and the community.

1994 saw the introduction of Electronic Gaming Machines and hence a significant increase in legalised gambling in South Australia resulting in a wide range of both negative and positive responses to the impact of gambling on the general population.

The Gambler's Rehabilitation Fund (GRF) was established in 1994, to fund programs and initiatives which offer services to those affected by a gambling problem. The GRF is kept with Treasury and is recurrently funded by contributions from the Australian Hotels Association (SA), Clubs SA, Sky City Adelaide and the South Australian Government.

The GRF is administered by the South Australian Department for Families and Communities (DFC) and supports gambling help services providing a range of services, including free, confidential and professional individual and family counselling, financial counselling, support groups, community education, research and evaluation.

[5] Neal, P., Delfabbro, P., & O'Neil, M., "*Problem Gambling and Harm: Towards a National Definition*" Melbourne, Victoria: Victoria Government Department of Justice prepared on behalf of Gambling Research, [Accessed on line] URL: www.gamblingresearch.org.au [Cited 13/7/07].

The initiatives supported by the GRF are based on a harm reduction approach which encompasses prevention, early intervention, counselling and treatment programs for problem gambling. In South Australia organisations funded through the GRF provide assistance to:

- problem gamblers, their families and significant others affected by the consequences of problem gambling;
- individuals, their families and significant others who are deemed to be at risk or who are affected by those at risk of experiencing problems with gambling; and
- other services that provide specialist training and advice in the area of problem gambling[6].

Literature indicates that levels of problem gambling are of major concern. In South Australia the report, *Gambling Prevalence in South Australia*, 2005, used the Canadian Problem Gambling Index to measure the rate of problem gambling. It found that 1.6% of the population aged 18 years or over were problem gamblers. The number of people represented was approximately 18,000 adults of whom 5,000 were high risk gamblers. Overall, 70% of adult South Australians gambled at some time in the previous year.[7] Other research indicates that co-morbidities and social circumstances are associated with an increased risk of developing a gambling problem.[8]

[6] South Australian Department for Families and Communities, 2007. Funding *and Service Agreement* for Problem Gambling Services.

[7] Government of South Australia, 2005. *Gambling Prevalence in South Australia*, [Accessed on line] URL: http://www.problemgambling.sa.gov.au [Cited 13/7/07].

[8] Sprunt, B., Dupot, I., Lesieur, H., Liberty, H.J., Hunt, D., 1998: *Pathological gambling and substance misuse: a review of the literature*; Substance Use and Misuse, 33 (13) 2535 – 2560);National Centre for Education and Training on Addiction (NCETA), South Australia, (March 2000);
Current "Best practice" Interventions for Gambling Problems: A Theoretical and Empirical Review, prepared for the Department of Human Services, Victoria; Winters KC.,
Stinchfield R. & Fulkerson J., 1993: *Patterns and characteristics of adolescent gambling.* Journal of Gambling Studies*,* 9 (4): 371 – 386);
Brown S., Johnson, K., Jackson, AC., Fook, J., Wynn, J & Rooke, C., 2000: *Healthy Wealthy and Wise Women: The Health Impact of Gambling in Melbourne's Western Metropolitan Region*. Melbourne: Women's Health West.

In South Australia there is a range of treatment modalities used in gambling help services including:

- Cognitive Behaviour Therapy (CBT)
- Narrative Therapy
- Motivational Interviewing
- Crisis Intervention
- Relapse Therapy
- Relationship/Couples Counselling
- Emergency Material Assistance
- Financial Counselling
- Group Work
- Solution Based Brief Therapy
- Family Work
- Aspects of Gabriela Byrne's "Free Yourself Program"
- Gambler's Anonymous (GA) in conjunction with other gambling support, and
- Interactive therapies, such as Drawing Therapy.

In addition, a range of community capacity building strategies has been introduced aimed at reducing harm related to the issues associated with problem gambling. These strategies include:

- community education
- risk factor identification and early intervention
- promoting responsible gambling, and
- legislative responsibilities on gambling agencies.

This approach is reflective of a broad range of frameworks such as the Ottawa Charter and social marketing,[9] which aim to build healthy public policy, create supportive environments, strengthen community action, develop personal skills and reorient services to undertake prevention and early intervention strategies alongside treatment. This spectrum of responses to the issue of problem gambling creates a more supportive environment for sustainable and healthy choices and provides information, skills, knowledge and understanding in the community and to at risk individuals, as well as ensuring access to good quality treatment and support services for individuals engaged in or affected by problem gambling.[10]

Over the past decade there has been a substantial growth in knowledge and expertise concerning appropriate intervention for people adversely affected by gambling. The DFC and the GRF 2005 *Strategic Review* into the prevention and treatment of problem gambling in South Australia found that there are no internationally recognised best practice models. Identifying best practice is difficult because of the limitations of evaluation and outcome studies that have been undertaken. To this point literature is largely focused on an addictions / mental health paradigm. In reality the gambling help sector is made up of a diverse range of services comprising of treatment, counselling, family, financial and other practical support as well as community education components. Services are provided to a diverse range of populations inclusive of Aboriginal and culturally and linguistically diverse communities. Research shows there is a complex array of factors that influence outcomes beyond specific interventions.

Some intervention models lend themselves better to outcome trials and quantitative analysis than others. A broad range of factors, not necessarily associated with the intervention, will affect consumer outcomes.[11]

[9] Smith,W. 2000, Social Marketing: An Evolving Definition, American Journal of Health Behaviour, [Accessed on line] http://www.atypon-link.com/PNG/doi/abs/10.5555/ajhb.2000.24.1.11?cookieSet=1&journalCode=ajhb [Cited 29/08/07].

[10] First International Conference on Health Promotion. *Ottawa Charter for Health Promotion*, Ottawa, 21 November 1986 [Accessed online] http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf. [cited 7/8/07].

[11] Department for Families and Communities 2005, The *Prevention and Treatment of Problem Gambling in South Australia through the Gambler's Rehabilitation Fund: A Strategic Review*.

Current literature, research and a sector consultation conducted by the DFC in 2006 have identified some key areas which underpin current thinking on what constitutes quality in the provision of gambling help services in South Australia. With this increased knowledge and these factors in mind, the **Gambling Help Service Standards** have been developed as a framework to promote current accepted good practice and inform measurement of the various elements of quality across the service sector. Further explanation is provided in the sections headed, "Principles underpinning the Standards", and "The Standards as a Framework".

These Standards will provide a framework for services funded through the GRF as well as those providing gambling help services operating in a broader health or community service context but that are not specifically funded through this stream. The aim of these Standards is to continue to improve the services provided to the community and to be responsive to funder, consumer and community expectations.

The Standards as a Framework

The Gambling Help Service Standards provide a framework to promote quality systems for gambling help services and outcomes for the community and people accessing these services. This framework is guided by the principles of the Australian Government, Department of Families, Community Services and Indigenous Affairs, *National Framework on Problem Gambling 2004 – 2008;* a South Australian sector consultation, completed in 2006 by the DFC and the previously developed gambling help service related standards from Victoria, NSW and Tasmania.

The Standards acknowledge that gambling help services include a range of prevention, early intervention and treatment and support modalities and they have been designed to be applied across a range of services based on the context of individual service types. The Standards are also designed to avoid duplication and to interface well with other quality frameworks where they are used.

"Quality – encompasses measuring consumer outcomes including the degree of satisfaction of the users of the service and / or the quality of processes and other factors used in delivering services e.g. staff competency, agency practices in regard to consumer rights, compliance with performance standards, benchmarks and best practice considerations."[12]

This framework is based on an explicit systems approach, which provides a broad framework for the Standards design.[13] This is based on a number of assumptions as follows:

- a strong and sustainable system needs to be **clearly documented** so it can be shared and provide a consistent message to those who need to operate within it;
- in order for the documented system to be put into practice, individual/s need to be **delegated responsibility** for its implementation;

[12] Department for Families and Communities, 2005. *The Independent Gaming Authority: Inquiry into State Funded Gambling Rehabilitation Services*, [Accessed on line] URL: http://www.iga.sa.gov.au/pubcons/rehab/DFC.pdf [Cited 13/7/07].
[13] Quality Improvement Council, 2004. Health and Community Services Standards, Quality Improvement Council, Australian Institute for Primary Care.

- the person/s responsible for implementing the system need to then devise a mechanism for implementing the system and for ensuring the **people who need to know, do know and understand** the system;
- once the system is implemented, it needs to be assured that the practice is indeed consistent with the guiding documentation so that **practice matches policy;** and finally
- every system needs to be monitored, evaluated and **continually improved.**

These Standards will enable benchmarking across the sector and encourage a consistently high quality of service, critical reflection and systems thinking to improve organisational and sector capacity.

Principles Underpinning the Standards

These Standards reflect the principles relevant to gambling help services. Monitoring the standards through internal self assessment and external review identifies the level to which these sector principles are put into practice, and areas that can be improved.

The underpinning principles which guide the Gambling Help Service Standards in South Australia are based on the National Framework for Problem Gambling 2004 – 2008:

- **information provision:** the community has the right to balanced information on gambling; on the risks associated with gambling; and on available support services;
- **harm reduction:** strategies to reduce the negative effects of gambling are embedded into the principles of gambling help services, including prevention, early intervention, counseling and treatment and other support or interventions;
- **shared responsibility:** gamblers, the gambling industry, the community, help service providers, State, Territory and Federal governments all share the responsibility for harm reduction from problem gambling;
- **collaborative partnerships:** are developed and implemented through sector and service system linkages and work to build on current best practice and seamless service provision in the area of problem gambling help; and
- **research and evaluation**[14]**:** are essential to ensuring ongoing service development, sustainability and innovation and include appropriate data collection on number, special needs and outcomes for gambling help services.

[14] Australian Government, Department of Families, Community Services and Indigenous Affairs, 2004.*National Framework on Problem Gambling* 2004 – 2008 [Accessed on line] URL http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/gambling-gambling_framework.htm

The following principles have been identified as part of the SA sector consultation and are recognised dimensions of quality identified in the literature and reflected in other general health and community service standards:

- **consumer focussed service provision**: is integral to the provision of appropriate and timely services, with consumer participation at all levels of service provision and planning;
- **access and equity**: cultural competency, linguistic relevance and Iga Warta principles[15] are applied to service development. Access and equity form the basis for service provision and planning;
- **workforce competency**: workers delivering gambling help services are appropriately qualified, working in accordance with currently accepted good practice, supervised for the services they deliver and mechanisms are in place to ensure ongoing professional development[16];
- **continuous improvement**: based on sector benchmarks and / organisational systems and processes that are monitored and evaluated to ensure good quality and efficient gambling help services; and
- **multi-intervention approach**: recognises the mix of approaches required to meet the health and personal outcomes of consumers negatively affected by problem gambling, including recognition and treatment of co-morbidities.

"A health outcome is a change in the health of an individual, or a group of people which is wholly or partly attributed to an intervention or a series of interventions."[17]

[15] South Australian Department of Health, *Iga Warta Principles,* Appendix from Department of Health Document, [Accessed on line] URL: http://www.ecsinquiry.sa.gov.au/files/links/Appendix_13d.pdf [Cited 15/7/07] These principles are a guide to service delivery design for the South Australian Department of Health. The principles are a basis for conscience decision making that is inclusive of Aboriginal communities.

[16] Skill mix for staff of gambling help services is appropriate to the role fulfilled. Gambling help counsellors or support workers will have relevant professional qualifications such as social work, psychology or other qualifications in line with the Australian Qualifications Framework.(see also Standards 2 and 5).

[17] Commonwealth Government, Towards a National Benchmark for Australian Mental Health Services, 2000,The Australian Health Ministers Advisory Council (AHMAC) Sunshine Statement, [Accessed on line] URL: www.health.gov.au/internet/wcms/publishing.nsf/Content/1E6D0CFF358800DDCA2572680015D245/$File/ben4.pdf [Cited 23/7/07].

In developing these Standards, QMS also used the following principles.

The Standards will:

- **reflect sector values and language;**
- **avoid duplication and repetition,** many of the themes of the Standards emerge in more than one Standard, but with a slightly different focus, to provide more depth to important issues;
- **use plain English** which allows for ease of interpretation;
- **be consumer friendly;**
- **have a simple format** which promotes use and understanding by many;
- **be flexible and applicable** to a wide range of service types and / organisational sizes;
- **focus on quality of service delivery**, while supporting broad quality parameters related to governance; and
- **be able to be used as stand alone standards or easily integrated** with an existing quality framework.

Format of the Standards

The Standards reflect the principles of gambling help services for South Australia and cover:

Standard 1 - Access to Gambling Help Services

Standard 2 - The Gambling Help Service System

Standard 3*- Consumer Focus

Standard 4* - Partnerships and Collaboration

Standard 5* - Organisational Governance and Management

Standard 6* - Outcome Measurement, Research and Evaluation

Each Standard is stated as a broad heading, followed by a brief explanatory note, to highlight its intent. The next section includes a description of "What the Standard is about." This is followed by "Key Organisational Competencies" covered by the Standard, which provide context to the Standard for gambling help services. Key Organisational Competencies and the examples provided describe the "criteria" against which a service is assessed. Key Organisational Competencies are numbered using the prefix C (competency), then numbered according to the Standard (1 – 6) and concluding with the number of the competency. For example C.1.1 refers to competency 1 in Standard 1.

Services will need to provide justification if a Key Organisational Competency is not considered applicable to that service, or if other methods of achieving the competency are utilised beyond those described in examples.

*** Where the broader organisation has an existing quality framework, this Standard may be partially covered under this framework.**

A series of Systems indicators including examples are then presented to assist gambling help services to identify the system components for the Standard. The Systems indicators are used to "review" the Key Organisational Competencies and also include a range of examples. System Indicators are numbered using the prefix S (system), followed by reference to the Standard that it applies to (1 – 6), then the number 1 – 5 according to the element of the system, as described below. For example S.5.1 refers to the guiding documents to support the systems for Standard 5.

System Indicators incorporate:

1. **guiding documents** (e.g. policies and procedures exist to guide a consistent approach across sites and service providers);
2. **delegation of responsibility** (e.g. responsibility for the implementation of the system is clearly delegated);
3. **knowledge and understanding** to operate within the system are acquired (e.g. qualifications, professional development and performance management, orientation and training for the Board, Management, staff, consumers, community and stakeholders as appropriate);
4. **practice matches policy** (e.g. the practice reflects the written description of the system as evidenced by interviews and observations as part of an external review, audits and surveys); and
5. **continuous quality improvement (CQI)** (the system is monitored, evaluated and improved).

The Key Organisational Competencies and examples provided as part of the System Indicators are included to guide interpretation and understanding of the Standard. Examples have been drawn from examples of good practice in the sector. The service may have evidence of achieving the Key organisational competency in other ways besides those outlined. This should also be based on evidence, best practice and / or process and outcome evaluations.

The Glossary and References provide more detailed definitions and explanations relevant to the Gambling Help Service sector and will assist in interpretation and implementation of the Standards, alongside emerging and current literature.

The Standard

Standard 5* – Organisational Governance and Management

The Gambling Help Service has governance and management practices that maximise organisational efficiency, transparency and effectiveness.

What this standard is about

The Standard in detail

This Standard includes Key organisational indicators of quality and safety to guide the service at an organisational level and the systems that need to be in place to ensure that organisational governance and management meet service provision, business and accountability requirements.

Key Organisational Competencies

This section lists the criteria for achieving the Standard

The Gambling Help Service will demonstrate the following Key Organisations Competencies:

C.5.1 Vision, mission/purpose and values are consistent with the services provided.
C.5.2 A Strategic Plan (or similar) developed in consultation with the defined community that:
- outlines outcomes towards which the service is working;
- is consistent with best practice in Gambling Help Service principles and practice and legislative requirements;
Includes strategies to achieve these outcomes; ……
C.5.3 Human Resource Management (HR) is in place for Managers, staff, contractors and where relevant volunteers, with outlined responsibilities, delegations of authority, specified qualifications and training needs identification at both an individual level……..
C.5.4 Financial Management reporting and accounting methods are transparent and in line with recognised accounting standards and funding and legislatives requirements. ……..

System Indicators

This section describes the system elements which will demonstrate the level to which Key Organisational Competencies are fully embedded into the service's system (eg used to review the Standard).

The Key Organisational Competencies need to be evident at all levels of System Indicators. This will ensure systems are documented, responsibility for implementation is delegated, there is knowledge of the system and staff are competent to implement it, policy is reflected in practice and the system has inbuilt mechanisms for ongoing improvement.

Each Key Organisational Competency will be reflected in the following systems elements:

S.5.1 Guiding Documents

Key Organisational Competencies are documents……

For example:

- Constitution;
- Vision, mission, values;
- polices and procedures and supporting documents……
- planning documents;
- insurance policies; and
- best practice guidelines.

Gambling Help Service Standards (South Australia)

The Gambling Help Service Standards are aimed at the provision of **a framework to promote quality outcomes for gambling help services in South Australia**. This is based on the principles of Information Provision, Harm Reduction, Shared Responsibility, Collaborative Partnerships, Research and Evaluation, Consumer Centred Service Provision, Access and Equity, Workforce Competency, Continuous Improvement and a Multi-Intervention approach.

The Gambling Help Services Standards and Supporting Guide provide more detail.

Standard 1

Access to Gambling Help Services

Consumers and families affected by problem gambling are able to access appropriate information and services at any point in the service system. Barriers to access are identified and addressed.

KEY COMPETANCIES

- Needs Analysis
- Service Planning
- Consumer & Community Information
- Barriers to Access
- Special Needs Groups

Standard 2

Gambling Help Service System

Prevention, early identification, intervention and information strategies across the service system aim to reduce the incidence and minimise the harmful impact of problem gambling.

KEY COMPETANCIES

- Prevention & Early Intervention
- Self Help Strategies
- Intake Processes
- Assessment
- Intervention (treatment, counselling and support)
- Exit Planning
- Governance of Service Delivery (qualifications and practice)

Standard 3 *

Consumer Focus

The Gambling Help Service ensures the consumers are central to service planning, delivery and evaluation and consumers' rights and responsibilities are explicit.

KEY COMPETANCIES

- Consumer Focus
- Consumer Participation
- Diversity
- Reducing Stigma
- Rights and Responsibilities
- Privacy and Confidentiality
- Complaints and Feedback

Standard 4 *

Partnerships and Collaboration

The Gambling Help Service works to increase the capacity of the community through participation in partnerships and networks.

KEY COMPETANCIES

- Collaborative Approach to Planning
- Collaborative Partnerships
- Networking and Capacity Building
- Integrated Intervention and Treatment Planning
- Campaigns, Promotion and Community Education

Standard 5 *

Organisational Governance and Management

The Gambling Help Service has governance and management practices that maximise organisational efficiency, transparency and effectiveness.

KEY COMPETANCIES

- Vision, Mission & Values
- Organisational Planning
- Human Resources
- Financial Management
- Risk Management
- Resources
- Information Management
- Communication
- Occupational Health, Safety & Welfare
- Legislative Compliance

Standard 6 *

Outcome Measurement, Research & Evaluation

The Gambling Help Service utilises data, research and evaluation to measure consumer outcomes and inform organisational development.

KEY COMPETANCIES

- Evaluation Framework
- Knowledge Management
- Benchmarking
- Research

* Where an organisation has an existing quality framework, these Standards may be partially covered under this framework. Refer to the Standards for more detail.

Funded through the Gamblers Rehabilitation Fund

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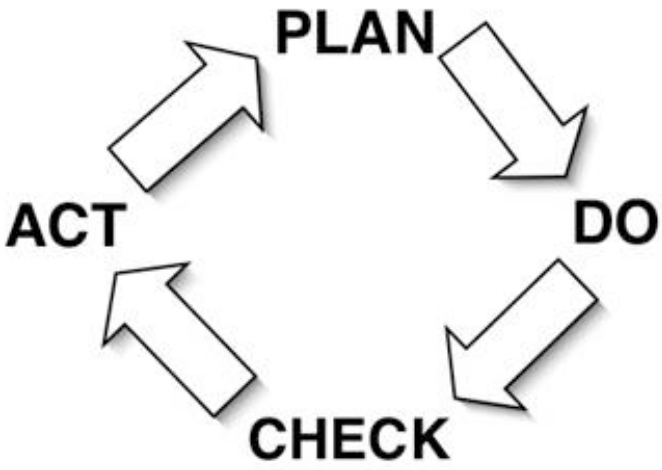
What is Continuous Quality Improvement?

Continuous Quality Improvement or CQI is a management and leadership tool for assessing and improving overall organisational quality and takes a cyclical and planned approach to improvement. The process is based on a commitment to constantly improve operations, processes and activities in order to best meet consumers' needs in an effective, consistent and cost efficient manner. There are a number of models of CQI but the diagram below depicts the Plan – Do – Check – Act Cycle which is often used to guide continuous improvement in services. The PDCA (or PDSA) Cycle was originally conceived by Walter Shewhart in the 1930's, and later adopted by Dr W. Edwards Deming.[18]



[19]

[18] Office of Communication Education and Research, 2007, The Clinicians Black Bag of Quality Improvement Tools, Dartmouth Medical School [Accessed on line} URL: http://www.dartmouth.edu/~ogehome/CQI/index.html [Accessed 6/11/07].

[19] Jaeger, B., Kaluzny, A. and McLaughlin, C. (1994) 'TQM/CQI: From Industry to Health Care', in C. McLaughlin and A. Kaluzny (Eds.) *Continuous Quality Improvement in Health Care: Theory, Implementation, and Applications,* Apsen Publishers, Gaithersburg, Maryland, p20.

The first step in the continuous quality improvement cycle is **Plan**. This is where you identify improvement opportunities in a planned way, using relevant data. This involves clearly understanding what you are trying to improve and why. It may involve collecting a range of data to identify your planned improvement, as well as determining what data you need to collect pre and post to help inform your decision making.

For example the service may wish to improve access to services by young people, after analysing data and observing that the number of young people accessing the service is low, despite research data indicating a need by this group of people within the target community. So they PLAN to introduce an outreach program in collaboration with a local recreation centre that is successful in attracting the target group.

The second step - **Do** - focuses on implementing the change and collecting information on its impact.

In our example we DO the outreach program, which requires joint planning with the recreation centre. The outreach program is conducted as a trial for a specific time period. The data to be collected to measure the outcome of the outreach program is determined in the planning stage. It includes: the number of existing recreation centre users who join the outreach program; number of consumers who are new to both the program and the recreation centre; information about how they heard about the program. It also includes qualitative data such as identifying whether this group of consumers prefers participating in outreach activities as opposed to attending programs within a gambling help service centre.

The third step - **Check** - involves analysing the data collected over the period of the trial and monitoring the impact of the change to assist with decision making. At this stage a recommendation is made to either return to the planning cycle if the improvement is demonstrated to be ineffective in achieving the planned improvement, or to move to the **ACT** stage if the improvement demonstrates a significant positive impact.

In our example, we CHECK if the outreach program has been effective. The data confirms that there is a 20% increase in clients. Moreover it shows a strong preference within the target group to participate in activities within a broader community setting. A recommendation is made to fund the outreach program with ongoing review of the effectiveness of the strategy.

The final step - **Act** - is when the organisation makes changes based on recommendations from the previous step in the cycle. Changes do not necessarily have to be large-scale (or be made at all). An important aspect of the continuous quality improvement cycle is that changes should be kept manageable within the time and resources available to the organisation.

In our example we ACT and implement the outreach program and this includes a review of its impact every six months. The data collected at review informs ongoing planning and so the cycle continues.

Once this cycle is completed it recommences at the first step - **Plan**.

All organisational systems should be built around CQI. It should be part of existing management and decision making processes. For example quality improvement may be built into the terms of reference of a strategic leadership group, part of portfolio responsibilities of management, built into staff or team meeting schedules or there may be a quality improvement group. What is important is that there is a way to plan, implement and monitor ongoing improvement.

Monitoring the Standards

Organisations that provide gambling help services, also may offer a range of other services. These services may have program specific standards, which are monitored in a variety of ways. Many organisations also choose to enter into independent accreditation or certification such as that provided by the Quality Improvement Council (QIC), the South Australian Service Excellence Program (SEP), the Business Excellence Framework, the Australian Council on Health Care Standards (ACHS), the International Standards Organisation (ISO) or the Australian General Practice Accreditation Limited (AGPAL).

The Gambling Help Service Standards are designed to complement other standards and lend themselves to be used in conjunction with other standards and accreditation or quality reviews. They are also designed to work as a stand alone framework.

The Standards format is based on two assumptions, firstly that most organisations providing gambling help services have a standards or accreditation framework in place; or are working towards a system relevant to the organisational context (e.g. current initiatives to strengthen Aboriginal Community Controlled Health Services [ACCHS]). Based on this assumption there is the opportunity for the organisation to demonstrate that its organisational framework covers the requirements of some of the Standards at the broader level. The Standards most likely to be covered in this context are Standards 3 – Consumer Focus, 4 – Partnerships and Collaboration, 5 – Organisational Governance and Management and 6 – Outcome Measurement, Research and Evaluation. This process will always need to reflect the service type and the requirements of gambling help services. In these instances the Standards can act as an interpretive guide for reviewers and surveyors for this service type.

Standards 1 - Access to Gambling Help Services and 2 - The Gambling Help Service System are integral to the provision of gambling help services and thus strongly reflect the service provision component of this service type. These Standards will always be completed supplementary to an existing quality framework. Organisations should discuss with their accreditation provider and funder the option of utilising these Standards alongside their existing framework and the level to which the content of the Gambling Help Service Standards are covered in their framework.

The second assumption is that whilst in most cases organisations have an existing framework, some organisations may not and thus the Standards can be used as a stand alone framework. In these cases all Standards will need to be addressed in full. The completion of the stand alone framework **does not** imply the status of organisational accreditation, but it does reflect an achievement of the Standards for this service type and demonstrates this to funders and stakeholders, as well as providing a good foundation for transitioning into an accreditation or organisational quality framework in the future.

Meeting the Standards will support the development of a service that is accountable and sustainable, whilst providing an environment to support consumers to manage the negative impacts associated with gambling. The measurement of consumer perceptions and satisfaction with the service is recognised as integral in the measurement of the extent to which a service meets the Standards.

The service is required to undergo both an internal and external review to confirm that it is meeting the requirements of the Gambling Help Service Standards. The internal review will comprise of a self-assessment against the Standards. This may be assisted through a range of strategies such as internal audits, staff, consumer and stakeholder surveys or forums, evaluation and other processes which encourage participation and critical reflection. Self-assessment will identify both areas of strength and those requiring improvement and will precede the external review.

The external review is an evidence-based approach including observation, interviews and document verification at all levels of the service, and where relevant the broader organisation by an experienced reviewer and possibly a trained peer reviewer from within the sector.

Evidence of a complete system which is documented, delegated, understood, implemented, monitored and improved will demonstrate that a Standard is achieved.

The External Review considers the size, scope and capacity of the service as part of the review process.

The External Review will be underpinned by the expectation that the review team have the necessary competencies to ensure an independent and robust review of the service system based on current best practice and quantifiable criteria.

Rating System

The following rating system is used to identify the service's capacity to meet a Standard. This system will also assist the service to identify areas of strength and areas requiring further improvement based on a continuous quality improvement approach.

- **MET (Fully in Place)**

  The service has Met the Standard when it has met all the System Indicators within the Standard. Additionally, all Key Competencies are required to be addressed within the system. The service also will need to demonstrate that an Action Plan is developed following each review against the Standards and that this Plan is monitored. Outcomes from previous Plans are achieved for the relevant standard. This is done prior to subsequent reviews based on a three year cycle.[20]

- **PARTLY MET (Partly in Place)**

  The service has Partly Met the Standard if one of the System Indicators has not been met. Key competencies are still required to be addressed within the system and Action Plan items relevant to meeting the Standard and developed as a result of the previous review also need to be achieved.[20]

- **NOT MET (Not in Place)**

  The service has Not Met the Standard if more than one of the System Indicators is not met. Key competencies are still required to be addressed within the system and Action Plan items relevant to meeting the Standard and developed as a result of the previous review also need to be achieved.[20]

[20] For the first review the requirement for a previous action plan to be completed will not be relevant, however reviewers will consider continuous improvement activities and processes in place as part of assessing System Indicators for each Standard.

Achievement of the Standards is an ongoing process. Achievement of a Met rating during an external review may still identify areas where improvement is required. Recommendations made will form the basis for a Quality Action Plan and will support continuous improvement within the service. This plan may be incorporated into existing action plans from other quality frameworks, but must reference the Gambling Help Service Standards and the recommendations resulting from the review process.

Subsequent reviews will have an expectation that the Gambling Help Service has systems in place to meet the requirements of the Action Plan.

Where these Standards are integrated into existing organisational quality frameworks, the rating system used in that framework can be adapted to these Standards as long as this includes an expectation of achievement of the System Indicators, the Key Organisational Competencies and ongoing improvement and monitoring.

To demonstrate compliance with the Gambling Help Service Standards, all Standards will be expected to be rated as Met. Where a Partly Met or Not Met rating is recorded the organisation will be granted one year to achieve a Met rating.

Areas of non compliance with legislation or risk to safety of staff and consumers will be noted as requiring immediate attention (within 1 - 3months) including appropriate declaration.

Standard 1 – Access to Gambling Help Services

Consumers and families affected by problem gambling are able to access appropriate information and services at any point in the service system. Barriers to access are identified and addressed.

What this standard is about
This Standard focuses on the systems in place to ensure services are accessible to all members of the community of interest. Barriers to access are identified and strategies are put in place to minimise these barriers.
Key Organisational Competencies
The Gambling Help Service will demonstrate the following Key Organisational Competencies: **C.1.1 Consumer & community needs are collected and analysed** and used in service design: - gaps in services are identified; - user profiles, including special needs groups, are measured against the proportion of the target groups in the population; - community awareness and education needs are identified; - waiting list data is monitored and managed to ensure strategies are put in place to address these issues; - information is gathered and used on why potential clients are not accessing services. This may be identified through sector and community networks as described in Standard 4 - Partnerships and Collaboration; - needs identification is based on the individual needs of clients, as further described in Standard 3 - Consumer Focus; - service planning and development are based on analysis of data described in the above dot points. **C.1.2 Service planning** is based on: - the community of interest and their identified needs (as above); - any key performance indicators (KPIs) for reaching or accessing certain groups; - the need to monitor plans and KPI's to facilitate accurate reporting;

- the scope of operations and the resources available to deliver services across the aspects of the service system (this recognises that for different organisations and services there will be different levels of input into hard to reach groups);
- at risk groups in the community;
- the potential barriers to accessing services.

C.1.3 Consumer & community information is provided on:

- a choice of flexible, appropriate and evidence based information and / or options to support consumer access to gambling help services, including any eligibility and priority criteria offered by the organisation;
- other Gambling Help Services' supports and treatment modalities;
- mainstream services that may be helpful such as consumer and community information, general counselling, treatment of mental health conditions, psychosocial support, treatment and counselling for substance misuse, financial assistance, family or housing support.

C.1.4 Barriers to access are addressed, including but not limited to:

- physical accessibility for people with disabilities;
- the stigma associated with problem gambling;
- consideration of the preferred method of accessing information and support by the target group. This might include telephone support, internet access (website, chat room), face to face services in shared facilities or shop fronts, peer support programs, and written information or tools;
- access to service via public transport and style and location of services is appropriate to the target group, extended hours of operation;
- remote or rural access issues are explored (eg outreach programs);
- where fees and charges apply, consumers are informed;
- use of interpreters, networks and peers;
- services tailored to the needs of individual consumers and special needs groups;
- a process is in place to ensure "no shows" or refusal of service by a consumer does not affect future access;
- anonymity is an option.

C.1.5 Special Needs Groups

- special needs groups and any barriers are identified – special needs groups in this context are youth, Aboriginal and Torres Strait Islander (ATSI), women, seniors, the homeless and Culturally and Linguistically Diverse (CALD) communities.[21] Co-morbidity should also be identified as an issue affecting access to services;
- service planning, consumer and community information are appropriate to the needs of special needs groups.

Standard 2 - The Service Delivery System, Standard 3 - Consumer Focus and **Standard 4 – Partnerships and Collaboration** further expand on the competencies described in this Standard.

System Indicators

Each Key organisational competency will be reflected in the following systems elements:

S.1.1 Guiding Documents

Values, vision, plans, policies and other key documents that guide the service in identifying and addressing barriers to accessing gambling help services, with specific attention to special needs groups.

S.1.2 Delegation of responsibility

Responsibility for ensuring access to gambling help services and managing identified barriers as above is clearly assigned.

For example:

- management and staff job descriptions include responsibilities for managing and implementing the Key Organisational Competencies in this Standard;
- committees' Terms of Reference include access and equity issues;
- policies and procedures to support Key Organisational Competencies articulate levels of responsibility for their implementation.

S.1.3 Knowledge and understanding

The system ensures that staff have relevant knowledge and resources and consumers receive appropriate information to facilitate consumer access to services and to address barriers.

For example:

- selection and recruitment practices reinforce the principles of access and equity in service delivery;

[21] Department for Families and Communities, 2006. Service Standards for Gambling Help Services, unpublished, part of consultation for preparation for the Standards Project.

- induction includes orientation to policies and procedures around access, including barriers to access (see Standard 5 - Organisational Governance and Management);
- staff training includes an understanding of special needs groups and the barriers to access for these groups (eg. cultural awareness training, working with an interpreter, awareness of appropriate responses such as the SA Link up service to assist Aboriginal people forcibly removed by the State, and NGOs interested in this area.) Also see Standard 3 - Consumer Focus;
- staff have information about and a good understanding of services provided by other gambling help services and mainstream services to assist with service integration and referral;
- consumer and community information addresses access, eligibility, priority and waiting list.

S.1.4 Practice matches policy

Practice reflects key guiding documentation relating to access to gambling help services.

For example:

- a range of access strategies is evident, such as use of translated, user friendly information, delivered across a range of methods, eg website, paper based, forums, participation in CALD, ATSI and interagency networks and forums;
- data collection confirms KPI's around access for certain groups in the community as a proportion of the population;
- specified outputs in Funding and Service Agreement (s) are reflected in the data eg. Where there is a requirement for certain percentages of clients to be from special needs groups eg. Youth, CALD or Indigenous communities; or service types are required to reflect a specific percentage of one to one services and education sessions; or services are required to be delivered in specific regions etc. data confirms these outputs;
- consumer surveys and feedback demonstrate satisfaction relating to ease of access to information and services;
- partnerships, joint planning and consultation with other agencies to address barriers (CALD, ATSI specific services, rural outreach, co-location with a youth service etc).

S.1.5 Continuous Quality Improvement

The system to support Key Organisational Competencies relating to access to gambling help services includes a process for Continuous Quality Improvement.

For example:

- essential data is collected and analysed to allow gaps and trends to be identified such as Australian Bureau of Statistics (ABS) data, consumer and stakeholder surveys, focus groups, complaints tracking, review of service activity including referrals, characteristics of those accessing services and those on waiting lists;

- improvements in processes are planned and implemented through mechanisms such as a quality committee;
- where access related objectives are built into strategic or operational plans, these are monitored and strategies are reviewed for effectiveness and improved as required;
- internal evaluation occurs to monitor the effectiveness of changes. This may be monitored, for example through a quality reporting framework.

Standard 2 – The Gambling Help Service System

Prevention, early identification, intervention and information strategies across the service system aim to reduce the incidence and minimise the harmful impact of problem gambling.

What this standard is about
This Standard focuses on the systems in place to support services and programs to reduce the incidence and impact of problem gambling, from prevention, early identification, through to assessment, referral, counselling, treatment, support, review and exit from the service. Associated aspects of co-morbidities and relapse are planned for and managed in a seamless way. The service may specialise in certain areas as reflected in their Funding and Service Agreement, however they need to be aware of other available services, have good organisational relationships across the service spectrum and incorporate the shared focus of reducing the incidence and impact of problem gambling. This means that while the gambling help service may not specifically deliver all parts of the service system there are clear links to facilitate seamless transition where required. For some services this may include a supportive or training role to direct service organisations. In this instance, services should ensure that key competencies are covered in their training or support systems. This Standard also includes specific reference to qualifications and skills of staff.
Key Organisational Competencies
The Gambling Help Service will demonstrate the following Key Organisational Competencies: **C.2.1 Prevention, early intervention and strategies to minimise the harmful impact of problem gambling** may include campaigns, community education presentations or programs with schools and community groups, involvement in gambling industry activities, promotion of supportive environments and self help strategies. Programs are based on the principles that underpin the Gambling Help Service Standards. The service will maintain data to measure outputs and outcomes of these activities in line with funder / sector requirements such as the number, type, location, target and hours spent on community activities undertaken.[22]

[22] South Australian Department for Families and Communities, 2007, Funding *and Service Agreement* for Problem Gambling Services, Key Performance Indicators and Outputs (also refer to the Glossary).

With acknowledgement of the difficulties associated with measuring long term outcomes of some interventions, an evidence base should be used to formulate the practice model, which can be used to link practice with outcomes.

C.2.2 Self Help Strategies are incorporated into the service delivery system, for example supporting consumers to connect with self help groups, providing information on self help strategies such as self-exclusion, and self help resources, including online resources.

C.2.3 Intake processes will incorporate basic screening, which may include using standardised tools or protocols or a more flexible methodology, whichever supports the treatment modality. The outcome of the approach will identify initial need and priority, and support referrals both internally and externally. The intake process will also include the provision of relevant consumer information related to service delivery including practical strategies to address immediate gambling concerns or experiences, and gambling related issues, as well as information on rights, consent to release information, privacy, complaints process etc as indicated in Standard 3 – Consumer Focus.

Eligibility, priority and waiting list processes include clearly defined and promoted eligibility criteria if applicable. Tools or protocols are utilised to support equitable access and decision making relating to priority including response or referral for crisis management. Consumers are informed about waiting lists and kept up to date with their progress on such a waiting list if applicable. Services that deliver main stream financial counselling will have processes in place for screening.

C.2.4 Assessment of consumer needs is based on a recognised method of assessment and may include standardised tools and protocols based on evidence and relevant to the service type. The results of assessment are recorded and identify agreed consumer goals; they are used to inform ongoing planning and evaluation of consumer outcomes and are in line with funder requirements and key performance indicators if applicable. Recognised assessment tools such as DSM IV, South Oaks Gambling Screen, Canadian Problem Gambling Index or other appropriate tools will be used for assessment and outcome measurement. Assessment should include consumer attitudes, desire to change, expectations, cultural issues, demographics, type of intervention or support being assessed for and frequency and patterns of gambling. The assessment should also consider current levels of social and /or family support and cognitive functioning, financial hardship, legal, family and work situations, physical and mental health history, including relevant family history, any current health problems, risk of self harm, or harm to others, and alcohol or substance abuse.

C.2.5 Intervention, such as treatment, counselling and support is applied according to the initial and subsequent assessments of consumer need. Outcomes are monitored. The intervention applied is linked to evidence, research or accepted good practice, is selected from a range of interventions and includes a clear rationale for why this particular intervention is selected. Intervention is documented and should include the proposed number, timing, and length of sessions' as well as broader life style needs.

A case management approach is used for complex consumer needs with roles, responsibilities and accountabilities of consumers, counsellors and other service providers defined. Acceptance of the support or intervention by the consumer is documented.

Working with families is included at all levels of the service system, including acknowledgement of the impact on family and relationships and working cooperatively to support these relationships.

Case Reviews are scheduled at appropriate intervals and include a documented process for tracking progress and outcome measures. Outcome measures could include the improvement in the consumer's personal and social well being; or their ability to manage finances. Other areas to be included in the review process should be consumer satisfaction and feedback on progress, reassessment of consumer goals and criteria from the initial assessment to inform review of current treatment or intervention. The opportunity to reinforce information about the service to consumers should be taken at review including rights, consent to release information, privacy, complaints process etc as indicated in Standard 3- Consumer Focus.

Referral protocols exist and referral to other providers occurs seamlessly and with the consumer's permission as required and informs the treatment or intervention. This should be based on a defined understanding of the organisation's limitations and available services and should include support mechanisms for the consumer including information on the range of support services available. Primary case management is identified where a consumer receives services from more than one service provider.

Relapse management is built into treatment and intervention and is based on an understanding of likely risk factors and other stressors that may contribute. There is a process for consumers to receive timely crisis support. Consumer awareness, monitoring, alternatives and access to appropriate services are strategies to minimise harm associated with relapse.

C.2.6 Exit from the service is based on good practice case closure protocols such as but not limited to a post intervention tracking of consumers at three, six, 12 and 18 months to monitor the efficacy of interventions.

C.2.7 Governance of Service Delivery (qualifications and best practice) includes participation in professional leadership in relation to gambling help services, knowledge and application of current research and accepted good practice in the field. Clinical risk, safety and effectiveness relevant to the service type is embedded into the policy framework (see System Indicator S.2.4). Professional qualifications of those providing services are clearly defined and monitored, including supervision, professional development and audits against clinical and service policies and practices and professional and training requirements (see System Indicator S.2.3 and examples within this indicator).

All other Standards but particularly, **Standard 1 - Access to Gambling Help Services**, **Standard 3 - Consumer Focus**, **Standard 4 - Partnerships and Collaboration** and **Standard 5 - Organisational Governance and Management** expand on the competencies described in this Standard.

System Indicators

Each Key organisational competency will be reflected in the following systems elements:

S.2.1 Guiding Documents

Key policies, procedures and documented service principles guide the service's place in the gambling help service system and ensure high quality services, which are integrated and responsive to the community as well as individual need and circumstance.

For example:

- service delivery principles are documented and reflect organisational values;
- governance of service delivery (qualifications and practice) is described in policy;
- the broader Gambling Help Service spectrum and the role the individual service plays is documented in operational and /or strategic and risk management plans;
- policies and procedures cover prevention and other strategies to reduce the negative impact of problem gambling, as well as assessment, treatment and intervention, case review, relapse, referral and exit; as described above in Key Organisational Competencies;
- community and consumer information includes all areas of the service system; and
- use of evidence based guidelines such as prescribing guidelines where applicable.

S.2.2 Delegation of responsibility

Responsibility for the service system is clearly delegated.

For example:

- there is clear delegation at Board and Senior Management level for monitoring qualifications, identifying clinical and service level risk, ensuring professional supervision, maintaining professional requirements and mandated and ongoing professional training (also refer to Standard 5 – Organisational Governance and Management);

- job descriptions define lines of professional and service delivery accountability;
- professional leadership is defined in the organisational chart;
- committees' Terms of Reference describe responsibilities in Key Organisational Competencies such as a clinical or service governance committee, program advisory group, multidisciplinary meetings, sector network meetings, and include identification of responsibility for implementation, review and monitoring service outcomes;
- policies and procedures articulate levels of responsibility and accountability for service delivery.

S.2.3 Knowledge and understanding

The system ensures that board and / or management and staff have relevant knowledge and resources relating to their role and responsibilities in service delivery, including knowledge and understanding of the relevant policies and procedures; consumers and the community have access to appropriate information about service delivery.

For example:

- staff, management and Board orientation includes orientation to the gambling sector and service delivery policies and procedures;
- selection and recruitment practices reinforce sector values and are based on relevant workforce competencies;
- staff have relevant **qualifications**. Skill mix for staff of gambling help services is appropriate to the role fulfilled. Gambling help counsellors or support workers will have relevant professional qualifications such as social work, psychology, graduate bachelor in nursing practice or other qualifications in line with the Australian Qualifications Framework.[23] This will include skills relevant to the position in behavioural (e.g. specific to supporting people with addictive behaviour), financial and general counselling, treatment, support and community education. Supervisory and reporting systems are imbedded into Human Resource (HR) systems (refer also to Standard 5 – Organisational Governance and Management).
- staff receive ongoing professional training and development based on identified need and current accepted good practice and research relevant to problem gambling issues and interventions. Evidence is provided relating to staff attendance in ongoing training including but not limited to, history of the problem gambling sector, theories about the causes and successful responses, evidence based interventions in the area of problem gambling, including harm reduction and prevention strategies, indicators of problem gambling, responsible gambling e.g. self exclusion, graduated risks of some forms of gambling, range of issues to be covered in an assessment, understanding the stages of problem gambling, crisis intervention, stressors associated with problem gambling e.g. legal, financial and housing, range and use of relevant screening and assessment tools,

[23] Australian Qualifications Framework 2007, http://www.aqf.edu.au/aboutaqf.htm

counselling and treatment and support techniques relevant to gambling help services.[24] This should include documentation of minimum levels of training expected based on professional groups' Continuous Professional Development (CPD) points (e.g. Australian Association of Social Workers, the Australian Psychological Society, The Royal Australian College of General Practitioners, The Australian College of Mental Health Nurses) and / organisational policy which includes monitoring that relevant training occurs;

- staff have a good understanding of the principles and practices of community support and services provided by other gambling help services and mainstream services;
- consumers are informed about the spectrum of responses to problem gambling, including access to current research where relevant and are supported to choose the best options for their circumstances;

consumers continue to be kept aware through consumer information, community education, assessment and review processes of the rationale for their treatment or intervention and the expected outcomes of their service choice, their responsibilities, the likely challenges and review points;

- consumers have the opportunity to contribute to and participate in prevention and early intervention strategies targeting at risk groups and the broader community.

S.2.4 Practice matches policy

The key competencies identified above relating to the system of services in problem gambling are reflected in practice. For example:

- data collection confirms KPI's developed in organisational planning;
- funding and service agreement outputs are reflected in data if applicable;
- consumer surveys and feedback demonstrate satisfaction with service delivery;
- a range of intervention strategies are evident;
- service audits demonstrate compliance with best practice in problem gambling help services;
- staff files demonstrate competency, performance review, supervision and training;
- service profile, networks and partnerships, referral patterns and client files demonstrate evidence of the service system and service policies related to the various key competencies described above.

[24] NSW Government, 2007. Draft Units for the Problem Gambling sector, CHCGMB501A, 502A and 503A.

S.2.5 Continuous Quality Improvement

There is a system to support CQI in relation to the range of services provided.

For example:

- essential data is collected and analysed to inform decision making and service improvement at any stage of the service system; such as KPIs, education session evaluations, record audits, consumer surveys, focus groups, practice networks, complaints, quality plans, review of activity data, outcome data;
- improvements in processes are informed by data and planned and implemented through mechanisms such as a quality committee (see explanation of CQI using a Plan, Do, Check, Act [PDCA] cycle on pages 22 - 24);
- evaluation is used to confirm the desired outcome is achieved. This may occur through such forums as a quality committee, quality reporting framework, repeat surveys and comparison of data across consecutive periods.

Standard 3 * – Consumer Focus

*** Where the broader organisation has an existing quality framework, this Standard may be partially covered under this framework.**

The Gambling Help Service ensures the consumers are central to service planning, delivery and evaluation and consumers' rights and responsibilities are explicit.

What this standard is about

This Standard explores the organisational values, goals and the service model for gambling help services promoting a client centred approach, which confirms consumer rights, a commitment to consumer participation, advocacy and empowerment.

Key Organisational Competencies

The Gambling Help Service will demonstrate the following Key Organisational Competencies:

C.3.1 Consumer focus is integral to organisational values, goals and service model and is imbedded in practice at all levels.

C.3.2 Consumer participation and empowerment: consumers and the defined community are involved at every level of service delivery and planning. At the broader level this may include advisory groups, community forums, participation in industry or sector community awareness activities, advocacy and evaluation. At the individual consumer level, strategies are in place to support consumers to be involved in their individual treatment or intervention, to determine who will represent their views to the service, and to identify at the earliest possible opportunity the role of families or significant others in providing support. Counselling / treatment is documented and aimed at supporting consumers to understand treatments and develop or redevelop the necessary competence/skills/knowledge to manage gambling and its negative effects on their life.

C.3.3 Diversity is addressed in the access and service system and includes physical, social, cultural, emotional, spiritual, gender, sexual orientation and lifestyle aspects of the consumer. This may include policies and procedures being in place to guide the service in working with CALD and ATSI consumers and communities. Use of accredited interpreters and employment of bilingual staff and links with CALD and ATSI communities and service providers. This also includes a level of flexibility in the intake, assessment and intervention process to ensure complex needs are considered in supporting the individual consumer.

C.3.4 Reducing Stigma: the service takes steps to de-stigmatise problem gambling and promotes help seeking behaviour in both the broader community and for individuals through promotional material, awareness raising brochures, community awareness forums, campaigns and educational activities.

C.3.5 Rights and Responsibilities policies and procedures and consumer information ensure consumers are provided with information about their rights and responsibilities in an understandable format, which may include translated information, use of interpreters and attention to literacy of consumers. This should also include a mechanism to ensure consumers are reminded of their rights periodically, such as at case review. Rights should also include the right to access appropriate services, right to appeal a service decision or refuse services, right to complain, right to appropriate information to inform choice, right to privacy, right to services without discrimination, right to respect and other rights specific to the counselling, treatment or support modality such as the right to feel safe in a group.

C.3.6 Privacy and Confidentiality information provided complies with current privacy and freedom of information legislation. Information on privacy and confidentiality is provided to consumers, families or advocate at first contact and as part of regular reminders, including the process for consumers to access their personal information, what information the organisation collects and maintains about a consumer and how security of this information is maintained. Informed consent is provided before personal information is shared with other services and funders and / or is used to inform quality improvement activities.

C.3.7 Complaints and Feedback are seen as an opportunity for improvement to service provision. Policies and procedures are in place to ensure consumers are able to provide confidential feedback such as by suggestion box, satisfaction surveys and informal and formal complaints. Internal and external complaints processes are promoted such as reference to the Health and Community Services Complaints Commissioner and the relevant sector peak or advocacy body. Appropriate timelines and feedback systems are included in complaints and survey processes.

Standard 2 – The Gambling Service System extends on the competencies described in this Standard.

System Indicators

Each Key organisational competency will be reflected in the following systems elements:

S.3.1 Guiding Documents

The above competencies are documented to guide a consumer focused Gambling Help Service.

For example:

- vision, mission and values include reference to consumer focused service provision;
- the individual needs and preferences of consumers are reflected in the assessment, treatment and intervention planning process;
- consumer participation and focus is imbedded in policies and procedures;
- clear and appropriate information is provided to consumers and the community on rights and responsibilities, privacy and confidentiality, complaints, reduction of stigma and diversity.

S.3.2 Delegation of responsibility

Responsibility is clearly delegated to ensure a consumer focused Gambling Help Service.

For example:

- job descriptions include reference to the individual's role in working in line with the organisational and sector values specifically relating to a client focused approach;
- committees' Terms of Reference include consumer representation and / or input where appropriate;
- policies and procedures articulate levels of responsibility for implementation of a consumer focused service, for example the Privacy Officer.

S.3.3 Knowledge and understanding

The system ensures that staff have the relevant knowledge and resources and consumers receive appropriate information relating to the key guiding documents for facilitating a consumer focused approach to gambling help services.

For example:

- new and existing staff are made aware of their role in the provision of a consumer focused service at orientation and as part of ongoing training and performance review. Orientation should include an overview of values, vision, mission, code of practice, policies and procedures and other associated documents and practices which guide practice in relation to this Standard, including rights and responsibilities, complaints processes, privacy and cultural awareness;
- selection and recruitment practices reinforce the principles of consumer focused service provision;

- staff training includes an understanding of cultural awareness, the changing cultural, social, political, legal and economic context of the gambling help sector, consumer participation principles, ethics and values;
- consumers and the community are provided with information (in an appropriate format) and have an understanding of their rights and how to access them; what to expect from their service provider and the organisation as a whole, how to participate in evaluation and planning; processes for providing feedback or making a complaint; ensuring their privacy including providing informed consent for sharing personal information etc.

S.3.4 Practice matches policy

The above competencies relating to consumer focused gambling help services are reflected in practice.

For example:

- data collected may include the number of consumers involved in organisational planning and response to consumer surveys (eg rate of response, comments, trends);
- consumer focus is demonstrated in daily practice such as staff recording in consumers' files that rights, complaints processes, informed consent, consumer goals and copies of agreed service plans have been received and agreed to by the consumer;
- consumer surveys, and evaluations are conducted in accordance with policy and form the basis of action plans;
- interviews with consumers confirm their perception of the service as consumer focussed;
- consumer service reviews take place on a regular basis, that is appropriate to service type;
- complaint data is collected and trended and feeds into quality improvement;
- consumer record audits confirm privacy principles are maintained;
- a range of information strategies are evident, such as use of translated, user friendly information, delivered across a range of methods, e.g. website, paper based, forums, organisational networks;
- the service monitors staff and service provision and addresses issues associated with non compliance of organisational values;
- the service collaborates with individuals and/or organisations with expertise in trans-cultural service delivery.

S.3.5 Continuous Quality Improvement

CQI is undertaken to support and improve the service model and systems to support consumer focused gambling help services.

For example:

- essential data is collected and analysed to allow the organisation to measure the extent to which it is achieving and maintaining a consumer focused service. For example, data may be collected from consumer surveys; focus groups; review of service activities; client file audits to confirm that clients have been reminded of their rights and responsibilities etc at review; and the number of CALD and ATSI consumers accessing services. Improvement

activities are planned and implemented in response to findings;
- systems are used to monitor data and ensure improvements in processes are planned and implemented through mechanisms such as a quality committee;
- internal evaluation occurs to monitor the effectiveness of changes for example through a quality reporting framework, including action plans.

Standard 4* – Partnerships and Collaboration

*** Where the broader organisation has an existing quality framework, this Standard may be partially covered under this framework.**

The Gambling Help Service works to increase the capacity of the community through participation in effective partnerships and networks.

What this standard is about

This Standard relates to sector collaboration and the development of partnerships to ensure a cohesive gambling help sector that works together to raise awareness and identify high risk individuals, behaviours and groups. Collaborations are based on sector principles and guide service planning, identify services and sector improvement, and promote seamless service provision to the consumer and the community.

Key Organisational Competencies

The Gambling Help Service will demonstrate the following Key Organisational Competencies:

C.4.1 A Collaborative approach to planning is reflected in community and stakeholder input into planning activities, which may include strategic, operational and service planning processes.

C.4.2 Collaborative partnerships between all stakeholders[25] have clear processes in place to avoid consumers "falling through the gaps", reduce duplication, manage expectations and differences and ensure accountability. Memorandums of Understanding (MoU) include dispute processes. Service Agreements both with funders and contractors define outputs such as counselling, treatment implementation and other interventions and support, advocacy with the broader sector and community, and linking with industry initiatives. Partnerships and / or MoUs exist with mainstream services including but not limited to mental health and drug and alcohol services as appropriate.

[25] Stakeholders include gamblers, the gambling industry, the community, gambling help service providers, State and Federal Governments

C.4.3 Networking and Capacity Building informs treatment and intervention implementation. Goals of networking are documented and include such things as working with the gambling help community and other providers to address the needs of the sector and consumers, sharing information with the sector, and working with other organisations and special needs groups to improve access to gambling help services.

C.4.4 Integrated intervention and treatment planning may include a designated counsellor or case manager facilitating the consumer's transition through the service system. Joint assessment processes with other providers are used where appropriate to avoid duplication and ensure clear lines of communication regarding consumer need and personal goals. The gambling help service will have a system for documenting the consumer's goals and progress. Collaboration and referral processes are clearly documented and communicated and support access to a broad range of services such as General Practitioners (GPs), community health, drug and alcohol services, financial, housing, employment, crisis intervention, CALD or ATSI specific services and homelessness services.

C.4.5 Campaigns, Promotion and Community Education relating to problem gambling are participated in, promoted, developed or implemented relevant to the service type. A recognised health promotion framework is used to guide education or campaign design to educate and inform the community.

All other Standards expand on the competencies described in this Standard.

System Indicators

Each Key organisational competency will be reflected in the following systems elements:

S.4.1 Guiding Documents

Policies, procedures and planning documents define the purpose, nature and extent of partnerships, networks and collaborative arrangements.

For example:

- the Strategic and/or Operational Plan defines the nature and purpose of partnerships and collaboration in the context of the organisational mission/vision;
- MoUs and Partnership Agreements;
- policies and procedures on contracting, collaboration and partnerships;
- funding agreements may define or direct collaborations and networking;
- use of sector community awareness and education guidelines or packages;
- policies and procedures support a collaborative approach to campaigns, promotion, education and community information.

S.4.2 Delegation of responsibility

Responsibility for Key Organisational Competencies is clearly delegated to ensure partnerships and collaborations are maintained in line with organisational policy.

For example:

- job descriptions include reference to responsibility for ensuring the service works with the broader community, other services, the consumer, and their family to achieve the consumer's identified goals;
- committees' Terms of Reference include reference to partnerships and collaborations for example network meetings;
- policies and procedures articulate levels of responsibility for networking and maintaining and developing partnerships.

S.4.3 Knowledge and understanding

The system ensures that staff, and where relevant, consumers have the relevant knowledge and resources to support their role in partnerships and collaboration related to the Gambling Help Service.

For example:

- orientation, training, supervision and performance management processes ensure that the training needs of new and existing staff are identified and addressed so that they have the relevant information and knowledge to carry out their role. This may include a knowledge of alternate services including mainstream and gambling help, the referral process, community awareness mechanisms, partnerships and networks;
- consumers are made aware of collaboration with stakeholders and other parties involved in their treatment, intervention and other supports including the referral process;
- consumers are provided with information on other services, support or community information as required;
- staff and stakeholders are aware of requirements of MoUs through clearly articulated processes.

S.4.4 Practice matches policy

Key Organisational Competencies are addressed in the development of partnerships and collaborative activities for the betterment of gambling help services and are reflected in practice.

For example:

- formal and informal partnerships are entered into to support an integrated gambling help service system;
- staff contribute to sector campaigns to support prevention and minimising the negative effects associated with problem gambling;
- networks inform strategic positioning.

S.4.5 Continuous Quality Improvement

The system relating to partnerships and collaboration for gambling help services includes a process for Continuous Quality Improvement.

For example:

- essential data is collected that will allow gaps and trends to be identified such as stakeholder satisfaction, evaluation of education sessions and network activities, performance against KPIs in MOUs;
- systems are used to monitor data and ensure improvements in processes are planned and implemented, such as through a quality committee or partner or sector planning groups such as a Strategic Leadership Group;
- internal evaluation occurs to monitor the effectiveness of changes such as through a quality reporting framework.

Standard 5* – Organisational Governance and Management

*** Where the broader organisation has an existing quality framework, this Standard may be partially covered under this framework.**

The Gambling Help Service has governance and management practices that maximise organisational efficiency, transparency and effectiveness.

What this standard is about
This Standard includes Key organisational indicators of quality and safety to guide the service at an organisational level and the systems that need to be in place to ensure that organisational governance and management meet service provision, business and accountability requirements.
Key Organisational Competencies
The Gambling Help Service will demonstrate the following Key Organisational Competencies: **C.5.1 Vision, mission/purpose and values are** consistent with the services provided. **C.5.2 A Strategic Plan** (or similar) developed in consultation with the defined community that: - outlines outcomes towards which the service is working; - is consistent with best practice in Gambling Help Service principles and practice and legislative requirements; - includes strategies to achieve these outcomes; - incorporates consumer and stakeholder participation; and - includes measurement processes. **An Operational Plan** (or similar) is developed and based on the Strategic Plan, with time frames, responsibilities and targets for implementation and monitoring. **An Organisational Chart** with clear reporting and accountability lines is in place. **C.5.3 Human Resource Management (HR) system** is in place for Managers, staff, contractors and where relevant volunteers, with outlined responsibilities, delegations of authority, specified qualifications and training needs identification at both an individual and service level. On going staff development or further education is supported as required by the gambling help sector and relevant funders; for example training offered through the Australian Institute of Social Relations, through the Vocational Education and Training (VET) system or professional qualifications including social work or psychology. The HR system should include

recruitment, orientation, clinical/professional supervision, professional development and training, performance management, grievance procedures, administration practices. In addition there is a requirement for a Disability Action Plan to be in place for all DFC funded services.

C.5.4 Financial Management reporting and accounting methods are transparent and in line with recognised accounting standards and funding and legislative requirements. Financial allocation is linked to organisational goals.

C.5.5 Risk Management includes a documented risk assessment and plan or similar with steps taken to minimise and manage risk including strategic, governance, operational, property, financial and clinical risks. Staff and consumers' safety are managed through such strategies as mandatory reporting and reporting of adverse events. There are current insurance policies covering equipment and premises, professional indemnity, public liability and workers compensation.

C.5.6 Resource Management includes assets management, maintenance, environmental protection processes.

C.5.7 Information Management, including plain English documentation, data management systems, easily navigated electronic and hard copy filing system, client, staff and program records management including the systematic, ethical, confidential and secure collection, storage and sharing of information.

C.5.8 Communication systems, both external and internal for communicating to staff, consumers and stakeholders are developed and implemented.

C.5.9 Occupational Health Safety and Welfare (OHS&W) committees, communication, training, incident and hazard monitoring and reporting form the basis of the system, which reflects best practice and legislative requirements. This will include attention to duty of care, risk identification and management, e.g. indicators for withdrawal of service, use of duress alarms, staffing levels, equipment, debriefing and supervision.

C.5.10 Adherence to laws and regulations that apply to operations are identified and linked to guiding documents.

All other Standards expand on the competencies described in this Standard.

System Indicators

Each Key organisational competency will be reflected in the following systems elements:

S.5.1 Guiding Documents

Key Organisational Competencies are documented to guide organisational governance and management of gambling help services.

For example:

- Constitution;
- Vision, mission, values;
- policies and procedures and supporting documents against all key organisational competency areas;
- planning documents;
- insurance policies; and
- best practice guidelines.

S.5.2 Delegation of responsibility

Responsibility for key areas of organisational competencies relating to the many aspects of governance and management is clearly delegated.

For example:

- the BoM/Management and staff have clear and documented roles, responsibilities and accountabilities, which are provided to individuals on appointment. These may be demonstrated in job descriptions and / or an organisational chart;
- job descriptions include reference to the individual's role in relation to governance and management, Key Organisational Competencies such as OHS&W responsibilities and meeting legislative compliance such as the requirement for a designated and specifically trained Responsible Officer and mandatory notification responsibilities;
- delegation of authority documents provide added direction;
- committees' Terms of Reference / Board Charters include delegated responsibility or portfolios for various areas of governance and management, for example to the Board, OHS&W committee, Privacy Officer;
- policies and procedures articulate levels of responsibility for their implementation;
- responsibility for monitoring service outcomes is delegated to ensure that staff understand the importance of and are involved in the collection, analysis and use of data to improve services and programs.

C.5.3 Knowledge and understanding

The system ensures that staff have relevant knowledge and resources and consumers receive appropriate information relating to organisational governance and management.

For example:

- BoM/Management and staff orientation and training programs are inclusive of the afore mentioned organisational competencies for this Standard;
- BoM/Management and staff selection is based on required skills to ensure a broad range of expertise is brought to the service governance and service provision structure and is recognised by the gambling help sector and the relevant funder;
- the organisation is accountable to and inclusive of stakeholders and consumers for example through provision of the annual report, involvement in strategic planning and compliance with funder reporting requirements.

C.5.4 Practice matches policy

Key Organisational Competencies relating to governance and management of the gambling help service are reflected in practice.

For example:

- audits such as skills, programs and record, site, safety and policy review, including protocols to remedy the situation where non-compliance is identified;
- reports such as Board reports, financial statements;
- knowledge of systems demonstrated by staff at interview;
- networks, professional membership and seeking appropriate professional advice.

C.5.5 Continuous Quality Improvement

The system to support Key Organisational Competencies relating to governance and management of gambling help services includes a process for Continuous Quality Improvement.

For example:

- essential data associated with governance and management systems is collected that will allow gaps and trends to be identified such as review of planning documents, audits, surveys, focus groups, complaints, quality plans, skills training, review of service activity, needs assessment, incident reporting;
- systems are used to monitor data and ensure improvements in processes are planned and implemented through quality, finance or executive committees, board reporting, strategic planning;
- internal evaluation occurs to monitor the effectiveness of changes through such processes as a quality reporting framework.

Standard 6* – Outcome Measurement, Research and Evaluation

*** Where the broader organisation has an existing quality framework, this Standard may be partially covered under this framework.**

The Gambling Help Service utilises data, research and evaluation to measure consumer outcomes and inform organisational development.

What this standard is about

This Standard relates to the collection and use of data to inform the improvement and development of gambling help services. This applies at both a service and sector level through the monitoring of outcome results and knowledge of, or participation in, research and evaluation. (Many aspects of this Standard appear in other Standards emphasising the importance of knowledge management, planning, evaluation and best practice at all levels of service delivery.)

Key Organisational Competencies

The Gambling Help Service will demonstrate the following Key Organisational Competencies:

C.6.1 Evaluation Framework or similar covers organisational and service delivery parameters, including outcomes, processes, monitoring and evaluation. Interventions are appropriately recorded and determined by research, clinical or other guidelines and a code of ethics to address the needs of the individual consumer and the community is utilised. Time frames, goals and outcomes are included in monitoring and evaluation frameworks and both qualitative and quantitative data are utilised in evaluation. Sector benchmarks are used to inform ongoing planning and improvement.

C.6.2 Knowledge Management including relevant data collection and analysis, which feeds into decision making and is reported to funders as required. Data is used to inform planning and process. Output and outcome measures are monitored, for example the number of consumers, families and/or significant others accessing the Gambling Help Service, demographics and needs, wait times, education sessions conducted, therapist characteristics and service characteristics such as interactions and referrals to other providers, consumer satisfaction, degree of resolution of consumer goals, behaviour and attitude change.

C.6.3 Benchmarking relating to leadership, management and service delivery is carried out for example, financial, OHS&W and the provision of specific service and treatment modalities of gambling help services.

C.6.4 Research is initiated or participated in where appropriate. Research informs organisational and sector knowledge, planning, ethical practice and development. The level of involvement in research will depend on the organisation's scope and capacity to implement formal research. When undertaken this should be based on the principles of the Australian Health and Medical Research Council (AHMRC) and in line with the principles of ethical data collection. It should also include reference to relevant guidelines and agreements such as the South Australian Aboriginal Health Partnership (SAAHP) or others relevant to the research methodology framework and community involved.

All other Standards expand on the competencies described in this Standard.

System Indicators

S.6.1 Guiding Documents

The above mentioned Key Organisational Competencies are documented in policies, frameworks, guidelines, plans and reports and guide outcome and process measurement, research and evaluation in gambling help services.

For example:

- code of ethics,
- use of best practice;
- ethics' committee Terms of Reference;
- an evaluation framework;
- best practice guidelines appropriate to service type;
- funding and service agreement KPIs;
- policies and procedures against Key Organisational Competencies.

S.6.2 Delegation of responsibility

Responsibility for outcome measurement, research and evaluation is clearly delegated.

For example:

- job descriptions include reference to the individual's role in research, evaluation and outcome measurement;
- committees' Terms of Reference include reference to involvement in outcome measurement, research and evaluation, which may be through networks or newsletters;
- policies and procedures articulate levels of responsibility for implementation of outcome measurement, research and evaluation.

S.6.3 Knowledge and understanding

The system ensures that staff have relevant knowledge and resources and consumers receive appropriate information relating to the organisation's outcome, process and output measurement, research and evaluation practices and results.

For example:

- qualifications and experience are utilised in the recruitment and selection of staff;
- new and existing staff have training needs identified and addressed to ensure they have the relevant knowledge and understanding of outcome, output and process measurement, research and evaluation practices of the organisation, including data collection, analysis and use of this information in quality activities;
- staff have the opportunity to integrate research findings into practice;
- staff are encouraged to share outcomes of research with the sector at conferences;
- consumers and stakeholders are made aware of evaluation and research findings, for example through appropriate forums, service/organisation or sector newsletters, links on the website, and annual reports.

S.6.4 Practice matches policy

Key policies and guidelines relating to outcome, output and process measurement, research and evaluation are reflected in practice.

For example:

- data collection confirms KPI's around access for certain groups in the community as a proportion of the population;
- funding and service agreement outputs are reflected in the data;
- consumer surveys and feedback demonstrate satisfaction relating to ease of access to information and services;
- the organisation demonstrates that outcome, output and process measurement, research and evaluation are part of organisational culture and practice (e.g. integrated into all activities).

S.6.5 Continuous Quality Improvement

The system to support Key Organisational Competencies relating to outcome, output and process measurement, research and evaluation for gambling help services includes a process for Continuous Quality Improvement.

For example:

- essential data is collected that will allow gaps and trends to be identified such as record audits, consumer surveys, focus groups, complaints, quality plans, skills training, review of service activity, staff satisfaction, best practice guidelines, research, attendance or membership in professional or peak bodies;
- systems are used to monitor data and ensure improvements in processes are planned and implemented through a quality committee, board reporting, ethics committee;
- internal evaluation occurs to monitor the effectiveness of changes through a quality reporting framework.

Glossary of Terms

Advocate: A person or group who speak or act on behalf of the consumer to represent their concerns and/or interests.

Assessment: The planned and ongoing review of information about the needs and desired outcomes of the consumer. The Assessment forms the basis for treatment and intervention planning and is done in collaboration with the consumer and significant others.

Canadian Problem Gambling Index: A tool developed by a group of researchers from the Canadian Centre on Substance Abuse, to provide a meaningful measure of problem gambling for use in general population surveys. The tool places a holistic view on gambling within a social context. The tool consists of 31 items. Nine of the items can be used to score prevalence rate (e.g. types, frequency and spending), the other items assess the individual and correlations that can be used to develop problem gambling profiles. Gambling is identified in 5 groups from Non Gambling through to Problem Gambling. The problem gambling level is equivalent to the DSM-IV's pathological gambling rating. By taking on a more social context the tool captures information on previously under represented groups in treatment programs including women, CALD communities and socio economic groups.

Cognitive Behavioral Therapy: Is a psychotherapy based on modifying everyday thoughts and behaviors, with the aim of positively influencing emotions. The general approach is developed out of behavior modification and Cognitive Therapy. Relaxation and distraction techniques are commonly included. CBT is widely accepted as an evidence-based, cost-effective psychotherapy for many disorders. It is sometimes used with groups of people as well as individuals, and the techniques are also commonly adapted for self-help manuals and, increasingly, for self-help software packages.[26]

Consumer: A person using a Gambling Help Service.

[26] Definition of Cognitive Behavioral Therapy from the Wikipedia free encyclopaedia, [Accessed on line] URL: http://en.wikipedia.org/wiki/Cognitive_behavioral_therapy [cited 23/7/07]

Continuous Quality Improvement: A management concept based on the assumption that there is always room for improvement. It is the commitment to constantly improve operations, processes and activities in order to meet consumer requirements in an efficient, consistent and cost effective manner.

Continuous Quality Improvement Indicators: Indicators to assist services to reflect on systems established against the standards, which demonstrate continued improvement of these systems and thereby demonstrate a continuous quality improvement approach to a Standard.

Crisis Intervention: Particularly around financial, relationship and legal matters, all important elements of the service mix for gambling help services.

DSM IV: The DSM (Diagnostic and Statistical Manual of Mental Disorders) is the primary system used to classify and diagnose mental health disorders in the United States and Canada. The DSM criteria for "Pathological Gambling" include, a persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following: is preoccupied with gambling; needs to gamble with increasing amounts of money in order to achieve the desired excitement; has repeated unsuccessful efforts to control, cut back, or stop gambling; is restless or irritable when attempting to cut down or stop gambling; gambles as a way of escaping from problems or of relieving a dysphoric mood; after losing money gambling, often returns another day to get even; lies to family members, therapist, or others to conceal the extent of involvement with gambling; has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling; has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling and relies on others to provide money to relieve a desperate financial situation caused by gambling.

Emergency Material Assistance: Assistance which includes the provision of contacts or actual material assistance for such things as clothing, house hold items, food, housing and transport assistance.

Family Work: Work with families to manage the negative impact of problem gambling through ongoing support and strategies to achieve this, with the family as the primary focus.

Gabriela Byrne's "Free Yourself Program" (FYP): Is a holistic approach to assist people to deal with their Gambling Addiction. It was originally developed to deal with a Poker Machine Addiction but has been used in tackling other types of addiction. It represents a "new model" of gambling addiction therapy where the main responsibility is given back to the person directly affected by the addiction to work on changing their "attitude" and their "behaviour". Most importantly, it provides strategies that people can use "in the moment" when the urge to go gambling threatens to become overpowering.

Gambler's Anonymous: Is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from a gambling problem. The only requirement for membership is a desire to stop gambling.

Group Work: A method used to raise the awareness of problem gambling within the community, for example presentations at community groups by gambling help services. Group Work may also be the method used with specific therapies.

Iga Warta principles: An agreed set of principles used (by the South Australian Department of Health) to develop service delivery to the Aboriginal Community, which include:

- the project must be sustainable, for example in funding, leadership, coordination and continuously evaluated
- it must have a proactive, preventative approach, for example address the need to 'get in early';
- it must address the environmental determinants of health, for example food, water, housing, unemployment;
- it must have an Aboriginal community and family approach, i.e. it must address the need to empower Aboriginal Communities and families, and enhance their traditional guiding principles; and
- it must respect Aboriginal time and space that is, it should be culturally sensitive and it must address the need for coordination and continuity between regions and Adelaide, for example strategies must be coordinated with other activities in other sectors such as transport, housing and education which have the potential to strengthen health outcomes.

Informed consent: Consent obtained freely, including the provision of understandable information in a form and / or language understood by the consumer.

Key Organisational Competencies: Areas that should be covered by the systems to support the Standard.

Key Performance Indicators: Since 2007 Funding and Service Agreements for Gambling Help Services have incorporated measurable indicators that the service is expected to achieve.

Examples of Key Performance Indictors for Regional services are:

1.1.1 Every 12 months there is a 5% increase in the number of registered clients. (N.B. A suitable baseline measure will be set within 3 months of the commencement of this Agreement and then reviewed at Service Monitoring visits);

1.1.2 90% of registered gambling clients are assessed using the Canadian Problem Gambling Index (CPGI) within 2 weeks of contacting the gambling help service; and

1.1.3 90% of registered clients are followed up after their last service contact, at time intervals and frequency appropriate to each client's circumstances.

Examples Key Performance Indictors for CALD and Aboriginal Services which are part of the State-wide and Specialist Services are:

1.1.1 Every 12 months there is a 5% increase in the number of engagement activities with (relevant) communities run by the service. (N.B. A suitable base line measure will be established after the first quarter of the new Service Agreement, and reviewed and reset at service monitoring visits, where appropriate);

1.1.2 Every 12 months there is a 5% increase in the number of registered clients seen one to one who are engaged for help with problem gambling. (N.B. A suitable base line measure will be established after the first quarter of the new Service Agreement, and reviewed and reset at service monitoring visits, where appropriate);

1.1.3 90% of all registered clients are assessed using the Canadian Problem Gambling Index (CPGI) in order to determine the extent of the gambling problem and facilitate appropriate referrals to other gambling help services; and

1.1.4 90% of registered clients are referred to other appropriate services where support needs beyond the scope of the Gambling Help Service are identified; including counselling or therapy for problem gambling, financial counselling and/or help services not specific to problem gambling. 90% of registered clients

who consent to follow up are followed up after their last service contact, at time intervals and frequency appropriate to each client.

These areas may change over time and may vary between service types, but are included as an example of a KPI.

MET (Fully in Place): The service has Met the Standard when it has met all the System Indicators within the Standard. Additionally, all Key Competencies are required to be addressed within the system. The service also will need to demonstrate that an Action Plan is developed following each review against the Standards and that this Plan is monitored. Outcomes from previous Plans are achieved for the relevant standard. This is done prior to subsequent reviews based on a three year cycle. (Refer Footnote [20] Page 28)

Motivational Interviewing: Is aimed at promoting readiness to change and a commitment to treatment by exploring and resolving mixed feelings. Avoiding aggressive confrontation, argument, labelling, blaming, and direct persuasion, the interviewer supplies empathy and advice, while helping problem gamblers define their goals. The emphasis is on promoting freedom of choice and encouraging confidence in the ability to change.

Narrative Therapy: Narrative Therapy is linked to Family Therapy and values context, interaction and socio-political construction of meaning. It is based on the idea that the lives and relationships of people are shaped by the knowledge, experience and stories of people and those associated with these stories and experiences. This therapy assists people to re-author these stories and create alternative stories for themselves.

Not Met (Not in Place): The service has Not Met the Standard if more than one of the System Indicators is not met. Key competencies are still required to be addressed within the system and Action Plan items relevant to meeting the Standard and developed as a result of the previous review also need to be achieved. (Refer Footnote [20] Page 28)

Operational Plan: A short-term plan for an organisation, which details how the strategic plan will be achieved at an operational level.

Outcome Measures Form: A funder required form used by Gambling Help Services for the collection of data, which contributes to the initial consumer assessment. The form includes a Kessler's Test (K10) used to assess the level of anxiety and depression, a Goldney Suicidal ideation scale, a work adjustment scale, a South Oaks Gambling Screen, Gambling activity and consumer assessment, which focuses an financial assessment.

Outputs Data: Data used to measure performance of the service. The Gambling Help Service funding agreements include a range of output data to be collected such as number and types of services, including therapeutic, financial counselling, community education and public awareness.

PARTLY MET (Partly in Place): The service has Partly Met the Standard if one of the System Indicators has not been met. Key competencies are still required to be addressed within the system and Action Plan items relevant to meeting the Standard and developed as a result of the previous review also need to be achieved. (Refer Footnote [20] Page 28)

Quality: Encompasses measuring consumer outcomes including the degree of satisfaction of the users of the service and/or the quality of processes and other factors used in delivering services e.g. staff competency, agency practices in regard to consumer rights, compliance with performance standards, benchmarks and best practice considerations.

Relapse: There is no clear definition that constitutes lapse or relapse. The Gambling Research Panel, in *Best Practice in Problem Gambling Services*, cite Blaszczynski, McConaghy and Frankova (1991) who have shown that "lapses do not invariably lead to a resumption of pathological gambling habits". This may lead to varied degrees of loss or negative impacts. Post treatment follow ups will gain further understanding of the impact of lapse or relapse.

Relapse Therapy: Is based on the management of relapse and the underpinning approach of abstinence or management of problem gambling.

Relationships and Couples Counselling: Combines skill-building with feedback and insight, along with regular review and reinforcement. This is based on various counselling techniques with a particular focus on problem gambling and management of underlying issues associated with this.

Solutions Based Brief Therapy: Is a therapeutic approach that regards therapy as a process whereby the consumer and counselor construct a reality of healthy gambling behavior or abstinence from gambling. It is compatible with several counseling techniques, as its primary emphasis is to assist consumers to better use their existing strengths and competencies. A primary characteristic of gamblers is low or ambivalent motivation. This therapy focuses on strengths, solutions and a more favorable future that inspires consumers and promotes empowerment. Consumer goals and actions to achieve these goals are carefully defined to demonstrate the positive outcome. This technique allows counsellors to start searching for solutions immediately, even when the gambler or family is in crisis. It provides tools for assisting the consumer in exploring all options, for working through ambivalence and for developing workable alternatives for excessive gambling.[27]

Standards: Broad statements that reflect good practice in achieving the service outcomes expected of a quality service. The standards can provide a common quality benchmark, which can be used to encourage and guide learning and continuous improvement by individuals, organisations and the sector as a whole.

South Oaks Gambling Screen: The SOGS, was developed in the United States (US) and is a 20-item questionnaire used to screen for "pathological gambling" in clinical settings. This instrument was developed many years ago based on an inpatient population. Increasingly the field has identified limitations in the instrument, and it has been adapted to include different groups such as adolescents. It is now being used less and less in Canada.

Strategic Plan: An organisational wide plan, which establishes the organisation's overall objectives and seeks to position the organisation in terms of its environment.

System Indicators: Measures against a standard to assist organisations and services to identify systems required to move towards meeting the standard.

[27] Problem Gambling. Ca, accessed on line 23/7/07 URL: http://www.problemgambling.ca/Resources_For_Professionals/Understanding/Helping/3-Treatment_Issues_and_Approaches/Solution-Focused_Brief_Therapy/page21571.html

Abbreviations

ACCHS	Aboriginal Community Controlled Health Service
ACHS	Australian Council on Health Care Standards
AGPAL	Australian General Practice Accreditation Limited
AHMAC	Australian Health Ministers Advisory Council
ATSI	Aboriginal Torres Strait Islander
BoM	Board of Management
CBT	Cognitive Behaviour Therapy
CALD	Culturally and Linguistically Diverse
CQI	Continuous Quality Improvement
DFC	Department for Families and Communities
DSM	Diagnostic and Statistical Manual of Mental Disorders
FASA	Funding and Service Agreement
GA	Gamblers Anonymous
GRF	Gambler's Rehabilitation Fund
HACC	Home and Community Care
HR	Human Resources
MoU	Memorandum of Understanding
NCETA	National Centre for Education and Training on Addiction
NSW	New South Wales
OARS	Offenders Aid & Rehabilitation Services
OHS&W	Occupational Health Safety and Welfare
PDCA	Plan Do Check Act
PGTS	Problem Gambling Treatment Service
QIC	Quality Improvement Council
QMS	Quality Management Services
SA	South Australia
SEP	Service Excellence Program
SOGS	South Oaks Gambling Screen
ToR	Terms of Reference
VET	Vocational Education and Training

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