The Gambler's Help Performance Management Manual

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State Government
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ACRONYMS

ACRONYM	DESCRIPTION
ABS	Australian Bureau of Statistics
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CoGHS	Council of Gambler's Help Services
CPGI	Canadian Problem Gambling Index
CSF	Community Support Fund
DoJ	Department of Justice
FASA	Funding and Service Agreement
FTE	Full time Equivalent
GAMT	Gambling Activity Measurement Tool
GH	Gambler's Help
IHP	Integrated Health promotion
IRIS	Integrated Report Information System
KPI	Key Performance Indicator
MDS	Minimum Data Set
OGR	Office of Gaming and Racing
PASA	Program and Service Adviser
PCP	Primary Care Partnership
PG	Problem Gambling
PGC	Problem Gambling Counselling
PGFC	Problem Gambling Financial Counselling
PGSI	Problem Gambling Severity Index
RAP	Recovery Assistance Program
WSAS	Work and Social Adjustment Scale

Introduction

The revised approach to Gambler's Help Performance Management adopted by the Office of Gaming and Racing (OGR) provides a transparent framework for measuring, monitoring and reporting service provider performance. It has been developed to provide the government, the OGR, and sector stakeholders with consistent and meaningful information that speaks to the performance of funded agencies and demonstrates the value of Gambler's Help services to clients and the Victorian community.

This approach signals a significant shift in the focus of performance assessment for the Gambler's Help service system, which has traditionally concentrated on the reporting of service delivery outputs, and in particular 'volume' of service measures, to consideration of service outcomes.

The introduction of an outcome based dimension to performance management provides for a rigorous, balanced and holistic approach to assessing service system performance: one that continues to measure service outputs and delivery model efficiencies but also facilitates assessment of system effectiveness.

This manual serves as a companion document to the *Strategic Policy Framework* and the *Operational Guidelines* (the guidelines), with the relationship between these documents characterised as follows:

- *Strategic Policy Framework* – sets the policy and strategic framework for the redeveloped Gambler's Help service system. It articulates the key assumptions underpinning the redevelopment of the service system and identifies significant challenges to be addressed in the future

- *The guidelines* – describe the various components of the government's redeveloped problem gambling program, their relationship to one another and their respective and collective goals and objectives. They provide a level of detail required to support the planning, delivery and monitoring of problem gambling services in Victoria; and

- *The performance management manual* – operationalises the service delivery requirements described in the guidelines and outlines the methodology for assessing service provider performance against both the guidelines and the standards. In particular, it specifies:

  - a set of clear and objective performance expectations and associated indicators or measures (targets, goals and standards);

  - a suite of measurement tools/approaches along with clear guidance on their proper administration; and

  - performance monitoring, assessment and reporting processes, formats, roles and responsibilities and timeframes.

Aside from providing a clear structure of accountability for the expenditure of public monies – from the Gambler's Help service sector to government and government in turn to the public – the performance management approach will serve three other important and interrelated purposes at both the agency and programmatic levels, namely:

- contributing to an evolving evidence base on effective problem gambling treatment interventions and activities;

- strengthening the capacity of Gambler's Help services to deliver evidence based service responses; and

- promoting a culture of continuous improvement in the planning, design and delivery of Gambler's Help services.

Development of key elements of this approach has been progressed in consultation with the sector, through the Council of Gambler's Help Services (CoGHS), and has been extensively informed by the available literature, the findings of the Phase II Review of the *Victorian Problem Gambling Strategy*, and relevant examples of alternative

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approaches to performance management pursued by local, interstate and overseas jurisdictions, including South Australia, Western Australia, New Zealand, Oregon, and Ontario. The approach has also been guided by the following principles of effective performance management:

Partnership focused – development and implementation of the performance measures will occur within a partnership model based on mutual trust and respect between the key stakeholders.

Commonly understood – the approach is logical and transparent and will be implemented consistently across the service sector.

Useful and simple – the approach is purposeful and informative, and is linked to the core work of the service sector and the OGR.

Balanced – the effort (time and resources) associated with collecting, recording and reporting information for performance measurement purposes is balanced with the outcome of information sought. The approach is intended to generate information of benefit to clients, service providers, and the Department of Justice (DoJ); it will contribute to client care management, performance monitoring and research needs.

Captures and reflects diversity – performance measures and measurement approaches have been designed to accommodate the diversity of service providers and practice approaches as well as to capture and reflect the wide variety of clients and their circumstances.

Holistic – performance management represents a continuous cycle of dialogue between the sector and the OGR, involving consideration of the broader organisational, political and environmental contexts. Accordingly, performance assessment comprises a complementary suite of scientific, quantifiable performance indicators alongside a range of qualitative measures and self assessment processes.

Ethical – the range, collection, storage and use of information required complies with relevant values and principles of ethical conduct, including adherence to privacy principles outlined in the *Information Privacy Act 2000* and the *Health Records Act 2002.*

Dynamic – the manual is a dynamic, evolving document that will be reviewed at regular intervals to ensure responsiveness to changes on the ground and alignment with best practice learnings in Victoria and in other jurisdictions. Accordingly, service providers and key stakeholders are encouraged to provide constructive feedback on enhancements or adjustments that may further improve performance management.

Implementation of performance management is supported by regular collection and maintenance of data, both qualitative and quantitative. The quantitative dimensions of performance management have been streamlined through incorporation into a Minimum Data Set (MDS), which outlines baseline client data and performance related information to be collected by all service providers. The MDS is, in turn, fully supported by the Gambler's Help TrakCare IT system, thereby minimising the data capture and recording impost on service providers. Importantly, TrakCare revolutionises data base functionality, transforming it from a repository of performance management data, to a holistic, client focused care management system.

To ensure consistent interpretation and application of the MDS across the service sector, key data variables are explained in a Data Glossary, which also outlines applicable data counting and business rules. The Data Glossary forms part of the TrakCare User Manual. Additionally, whilst accommodating diverse treatment philosophies and allied operational practices and protocols, the TrakCare system introduces a level of baseline uniformity in client

referral, assessment, screening, management and follow up processes and the collection of attendant client data and performance information. The systematic collection of client outcome information is further supported through the provision of a suite of measurement instruments for administration by all services.

It should be noted that development of the performance measurement approach and outcome assessment tools has focused predominantly on problem gambling counselling services. While some of the measures and tools are of relevance to problem gambling financial counselling, work on the development of specific measures designed to elicit client outcomes for financial counselling is underway.

Not all aspects of performance are immediately quantifiable (eg community capacity building, Primary Care Partnership and community education activities). Nonetheless, these non-measurable aspects of performance provide valuable contextual information and paint a more complete, overall performance picture. This qualitative and narrative information will be captured through a regular process of self assessment and reflection. Templates for these planning and reporting processes are attached as appendices to the *Operational Guidelines* and *Performance Management Manual* respectively.

While the revitalised approach to performance management is geared towards determination of service efficacy, it is important to underscore the place of performance management within the broader context of evaluation activities pursued by the OGR. Outcome based performance management will contribute to our knowledge of 'what works', with respect to Gambler's Help service treatments and activities, for whom such activities work, under what conditions and over what period of time.

Performance management will not, however, establish the causal mechanisms and contextual factors (political, environmental and behavioural) underlying observable programmatic outcomes for clients. In short, it will not generate the information necessary to explain how and why the observed changes are brought about and indeed, whether they are partially or wholly attributable to Gambler's Help service treatments and activities.

Systematically identifying, analysing and documenting the explanatory dimensions of programmatic cause and effect are the task of broader independent evaluation activity commissioned by the OGR periodically. Such activity will involve detailed consideration of the full set of initiatives being progressed under *Taking action on problem gambling* (*Taking action*) to determine their individual and aggregate contribution to achieving stated Strategy objectives and outcomes.

2 Performance management for the Gambler's Help service system

This chapter outlines the context, purpose and objectives of the Gambler's Help (GH) performance management approach. Consistent with trends in service performance management globally, the approach significantly shifts the focus of performance assessment away from an exclusive preoccupation with service provider efficiencies, towards consideration of service effectiveness.

Performance management is a formal process of systematically assessing and guiding organisational progress towards achieving predetermined service goals, objectives, standards and outcomes. It can be usefully conceptualised as a process of regularly assessing actual service agency performance against desired performance in a transparent and consistent manner. This will determine positive or negative trends in agency level and system level performance over time.

Performance management with an outcomes focus serves a number of purposes at both the service system level (OGR) and the service provider level (GH agencies), as follows:

2.1 Purpose of performance management

2.1.1 Transparency and accountability

Service system level

- Provides OGR with the information to acquit its accountabilities to Government. The Government's strategy on problem gambling, *Taking action*, is funded through the Community Support Fund (CSF) on a periodic basis. As a condition of funding, OGR is required to report to CSF on the implementation and outcomes of all key funded initiatives.

- Provides OGR with a mechanism for monitoring the efficiency and effectiveness of publicly funded services allowing comparisons across government and over time.

- Provides government with a mechanism for demonstrating to the community its achievements in delivering against the policy commitments and objectives articulated in *Taking action*.

Service provider level

- The approach clarifies performance expectations, thereby providing a focus for service provider activities to ensure that they align with the Government's policy agenda.

- The approach facilitates performance reporting by funded agencies against contracted obligations (eg, compliance with funding and service agreements).

- Provides agencies with the evidence to demonstrate value for money in the delivery of GH services.
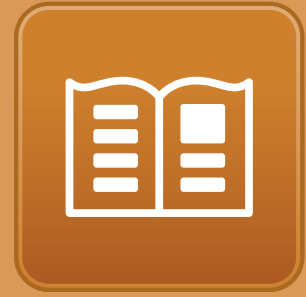
2.1.2 Knowledge production and service improvement

Service system level

- Contributes to government knowledge of problem gambling, contributes to the identification of effective and innovative practice and promulgates these across the GH system as well as to other areas within government.

- Enables systematic gathering of 'good practice' evidence to promote a culture of continuous improvement in the strategic planning, design and delivery of GH programs and services. This will ultimately enhance the performance of the GH service system and identify opportunities to improve the delivery and integration of government services.

- Stimulates the public to take greater interest in government activity and engenders informed public debate on problem gambling policy and service practices.

Service provider level

- Assists agencies to monitor and assess their performance regularly against specified targets and objectives and identify aspects of service delivery that may be contributing to, or resulting in, inconsistent performance. Early identification allows for faster implementation of remedial action to ensure that desired performance levels and standards are achievable.

- Provides service providers with regular information on current levels of achievement and provides a credible basis for performance improvement in the short term as well as future service planning and delivery activities.

- Further encourages funded agencies to focus on client needs (outcome focus) by using performance management tools to inform decisions that will optimise service outcomes for clients.

- Assists in the development of a culture of continuous improvement and performance and risk management across all agencies.

2.1.3 Strategic planning

Service system level

- Contributes to the OGR evidence base that will inform the future planning and direction of GH policy, as well as program and service delivery.

- Embeds evidence based practices into policy development processes and government funded programs and services; that is, it encourages government take up of policies, programs and practices that can be demonstrated to be effective in achieving positive outcomes for individuals or to reallocate existing resources to new and emerging priorities.

Service provider level

- Assists agencies to estimate performance levels in out years and to allocate resources appropriately (to maintain or improve performance); that is, it introduces a specific discipline to agency decision making, which requires that decisions be aligned with performance expectations and outcomes.

- Assists funded agencies to identify emerging issues (client demographics, service demand), effective service delivery models and best practice as a key input to planning and managing future operational activities.

3 Gambler's Help performance measurement

The Gambler's Help service measurement framework has been developed to provide OGR and service providers with a consistent set of meaningful measures (Key Performance Indicators (KPIs) and primary performance measures) to demonstrate the performance and achievements of agencies providing Gambler's Help services.

In developing these measures, OGR has been mindful of the overheads associated with recording and reporting the required information to support implementation of the framework. The suite of performance measures selected is intended to provide a comprehensive yet balanced coverage of critical aspects of the broad range of service outputs and outcomes which speak to agency efficiency and effectiveness. Moreover, they balance the demands of demonstrating agency progress against milestones, intermediate targets and longer term outcomes and impacts.

Development of the *Performance Management Manual* has been extensively informed by the available literature and by relevant examples of alternative approaches to performance measurement taken by local, interstate and overseas jurisdictions.

The KPI framework (refer to Table 1) includes measures under the following two broad categories:

- Agency <u>service delivery</u> (volume, quality, timeliness and access) performance measures for the provision of direct client services, and

- Agency <u>outcome</u> performance measures for the provision of direct client services (client results).

Whilst KPIs pre-dating the introduction of the revised GH performance management approach will continue to be collected and reported, the addition of new client outcome measures signals a progressive shift in the focus of performance reporting from output to outcome based reporting and will provide OGR and funded agencies with information that demonstrates the value of the Gambler's Help service to clients and the Victorian community.

Aspects of agency performance relating to community education, portfolio services and service activities not related to direct client services will continue to be reported by agencies (refer to Table 2). These measures complement the quantitative performance information provided through KPI reporting and provide a more complete 'performance picture'. Reporting emphasis in this area is expected to increasingly focus on providing information on strategies, progress or issues and challenges that have arisen for providers in meeting qualitative performance expectations over the period. It should be noted that the setting of annual performance expectations in this area will be substantially informed by the outputs of the triennial needs analysis.

It is important to note that OGR is proposing a staged approach for the implementation of the performance measures, to be undertaken in tandem with the implementation of the TrakCare IT system. Under this approach, during 2008-09, agencies will continue to report against existing operational performance data and reporting requirements through IRIS, until they are converted to TrakCare. The TrakCare system will be configured to support the collection and reporting of all required KPI data, including the new output and outcome based measures. Agencies will have the ability to generate reports from TrakCare to monitor their individual agency KPIs as well as a range of other operational and statistical information.

In the first years of implementation, the outcome based elements of the KPIs are to be regarded as mutually agreed milestones that indicate progress towards achieving desired outcomes. The first year of data collection and reporting will primarily be used to benchmark agency (where practical) and system wide performance prior to the process of setting KPI targets for 2009-10. We consider that sufficient data will have been collected by June 2009 to allow interim targets for 2009-10 to be developed as the basis for discussion with service providers.

In considering the framework, it is important to note that:

- OGR recognises that accurate outcome measures are typically more difficult to implement than output measures. This is partially due to the long term nature of outcomes and the consequent likelihood that considerable lags will be experienced between service delivery and evidence of the achievement of desired client outcomes. Furthermore, recording of longer term client outcomes is notoriously problematic due to ethical (the reluctance to contact clients whose cases have been closed – either scheduled or unscheduled closures) and practical reasons (clients deny consent to be contacted or clients cannot be located as contact details are not current).

- Individual performance measures are of value in terms of their relative movement against established benchmarks over time (trends) or in terms of comparing service outcomes between geographic regions, client cohorts etc (service relativities). Accordingly, individual KPIs are considered as partly indicative of the performance picture and will be considered in conjunction with other KPIs and qualitative performance measures. A clearer picture of overall agency and service system performance is expected to emerge only when the full suite of measures is considered.

- Implementation of the framework will require a significant shift in thinking for both OGR and the sector and a transition to new administrative and relationship management processes. For example, the concept of a partnership approach between the department and funded agencies is a changed way of working. It relies on a shared understanding of client outcomes, practice principles, cooperation and mutual interdependence in service delivery. It relies on a balance between the deliverables in the service agreement and supporting agencies through a strong and committed relationship to achieve improved client outcomes.

- Implementation of the new case management software system (TrakCare) will provide the opportunity to streamline data collection and recording processes to support the framework.

3.1 Key performance indicators and primary performance measures

Service activities relating to direct service provision to clients have been captured in a set of KPIs, which have been categorised in relation to volume, quality, access and timeliness and client outcomes, with performance expectations defined in relation to each of these service dimensions (refer Table 1). Performance against these KPIs constitutes the focus of agency reporting and OGR monitoring and assessment activities detailed in full at section 4.

The primary performance measures (refer Table 2) are predominantly qualitative and provide insight into service activities other than direct client service provision, including the breadth and strength of cross agency partnership arrangements and the provision of information, education, training and health promotion. Dimensions of the Gambler's Help service system captured by these measures include portfolio services, community education and service coordination activities.

By definition, performance indicators provide indicative rather than absolute and all embracing measures of performance. Inevitably then, performance measures require careful interpretation and adequate knowledge of the different factors impacting the measures.

It is important to note that agencies are only obliged to report on service elements they are contracted or funded to provide on behalf of OGR. If, for example, an agency is not contracted or funded to provide services under the Community Education Program, then performance measures relating to this service element should be omitted.

3 Gambler's Help performance measurement

Table 1 - Gambler's Help Service - Key Performance Indicators

Performance Dimension	Performance Expectation	Key Performance Indicator	Service Element	Client Classification (refer section 3.2)	Reporting Source	Reporting Frequency
Direct Client Services **Volume**	Service providers deliver appropriate levels of problem gambling counselling and financial counselling	Number of hours of service (individual, group based and telephone support)	PGC & PGFC	All clients	IRIS or TrakCare	Quarterly
		Number of clients	PGC & PGFC	All clients	IRIS or TrakCare	Quarterly
		Number of cases closed	PGC & PGFC	Group A, Sub-Groups 1 & 2, Cat. 2 & 3	IRIS or TrakCare	Quarterly
Direct Client Services **Quality**	Clients are encouraged and supported to attend scheduled appointments	Proportion of substantive clients who do not attend a scheduled appointment with insufficient or no notice	PGC & PGFC	Group A, Sub-Groups 1 & 2, Cat. 2 & 3	TrakCare	Quarterly
	Clients are encouraged to complete an agreed service plan	Proportion of substantive clients who complete an agreed treatment or case plan	PGC	Group A, Sub-Group 1, Cat. 2 & 3	TrakCare	Quarterly
	Clients are satisfied with the support they receive	Proportion of clients who report satisfaction with the service received	PGC & PGFC	All clients	Survey	Ongoing
Direct Client Services **Access and timeliness**	Services are provided in an accessible manner that is timely, flexible, culturally appropriate and responsive to individual or community needs	Proportion of clients receiving an initial response from the service provider within five working days	PGC & PGFC	All clients	IRIS or TrakCare	Quarterly
		Proportion of substantive clients who have had a substantive contact with a clinician within three weeks of the date of initial contact with the service	PGC	Group A, Sub-Group 1, Cat. 2 & 3	TrakCare	Quarterly
		Proportion of clients from an ATSI / CALD background relative to total agency clients	PGC & PGFC	All clients	TrakCare	Quarterly
Direct Client Services **Client Outcomes**	Limit the risk factors for, and incidence of, problem gambling behaviour	Proportion of substantive clients who report a reduction in problem gambling behaviours	PGC	Group A, Sub-Group 1, Cat. 2 & 3	TrakCare	Half Yearly
	Reduce or minimise the harms associated with problem gambling for individuals and their families	Proportion of substantive clients who report a reduction in the harms associated with problem gambling	PGC	Group A, Sub-Group 1, Cat. 2 & 3	TrakCare	Half Yearly

Table 2 - Gambler's Help Service - Primary Performance Measures

Performance Dimension	Performance Expectation	Primary Performance Indicator	Service Element	Reporting Source	Reporting Frequency
Direct Client Services Volume	Providers deliver appropriate levels of problem gambling counselling and financial counselling	Average number of counselling sessions per client	PGC & PGFC	TrakCare	Half Yearly
Direct Client Services Quality	Providers build relationships with other human service areas and Primary Care Partners to establish and maintain effective referral pathways and to manage complex clients	Number of client referrals from, and provided to, other human service agencies	PGC & PGFC Service Coordination	TrakCare	Half Yearly
		Number of shared care arrangements in place with other agencies	PGC & PGFC Service Coordination	TrakCare	Half Yearly
		Number of hours of client focussed service activity (Portfolio Services)	Portfolio Services	Reporting template	Half Yearly
Community Education Services Volume	Providers deliver appropriate levels of community education (training, service promotion and health promotion), based on identified community need	Hours of community education activity provided by type of activity and target group	Community Education Provider Education	Reporting template	Half Yearly
		Number of formal sessions conducted by type of session and target group	Community Education Provider Education	Reporting template	Half Yearly
Community Education Services Quality	Providers build and sustain strong relationships with relevant local organisations and participate in key activities relating to Primary Care Partnerships (PCPs) at the integrated health promotion level	Strong relationships built with non-specialist community groups, allied health professionals other human service providers and venue operators	Community Education Provider Education	Annual Survey	Annually
		Collaborative and productive relationships exist with Primary Care Partnerships participants	Integrated Health Promotion	Annual Survey	Annually
		Contribution to PCP activities that span the Continuum of Health (upstream, midstream and downstream)	PCP	Annual Survey	Annually
Community Education Services Access and timeliness	Providers deliver information, education and training services in an accessible manner that is timely, flexible, culturally appropriate and responsive to identified need	Proportion of requests for information, education and formal or informal training by community groups, other human service providers and venue operators which are met	Community Education Provider Education	Annual self assessment	Annually
		Proportion of formal or informal training or education for ATSI/CALD specific community groups.	Community Education	Annual self assessment	Annually

3 Gambler's Help performance measurement

3.2 Gambler's Help service client classification schema

Gambler's Help clients can be broadly classified into the following categories, which are not mutually exclusive:

- problem gamblers;
- people affected by the problem gambling behaviours of others;
- people accessing problem gambling counselling/treatment services;
- people accessing problem gambling financial counselling services; and
- people receiving differing levels of intensity of service; low (or non-substantive), medium and high intensity.

The three tables below show the formal classification schema for data reporting and analysis purposes.

Table 3 - Client Presentation Type

Client Group	Type of Client
Group A	Clients who present with problem gambling behaviours
Group B	Clients affected by the problem gambling behaviours of others

Table 4 - Client Service Type

Client Sub-Group	Type of Client
Sub-Group 1	Problem Gambling Clients
Sub-Group 2	Problem Gambling Financial Counselling Clients

Table 5 - Client Service Intensity Type

Client Category	Type of Client	Nature of service	Characteristics	Typical time scale
Category 1	Non-substantive	Information, advice, referral services	No treatment plan or discharge plan	0 to 2 hours
Category 2*	Substantive	Short to medium course of agreed clinical treatment	Relatively low needs/ low complexity clients	2.1 to 6 hours
Category 3	Substantive	Medium to long course of agreed clinical treatment	Relatively high needs/ high complexity clients	Greater than 6 hours

* Category 2 includes single session clients (ie registered clients undergoing a formal treatment process even if this is less than 2 hours)

3.3 Data collection instruments

The following data collection instruments are mandated across the Gambler's Help service system for the purposes of eliciting outcome based service performance information to enable performance to be assessed against the key performance indicators relating to client outcomes.

More detailed guidance for counsellors, along with paper based versions of the PG screening tools described below, have been provided in Appendix B for ease of use and to allow administration of the tools in the absence of the availability of a PC or the TrakCare system.

Appendix B also includes a modified version of the same tools for use with justice system clients in custodial settings.

3.3.1 Problem gambling behaviours

In terms of measuring changes in problem gambling behaviours, the following elements are considered to be critical in determining client outcomes:

- Intensity of gambling,
- Frequency of gambling, and
- Preoccupation with gambling.

For this reason, the *Gambling Activity Measurement Tool* (GAMT) and the *Gambling Ideation Scale* have been developed to provide insight into each of these above elements. The GAMT can be used to measure all forms of gambling, however OGR only requires measurement of problematic forms of gambling in order to minimise data collection impost on agency staff and clients.

Table 6 - Gambling Activity Measurement Tool

For the gambling activities which you consider to be a problem for you…	Primary Gambling Activity	Secondary Gambling Activity
About how much time did you spend gambling over the last fortnight? (in hours)	_____Hrs	_____Hrs
Over roughly how many sessions was this?	_____Sessions	_____Sessions
And about how much money did you lose in total over the past fortnight? (net loss)	_____Dollars lost	_____Dollars lost
Was this a typical fortnight for you?	YES/NO	
If NO… What would be a typical fortnight?	[Repeat preceding hours, sessions and dollars questions for primary and secondary gambling activity]	

Table 7 - Gambling Ideation Scale

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Over the last fortnight, about how much of the time would you say that you spent thinking about gambling?	1	2	3	4	5

Additionally, the 9 item *Problem Gambling Severity Index* (PGSI) subscale of the *Canadian Problem Gambling Index* (CPGI)[1] has been selected as a general screening tool for assessing the relative severity of problem gambling behaviour. The CPGI is derived from frameworks outside the psychiatric and psychological research domains, placing greater emphasis on the harms arising from gambling and identifying environmental and social factors that might contribute to gamblers becoming 'problem gamblers' as opposed to focusing exclusively on behavioural indicators.

1 J. Ferris & H. Wynne, 2001, The Canadian Problem Gambling Index: Final Report. Canadian Centre on Substance Abuse.

Gambler's Help performance measurement

Table 8 - Problem Gambling Severity Index (PGSI)

Thinking about the last 12 months…	Never	Some-times	Most of the time	Almost always	Score
Have you bet more than you could really afford to lose?	0	I	2	3	
Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	0	I	2	3	
When you gambled, did you go back another day to try to win back the money you lost?	0	I	2	3	
Have you borrowed money or sold anything to get money to gamble?	0	I	2	3	
Have you felt that you might have a problem with gambling?	0	I	2	3	
Has gambling caused you any health problems, including stress or anxiety?	0	I	2	3	
Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	0	I	2	3	
Has your gambling caused any financial problems for you or your household?	0	I	2	3	
Have you felt guilty about the way you gamble or what happens when you gamble?	0	I	2	3	
				TOTAL SCORE	

3.3.2 Harms associated with problem gambling

A wide range of psycho-social harms are commonly associated with problem gambling. Two tools, the *Kessler 6* and the *Work and Social Adjustment Scale* (WSAS)[2], have been selected to provide insight into the psycho-social dimensions of client outcomes.

The *Kessler 6* tool[3] is a validated quantifier of non-specific psychological distress, based on six questions about the level of nervousness, agitation, psychological fatigue and depression which clients may have experienced over the previous four weeks. This tool has been selected for its brevity and reliability and the 5 point scale used is sensitive enough to discriminate for change over a relatively short period of time (ie from commencement of counselling to the time of case closure).

Table 9 - Kessler 6

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Score
I. In the last four weeks, about how much of the time did you feel so sad that nothing could cheer you up?	I	2	3	4	5	
2. In the last four weeks, about how much of the time did you feel nervous?	I	2	3	4	5	
3. In the last four weeks, about how much of the time did you feel restless or fidgety?	I	2	3	4	5	
4. In the last four weeks, about how much of the time did you feel hopeless?	I	2	3	4	5	
5. In the last four weeks, about how much of the time did you feel that everything was an effort?	I	2	3	4	5	
6. In the last four weeks, about how much of the time did you feel worthless?	I	2	3	4	5	
					TOTAL SCORE	

2 I. M. Marks Behavioural psychotherapy. Butterworth-Heinemann Ltd; 6th Ed edition (1986).

3 R. C. Kessler, G. Andrews, L. J. Colpe, E. Hiripi, D. K. Mroczek, S-L. T. Normand, E. E. Walters, & A. M. Zaslavsky, 2002, 'Short screening scales to monitor population prevalences and trends in non-specific psychological distress', Psychological Medicine, vol. 32, pp. 959–76.

WSAS is a short, reliable and valid measure of functional impairment attributable to an identified problem or disorder (eg gambling). This tool is sensitive to differences in disorder severity and treatment related change and is considered to be an appropriate tool for outcome measurement [4]. The WSAS tool scales functional impairment in the dimensions of work, home, leisure and social and personal relationships. The tool has been applied for substance abuse disorders and for depression and anxiety disorders and is also used in South Australia as a screening assessment tool for problem gambling programs.

Table 10 - The Work and Social Adjustment Scale (WSAS)

Because of my gambling…	0 means not at all impaired and 8 means very severely impaired									
	0	1	2	3	4	5	6	7	8	Score
1. …my ability to work is impaired.	0	1	2	3	4	5	6	7	8	
2. …my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.	0	1	2	3	4	5	6	7	8	
3. …my social leisure activities (with other people, such as parties, bars, clubs, outings, visits, dating or home entertainment) are impaired.	0	1	2	3	4	5	6	7	8	
4. …my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.	0	1	2	3	4	5	6	7	8	
5. …my ability to form and maintain close relationships with others, including those I live with, is impaired.	0	1	2	3	4	5	6	7	8	
									TOTAL SCORE	

It should be noted that the above tools (PGSI, *Kessler 6* and WSAS), are intended to be used to identify the extent to which Gambler's Help support and counselling services might result in a positive impact on a client's psycho-social circumstances over time, rather than as diagnostic tools.

Two additional questions have been developed to elicit information relating to alcohol consumption (alcohol use scale) and illicit drug use (substance use scale). These factors are identified within the problem gambling literature as being closely associated with problem gambling activity and/or related harms.

Table 11 - Alcohol Use Scale

Alcohol Use Scale					
Some people believe that there is a link between gambling and alcohol consumption – Do you feel that this may be the case for you?	YES/NO				
If yes… How would you describe your alcohol consumption over the past fortnight?	None	Occasional	Moderate	Heavy	Excessive
	1	2	3	4	5
Was this a typical fortnight for you?	YES/NO				

Table 12 - Substance Use Scale

Illicit Drug Use Scale					
Some people believe that there is a link between gambling and illicit drug use – Do you feel that this may be the case for you?	YES/NO				
If yes… How would you describe your use of illicit drugs over the past fortnight?	None	Occasional	Moderate	Heavy	Excessive
	1	2	3	4	5
Was this a typical fortnight for you?	YES/NO				

4 J. C. Mundt, I. M. Marks, M. Katherine Shear, and J. M. Greist 'The Work and Social Adjustment Scale: a simple measure of impairment in functioning' The British Journal of Psychiatry, May 2002; 180: 461 – 464.

3.3.3 Gambler's Help client satisfaction

Client satisfaction surveys provide important information on client perceptions of the services received. Unlike many other performance measures, which are specifically linked to output elements, this performance measure is a cross output indicator, which measures perceived performance of the agency as a whole.

Separate client surveys have been developed for clients in the problem gambling counselling and the problem gambling financial counselling service pathways.

The PG Counselling Client Satisfaction Survey **(Table 13)** is mandated for implementation by all Gambler's Help agencies. It has been selected on the basis that it:

- is relatively short, comprising only nine questions;

- focuses strongly on the client/counsellor relationship; and

- seeks an explicit rating of satisfaction about the client's experience of Gambler's Help service overall.

Table 13 - PG Counselling client satisfaction survey

	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Score
My counsellor listened to what I had to say.	1	2	3	4	5	
I felt that my counsellor did NOT understand what I was telling him/her*	5	4	3	2	1	
I felt that my counsellor accepted and respected me	1	2	3	4	5	
My counsellor seemed genuine and 'real' when relating to me	1	2	3	4	5	
I believe that the direction and purpose of my counselling session(s) were clear	1	2	3	4	5	
I believe that the methods used by my counsellor were appropriate	1	2	3	4	5	
I did NOT find the session(s) helpful*	5	4	3	2	1	
The counsellor helped me feel more hopeful about the future	1	2	3	4	5	
Overall, I was satisfied with the service offered by Gambler's Help	1	2	3	4	5	
* Reverse scored					TOTAL SCORE	

The PG Financial Counselling client survey shown below in **Table 14** focuses less on the quality of the client/counsellor relationship and more strongly on the perceptions of the client that relate to the professionalism and competency of the counsellor and the extent to which the service has resulted in improvement to the client's financial situation.

Table 14 - PG Financial Counselling Client Satisfaction Survey

	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Score
My counsellor was professional and understood my financial issues	1	2	3	4	5	
My counsellor was effective in advocating with creditors on my behalf	1	2	3	4	5	
My financial situation has improved as a result of the assistance I received	1	2	3	4	5	
I feel that I now have better control over my financial situation	1	2	3	4	5	
I felt that my counsellor was approachable, respectful and non-judgmental	1	2	3	4	5	
I found it easy and straightforward to get access to the help I required	1	2	3	4	5	
Overall, I was satisfied with the help I received	1	2	3	4	5	
					TOTAL SCORE	

Uniform implementation of these instruments represents a notable change in the diverse range of approaches previously taken to measuring client satisfaction across the service system. It also introduces a significant change to the process for administering and collating the results of the client satisfaction surveys.

Specifically, the surveys are to be administered on an ongoing basis to all clients at or near the point of exit from the service system; this includes planned and unplanned exits. Additionally, agencies will act as survey distributors, but will not be directly involved in the collation and reporting of survey results. An independent body will undertake this task and the results will be conveyed to services on a quarterly basis.

3.3.4 Use of the outcome measurement tools

With the exception of the client satisfaction survey, which is to be administered to all clients (problem gambling counselling, problem gambling financial counselling and affected others), it is intended that the outcome measurement tools be administered to Gambler's Help problem gambling clients as outlined in **Table 15**.

The TrakCare client management system is configured to support the administration and recording of these measurement instruments. It should be emphasised that administration of all instruments, aside from the client satisfaction tool, should occur as close as possible to the beginning and end of substantive contact with a client.

In the event that a client withdraws from the service prior to the completion of a treatment/service plan and follow up activities result in a case closure, it is not expected that services will administer the outcome measurement tools at the second, third or fourth time points specified in **Table 15**.

In the event that a client who has previously withdrawn prior to case closure re-presents, administration of all outcome measurement tools should commence at time point 1 rather than continue at time point 2 (under the old case).

Table 15 - Outcome Measurement Tools – Collection Points

Tool	At or near start of Service provision (T1)	At or near end of service provision (T2)	3 months post end of service provision* (T3)	6 months post end of service provision* (T4)
Gambling Activity Measurement Tool	✓	✓	✓	✓
Gambling Ideation Scale	✓	✓	✓	✓
Problem Gambling Severity Index (PGSI)	✓	✗	✗	✗
Kessler 6	✓	✓	✓	✓
Work and Social Adjustment Scale (WSAS)	✓	✓	✓	✓
Alcohol Use Scale	✓	✓	✓	✓
Substance Use Scale	✓	✓	✓	✓
Client Satisfaction Survey	✗	✓	✗	✗

*Administration of the required outcome measurement tools at the three and six month time points may be undertaken by telephone rather than face-to-face.

3.4 The Gambler's Help Minimum Data Set

A revised Minimum Data Set (MDS) for the Gambler's Help service system has been developed to support the requirements for both the redeveloped GH service system and the revised performance reporting requirements (refer **Appendix A**).

All data requirements for the MDS have been included in the functional specifications for TrakCare, which fully supports the revised suite of performance measures.

4 Gambler's Help service performance reporting and monitoring

4.1 Gambler's Help reporting processes and formats

Performance monitoring and reporting will be undertaken by agencies on an ongoing basis, as outlined in **Table 16**, rather than as an annual compliance exercise.

To facilitate concise and consistent reporting, a number of reporting templates have been developed for use by agencies as follows:

Template 1 – Community Education Program Annual Report (refer page 31)

Template 2 – Portfolio Services Report (refer page 32)

Template 3 – Recovery Assistance Program Quarterly Report (refer page 34)

Template 4 – Annual Organisational Profile Report (refer page 36)

Template 5 – Annual Financial Certification Report (refer page 38)

Template 6 – Annual Agency Review Format (refer page 38)

These templates allow for detailed reporting against planned activities and primary performance measures, as well as providing a measure of organisational health (financial and structural).

It should be emphasised that the templates provide an opportunity to consider agency performance in an appropriate operational context. Accordingly, agencies are encouraged to make use of explanatory notes; that is, to provide commentary to support or explain the results being reported. They also provide the context within which numerical indicators are to be interpreted. Explanatory notes help users to:

- Make informed judgements regarding agency performance as a whole;

- Identify any trends in agency or program performance over time, and explain any unexpected results; and

- Appreciate the broader environmental context within which an agency operates, particularly the influence of factors outside of the agency's control that influence program performance.

Planning templates can be found in the Operational Guidelines document. These include the triennial needs analysis, the Community Education Program annual plan, and the Portfolio Services annual plan.

4 Gambler's Help service performance reporting and monitoring

Table 16 - Data Collection and Reporting Table

Service Component	Data Collection/Reporting Method	Reporting Schedule
Problem Gambling Counselling	**Gambler's Help Service Minimum Data Set (MDS)** This information is collected via the Integrated Report Information System (IRIS) or by TrakCare and is used for collating all reportable KPI and primary performance data against this activity. Data collated includes: number of service hours, number of clients and percentage of clients receiving a service within five working days and may also be used to provide other reports on client demographics.	Quarterly 15 October 15 January 15 April 15 July
Problem Gambling Financial Counselling	**Gambler's Help Service Minimum Data Set (MDS)** This information is collected via the Integrated Report Information System (IRIS) or by TrakCare and is used for collating all reportable KPI and primary performance data against this activity. Data collated includes: number of service hours, number of clients and percentage of clients receiving a service within five working days and may also be used to provide other reports on client demographics.	Quarterly 15 October 15 January 15 April 15 July
Common Needs Assessment	**Common Needs Assessment** This template is required as a component of the annual Problem Gambling Community Education Program planning cycle. The needs analysis (which is undertaken at the Regional level) provides an evidence base to guide the design of programs and to maximise their likely effectiveness. Following completion of the Common Needs Assessment, the results inform the annual planning cycle for: • Community Education programs and activities; • Portfolio Services programs and activities; • Integrated Health Promotion priorities; and • Problem Gambling Counselling and Financial Counselling client services. It is expected that the needs analysis will take place in the third quarter of every third year in preparation for the next year's planning cycle.	Triennially 15 July
Problem Gambling Community Education Program	**Community Education Program Annual Plan** This plan is used to guide the implementation of Community Education Program activities that have been identified on the basis of an assessment of community need through the Common Needs Assessment process. The Plan will cover proposed: • Community Education, training and service promotion activities; • Provider Education activities; and • Primary Care Partnership activities and Integrated Health Promotion. Services will review and negotiate their plan with the relevant Program and Service Adviser (PASA) for endorsement prior to implementation.	Annually 15 July
	Community Education Program Half Yearly Review PASA led discussion/review on: • Progress made towards meeting the planned activities and outcomes outlined in the annual Community Education Program Plan; • Community Education Program service activities undertaken to date; and • If applicable, any factors which may impact on the achievement of the outcomes anticipated in the annual Community Education Program Plan.	Half yearly 15 January 15 July
	Community Education Program Annual Report The Community Education Annual Report will focus on achievements or progress made against planned activities and objectives outlined in the Annual Plan	Annually 15 July

Service Component	Data Collection/Reporting Method	Reporting Schedule
Portfolio Services Program	**Portfolio Services Program Annual Plan** This plan is used to guide the implementation of Portfolio Services activities that have been identified on the basis of an assessment of need through the Common Needs Assessment and other planning and review processes. For the identified priority areas of mental health, drug and alcohol and family services, the Plan will cover proposed: • Outreach service activities (primarily client focussed); and • Integration and capacity building opportunities with partner organisations. Services will review and negotiate their plan with the relevant PASA for endorsement prior to implementation.	Annually 15 July
	Portfolio Services Program Report Services report half yearly on: • Progress made towards meeting the planned activities and outcomes outlined in the annual Portfolio Services Program Plan; and • Portfolio Services Program service activities undertaken during the period.	Half yearly 15 January 15 July
Recovery Assistance Program (RAP)	**Recovery Assistance Program Quarterly Report** An Excel spreadsheet is to be used to report RAP expenditure. Services manually enter data on the amount of funds expended, the categories in which it was expended and the number of unique clients who received funds via the Recovery Assistance Program in the period. This report will be automated with the implementation of TrakCare.	Quarterly 15 October 15 January 15 April 15 July
Service Standards Self Assessment	**Service Standards Self Assessment Report** Problem Gambling Services are required to conduct an annual self assessment, and generate an audit report and corresponding annual quality plan using the Problem Gambling Service Standards self assessment tool from the Gambler's Help Quality Framework.	Annually 15 October
Organisational Profile	**Organisational Profile Report** An annual point-in-time picture of each Service Provider Agency covering: • Location of service outlets; • Staff numbers (FTE and headcount) and functions (by service type); • Staff qualifications; and • Vacancies.	Annually 15 April
Annual Financial Return	**Agency Financial Certification** Annual audited financial statements for the preceding financial year.	Annually 30 November
Annual Services Review and Feedback	**Agency Review Program** Upon receipt of fourth Quarter reporting, Office of Gaming and Racing PASAs will formally meet with Service Provider Agencies to conduct a comprehensive review of Gambler's Help service activity for the preceding year. The review will include discussion on: • Achievements or progress against planned activities for Community Education, Portfolio Services and Service Standards self assessment; • Achievements against targets set (if applicable) for Key Performance Measures for direct service delivery; • Trends emerging from data collected for other Primary Performance Measures; and • Challenges, opportunities and implications for the next planning cycle.	Annually 15 August to 15 September

Gambler's Help service performance reporting and monitoring

4.2 Performance monitoring and feedback

Performance monitoring is undertaken by Program and Service Advisers (PASAs), in partnership with funded agencies, in accordance with the framework outlined in **Table 17** below:

Table 17 - Performance Monitoring Framework

Monitoring Element	Frequency	Information source(s) for assessing performance
Site visit	Quarterly	• Annual community education program plan • Annual portfolio services program plan • TrakCare statistical MDS reporting • Community Education review (at 2nd and 4th Quarter) • Portfolio Services report (at 2nd and 4th Quarter) • Client satisfaction survey results
Agency self assessment	Annual	• Organisational profile • Partnership survey • Annual PCP survey • Agency annual report • Agency annual review • Client satisfaction survey results • Annual financial statement
Quality assurance	Annual	• Service standards self assessment report

Site visits

Site visits will involve regular meetings between an agency and their designated PASA. At a minimum, these visits will occur on a quarterly basis on an agreed schedule, but may occur more frequently if required.

Formal quarterly visits will involve a review of all funded program elements informed by quarterly reporting against agreed performance targets, planned activities (as indicated in the agency annual plans) and program objectives.

Site visits will be conducted in accordance with a planned agenda, which will be circulated to agencies ahead of time.

The main focus of discussion at quarterly site visits will be:

• Assessment of performance (year-to-date) against KPIs and primary performance measures;

• Monitoring of the Funding and Service Agreement (FASA);

• The effectiveness of resource allocation (eg, RAP expenditure) and monitoring processes;

• At the 2nd and 4th quarters, assessment of progress towards achievement of planned activities, as outlined in the community education and portfolio services annual plans;

• Compliance with the minimum data set, including issues relating to data quality (accuracy, reliability and relevance);

• Results of the client satisfaction survey;

• Appropriate use and administration of the client outcome instruments;

• The capacity of the organisation to engage key stakeholders to ensure services are being delivered effectively and efficiently;

- Discussion of issues identified in quarterly reporting, including emerging trends and local or community issues; and

- Operational issues impacting on the achievement of objectives or goals outlined in the community education and portfolio services annual plans.

The role of the PASA will be to lead a collaborative discussion on agency performance. This will involve highlighting agency strengths and areas for improvement and working with agencies to address areas of concern. If required and the issues are substantive, an improvement plan will be documented outlining the specific performance concerns and agreed action to be taken.

The PASA will conduct the monitoring role based on the following principles:

- The monitoring process is facilitated through positive working relationships, honest and open communication, positive feedback and constructive criticism;

- Effective monitoring and review will occur in partnership with agencies and users of the service; and

- Monitoring is designed to support organisations in the early identification of challenges and opportunities for effective service delivery.

A formal record of the meeting will be provided to agencies in a timely manner in the form of minutes. These will outline attendees, apologies, issues which were covered and agreed outcomes or actions along with a timeline for achieving such.

Annual self assessment

Annual self assessment will take the form of an enhanced fourth quarterly meeting. This meeting will involve a more comprehensive reflection on, and assessment of, the annual agency performance with a key focus on continuous quality improvement. Agency progress will be examined in relation to:

- each of the service dimensions – direct client services, portfolio services, community education program and PCP-related activities;

- agency profile, capacity and structural issues;

- performance standards and quality assurance;

- client survey feedback; and

- key opportunities and challenges.

The focus of discussion will be on areas that aren't easily captured through standard reporting mechanisms, including key issues relating to agency performance over the past year; identified elements of good practice and innovation, key achievements, identified service gaps, including unmet needs and demand pressures, emerging challenges and opportunities, lessons learnt and future strategic planning priorities.

Agencies are expected to engage in an annual self assessment prior to the annual site visit, but this assessment does not form part of a formal written report to OGR. Instead, the PASA and agency will work collaboratively to analyse the outcomes of the annual self assessment, which the PASA will record along with any action items agreed. **Template 6** provides a guide to assist agencies to prepare their thinking in anticipation of the annual site visit. Annual self reporting is a collaborative approach to identifying what's working well, how resources can be best utilised and changes that can be made to optimise performance.

4 Gambler's Help service performance reporting and monitoring

In keeping with the collaborative approach to service monitoring, the annual visit will seek to further understand and analyse data on local service provision. The PASA will contribute to this process by providing comparative data at both the state wide and regional level to benchmark agency performance in relation to other services and the service system as a whole. The PASA will also provide, where available, current socio-economic and demographic information at the regional and state wide level to assist with future planning needs and provide validation of the ongoing relevance of the most recently conducted triennial needs analysis.

As part of the annual review, PASAs may conduct a risk assessment to monitor an agency's capacity to deliver services and assess their sustainability, and to enable the department to ensure the security of problem gambling service provision.

5 Other performance management elements

5.1 Gambler's Help service system standards and objectives

The problem gambling service standards are a commitment to continuous improvement in service quality for Gambler's Help services. The service standards represent the standard of operation required to ensure that agencies provide the best possible service to individuals, families and the community. Each standard has minimum and desirable levels that can be met.

A modular approach has been used for the development and implementation of standards for problem gambling services. This approach acknowledges that most problem gambling service providers are placed within parent organisations that already have particular sets of standards and accreditation processes in place. The problem gambling service standards have been designed to avoid duplication in demonstrating quality in all areas of service provision.

The service standards aim to:

- Ensure a consistently high standard of problem gambling services across all components of the state wide service system;

- Ensure the continuous improvement of service delivery for the broad range of clients of problem gambling services;

- Support funded agencies with a focus on continuous quality improvement;

- Provide value to agencies and assist in identifying developmental and improvement opportunities; and

- Provide learning opportunities and complement the development of a broader service quality framework.

Domains of quality

The five domains of quality that comprise the problem gambling service standards are summarised below.

Standard 1: Qualifications of practitioners

Staff involved in the delivery of problem gambling services have the appropriate qualifications and experience to deliver effective services. To evaluate the extent of compliance with this standard, there are two relevant indicators.

What is the evidence that:

- staff hold recognised qualifications relevant to the provision of problem gambling services?

- staff engage in a recognised ongoing program of professional development/continuing education?

Standard 2: Intake procedures for counselling services

A systematic and comprehensive intake procedure is used for all counselling service clients. To evaluate the extent of compliance with this standard, there are two relevant indicators.

What is the evidence that:

- appropriate service and demographic data are collected and recorded using an accepted coding scheme and records system?

- clients are provided with appropriate information about the range of services offered, other relevant services and referral options and complaints procedures?

5 Other performance management elements

Standard 3: Assessment, selection, application and completion of counselling interventions

Effective evidence based counselling interventions are selected and provided on the basis of an individual assessment of client need. To evaluate the extent of compliance with this standard, there are four relevant indicators.

What is the evidence that:

- a recognised method of assessment was used to assess the nature and extent of the gambling related problems, and the results recorded using an accepted coding scheme and records system?

- a recognised method of intervention was selected based on the best available evidence targeted at the identified profile of gambling and gambling related problems identified for the client?

- the selected intervention was applied according to the initial and subsequent assessments of client need to provide the most effective client outcomes?

- a recognised discharge and disengagement protocol was implemented for all clients?

Standard 4: Community education program design and implementation

Effective evidence based community education and partnership interventions are selected and provided on the basis of an assessment of community need. To evaluate the extent of compliance with this standard, there are three relevant indicators.

What is the evidence that:

- a recognised method of systematic needs assessment was used to assess the target group and community education and partnership needs in problem gambling?

- a recognised method of education program design (based on the best available evidence, targeted at the identified profile of gambling and gambling related problems identified for the client and the community) was used to develop the Community Education Program?

- the Community Education Program was applied according to the needs assessment of the client and the community, to provide the most effective outcomes?

Standard 5: Outcome measurement and research and evaluation

Problem gambling services routinely collect client data concerning the outcomes of their problem gambling programs, and participate in research and evaluation concerning program effectiveness. To evaluate the extent of compliance with this standard, there are three relevant indicators.

What is the evidence that:

- data about the outcomes and progress of the counselling and financial counselling interventions are regularly collected from all clients?

- data concerning the outcomes of the Community Education Program is regularly collected from all clients?

- research and evaluation are conducted on a regular basis about program design, delivery and outcomes, including consideration of effectiveness and efficiency?

Compliance with the standards: self assessment

The commitment to comply with the standards is an essential prerequisite for effective service delivery in a continuous quality improvement environment. Problem gambling services are required to conduct an annual self assessment.

The use of self assessment as a key component in the quality monitoring process is designed to promote service ownership of the quality standards framework. It also helps external auditors to understand the way in which services interpret the standards in the context of verification audits or accreditation processes.

The problem gambling standards self assessment process will be used as the basis for consultation between each problem gambling agency and OGR, in order to develop quality improvement objectives in response to the standards at both the minimum and desirable levels. These quality improvement objectives will be formally captured in the program and/or organisational quality plan for the following year. In subsequent years, the consultation process will also involve a review of the quality improvement objectives from the previous year.

5.2. The role of evaluation

The Office of Gaming and Racing has committed to a comprehensive program of independent evaluation of key programs and initiatives. Program evaluation is the periodic, independent and objective assessment of a program, service or initiative, to determine the adequacy of objectives, validity of design and confirm outcomes, both intended and unintended. Specifically:

- Evaluation is a systematic investigation of policy interventions to establish their effectiveness based on an assessment of the linkages between programmatic outputs, impacts and outcomes (intended and unintended). Using social research principles, this approach examines the operationalisation of key aspects of program structure (rationale, concepts, design and implementation) to determine their adequacy and contribution (both relative and collective) to program results.

- Theory based evaluation attempts to address the problems associated with evaluating comprehensive, community based initiatives and others not well suited to statistical analysis of outcomes. Its underlying premise is that just because we cannot effectively measure an initiative's ultimate outcomes statistically, it does not mean we cannot learn anything about the initiative's effectiveness. In fact, proponents of theory based evaluation reason that, by combining outcome data with an understanding of the process that led to those outcomes, we can learn a great deal about the program's impact and its most influential factors.

Key performance indicators and other formal measures of performance serve to provide an indication of the worth of a program or service. As indicated earlier, however, they do not provide a complete picture of the context for the achievement of results nor do they adequately describe the causal links between service activities and program results. This is especially true of behaviour change interventions, such as problem gambling counselling, where longer term impacts are notoriously difficult to capture. Properly structured, independent evaluations, that take place over a number of years, provide a mechanism for eliciting a more robust picture of service performance. Within this framework, review activities serve to determine whether an intervention, service or activity is:

- properly targeted on the problem; that is, accurately and effectively accessing the target group;

- providing the agreed activities and services to the target group;

- being implemented well and in accordance with agreed/accredited standards, principles and guidelines;

- achieving stated aims and objectives and having the expected impact on the problem;

- producing unanticipated benefits (eg, organisational and cultural change) or unintended consequences;

- being negatively impacted by unforeseen factors (eg, legislative changes, population demographics and competitive pressures);

- the sustainability of observed improvements in client behaviours and life circumstances;

- the extent to which initiatives lend themselves to broader application (eg, transferability to another context or jurisdiction); and

- the efficiency and effectiveness of the service system/program/initiative compared to alternative approaches being implemented both nationally and internationally.

Work is currently undertaken on the development of an overarching evaluation framework to guide the independent evaluation of key programs falling within *Taking action*. The evaluation program is expected to provide an important mechanism to validate the information emanating from service system performance monitoring and will enable OGR, service providers and the Government to make confident judgements about performance, impact and value of the *Taking action* strategy and each of its initiatives.

As foreshadowed in the Gambler's Help FASAs, service providers are expected to participate in the independent evaluation program by providing access to performance information and facilitating access to service clients, agency staff, local partners, and stakeholders.

6 Performance management review process

Performance information needs are not static and evolve over time in accordance with the maturation of the service system, changes in government policy and changes in the service delivery environment. Consequently, the performance management approach and performance measures themselves require regular review and updating (where necessary) to ensure ongoing relevance and appropriateness in terms of cost, value and usefulness to decision makers.

Development of the current performance management approach and associated performance measures has been undertaken in the context of an understanding that:

- This is an environment where client outcome measurement is a relative unknown for agencies and practitioners;

- While every effort has been made to select tools based on sound evidence regarding validity and reliability along with appropriate consideration of the Gambler's Help context, actual practice may demonstrate deficiencies in either the tools themselves or in their method of administration;

- Robust outcome measurement is notoriously problematic for a range of reasons previously cited. However, the proposed approach is considered to be practical and achievable; and

- This is the start of an ongoing process of testing and refining the outcomes measurement process and expectations about initial outputs should be realistic. However, even some progress towards benchmarking client outcomes can be considered an achievement in an environment where no measurement of client outcomes has taken place to date.

OGR proposes to adopt the following approach to reviewing the approach, measures and tools:

- A formal review will be conducted at the completion of the first full year of TrakCare implementation (anticipated to be 2010) and thereafter bi-annually;

- In the interim, the quality and useability of data generated by the approach will be assessed by OGR and services;

- Services will be invited to provide ongoing feedback to PASAs on this manual and the performance management approach during planned visits; and

- A formal consultation process will be undertaken by OGR with the service sector and key stakeholders to ensure a comprehensive understanding of how the performance management approach is operating and may be improved.

7 Gambler's Help service reporting templates

The following reporting templates are intended to provide guidance to service providers in undertaking reporting processes required under the performance management framwork.

The text fields identified in the templates represent the minimum information requirement and service providers are encouraged to include further information if considered appropriate.

Template 1 – Community Education Program Annual Report

Gambler's Help Services

Community Education Program

Annual Reporting Template

Endorsed by Gambler's Help Coordinator/Program Manager:	
Name:	
Signature:	Date:

Community education reporting template

Priority area by activity	
Priority goal by activity	
Target group by activity	
Priority objective by activity	
Estimated impacts (qual/quant) by activity	
Actual impacts (qual/quant) by activity	
Planned time (hrs) by activity	

Health promotion interventions & capacity building strategies	Actual reach
Screening, individual risk assessment and immunisation	
Social marketing and health information	
Health education and skill development	
Community action	
Settings and supportive environments	
Gambler's Help organisational development	
Workforce development	

Template 2 – Portfolio Services Report

Gambler's Help Services

Portfolio Services Program

Half Yearly Reporting Template

Endorsed by Gambler's Help Coordinator/Program Manager:	
Name:	
Signature:	Date:

Overall Progress Report

Please provide a brief statement of progress made during the past 2 quarters towards meeting the key planned activities and outcomes outlined in your annual Portfolio Services Plan.

Scheduled Activities (from Annual Plan)	Status/Progress

Service Activities Report: [Mental Health/ Drug and Alcohol/ Family Services]

Partner	Service	Description	Hours		
			Capacity building	*Direct Service delivery*	*Travel*

7 Gambler's Help service reporting templates

Partner Name of partner agency for outreach portfolio services

Service For example, group work; clinical practice; up skilling staff capacity to provide PG intervention; development of screening and assessment processes; secondary consultation; problem gambling service provision; specialist clinical PG intervention; development of new practice approaches

Description Detailed description of activity

Hours Approximate planned hours of activity under headings of capacity building; service delivery and travel

Integration and Capacity Building Activities Report: [Mental Health/ Drug and Alcohol/ Family Services]

Partner	Strategies for intra agency integration (within own agency)	Strategies for inter agency integration (between agencies)	Hours	
			Capacity building	*Travel*

Template 3 – Recovery Assistance Program Quarterly Report

Recovery Assistance Program Quarterly Report

Agency Name:

Problem Gamblers Only

Activity	1 Jul to 30 Sep			1 Oct to 31 Dec			1 Jan to 31 March			1 Apr to 30 June			TOTAL		
	Number of occasions of service	Number of unique clients	Expenditure	Number of occasions of service	Number of unique clients	Expenditure	Number of occasions of service	Number of unique clients	Expenditure	Number of occasions of service	Number of unique clients	Expenditure	Number of occasions of service	Number of unique clients	Expenditure
Food													0		$ -
Clothing													0		$ -
Bills/utilities													0		$ -
Childcare													0		$ -
Eldercare													0		$ -
Transport related													0		$ -
Housing / Accommodation related													0		$ -
Household related													0		$ -
School related													0		$ -
Medical													0		$ -
Family community (re)connection															
Total	0		$ -	0		$ -	0		$ -	0		$ -	0	0	$ -

Template 3 – Recovery Assistance Program Quarterly Report (cont.)

Affected Others Only

Activity	1 Jul to 30 Sep			1 Oct to 31 Dec			1 Jan to 31 March			1 Apr to 30 June			TOTAL		
	Number of occasions of service	Number of unique clients	Expenditure	Number of occasions of service	Number of unique clients	Expenditure	Number of occasions of service	Number of unique clients	Expenditure	Number of occasions of service	Number of unique clients	Expenditure	Number of occasions of service	Number of unique clients	Expenditure
Food													0		$ -
Clothing													0		$ -
Bills/utilities													0		$ -
Childcare													0		$ -
Eldercare													0		$ -
Transport related													0		$ -
Housing / Accommodation related													0		$ -
Household related													0		$ -
School related													0		$ -
Medical													0		$ -
Family community (re)connection													0		$ -
Total	0		$ -	0		$ -	0		$ -	0		$ -	0	0	$ -

Period	Problem Gamblers		Affected Others	Total Unique Clients
	Self Exclusion clients	Problem Gamblers		
Quarter 1		0	0	0
Quarter 2		0	0	0
Quarter 3		0	0	0
Quarter 4		0	0	0
Total	0	0	0	0

Balance of RAP allocation remaining	
07-08 'carry forward' total	
08-09 RAP Allocation	
Balance of RAP fund	**$ -**

Template 4 – Annual Organisational Profile Report

Organisational Profile
Please enter your responses below.

Auspice location

1. Organisation name	2. Organisation street address	3. Organisation suburb	4. Organisation postcode	5. Number of staff (headcount)	6. Number of staff (FTE)	7. Positions Currently Vacant (headcount)

Component of FTE for each staff member

8. Staff titles	9. Problem Gambling Counselling	10. Problem Gambling Financial Counselling	11. Intake/ Assessment	12. Community Education	13. Provider Education	14. Portfolio Services	15. Coordination of services (inc. planning, staff allocation, resource allocation)	16. Administration (inc. Data collection, reporting or other)	17. Educational qualifications (List all qualifications relevant to role(s) undertaken)	18. Position Currently Vacant (Yes/No)	19. List the length of time each position has been vacant in the past 12 months (in weeks)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Definition of FTE

To calculate a full-time equivalent (FTE), part-time employees' weekly hours are counted as a fraction of the total hours worked in a full time position. For example, in a position in which 37.5 hours per week is full time: 30 hours per week = 0.8 FTE (30 divided by 37.5 hours) and 37.5 hours per week = 1.0 FTE (37.5 divided by 37.5 hours)

Outlet locations

	20. Outlet name	21a. Problem Gambling Counselling (Yes/No)	21b. Problem Gambling Financial Services (Yes/No)	21c. Portfolio Services (Yes/No)	22. Street address	23. Suburb	24. Postcode	25. Other services provided at this location
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Outlet locations (continued from Question. 9) Please ensure that Outlet 1 above, corresponds to Outlet 1 in this section

	26. Days and hours of operation Problem Gambling Counselling	27. Days and hours of operation Problem Gambling Financial Counselling	28. Co-location within other programs/buildings/ networks? (Yes/No)	29. If yes, outline of services/ programs	30. Gambler's Help Service Delivery Arrangements
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

31. Referral / Intake / Access process to Service

Thank you for completing this survey. Please print a copy for your records. Please return by email to your OGR Program and Service Advisor

7 Gambler's Help service reporting templates

Template 5 – Annual Financial Certification Report

[Use Agency letterhead]

Problem Gambling Services

Agency Annual Certification

Agency:

Financial Year:

Having considered the annual financial statements for [insert agency name], the Board/Committee members certify that in their view that the agency is viable and can continue to provide specified Problem Gambling Services funded by Office of Gaming and Racing.

The Board/Committee members agree to immediately advise Office of Gaming and Racing if they subsequently become aware for whatever reason that the Agency may not be able to continue to provide the Problem Gambling Services.

Board/Committee Member	Name:	
Signature:		Date:

Board/Committee Member	Name:	
Signature:		Date:

Board/Committee Member	Name:	
Signature:		Date:

Template 6 – Annual Agency Review Format

Gambler's Help Services

Funded Services and Programs

Annual Review Format

Review Format

The annual review process is designed to provide the funded Agency and the OGR Program and Service Advisor with the opportunity come together to discuss in greater detail the context and environment within which service delivery results have been delivered during the preceding year.

In particular, any trends or challenges identified during the year should be reviewed in terms of possible implications for service delivery planning for the next year. The review is intended to provide a structured, collaborative environment to allow Agencies and OGR to reflect on Agency achievements and identify and give initial consideration to issues, challenges and opportunities which will be the focus of services planning efforts in the next cycle.

7 Gambler's Help Service Reporting Templates

The Agenda provided below should be taken as a guide and may be amended to reflect Agency and local requirements.

Discussion Agenda Items

Agency Profile and Structural Issues

- Staffing (including vacancies and professional development)

- Infrastructure (including IT and data collection)

- Service access issues (including locations and hours of operation)

- Budget and funding issues

Direct Client Services

- Problem Gambling Counselling

  - KPIs and Performance Results – Client survey results

  - Identified elements of good practice to be shared across the service system, and

  - Service elements requiring attention or adjustment to improve efficiency, effectiveness or client outcomes

- Problem Gambling Financial Counselling

  - KPIs and Performance Results – Client survey results

  - Identified elements of good practice to be shared across the service system, and

  - Service elements requiring attention or adjustment to improve efficiency, effectiveness or client outcomes

- Recovery Assistance Program (RAP)

Portfolio Services

- Direct client service delivery

  - KPIs and Performance Results

- Partner Agencies (capacity, training and skills development issues)

Community Education Program

- Target groups (General Public, Schools, Community Groups and Venues)

- Service activity issues (performance results)

- Provider Education

- Annual Survey (self assessment) results and issues

PCP related activities

- Service Coordination

- Integrated Health Promotion

- Partnerships (Quality and effectiveness of partnership efforts)

- Annual Survey (self assessment) results and issues

Opportunities and challenges

- What worked best

- What did not work well

- Assessment of the extent to which ATSI community needs are being met

- Assessment of the extent to which CALD community needs are being met.

- Systemic issues

- Planning priorities for next year

Review outcomes

Outcomes and any proposed action items arising from the review discussion should be documented separately under the above headings and signed off by the Agency and the PASA. This document will be required as an input to the next planning cycle.

Appendix

APPENDIX A – Gambler's Help Minimum Data Set

The Gambler's Help Service System

Minimum Data Set

Field Name	Code No.	MDS/TrakCare Coding
Agency Identifier		Agency Name
Location of Outlet		Location of Outlet
Gambler's Help Service client code		Client Registration Number [CRN]
Date of Registration		dd/mm/yyyy
Client Date of Birth		DOB (dd/mm/yyyy) Estimated DOB Indicator: Yes/No
Client Gender		**Gender**
	1 =	Male
	2 =	Female
	3 =	Other
	9 =	Not stated or Inadequately described
Client residential details		Existing TrakCare table will be used - OGR to update and maintain as required - http://www1.auspost.com.au/postcodes/index.asp?sub=2
Client Gambler or Non-gambler status		**Contact Type**
	1 =	Gambler
	2 =	Non-Gambler
		If 2 [Non Gambler]
	11 =	Employer
	12 =	Friend
	13 =	Gambling Counsellor
	14 =	Health/Welfare
	15 =	Legal
	16 =	Other Professional
	17 =	Other Relative
	18 =	Parent
	19 =	Partner
	20 =	Police
	21 =	Sibling
	22 =	Son/Daughter
	23 =	Teacher
	24 =	Venue Staff
	99 =	Not stated or inadequately described

Field Name	Code No.	MDS/TrakCare Coding
How did you hear about this service		**How did you hear about this service**
	1 =	Telephone Book/Directory Pages
	2 =	Information in Gambling Venue
	3 =	Other Information Product (eg leaflet, brochure)
	4 =	Television
	5 =	Radio
	6 =	Print Media (newspaper)
	7 =	Family or friend
	8 =	Other Health/Welfare service or professional
	9 =	Not stated or inadequately described
Client Country of Birth		Existing TrakCare table will be used - OGR to update and maintain as required - http://meteor.aihw.gov.au/content/index.phtml/itemId/270277
Aboriginal or Torres Strait Islander Status		**Indigenous Status**
	1 =	Not Aboriginal or Torres Strait Islander
	2 =	Aboriginal
	3 =	Torres Strait Islander
	4 =	Both Aboriginal and Torres Strait Islander
	5 =	Did not meet Client or could not ascertain
	9 =	Not stated or inadequately described
Client marital status		**Marital Status**
	1 =	Never Married
	2 =	Married (registered or de facto)
	3 =	Separated
	4 =	Divorced
	5 =	Widowed
	9 =	Not stated or inadequately described
Main language spoken at home		Existing TrakCare table will be used - OGR to update and maintain as required - http://meteor.aihw.gov.au/content/index.phtml/itemId/304118
Interpreter required for service		**Interpreter Required**
	1 =	Interpreter Needed
	2 =	Bilingual worker Needed
	3 =	Both Interpreter and Bilingual Worker Needed
	4 =	Neither Interpreter nor Bilingual worker
	9 =	Not stated or inadequately described

Appendix

Field Name	Code No.	MDS/TrakCare Coding
Source of client referral		**Referral Source**
	11 =	Accountant or Financial Service
	12 =	AHA Self Exclusion Program
	13 =	Alcohol or other Drug Service
	14 =	Bank or Financial Institution
	15 =	Centrelink
	16 =	Community Health Service
	17 =	Community Welfare Service
	18 =	Consumer Affairs Victoria
	19 =	Corrections or Court Service
	20 =	Crown Casino Customer Support Centre
	21 =	Employer
	22 =	Family Support Service
	23 =	Family, Friend or Neighbour
	24 =	Financial Counselling Service
	25 =	Gamblers Anonymous
	26 =	Gambler's Helpline
	27 =	General Practitioner (GP)
	28 =	Health or Welfare Service: CALD
	29 =	Health or Welfare Service: Indigenous
	30 =	Insolvency Service
	31 =	Legal Service, Solicitor
	32 =	Mental Health Professional or Service
	33 =	Pastoral Care
	34 =	Self referral
	35 =	Utility (eg: Gas, Electricity, Water or Rates)
	36 =	Other
	99 =	Not stated or inadequately described
Justice Client status		**Are you a gambling related Justice Client? (Y/N)**
		Justice Client Status
	1 =	Prisoner
	2 =	Parole
	3 =	CCS Order
	4 =	Credit Bail
	5 =	Home Detention
	9 =	Not stated or inadequately described
		Mandated Client Attendance
	1 =	Non-mandated (voluntary attendance)
	2 =	Mandated attendance (eg Court mandated client)
	9 =	Not stated or inadequately described

Field Name	Code No.	MDS/TrakCare Coding
Client in receipt of pensions/benefits		**Government Pension/Benefit Type**
	1 =	Age Pension
	2 =	DVA Pension
	3 =	Disability Support Pension
	4 =	Carer Payment (pension)
	5 =	Unemployment related allowance
	6 =	Other Government Pension/Benefit
	7 =	No Government Pension/Benefit
	9 =	Not stated or inadequately described
Client's housing type		**Housing Type**
	11 =	Boarding or rooming house
	12 =	Bungalow
	13 =	Caravan
	14 =	Homeless
	15 =	House, flat, apartment or unit
	16 =	Prison, correctional facility
	17 =	Refuge or emergency accommodation
	18 =	Special Residential (eg: Hostel, Aged Care Accommodation)
	19 =	Other
	99 =	Not stated or inadequately described
Client's household type		**Household Type**
	1 =	Lone Person
	2 =	Group Household
	3 =	Family - Couple with Children
	4 =	Family - Couple without Children
	5 =	Family - Lone Parent
	6 =	Family - Other
	7 =	Other Household
	9 =	Not stated or inadequately described
Client's housing tenure		**Housing Tenure**
	1 =	Owned
	2 =	Purchasing
	3 =	Renting - Public
	4 =	Renting - Private
	5 =	Occupied Rent Free
	6 =	Boarding
	7 =	Homeless
	8 =	Transitional Housing
	9 =	Not stated or inadequately described

Appendix

Field Name	Code No.	MDS/TrakCare Coding
Client's primary employment status		**Primary Employment Status**
	11 =	Employed full time in paid work
	12 =	Employed part time in paid work
	13 =	Employed (casual) in paid work
	14 =	Self employed
	15 =	Unemployed (looking for work)
	16 =	Unemployed (not looking for work)
	17 =	Not in paid work: Carer
	18 =	Not in paid work: Volunteer
	19 =	Not in paid work: Home Duties
	20 =	Not in paid work: Student
	21 =	Not in paid work: Retired
	99 =	Not stated or inadequately described
Client's occupation category		**Major Occupation Groups**
	1 =	Manager
	2 =	Professional
	3 =	Technician and Trades Worker
	4 =	Community and Personal Service Worker
	5 =	Clerical and Administrative Worker
	6 =	Sales Worker
	7 =	Machinery Operator and Driver
	8 =	Labourer
	9 =	Not stated or inadequately described
Client's gross annual income		**Gross Income Range (annual)**
	11 =	Nil to $9,999
	12 =	$10,000 to $19,999
	13 =	$20,000 to $29,999
	14 =	$30,000 to $39,999
	15 =	$40,000 to $49,999
	16 =	$50,000 to $59,999
	17 =	$60,000 to $69,999
	18 =	$70,000 to $79,999
	19 =	$80,000 to $89,999
	20 =	$90,000 to $99,999
	21 =	$100,000 and over
	99 =	Not stated or inadequately described
How long has your gambling been a problem?		How long has your gambling been a problem? (MMM)

Field Name	Code No.	MDS/TrakCare Coding
Environment for main gambling issue		**Venue for Main Gambling Issue**
	11 =	Bingo venue
	12 =	Casino
	13 =	Hotel/Club
	14 =	Illicit venue
	15 =	Internet/Online
	16 =	On course betting
	17 =	Phone betting
	18 =	Private game
	19 =	TAB (stand alone venue)
	20 =	Other venue
	99 =	Not stated or inadequately described
Gambling activities		**Type of Gambling Activity [Allow multiple selections]**
	11 =	Bingo
	12 =	Card games
	13 =	Dog fights/Cock fights/other illegal gaming
	14 =	Electronic Gaming Machines
	15 =	Horse/Greyhound racing
	16 =	Lotto/Lotteries/Pools/Keno
	17 =	Numbers games (eg: dice games and roulette)
	18 =	Scratch Tickets/Scratch Keno
	19 =	Sports Betting
	20 =	Other gambling activity
	99 =	Not stated or inadequately described

Appendix

Field Name	Code No.	MDS/TrakCare Coding
		Co-presenting issues [Allow multiple selections]
	11 =	aggression/violence (perpetrator)
	12 =	aggression/violence (victim)
	13 =	bereavement/grief and loss
	14 =	disability: ABI
	15 =	disability: intellectual
	16 =	disability: physical
	17 =	domestic violence
	18 =	financial difficulties/distress
	19 =	gambling behaviour of other/s
	20 =	homelessness
	21 =	involvement in criminal activity
	22 =	legal issues (criminal, civil, family)
	23 =	lying/deception
	24 =	mental health: anxiety disorder (eg OCD, phobias, generalised anxiety)
	25 =	mental health: depression (eg bi-polar)
	26 =	mental health: eating disorder
	27 =	mental health: personality disorder
Co-presenting Issues	28 =	mental health: serious mental illness (eg schizophrenia, psychosis)
	29 =	migration issues
	30 =	personal relationships: conflict
	31 =	personal relationships: family breakdown or separation
	32 =	personal relationships: family relationship issues
	33 =	personal relationships: lack or loss of
	34 =	physical illness (chronic)
	35 =	physical illness (non-chronic)
	36 =	sexual abuse
	37 =	social and/or physical isolation
	38 =	substance use or abuse: alcohol
	39 =	substance use or abuse: drugs
	40 =	substance use or abuse: smoking
	41 =	trauma
	42 =	work: absenteeism
	43 =	work: loss or change in work
	44 =	work: reduced work performance
	99 =	Not stated or inadequately described
Date of Commencement of Assessment		dd/mm/yyyy

Field Name	Code No.	MDS/TrakCare Coding
Client's source of income [FC]		Sources of Income [Allow multiple selections]
	11 =	Child support or maintenance
	12 =	Employment: Casual, full time
	13 =	Employment: Casual, part time
	14 =	Employment: Permanent, full time
	15 =	Employment: Permanent, part time
	16 =	Government Benefit: sickness
	17 =	Government Benefit: study
	18 =	Government Benefit: unemployment
	19 =	Government Benefit: youth
	20 =	Government Benefit: other
	21 =	Government Pension: aged
	22 =	Government Pension: carer
	23 =	Government Pension: disability
	24 =	Government Pension: sole parent
	25 =	Government Pension: veteran
	26 =	Government Pension: other
	27 =	No income
	28 =	Self-employed: Business, farm
	29 =	Self-funded: Investments, superannuation, trust
	30 =	Sharing in Household income
	31 =	WorkCover
	99 =	Not stated or inadequately described
Client's fortnightly income (from all sources) [FC]		Client Fortnightly Income $xx,xxx

Appendix

Field Name	Code No.	MDS/TrakCare Coding
Reason for referral [FC]		**Reason for Referral [Allow multiple selections]**
	11 =	Access superannuation, investments
	12 =	Asset protection
	13 =	Bankruptcy
	14 =	Capital Grant
	15 =	Centrelink Issues
	16 =	Child support, maintenance
	17 =	Completion of forms, general
	18 =	Compulsory attendance
	19 =	Contracts
	20 =	Creditor harassment
	21 =	Criminal activities
	22 =	Debt dispute
	23 =	Debt management, general
	24 =	Emergency Relief Application
	25 =	Financial, budget management
	26 =	Gambling (other)
	27 =	Gambling (self)
	28 =	Insurance dispute
	29 =	No interest loan application
	30 =	Payment arrears: body corporate fees and levies
	31 =	Payment arrears: credit card, store card
	32 =	Payment arrears: fines
	33 =	Payment arrears: mortgage
	34 =	Payment arrears: rent
	35 =	Payment arrears: personal loan
	36 =	Payment arrears: phone, internet
	37 =	Payment arrears: rates
	38 =	Payment arrears: utilities
	39 =	Payment arrears: other
	40 =	TAC issue
	41 =	Taxation preparation, dispute
	42 =	Utility Relief Grant
	99 =	Not stated or inadequately described
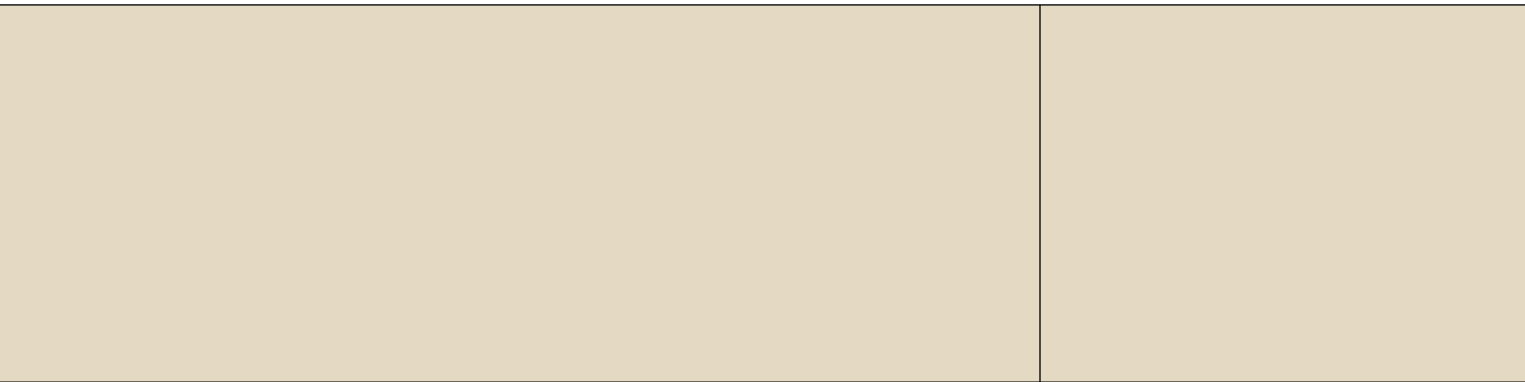
Field Name	Code No.	MDS/TrakCare Coding
Other Party involved in Debt Dispute [FC]		**Other Party involved**
	11 =	Debt Recovery Agency
	12 =	Financial Institution: bank
	13 =	Financial Institution: other
	14 =	Fines
	15 =	Local Government
	16 =	Short-term/pay day lender
	17 =	Telecommunications
	18 =	Utility
	19 =	Other Creditor (eg retailer, tradesman etc)
	99 =	Not stated or inadequately described
		Free text field for name of other party

Appendix

Field Name	Code No.	MDS/TrakCare Coding
		Primary Cause of Financial Difficulty [Allow multiple selections]
	11 =	Addictive behaviour (non-gambling related)
	12 =	Benefit, Pension, Allowance: delay
	13 =	Benefit, Pension, Allowance: discontinuation
	14 =	Benefit, Pension, Allowance: reduction
	15 =	Business, farm collapse
	16 =	Child support, maintenance, non-/late payment
	17 =	Creditor, inadequate, non-negotiation issues
	18 =	Death in family
	19 =	Divorce or separation
	20 =	Domestic violence
	21 =	Family breakdown or separation
	22 =	Family relationship issues
	23 =	Gambling issues: Other
	24 =	Gambling issues: Self
Primary cause of financial difficulty [FC]	25 =	Guarantor, Relationship liability
	26 =	Health: Illness or accident
	27 =	Health: Mental health issues
	28 =	Health: Physical or intellectual disability
	29 =	Housing issues
	30 =	Income is inadequate
	31 =	Income is irregular
	32 =	Lack of capacity to manage own financial affairs
	33 =	Loss of investments, money
	34 =	Mortgage, rental issues
	35 =	Motor vehicle accident
	36 =	Over-commitment
	37 =	Taxation Liability
	38 =	Unemployment, retrenchment
	39 =	Other
	99 =	Not stated or inadequately described

Field Name	Code No.	MDS/TrakCare Coding
		Problem Gambling Service Types
		Contact Types
		Short Session (PG Counselling)
		Standard Session (PG Counselling)
		Long Session (PG Counselling)
		Group Session (PG Counselling)
		Preparation (PG Counselling)
		Follow up (PG Counselling)
		Telephone Contact (PG Counselling)
		Interventions
Type of service activity [Problem Gambling]		Advice and Information
		Advocacy
		Assessment
		Case Closure Planning
		Case Planning
		Case Review
		Client Follow up
		Clinical Preparation
		Counselling - CBT
		Counselling - Client Centred
		Counselling - Family Therapy
		Counselling - Mindfulness
		Counselling - Motivational Interviewing
		Counselling - Not Further Defined
		Counselling - Psychoanalytic
		Counselling - Psychodynamic
		Counselling - Single Session Therapy
		Counselling - Solutions Focus
		Counselling - Supportive
		Couples/Family Counselling
		Crisis Counselling
		Intake and Case Allocation
		Prepare Correspondence & Reports
		Provision of Recovery Assistance Program (RAP)
		Secondary Consultation
		Self Exclusion Support
		Therapeutic Group work

Appendix

Field Name	Code No.	MDS/TrakCare Coding		
PGC Therapeutic group sessions [TrakCare Events]				
Agency		Agency Identifier		
Event Name		Alpha-numeric free text field for name of event [eg Monday Support Group]		
Event Type	1 =	Therapeutic Group		
	2 =	Support and Maintenance Group		
	3 =	Psycho-educational Group		
	4 =	Peer Support Group		
Event Duration (direct)		[mmm] Time in minutes		
Duration of Group Event (Indirect - preparation and/or review)		[mmm] Time in minutes		
Attendee Type	1 =	Client		
	2 =	Clinician		
	3 =	Client and clinician		
	4 =	Health Promotion		
Facilitator/s		[Name] Select from 'drop down' list of care providers defined in TrakCare System		
Care Providers Attending		[Name] Select from 'drop down' list of care providers defined in TrakCare System		
Clients Attending		Individual client details including; name, client code number and episode number are added to the event via the client search function in TrakCare		

Field Name	Code No.	MDS/TrakCare Coding
		Financial Counselling Service Types
		Contact Types
		Short Session (FC Counselling)
		Standard Session (FC Counselling)
		Long Session (FC Counselling)
		Preparation (FC Counselling)
		Follow-up (FC Counselling)
		Telephone Contact (FC Counselling)
		Interventions/Activities
		Accessing Assistance
		Advocacy
		Assessment
		Assist in accessing material aid, grants or concessions
		Assist with financial management and budgeting
		Case closure
		Case conference
Type of service activity [Financial Counselling]		Counselling - Couples/Family
		Counselling - Task/Solution focussed
		Dispute resolution
		Intake and Case allocation
		Monitor and support
		Negotiate with Creditors
		Preparation for Bankruptcy
		Prepare and lodge complaint/court or other
		Prepare case for Ombudsman/Dispute Resolution/other
		Prepare letters, applications or reports
		Prepare Service Plan
		Provision of Information, Materials and Education
		Provision of Recovery Assistance Program (RAP)
		Referrals
		Research
		Review Case/Service Plan
		Secondary Consultation

Appendix

Field Name	Code No.	MDS/TrakCare Coding
Location of this service activity		**Location of Activity**
	1 =	Primary Service Outlet
	2 =	Other Service Outlet
	3 =	Community Setting (eg Café, Library)
	4 =	Gaming Venue
	5 =	Correctional Facility
	6 =	Internet/Online
	7 =	At client's home
Duration of service activity (direct)		hh:mm
Duration of service activity (in-direct)		hh:mm
Duration of service activity (travel)		hh:mm
Total hours for this service activity		Value to be derived from total of direct, indirect and travel fields
Stage of client disengagement from service		**Stage of Case Closure**
	1 =	Prior to assessment
	2 =	At assessment
	3 =	After assessment, before service plan activities complete
	4 =	At completion of all service plan activities
Reason for case closure		**Reason for Case Closure**
	1 =	Client completed service plan activities
	2 =	Client transferred/referred to another agency/service
	3 =	Client moved to another area
	4 =	Client ceased contact (with notice)
	5 =	Client ceased contact (without notice)
	6 =	Client did not engage with the service
	7 =	Client withdrew consent
	8 =	Client died
	9 =	Not stated or inadequately described
Service outcome for client		**Service Outcome**
	1 =	Goals met
	2 =	Goals substantially met
	3 =	Goals partially met
	4 =	Goals not met
	5 =	Not applicable, no Goals set
Date of case closure		dd/mm/yyyy

Field Name	Code No.	MDS/TrakCare Coding
PG Screening Tools		
Gambling Activity Measurement Tool		
Gambling activity (primary)		**Type of Gambling Activity - Primary [Select only 1]**
	11 =	Bingo
	12 =	Card games
	13 =	Dog fights/Cock fights/other illegal gaming
	14 =	Electronic Gaming Machines
	15 =	Horse/Greyhound racing
	16 =	Lotto/Lotteries/Pools/Keno
	17 =	Numbers games (eg: dice games and roulette)
	18 =	Scratch Tickets/Scratch Keno
	19 =	Sports Betting
	20 =	Other gambling activity
	99 =	Not stated or inadequately described
Gambling activity (secondary)		**Type of Gambling Activity - Secondary [Select only 1]**
	11 =	Bingo
	12 =	Card games
	13 =	Dog fights/Cock fights/other illegal gaming
	14 =	Electronic Gaming Machines
	15 =	Horse/Greyhound racing
	16 =	Lotto/Lotteries/Pools/Keno
	17 =	Numbers games (eg: dice games and roulette)
	18 =	Scratch Tickets/Scratch Keno
	19 =	Sports Betting
	20 =	Other gambling activity
	99 =	Not stated or inadequately described
Primary Gambling Activity		
For the main gambling activity which you consider to be a problem for you…		
…about how much time did you spend gambling over the last fortnight? (in hours)		xxx Hours
Over roughly how many sessions was this?		xxx Sessions
And about how much money did you lose in total over the past fortnight? (net loss)		$xx,xxx Dollars
Secondary Gambling Activity		

Appendix

Field Name	Code No.	MDS/TrakCare Coding
For the other gambling activity which you consider to be a problem for you…		
…about how much time did you spend gambling over the last fortnight? (in hours)		xxx Hours
Over roughly how many sessions was this?		xxx Sessions
And about how much money did you lose in total over the past fortnight? (net loss)		$xx,xxx Dollars
Was this a typical fortnight for you?		YES/NO **If NO:** **What would be a typical fortnight?** [Repeat preceding hours, sessions and dollars questions for primary and secondary gambling activity]
Gambling Ideation Scale		
Over the last fortnight, about how much of the time would you say that you spent thinking about gambling?		Scaled Response (None of the time, A little of the time, Some of the time, Most of the time, All of the time)
Problem Gambling Severity Index (PGSI)		
Thinking about the last 12 months…		
Have you bet more than you could really afford to lose?		
Have you needed to gamble with larger amounts of money to get the same feeling of excitement?		
When you gambled, did you go back another day to try to win back the money you lost?		
Have you borrowed money or sold anything to get money to gamble?		
Have you felt that you might have a problem with gambling?		Scaled Response (Never, Sometimes, Most of the time, Almost always)
Has gambling caused you any health problems, including stress or anxiety?		
Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?		
Has your gambling caused any financial problems for you or your household?		
Have you felt guilty about the way you gamble or what happens when you gamble?		

Field Name	Code No.	MDS/TrakCare Coding
Kessler 6		
1. In the last four weeks, about how much of the time did you feel so sad that nothing could cheer you up?		Scaled Response (None of the time, A little of the time, Some of the time, Most of the time, All of the time)
2. In the last four weeks, about how much of the time did you feel nervous?		
3. In the last four weeks, about how much of the time did you feel restless or fidgety?		
4. In the last four weeks, about how much of the time did you feel hopeless?		
5. In the last four weeks, about how much of the time did you feel that everything was an effort?		
6. In the last four weeks, about how much of the time did you feel worthless?		
Work and Social Adjustment Scale (WSAS)		
Because of my gambling…		
1. …my ability to work is impaired.		Scaled Response (0 to 8 - 0 means not at all impaired and 8 means very severely impaired)
2. …my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.		
3. …my social leisure activities (with other people, such as parties, bars, clubs, outings, visits, dating or home entertainment) are impaired.		
4. …my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.		
5. …my ability to form and maintain close relationships with others, including those I live with, is impaired.		
Alcohol Use Scale		
Some people believe that there is a link between gambling and alcohol consumption – Do you feel that this is the case for you?		YES/NO
How would you describe your alcohol consumption over the past fortnight?		Scaled Response (None, Occasional, Moderate, Heavy, Excessive)
Was this a typical fortnight for you?		YES/NO
Substance Use Scale		
How would you describe your use of illicit drugs over the past fortnight?		Scaled Response (None, Occasional, Moderate, Heavy, Excessive)
Was this a typical fortnight for you?		YES/NO

Appendix

Field Name	Code No.	MDS/TrakCare Coding
Recovery Assistance Program (RAP) - Extra Fields required		
Self Exclusion Deed sighted?		YES/NO
Proposed Use of Funds		**Use of Funds**
	11 =	Bills/Utilities
	12 =	Child Care
	13 =	Clothing
	14 =	Food
	15 =	Household related
	16 =	Housing/Accommodation related
	17 =	Legal assistance
	18 =	Medical
	19 =	Recovery and community reconnection
	20 =	School related expenses
	21 =	Transport related
Services Provided		**Services Provided**
	1 =	Allocation of Funds/Vouchers
	2 =	Advocacy/Negotiation with Creditors
	3 =	Referral for PG Counselling
Value of assistance provided		$xx,xxx Dollars
Is Client in PG Counselling?		YES/NO
Is client/family in receipt of previous RAP funding?		**YES/NO** **If YES** **Value of funding received in past 12 months (client or family)** **$xx,xxx Dollars**

APPENDIX B – Gambler's Help PG Screening Tools

Gambler's Help service system

Outcome measurement tools

Appendix

Gambler's Help Client Outcome Measurement Tools

Guidance for Counsellors

Why?

The PG Screening Tools (client outcome measurement tools) are mandated for use across the Gambler's Help service system for the purposes of eliciting information about client outcomes. The information generated by these tools will be used to analyse:

- the effectiveness of the Gambler's Help service system in terms of reducing problem gambling behaviours and/or reducing the harms associated with problem gambling, and

- the influence that key demographic (eg age, sex, employment, income etc) and other client variables (eg frequency and intensity of problem gambling activities) may have in producing differing outcomes for differing client groups.

Data generated from the PG screening tools is also required to determine service outcome KPIs relating to *'Substantive clients who report a reduction in problem gambling behaviour'* and *'Substantive clients who report a reduction in the harms associated with problem gambling'.*

Finally and importantly, the PG Screening Tools are intended to be of value to both the counsellor and client in the care management context:

- The resulting therapeutic dialogue will provide an even more comprehensive assessment of the client's situation and individual circumstances. A deeper understanding of the client's situation may assist in the consideration of alternative treatment and intervention approaches.

- The PG screening tools will also provide the counsellor and client with relatively objective measures of the client's progress from the commencement to the completion of the treatment pathway.

For these reasons, it is hoped that counsellors and agency staff will feel comfortable in actively advocating the use of the PG screening tools to clients.

Which clients?

The PG Screening Tools are to be administered <u>only</u> to clients who are problem gamblers and who are intending to undergo at least one formal session of therapeutic problem gambling counselling, this includes single session clients where a beneficial or therapeutic intervention takes place.

<u>Please Note</u>: Every client who fits the above criteria is to be offered the opportunity to complete the screening tools at the appropriate time points (see below) and should be encouraged to do so. However, clients are not obliged to agree to the completion of the PG screening tools and even if clients do agree, they are at liberty to withdraw consent at any time. A client may choose to complete all or part of the screening tools. A client may complete one full set and then withdraw consent for all subsequent time points.

In the future it is anticipated that appropriate tools will be developed to provide insight into client outcomes for 'affected others' and/or financial counselling clients.

When to administer?

The PG Screening Tools (with the exception of the *Problem Gambling Severity Index* (PGSI) – see below) should be administered to relevant clients on four specific occasions:

1. At the earliest practical opportunity before, or during, the first substantive contact with the counsellor. Ideally this should form part of the client assessment phase. (T1)

2. As near as possible to the completion of the treatment pathway. (T2)

3. At 3 months after the completion of the treatment pathway. (T3)

4. At 6 months after the completion of the treatment pathway. (T4)

The PGSI need only be administered to clients on <u>the first</u> of the four occasions. This is because this tool asks clients to consider the previous 12 months in their responses, therefore client responses are unlikely to change significantly if the tool is administered again within a 12 month timeframe.

Important Note: Once administration of the PG Screening Tools has commenced at a required time point, all outcome assessment tools must be completed within the same session.

Outcome Measurement Tools – Administration Time Points

Outcome Tool	At or near start of Service provision (T1)	At or near end of service provision (T2)	3 months post end of service provision* (T3)	6 months post end of service provision* (T4)
Gambling Activity Measurement Tool	✓	✓	✓	✓
Gambling Ideation Scale	✓	✓	✓	✓
Problem Gambling Severity Index (PGSI)	✓	✗	✗	✗
Kessler 6	✓	✓	✓	✓
Work and Social Adjustment Scale (WSAS)	✓	✓	✓	✓
Alcohol Use Scale	✓	✓	✓	✓
Substance Use Scale	✓	✓	✓	✓

* Administration of the PG screening tools at the three and six month time points may be undertaken by telephone rather than face-to-face.

In the event that a client withdraws from the service prior to the completion of a treatment/service plan and follow up activities result in a case closure, it is not expected that administration of the outcome measurement tools at the T2, T3 or T4 time points will take place.

Nevertheless, if a client indicates willingness to complete the tools, then every effort should be made to provide the opportunity for the client to do so as close as possible to the time points specified above. This data will provide important information about outcomes for clients who chose not to complete a treatment pathway.

In the event that a client, who has previously disengaged from the service prior to case closure, re-presents for counselling and a new case (episode of care) is opened, administration of all outcome measurement tools should re-commence at the appropriate point (T1) in the new treatment episode, rather than continue at T2, T3 and T4 under the old case/episode.

Appendix

How to administer?

Paper based versions of the PG screening tools have been provided for ease of use and to allow administration of the tools in the absence of the availability of a PC or the TrakCare system. However, Counsellors should make every effort to key the information into TrakCare as soon as this is practical.

For assessment and disengagement sessions which include the proposed administration and recording of the PG screening tools, counsellors may wish to schedule a 90 minute contact session with clients rather than the standard 60 minutes.

Ideally, for the first (commencement of treatment) and second (completion of treatment) occasions, the tools should be administered to clients by the counsellor face-to-face in an interactive way as a part of the therapeutic engagement and assessment process. This is particularly important for clients with comprehension, literacy or language issues. However, if a counsellor (or client) is uncomfortable in adopting this approach, the client should be offered the opportunity to complete the tools by themselves before or during the contact session with the counsellor. In circumstances where clients complete the tools by themselves before a contact session, counsellors should ensure that the completed tools are reviewed with the client during the session to ensure accuracy and completeness.

As mentioned above, once commenced, all outcome assessment tools must be completed within the same session. This is important as the tools have been selected to provide measures of the client's situation across a variety of psycho-social and behavioural dimensions at four distinct points in time. The value of this approach lies in the ability to detect possible changes in the client's situation or circumstances between these points in time. Thus, any changes detected between the commencement and end of treatment time points can be reasonably attributed (at least in part) to the influence of treatment, interventions or counselling approaches adopted during the client's interaction with the service. Completion of the set of tools over more than one session (for an individual time point) will significantly diminish the usefulness of the data collected.

Data collected at the T3 (3 month) and T4 (6 month) time points is expected to provide valuable insight into the longevity of any outcomes which might have been evident at the completion of treatment. Furthermore, it provides an opportunity for counsellors to make an assessment of the client's current situation and any potential need for further assistance (eg peer support arrangements, a new episode/case and further counselling or referral to other services).

Given the likelihood that administration of the tools for the T3 and T4 time points will be by telephone, the following guidelines are provided to promote consistency in the approach taken to telephone administration of the PG screening tools across the service network:

1. Clients are to be reminded that agreement to contact them for this purpose was obtained on [give the actual date] during their earlier period of engagement with the service.

2. Counsellors should confirm that the client is still happy to go ahead with the administration of the tools. If the client elects not to complete the tools at this point in time, the counsellor should ask if the client still gives consent to be contacted at the 6 month (T4) time point.

3. All questions should be read out to the client in full, exactly as they appear in the paper version of the tool being administered.

4. The administration of the GAMT will require some care in order to avoid confusion between responses for the primary and secondary gambling activities. It is recommended that the client be asked to respond to each of the questions (time, sessions and losses) for the primary gambling activity and then asked to respond to the same questions for their secondary gambling activity (if relevant).

5. Where clients are asked for a response within a scale of possible responses, it is preferable to repeat all of the alternative responses for each question in turn. For example, in administering the Kessler 6:

   "In the last four weeks, about how much of the time did you feel so sad that nothing could cheer you up? – Would you say; none of the time, a little of the time, some of the time, most of the time, or all of the time?"

   "In the last four weeks, about how much time did you feel nervous? - Would you say; none of the time, a little of the time, some of the time, most of the time, or all of the time?" Etc.

6. In the case of the WSAS, the scaling for responses is not definitive (ie on a scale of 0 to 8, where 0 is 'not at all' and 8 is 'very severely'). For this reason, clients should be encouraged to reflect on the relative extent of their current experience of functional impairment across the five dimensions. This will require care to ensure that counsellors do not inadvertently elicit directed responses from clients. It is important that the client arrive at his/her own perception of where they lie along the response scale in order to provide a valid comparison to the responses provided by the client earlier at T1 and T2.

7. Where a client appears to be unsure, or requires further prompting, it is important to repeat the scale of response alternatives verbatim, rather than interpret or explain them. Similarly, counsellors should avoid interpreting a client's response and instead should allow time for the client to settle on one of the valid response alternatives.

There are significant practical difficulties involved in attempting to follow up on service clients over extended periods of time. Nevertheless, the usefulness of this approach both in terms of its potential to improve or maintain client outcomes, and its value as an important source of research data, is considered to be very significant.

How to use the data?

In terms of measuring changes in problem gambling <u>behaviours</u>, the following elements are considered to be critical in determining client outcomes:

• Intensity of gambling,

• Frequency of gambling, and

• Preoccupation with gambling.

The proposed *Gambling Activity Measurement Tool* (GAMT) and the *Gambling Ideation Scale* have been developed to provide insight into these elements. The GAMT can be used to measure all forms of gambling, however OGR proposes to mandate measurement of problematic forms of gambling only in order to minimise data collection impost on agency staff and clients.

In recognition of the fact that some clients may have more than one problematic form of gambling, the GAMT also allows for the collection of information on an additional (secondary) gambling activity if relevant.

The *Gambling Ideation Scale* is a simple measure of preoccupation with gambling and will provide counsellors with a good sense of the extent to which a client's life might be dominated by their gambling problem.

Appendix

In terms of measuring the <u>harms</u> associated with problem gambling, three tools, the *Problem Gambling Severity Index* (PGSI)[5], *Kessler 6*[6] and the *Work and Social Adjustment Scale* (WSAS)[7], have been selected to provide insight into the impacts of problem gambling on the psycho-social dimensions of clients. These are validated tools for which defined scoring 'cut points' based on previous research are available. Counsellors may already be familiar with versions of these tools but the relevant 'cut points' are provided below for convenience and ready reference.

Problem Gambling Severity Index (PGSI)

The 9 item PGSI is a validated subscale of the *Canadian Problem Gambling Index* (CPGI) and has been selected as a general screening tool for assessing the relative severity of problem gambling behaviour. The CPGI draws from frameworks outside the psychiatric and psychological research domains, placing greater emphasis on the harms arising from gambling and identifying environmental and social factors that might contribute to gamblers becoming 'problem gamblers'.

PGSI Scoring Algorithm	
Classification	*Cut Points (range 0 to 27)*
Non-problem gambler	0
Low risk gambler	1 to 2
Moderate risk gambler	3 to 7
Problem gambler	8 to 27

Kessler 6

The *Kessler 6* tool is a validated quantifier of non-specific psychological distress, based on six questions about the level of nervousness, agitation, psychological fatigue and depression, which clients may have experienced over the previous four weeks. This tool has been selected for its brevity and reliability and the 5 point scale used is sensitive enough to discriminate for change over a relatively short period of time (ie from commencement of counselling to the time of case completion).

Respondents may be identified as having clinically significant levels of psychological distress where their scores are 19 or greater.[8] If one item is not answered, it can be given the average value of the other five (answered) items. More than one unanswered item invalidates the tool.

Kessler 6 Scoring Algorithm	
Classification	*Cut Points (range 6 to 30)*
Sub-clinical range	6 to 18
Range indicative of Serious Mental Illness	19 to 30

5 H. J. Wynne, Ph.D. May 2002 Introducing the Canadian Problem Gambling Index.

6 R. C. Kessler, G. Andrews, L. J. Colpe, E. Hiripi, D. K. Mroczek, S-L. T. Normand, E. E. Walters, & A. M. Zaslavsky, 2002, 'Short screening scales to monitor population prevalences and trends in non-specific psychological distress', Psychological Medicine, vol. 32, pp. 959–76.

7 I. M. Marks Behavioural psychotherapy. Butterworth-Heinemann Ltd; 6th Ed edition (1986).

8 R. C. Kessler, P. R. Barker, L. J. Colpe, J. F. Epstein, J. C. Gfroerer, E. Hiripi, M. J. Howes, S-L. T. Normand, R. W. Manderscheid, E. E. Walters, & A. M. Zaslavsky, 2003, 'Screening for serious mental illness in the general population', Archives of General Psychiatry, vol. 60, pp. 184–89.

Work and Social Adjustment Scale (WSAS)

The WSAS is a short, reliable and valid measure of functional impairment attributable to an identified problem or disorder (eg gambling). This tool is sensitive to differences in disorder severity and treatment related change and is considered to be an appropriate tool for outcome measurement. The WSAS tool scales functional impairment in the dimensions of work, home, leisure and social and personal relationships.

WSAS Scoring Algorithm	
Classification	*Cut Points (range 0 to 40)*
Insignificant to mild functional impairment	0 to 9
Significant functional impairment	10 to 20
Moderate to severe functional impairment	21 to 40

It should be noted that the *Kessler 6* and WSAS tools have diagnostic validity; however, in the Gambler's Help context, they are primarily intended to be used to identify the extent to which Gambler's Help support and counselling services might result in a positive impact on a client's psycho-social circumstances over time, rather than as diagnostic tools.

Counsellors are advised that where scores for these tools are indicative of high risk or where the risk assessment process for an individual client indicates issues of concern, this must be handled according to local agency risk management policies and procedures.

Two additional scales have been developed to elicit information relating to alcohol consumption (alcohol use scale) and illicit drug use (substance use scale). These are among the key factors identified within the problem gambling literature as being closely associated with problem gambling activity and/or related harms.

Appendix

Gambler's Help Client Outcome Measurement Tools

Instructions for Clients

The Purpose of this Survey

The questions provided in this survey are designed to:

- Provide your counsellor with important information about you to better understand your individual circumstances and situation. This will allow your counsellor to make a more informed assessment about the type of support and assistance that will work best for you.

- Provide you and your counsellor with information that will measure your progress along the treatment pathway. This will be done by comparing possible changes in the way you answered the questions from when you first arrived for counselling, to when you and your counsellor agree that your counselling program is complete.

- Provide the Gambler's Help service with important information which can be used to measure the overall effectiveness of the support and assistance it provides to clients. This information will be used to make improvements to the service for the benefit of future clients. <u>PLEASE NOTE</u> information used for this purpose will be de-identified – this means that you can not be identified and that your personal details (name, address, phone number etc) will remain confidential.

The more information you feel able to share with the Gambler's Help Service and your counsellor the better we will be able to respond to your needs.

<u>IMPORTANT INFORMATION</u>

Please note that you do not have to complete these questionnaires if you do not wish to do so. If you choose not to complete the questionnaires, you will still receive the support and assistance you require from Gambler's Help.

You may choose to answer all or only some of the questions. You do not have to answer any question which makes you uncomfortable or which you object to answering.

Completing the Survey

You may be asked to complete this survey at four different times:

1. When you first attend the Gambler's Help service.

2. As close as possible to when you have completed your counselling.

3. At 3 months after you have completed your counselling.

4. At 6 months after you have completed your counselling.

PLEASE NOTE if you agreed to complete the survey for the first time, you do not have to complete the survey at any of the remaining times if you do not wish to do so.

We understand that some people may not wish to be contacted after their counselling program is complete. If this is the case for you, simply let your counsellor know and you will not be contacted for the 3rd and 4th times.

However, if you do feel able to complete the surveys at these times, you will be providing the Gambler's Help service with important information to assess the effectiveness of the assistance you have been given and you will give your counsellor the opportunity to assess your current progress and provide further support and assistance if you require it.

In answering the questions in the survey, please select the answers that most closely reflect your current situation. Some of the questions will ask you to recall quite detailed information about your gambling, we understand that this can be difficult and complete accuracy is not required, but it is important that your answers reflect your best possible estimate.

If you have any concerns or questions, please feel free to ask your counsellor for assistance.

Gambler's Help Services

Paper Based PG Screening Tools

Gambling Behaviour

Please identify in the space provided, the main type of gambling activity which you feel is a problem for you.	Primary Gambling Activity
If relevant, please identify in the space provided, the second type of gambling activity which you feel is a problem for you.	Secondary Gambling Activity

Instruction: For your primary, and if relevant, your secondary gambling activity, in answer to the questions below, please provide your best estimate of time, sessions and losses in the fields provided.

For the gambling activities which you consider to be a problem for you…	Primary Gambling Activity	Secondary Gambling Activity (if relevant)
About how much time did you spend gambling over the last fortnight? (in hours)	Hours:	Hours:
Over roughly how many sessions was this?	Sessions:	Sessions:
And about how much money did you lose in total over the past fortnight? (net loss)	Dollars $	Dollars $
In terms of your gambling, was this a typical fortnight for you?	☐ YES ☐ NO	

Please continue if you answered NO to the above question.

For the gambling activities which you consider to be a problem for you…	Primary Gambling Activity	Secondary Gambling Activity (if relevant)
In a typical fortnight, about how much time would you spend gambling? (in hours)	Hours:	Hours:
In a typical fortnight, over roughly how many sessions would this be?	Sessions:	Sessions:
In a typical fortnight, about how much money would you lose in total? (net loss)	Dollars $	Dollars $

Time spent thinking about gambling

Instruction: In answer to the question below, please mark with an ✖ the box which you fell most closely reflects the time you spent thinking about gambling, along the scale of *'None of the time'* through to *'All of the time'*.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Over the last fortnight, about how much of the time would you say that you spent thinking about gambling?					

General Impacts of Gambling

Instruction: In answer to each of the nine questions below, please mark with an ✘ the box which you feel most closely reflects your situation, along the scale of 'Never' through to 'Almost always'.

Thinking about the last 12 months…	Never	Some-times	Most of the time	Almost always	SCORE
Have you bet more than you could really afford to lose?					
Have you needed to gamble with larger amounts of money to get the same feeling of excitement?					
When you gambled, did you go back another day to try to win back the money you lost?					
Have you borrowed money or sold anything to get money to gamble?					
Have you felt that you might have a problem with gambling?					
Has gambling caused you any health problems, including stress or anxiety?					
Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?					
Has your gambling caused any financial problems for you or your household?					
Have you felt guilty about the way you gamble or what happens when you gamble?					
				TOTAL SCORE	

Work and Social Impacts of Gambling

Instruction: In answer to each of the five questions below, please mark with an ✖ the box which you feel most closely reflects your current situation, along the scale of 0 to 8 *'from not all impaired'* through to *'very severely impaired'*.

	Not at all ◄—						—► Very severely			SCORE
	0	1	2	3	4	5	6	7	8	
1. Because of my gambling my ability to work is impaired.										
2. Because of my gambling my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.										
3. Because of my gambling my social leisure activities (with other people, such as parties, bars, clubs, outings, visits, dating or home entertainment) are impaired.										
4. Because of my gambling my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.										
5. Because of my gambling my ability to form and maintain close relationships with others, including those I live with, is impaired.										
								TOTAL SCORE		

Personal Impacts of Gambling

Instruction: In answer to each of the six questions below, please mark with an ✗ the box which you fell most closely reflects your situation, along the scale of *'None of the time'* through to *'All of the time'.*

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	SCORE
1. In the last four weeks, about how much of the time did you feel so sad that nothing could cheer you up?						
2. In the last four weeks, about how much of the time did you feel nervous?						
3. In the last four weeks, about how much of the time did you feel restless or fidgety?						
4. In the last four weeks, about how much of the time did you feel hopeless?						
5. In the last four weeks, about how much of the time did you feel that everything was an effort?						
6. In the last four weeks, about how much of the time did you feel worthless?						
					TOTAL SCORE	

Appendix

Gambling connection to alcohol use

Some people believe that there is a link between gambling and alcohol consumption –
Do you feel that this may be the case for you?

☐ YES   ☐ NO

Please continue if you answered YES to the above question.

Instruction: In answer to the question below, please mark with an ✖ the box which you fell most closely reflects your consumption of alcohol, along the scale of 'None' through to 'Excessive'.

	None	Occasional	Moderate	Heavy	Excessive
How would you describe your alcohol consumption over the past fortnight?					
In terms of your consumption of alcohol, was this a typical fortnight for you?				☐ YES	☐ NO

Gambling connection to illicit drug use

Some people believe that there is a link between gambling and illicit drug use –
Do you feel that this may be the case for you?

☐ YES   ☐ NO

Please continue if you answered YES to the above question.

Instruction: In answer to the question below, please mark with an ✖ the box which you fell most closely reflects your use of illicit drugs, along the scale of *'None'* through to *'Excessive'*.

	None	Occasional	Moderate	Heavy	Excessive
How would you describe your use of illicit drugs over the past fortnight?					
In terms of your use of illicit drugs, was this a typical fortnight for you?				☐ YES	☐ NO

Gambler's Help Services

Paper Based PG Screening Tools

(Custodial Clients only)

Typical Gambling Behaviour

Please identify in the space provided, the main type of gambling activity which you feel was a problem for you <u>prior</u> to your current period of imprisonment.	**Primary Gambling Activity**
If relevant, please identify in the space provided, the second type of gambling activity which you feel was a problem for you prior to your current period of imprisonment.	**Secondary Gambling Activity**

Instruction: For your primary, and if relevant, your secondary gambling activity, in answer to the questions below, please provide your best estimate of time, sessions and losses in the fields provided.

For the gambling activities which you consider to be a problem for you, <u>prior</u> to your current period of imprisonment…	Primary Gambling Activity	Secondary Gambling Activity (if relevant)
In a typical fortnight, about how much time would you spend gambling? (in hours)	Hours:	Hours:
In a typical fortnight, over roughly how many sessions would this be?	Sessions:	Sessions:
In a typical fortnight, about how much money would you lose in total? (net loss)	Dollars $	Dollars $

Time spent thinking about gambling

Instruction: In answer to the question below, please mark with an ✖ the box which you fell most closely reflects the time you spent thinking about gambling, along the scale of *'None of the time'* through to *'All of the time'*.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
To the best of your recollection, about how much of the time would you say that you spent thinking about gambling in a typical fortnight <u>prior</u> to your current period of imprisonment?					

General Impacts of Gambling

Instruction: In answer to each of the nine questions below, please mark with an ✘ the box which you fell most closely reflects your situation, along the scale of 'Never' through to 'Almost always'.

Thinking about the 12 months prior to your current period of imprisonment, to the best of your recollection…	Never	Some-times	Most of the time	Almost always	SCORE
Did you bet more than you could really afford to lose?					
Did you need to gamble with larger amounts of money to get the same feeling of excitement?					
When you gambled, did you go back another day to try to win back the money you lost?					
Did you borrow money or sell anything to get money to gamble?					
Did you feel that you might have a problem with gambling?					
Did gambling cause you any health problems, including stress or anxiety?					
Did people criticise your betting or tell you that you had a gambling problem, regardless of whether or not you thought it was true?					
Did your gambling cause any financial problems for you or your household?					
Did you felt guilty about the way you gambled or what happened when you gamble?					
				TOTAL SCORE	

Work and Social Impacts of Gambling

Instruction: In answer to each of the five questions below, please mark with an ✖ the box which you fell most closely reflects your situation, along the scale of 0 to 8 *'from not at all impaired'* through to *'very severely impaired'*.

Thinking about the time before your current period of imprisonment…	Not at all								Very severely	SCORE
	0	1	2	3	4	5	6	7	8	
1. Because of my gambling, my ability to work was impaired.										
2. Because of my gambling, my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) were impaired.										
3. Because of my gambling, my social leisure activities (with other people, such as parties, bars, clubs, outings, visits, dating or home entertainment) were impaired.										
4. Because of my gambling, my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) were impaired.										
5. Because of my gambling, my ability to form and maintain close relationships with others, including those I lived with, was impaired.										
									TOTAL SCORE	

Personal Impacts of Gambling

Instruction: In answer to each of the six questions below, please mark with an ✗ the box which you fell most closely reflects your situation, along the scale of 'None of the time' through to 'All of the time'.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	SCORE
1. In the last four weeks, about how much of the time did you feel so sad that nothing could cheer you up?						
2. In the last four weeks, about how much of the time did you feel nervous?						
3. In the last four weeks, about how much of the time did you feel restless or fidgety?						
4. In the last four weeks, about how much of the time did you feel hopeless?						
5. In the last four weeks, about how much of the time did you feel that everything was an effort?						
6. In the last four weeks, about how much of the time did you feel worthless?						
					TOTAL SCORE	

Appendix

Gambling connection to alcohol use

Some people believe that there is a link between gambling and alcohol consumption –
Do you feel that this may have been the case for you?

☐ YES ☐ NO

Please continue if you answered YES to the above question.

Instruction: In answer to the question below, please mark with an ✘ the box which you fell most closely reflects your consumption of alcohol, along the scale of *'None'* through to *'Excessive'*.

	None	Occasional	Moderate	Heavy	Excessive
How would you describe your alcohol consumption in the weeks immediately before your imprisonment?					
In terms of your consumption of alcohol, was this a typical period for you?				☐ YES ☐ NO	

Gambling connection to illicit drug use

Some people believe that there is a link between gambling and illicit drug use –
Do you feel that this may have been the case for you?

☐ YES ☐ NO

Please continue if you answered YES to the above question.

Instruction: In answer to the question below, please mark with an ✘ the box which you fell most closely reflects your use of illicit drugs, along the scale of *'None'* through to *'Excessive'*.

	None	Occasional	Moderate	Heavy	Excessive
How would you describe your use of illicit drugs in the weeks immediately before your imprisonment?					
In terms of your use of illicit drugs, was this a typical period for you?				☐ YES ☐ NO	

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