

Gambler's Help Program Guidelines

A guide for the operational and service delivery requirements for funded agencies

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of Health

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

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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1. Introduction

The Gambling Harm Prevention and Response Unit (GHPRU), Mental Health and Wellbeing Division, Department of Health, provides funding to partner agencies (agencies) to deliver Gambler's Help services aimed at improving the health and wellbeing of the Victorian community. This is achieved by taking a public health approach (refer to Appendix 2), through the local delivery of prevention, early intervention, treatment and support to reduce harm from gambling to all Victorians experiencing or at risk of experiencing harm from gambling.

2. Document purpose

To provide agencies with information about the service and operational requirements for each of the Gambler's Help suite of programs and services. These guidelines will be an important reference, to guide best practice and support a consistent standard of service across Victoria.

These guidelines and other key documents including the Practice Guidelines (previously referenced as Clinical Guidelines) are to be read in conjunction with the Department of Health Funding and Service Agreement. For further information related to Clinical Supervision refer to 'Appendix 1 - Gambler's Help Practice Guidelines'.

3. Gambler's Help overview & principles

Overview

Gambler's Help programs and services operate as an integrated system of preventive, early intervention and treatment initiatives aimed at addressing gambling harm. Programs and services include:

- **Local Gambler's Help program** delivers therapeutic and financial counselling, community engagement activities, school education and venue support
- **A state-wide Gambler's Help Line (and Youthline)** provides 24-hour, seven days a week telephone-based crisis counselling, support, information, and referral services
- **National Gambling Help Online** and Victorian Gambler's Help websites collectively provide 24-hour, seven days a week live chat and email counselling and support, self-help information and resources
- **First Nations Gambling Awareness Program** provides specialist support for First Nations communities, including traditional cultural activities with a therapeutic benefit and alternative social and recreational programs
- **Multicultural Gambler's Help Program** provides culturally appropriate services including confidential in-language counselling services, resources and wellbeing programs for migrant and refugee communities in Victoria
- **Peer Support Programs (Peer Connection and Chinese Peer Connection)** are free and confidential telephone services providing non-crisis, confidential peer support from a person with direct or indirect lived experience of gambling harm.
- **ReSPIN** empowers volunteer educators to speak to various audiences—community groups, government agencies, health services, and media—about firsthand experiences with gambling harm

Aims

Gambler's Help services aim to deliver activities that:

- Minimise the individual personal, health, social and financial harms that arise from gambling; and
- Improve individual and community capability to reduce gambling related harm.

Goals

This is achieved through the delivery of coordinated and integrated services for people who are at risk of, or are experiencing, gambling-related harm, spanning those who gamble or affected others. The goals of Gambler's Help suite of programs and services are to:

- Support individuals and families, who gamble or are an affected other, to reduce gambling-related harm
- Assist individuals and families to build protective factors to positively influence gambling related behaviour long term
- Increase awareness and knowledge within community of potential harms and risks associated with gambling
- Increase help-seeking behaviour within community to access programs and services to reduce gambling-related harm
- Increase awareness, knowledge, and capability of professionals/ staff within the sector to reduce gambling-related harm
- Deliver best practice strategies through consistent referral pathways, information & resources, and sector/ cross sector collaboration

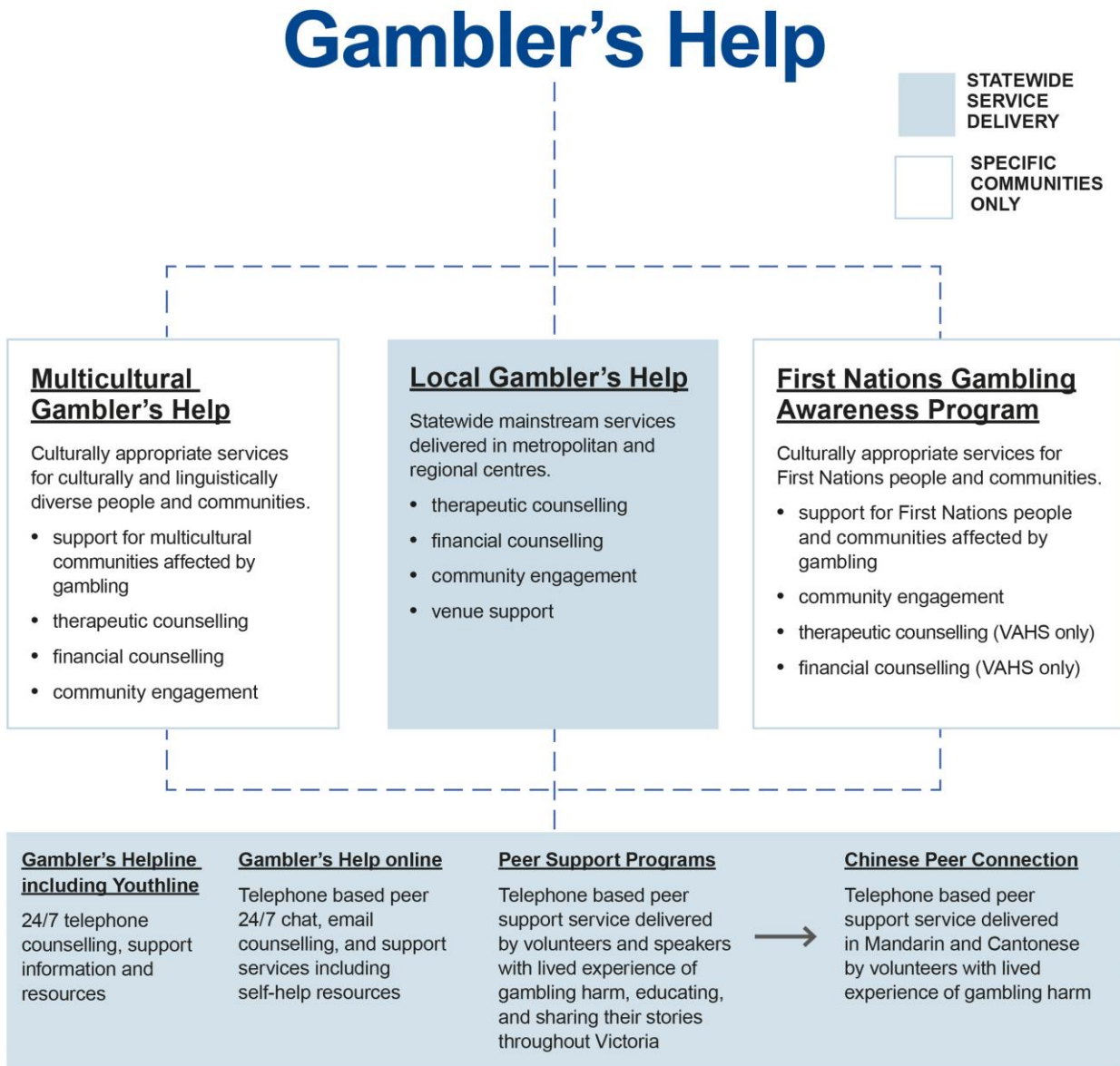
Gambler's Help principles

The Gambler's Help service delivery model is underpinned by 5 domains and 10 principles to reflect the values essential to delivering a quality service to all Victorians experiencing or at risk of experiencing harm from gambling. Agencies must ensure that their service delivery reflects these principles.

These principles form the basis of the Key Performance Indicators (KPIs) and secondary measures (refer to Performance management page 25). The 5 domains and principles are:

1. People-centred
 - Support is based on people's needs and preferences
 - People have choice and control about the support they access
2. Accessible
 - Services are available to all people residing in Victoria
 - Support is culturally sensitive and appropriate
3. Quality controlled and effective
 - Programs are evidence informed, guided by best practice (refer to practice guidelines)
 - All counselling services are delivered by a qualified and experienced workforce
4. Flexible and efficient
 - Programs are responsive to emerging individual and community needs

- Counselling services are responsive throughout the intake and case management process and adapt and tailor to client needs
5. Integrated
- People are supported to transition seamlessly between different health services
 - Strategic partnerships are formed in local areas to ensure gambling harm is identified and responded to, recognising that gambling harm does not occur in isolation



4. Local Gambler's Help Program

The Local Gambler's Help program delivers mainstream services across the state that include:

- Therapeutic counselling
- Financial counselling
- Recovery Assistance Program (RAP) (administered through Therapeutic and Financial counselling services).
- Community Engagement Program
- Be Ahead of the Game (School Education Program)
- Venue Support Program

The Local Gambler's Help program is an integral part of the broader Gambler's Help service system aimed at improving the health and wellbeing of the Victorian community through the delivery of local prevention, early intervention, treatment, and support to reduce gambling harm.

The Local Gambler's Help program provides funding to 11 community organisations (funded partner agencies) covering 15 metropolitan and regional catchments across Victoria. Refer to Gambler's Help program [website](#) for more information on agencies and catchments.

Therapeutic Counselling

Overview

Gambler's Help Therapeutic counselling includes specialist, evidence-based support appropriate for individuals and affected others, such as families, experiencing gambling harm. Counselling may be delivered one-on-one, within families and/or in groups.

Close working relationships and robust referral procedures between Therapeutic Counsellors, Financial Counsellors, and other treatment professionals (for example in mental health, alcohol and other drug dependency, and generalist counselling) are critical for delivery of an integrated, holistic, person-centred approach.

Scope of activity

Activities include:

- Initial identification and intake to identify individual needs based on their presenting issues ensuring timely access to gambling-specific services and supports
- Counselling services including assessment of the client needs throughout the service period, providing information about the range of support options available and facilitating referrals to other intra or inter-agency services tailored to the client's needs
- Follow-up with all clients at agreed intervals to encourage and maintain engagement, and reinforce positive behaviour change
- Support to individuals accessing self-exclusion, including treatment provision to those who have signed a self-exclusion deed
- Secondary consultation and/or co-counselling with other health clinicians when required, including providing specialist input into care planning and co-ordination undertaken by other agencies

- Initial referral and secondary consultation with the Alfred’s Gambling Minds team for complex clients or clients presenting with mental health issues
- Peer and group support programs for those affected by gambling harm
- Provision of Recovery Assistance Program (RAP) in accordance with these guidelines (refer to page 12)
- Administration of the Client Outcomes Survey 1 (COS 1) in accordance with these guidelines (refer to page 16)
- Use of interpreter services to support people who prefer to speak a language other than English (refer to ONCALL interpreting service on page 12)
- Participation in service promotion activities, including raising awareness of Gambler’s Help programs and services with community groups and health/community workforces - provided the work remains within 15% of agency’s core service hours
- Using an integrated intake system to ensure a holistic person-centred approach.

Service hours and mode of service delivery

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

- Face-to-face counselling, delivered at designated locations and/or through outreach services
- Remote scheduled counselling, including telephone and / or web counselling sessions
- After-hours access to counselling services

Workforce requirements

Service Type	Required
Therapeutic Counselling and Clinical Supervision	<p>Those providing counselling must hold relevant tertiary qualifications, have relevant counselling experience and be eligible for membership/registration with one of the following:</p> <ul style="list-style-type: none"> • Provisional registration with the Psychology Board of Australia • Registration with the Australian Health Practitioner Regulation Agency (AHPRA) in the National Board category of Psychology Board of Australia or Nursing & Midwifery Board of Australia • Full, graduate or Accredited Mental Health Social Worker (AMHSW) membership with the Australian Association of Social Workers (AASW) • Membership with Psychotherapy and Counselling Federation of Australia (PACFA) in the Clinical, Academic or Provisional categories; or • Level 2, or higher, membership of the Australian Counselling Association. Clinical Supervisors must be a current accredited supervisor with one of the following organisations: <ul style="list-style-type: none"> – AHPRA/APS (www.psychologyboard.gov.au/Registration/Supervision.aspx) – AASW (https://www.aasw.asn.au/document/item/6027) (Access to this link requires an active AASW membership and log in) – PACFA (https://www.pacfa.org.au/portal/Membership/Accredited-Supervisor/Portal/Membership/Accredited-Supervisor.aspx)

Financial Counselling

Overview

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

Financial crisis is often a reason for clients to engage with delivery partners, making financial counselling an important entry point into Gambler’s Help. Close working relationships and robust referral procedures between Financial Counsellors, Therapeutic Counsellors, and other treatment professionals (for example in mental health and alcohol and other drug dependency) are critical for delivery of an integrated, holistic, person-centred service.

Scope of activity

Activities may include:

- Counselling and support for individuals, groups and families including provision of information and options
- Follow-up with all clients at agreed intervals to encourage and maintain service engagement, reinforce positive changes and achievements, and support re-engagement with services if required
- Provision of the RAP in accordance with these guidelines (refer to page 12)
- Administration of the COS 1 in accordance with these guidelines (refer to page 16)
- Use of interpreter services to support people who prefer to speak a language other than English (refer to ONCALL interpreting service on page 12)
- Participation in service promotion activities, including raising awareness of Gambler’s Help services with community groups and health/community workforces - provided the work does not exceed 15% of agency’s core service hours

Service hours and mode of service delivery

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

- Face-to-face counselling, delivered at designated locations and/or through outreach services
- Remote scheduled counselling, for example telephone and /or web counselling sessions
- After-hours access to counselling services

Workforce requirements

Service Type	Required
Financial Counselling	Those providing financial counselling must be eligible for membership of Financial Counselling Victoria (FCViC).

5. ONCALL Interpreting Service

Gambler's Help funding includes the ONCALL Interpreting service to provide access to telephone, onsite and video interpreting for clients of Gambler's Help services.

Gambler's Help services have access to the ONCALL Service booking and management system (NextGen) and may book an interpreter through this system or via telephone on-demand interpreting services. Please email clientservices@oncallinterpreters.com to register or speak to your Advisor for further details.

6. Recovery Assistance Program (RAP)

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

Scope of activity

RAP is available to individuals engaged in Gambler's Help services - therapeutic counselling or financial counselling - and clients must undertake financial assessment/s to be eligible for the program.

The implementation of the RAP follows two key principles:

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

RAP Requirements

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

Table: RAP Eligibility, Requirements and funding limit

Stream Requirements	Eligibility	Maximum amount per household per 12-month period
Individual with a gambling-related issue	Client is: <ul style="list-style-type: none"> • undertaking Gambler's Help therapeutic counselling or financial counselling • participating in a financial assessment by the Financial Counsellor 	\$2500
Affected other	Client is: <ul style="list-style-type: none"> • participating in a financial assessment by the Gambler's Help Financial Counsellor 	\$2500

Stream Requirements	Eligibility	Maximum amount per household per 12-month period
Family, which may include a person with a gambling problem and/or a family member and one or more children	Client is: <ul style="list-style-type: none"> undergoing a financial gambling assessment by the Gambler’s Help Financial Counsellor registered on GH Connect. 	\$3500

Financial assessment

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

An assessment should determine that the client:

- Demonstrates financial need arising from gambling harm
- Is not able to overcome financial problems by drawing on their own financial resources
- Shows signs that they are in crisis and may resort to gambling hoping of winning money to escape the financial crisis

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

Expenditure authorisation for Therapeutic and Financial Counsellors is detailed in table: *RAP categories of expenditure and authorisation*.

RAP categories of expenditure

RAP payments categories of expenditure and authorisation – refer to table 7.4.1.

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

Table: RAP categories of expenditure and authorisation

Expenditure category	Item	Authoriser Therapeutic Counsellor (TC) Financial Counsellor (FC)
Vouchers (up to \$500 per client per 12 months)	Supermarket voucher (food) Retail voucher (clothing) Petrol voucher (transport-related) Public transport payment/voucher (transport-related) Taxi vouchers (transport-related) Chemist voucher	TC or FC

Expenditure category	Item	Authoriser Therapeutic Counsellor (TC) Financial Counsellor (FC)
Bills/utilities	Unpaid bills only Note: Bills are defined as a third-party payment for essential household expenses only, e.g. gas, electricity, and water bills	FC
Transport-related	Vehicle registration payment Contribution toward vehicle repairs Vehicle loan repayment	FC
Housing and accommodation related	Contribution to rent arrears payment or mortgage payments Bond payment or contribution to rent-in-advance related to moving into new rental accommodation Municipal rates instalment (where penalty interest applies) Essential repairs and essential household items, including whitegoods and bedding	FC
School-related expenses	Payment of school education books Payment of school uniforms, excursions, extraordinary school activities, fees, etc.	FC
Medical/dental expenses	Balance of essential medical expenses (gap payment), for which a Medicare or private health insurance rebate has not been received Note: Refer to TC application to apply discretion page 13	TC or FC
Supporting family recovery and community (re)connection (financial assessment required)	Expenses relating to building and/or maintaining family and community re(connection) Note: Refer to page 15	TC
	Expenses for recreational alternatives to improve protective factors i.e. social connection, knowledge and skills. For example, costs associated with art classes or reimbursement of costs for second hand laptops, etc.	TC

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

- the rationale for providing RAP payments should be fully documented in the client's record
- a financial assessment conducted by the Financial Counsellor
- Gambler's Help Program Manager to approve the payment.

Partner agencies are advised to consult the RAP exclusions list below.

Supporting family recovery and community (re)connection

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

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

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

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

RAP exclusions

The following items are excluded from RAP payment:

- Reimbursement of paid bills, including reimbursement of payments made via credit card
- Consolidation of debts, including taxation, personal loans, etc
- Non-essential items, such as insurance premiums (including health insurance), subscription television services, newspapers, magazines etc
- Professional fees, for example, accountants', architects' or legal fees
- Purchase of external counselling services for clients
- Business operating expenses
- Any agency operational expense or capital purchases
- Payment of 'loan shark' debts

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

Recording of RAP

RAP recipients must be registered on with their complete name, address, and date of birth. The use of pseudonyms or anonymous registrations are not permitted. The services provided must be recorded on the GH Connect¹ RAP case page, for each occasion RAP is provided.

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

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

Administration of RAP, including recording of all payments, is conducted via GH Connect. RAP is subject to regular independent audits.

7. Client Outcomes Survey measurement

Overview

The Client Outcomes Survey (COS) is used to generate information about the effectiveness of therapeutic and financial counselling in the treatment and support of people experiencing gambling harm.

Gambler's Help uses the COS information to inform practice and research into the effectiveness of treatment, as well as demonstrate the value of this service for ongoing funding. Ideally, the COS is administered to each client, three times over a six-month period through the COS1, COS2 and COS3.

Client Outcomes Survey 1 (COS1)

The initial survey, referred to as COS1, is administered by either a Financial or Therapeutic Counsellor or intake worker just prior to or during the client's initial counselling session. This survey acts as a baseline measure of the client's wellbeing before they embark on treatment.

The COS1 is a key performance measure for Local Gambler's Help services. It is expected that COS1 is recorded within GH Connect.

Refer to Appendix 4 for printable copies of COS1.

The COS1:

- is administered by either a Financial or Therapeutic counsellor, or intake worker at Local Gambler's Help agencies
- is administered to clients, immediately prior to or during the first scheduled counselling appointment
- can be completed via telephone or in person

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

- is entered on GH Connect, either directly or transferred from the paper form within two weeks of being administered to the client.
 - Note: the completion date entered into GH Connect should be the date the client completed COS1.

The COS may be delayed in the event the client is unable or unwilling to complete the survey, or due to the clinical judgement of the counsellor or intake worker.

Further details are available on the Professionals Extranet at:

<https://responsiblegambling.vic.gov.au/for-professionals/extranet/gh-connect/> or in the GH Connect user manual at: connecthelp.vrgf.vic.gov.au.

Client Outcome Survey 2 and 3 (COS2 & 3)

The COS2 and COS3 act as a measure of client change over time. Both surveys are administered through the Gambler's Help Line service. If additional information is required to enable the completion of the COS2 or COS3, Local Gambler's Help agencies will be contacted directly by the Gambler's Help Line for assistance.

Both the COS2 and COS3 offer pro-active follow-up with clients after initial engagement with a Local Gambler's Help service, to seek client outcomes and client satisfaction, encourage and maintain service engagement, reinforce positive changes and achievements, and support reengagement with services if required.

Data collected in GH Connect is made available to Local Gambler's Help agencies to support service improvement.

COS2

- The COS2 is administered at three months after the initial COS1 survey
- In addition to outcomes data, the COS2 collects data of clients experience of Local Gambler's Help services
- In completing the COS2, clients may be reconnected with available services if required.

Data recorded in GH Connect relating to client satisfaction (COS2, Part 3) can be accessed by Local Gambler's Help services to assist with further management and improving the client experience.

COS3

- The COS3 is administered at six months after the initial COS1 survey and contains the same questions as COS1
- In completing the COS3, clients may be reconnected with available services if required.

8. Community Engagement Program

Overview

The Community Engagement Program aims to support the flexible delivery of activities that raise awareness of the risks and harms associated with gambling, promote Gambler's Help services, and deliver broader prevention activities with a focus on at-risk populations.

Community engagement activities are underpinned by public health promotion approaches. They draw on health promotion principles to achieve reach, impact and outcomes through integrated partnerships and collaborations with other community and health organisations within local catchments.

Program planning within the community engagement model allows agencies to develop annual plans which cover target groups in their catchment, evidence for working with those groups and how this work will be delivered and evaluated. Agencies then implement their annual community engagement plans each year and submit mid-year and annual reports to the Department of Health, Gambling Harm Response Unit (GHRU).

Agencies are encouraged to build on existing programs, partnerships, and networks as part of their community engagement work.

As part of the program evaluation, partner agencies need to facilitate standardised survey questions available through a dedicated online platform (Survey Methods) or as directed by Gambler's Help Advisors. Data collected from community engagement activities via hard copy surveys will need to be entered Survey Methods by agencies. Data from surveys completed online will automatically be processed through the Survey Methods platform.

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

Deliverables

The deliverables of community engagement are to:

- Improve community knowledge of the potential risks and harms of gambling, particularly for at-risk populations
- Promote Gambler's Help services as a way of increasing awareness of help services and increasing help-seeking
- Build the confidence of community members and professionals to prevent or address gambling harm
- Build and strengthen catchment-based partnerships with organisations across the health and community sectors

Scope of activity

Community engagement may include the following:

- Raise awareness of the harms and risks of gambling. Undertake activities across the catchment that build community knowledge and understanding of gambling risks and harms. This could include attending local events, local speaking engagements, or sharing messaging via digital or local media platforms.

- Promotion of Gambler's Help services. Undertake local activities that promote help-seeking, address the stigma associated with help-seeking and increase awareness of Gambler's Help services. This may include working with other organisations that deliver support services to establish referral pathways to Gambler's Help.
- Build capability to prevent or address gambling harm. Deliver activities that increase the confidence of community members and professionals to take action. This may include facilitating community workshops or delivering professional development events with workplaces.
- Address the key drivers of gambling harm. Undertake prevention activities that address the drivers of gambling harm in key settings, locations and with at-risk populations. This could include working with other organisations to deliver recreation and other activities which reduce social isolation and provide alternatives to gambling for at-risk groups.
- Build strategic local partnerships. Undertake relationship-building with community and health sector organisations to increase understanding of gambling harms and knowledge of Gambler's Help services, and to foster cross-sector collaborations across the public health continuum.

9. School Education Program

Agencies will deliver the 'Be Ahead of the Game' School Education Program and are encouraged to participate in the Department of Health's project based working groups to support the ongoing development and implementation of any new programs, initiatives and resources as required.

School Education Program Objectives:

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

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

- Co-educational
- Single sex
- Specific purpose (for schools that provide an alternative educational program or educational focus)
- Specialist (for schools that cater mainly for students with disabilities or with social, emotional, or behavioural difficulties).

Such schools need to be listed on the state register of Victorian Registration and Qualifications Authority (VRQA).

As TAFE's and vocational providers such as SEDA are fundamentally aligned to VRQA (i.e. are registered schools), programs sessions delivered in these educational institutions should also be entered as SEP data in GH Connect.

Youth groups and other similar groups that are not directly aligned/facilitated by a registered educational provider (i.e. do not meet the definition of state, catholic, independent schools, TAFE,

etc.) should not be entered as SEP data in GH Connect. However, this activity can be acknowledged within an agency’s community engagement report.

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

All activities for the program should be recorded into GH Connect, this includes:

- Schools engaged (this is defined as a school that has an education session delivered)
- Sessions delivered (including, teacher, student and parent; with information regarding session type/name, year levels, and participation numbers)
- Timesheet for each activity
- Qualitative (survey forms)

As part of the program evaluation, partner agencies will need to facilitate standardised survey questions and the respective data will need to be entered into a dedicated online platform (Survey Methods) for all sessions delivered to school students, including teacher feedback surveys and parent sessions.

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

Service hours and mode of service delivery

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

Workforce Requirements

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

10. Venue Support program

Overview

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

The Venue Support program provides training to gaming venue staff so they can better identify and respond to patrons displaying signs of gambling harm. The program:

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

Objectives

The objectives of the Venue Support program are to:

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

Scope of activity

Venue Support includes a range of activities undertaken in collaboration with gaming venues, which at a minimum must include:

- Provision of RSG and associated face-to-face training to venue staff which ensures compliance within regulatory timeframes. Currently, all gaming staff are required to complete a standardised RSG course of four training modules, however the scope or content of prescribed RSG training may change during the funding period.
- Provision of formal meetings with management and Responsible Gambling Officers of all gaming venues within funded catchments at least once every six months to allow the venue to meet current Responsible Gambling Code of Conduct regulatory requirements.
- Provision of training and support to enable venue staff to develop and maintain the skills, knowledge and confidence to identify and respond to signs of gambling harm. This includes enabling support for patrons to access Gambler's Help, YourPlay and self-exclusion programs.
- Supporting venues and encouraging safer gambling environments by promoting best practice approaches within gaming venues and encouraging continuous improvement. This includes regular meetings with venue management and support for the implementation of best practice harm reduction activities both associated with and outside the Responsible Gambling Codes of Conduct

- Programmatic record keeping and data entry, both RSG and associated training and GH Connect service reporting must be completed regularly and in line with direction from the Department of Health.

Service hours and mode of service delivery

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

Workforce Requirements

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

11. Gambler’s Help Line and Youthline

Overview

The Gambler’s Help Line is a 24-hour, 7 days per week telephone service that provides brief counselling, support, information, and referrals. The service is available to anyone in Victoria.

The Gambler’s Help Line and Youthline aim to minimise the personal, health and social impact for individuals and families experiencing gambling harm through the provision of brief therapeutic telephone interventions.

Scope of activity

The key deliverables include:

- Immediate help and support 24 hours a day, seven days a week, that is free and confidential
- Brief counselling intervention – which may include supporting the individual to recognise and understand their own or someone else’s gambling behaviour, and assist people with their immediate crises or concerns
- Referrals to Local Gambler’s Help agencies – seamless electronic facilitated referrals through GH Connect to Gambler’s Help services
- Information provision – which may include resources and advice on the range of help options available, including Gambler’s Help and other health and community options, provided verbally as well as by post and email
- Specialist support for young people – a dedicated Gambler’s Help Youthline for young people affected by gambling, whether it relates to their own gambling or the gambling of a family member or friend
- Use of interpreter services to support people who prefer to speak a language other than English

Workforce Requirements

Service Type	Required
Gambler’s Help Line counsellors	Relevant tertiary qualifications and relevant counselling experience, and <ul style="list-style-type: none"> • content-related tertiary qualification • a minimum of 12 months working in face-to-face, telephone-based counselling or other telehealth delivery mode • Internal service provider gambling harm training program

12. Gambler's Help Multicultural Program

Overview

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

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

The MCP provides funding to 6 community organisations (agencies) covering the state, as well as Settlement Services International (SSI) - a statewide multicultural service. Refer to Gambler's Help program [website](#) for more information on agencies and catchment.

Services are offered in multiple languages via an interpreter and in English with support from bi-cultural workers from a range of cultural backgrounds, speaking several languages.

The Statewide Multicultural Service is intended to complement other Gambler's Help services and assist clients to receive culturally appropriate support via:

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

Objectives

Provide culturally appropriate services to multicultural communities to:

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

Scope of activity

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

- Provide culturally appropriate therapeutic counselling and support services (which may include casework, group counselling and financial counselling)
- Provide supported referral or co-consultation within Gambler's Help network, or to other health and welfare service providers
- Community development – bringing together community members in ways that enable them to take collective action to mitigate gambling harm

- Culturally appropriate education and awareness raising – delivering culturally appropriate forums, sessions and publications that engage communities in contemplation and discussion of gambling harm and mitigation strategies including help seeking.
- Cross-sector relationship and partnership development – building relationships with local organisations in areas of client service delivery, education provision and community development, including local Gambler’s Help, other funded gambling harm prevention and peer support projects, other health, education and welfare service providers and other community organisations.
- A flexible funding program (Statewide Multicultural Service only) – providing small funding amounts to other organisations to deliver small community awareness activities about gambling harm.

Service hours and mode of service delivery

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

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

Workforce Requirements

<p>Minimum qualification requirements</p> <p>All staff delivering the Multicultural Gambler’s Help services must have:</p> <ul style="list-style-type: none"> • Appropriate cultural knowledge and networks within the community in which they work • Expertise regarding the interplay of issues that add complexity to migrant and refugee communities’ experience of gambling harm • Capacity to integrate gambling harm prevention services within family, community, counselling, or other health support programs.
<p>Culturally appropriate gambling harm support service</p> <p>Counsellors supporting psychological or social wellbeing (therapeutic counsellors) must meet the following requirements:</p> <ul style="list-style-type: none"> • Relevant tertiary qualifications and relevant counselling experience, and eligibility for or actual: <ul style="list-style-type: none"> – Registration with the Australian Health Practitioner Regulation Agency (AHPRA) in National Board categories of Psychology Board of Australia or Nursing & Midwifery Board of Australia, or – Full, graduate or Accredited Mental Health Social Worker (AMHSW) membership with the Australian Association of Social Workers (AASW), or – Provisional, Academic or Clinical registration with Psychotherapy and Counselling Federation of Australia (PACFA), or – Level 2, or higher, membership of the Australian Counselling Association. • Receive clinical supervision provided in-house or externally paid for by their employer. Clinical supervisors must be a current accredited supervisor with one of the following organisations: <ul style="list-style-type: none"> – AHPRA/APS (www.psychologyboard.gov.au/Registration/Supervision.aspx) – Australian Counselling Association (https://www.theaca.net.au/become-a-supervisor.php) – AASW (www.aasw.asn.au/practitioner-resources/supervisionstandards) – PACFA (https://www.pacfa.org.au/portal/Membership/Accredited-Supervisor/Portal/Membership/Accredited-Supervisor.aspx)

Minimum qualification requirements
If you employ counsellors not meeting these requirements, you must demonstrate their relevant qualifications and counselling experience. Their inclusion in the program will be subject to consultation with and approval from us. Financial counsellors must meet eligibility requirements for membership of FCVic.
Culturally appropriate community education, engagement, and development service Health promotion, public health or community development qualifications are preferable but not mandatory. Clinical qualifications (for example, as a therapeutic counsellor) may be appropriate in some circumstances.
Flexible funding program (Statewide Multicultural Service only) Appropriate financial delegation to manage funds.

13. Peer Support Programs

Overview – Peer Connection Programs

The Peer Connection program and Chinese Peer Connection program provide free, telephone-based, non-crisis, confidential peer support services across Victoria to those impacted by gambling harm, including gamblers, friends, and family members. These services are delivered by trained volunteers who have lived experience of gambling harm.

Objectives

The Peer Connection telephone support services:

- Provide peer support for people experiencing gambling harm, through building respectful relationships and strong rapport
- Offer ideas to assist people, who are either directly or indirectly impacted on how to manage gambling harm
- Empower people to take control over their gambling by increasing their self-efficacy, psychological wellbeing, and social connectedness
- Empower affected others to take back control over their own lives
- Complement or suggest other treatment interventions

Scope of activity

The Peer Connection program operates out of Banyule Community Health in West Heidelberg.

The Chinese Peer Connection program operates out of EACH in Box Hill and is delivered in Mandarin, Cantonese, and English.

Peer Connection services are available to anyone experiencing gambling harm, with the caveat that Chinese Peer Connection is suited to Chinese-speaking people or members of the Chinese community who speak English, Cantonese, or Mandarin.

The programs are not intended to service people in crisis, who would be better serviced by professional health care providers than volunteers.

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

- Service promotion and marketing
- Building of networks and partnerships
- Development of program tools and resources
- Training, development and support of volunteers
- Development of appropriate client pathways including intake, assessment, and referrals

Peer Connection services include provision of information about other Gambler’s Help services, however, do not provide professional counselling. Callers do not need to be registered clients of Gambler’s Help services to access Peer Support services.

Service hours and mode of delivery

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

Workforce Requirements

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

Service Type	Minimum qualifications / competencies
Co-ordinator	<ul style="list-style-type: none"> • Access to clinical supervision to be provided in-house or externally paid for by their employer as required • Counselling, social work, psychology or other related qualifications are desirable • For Chinese Peer Connection only – fluency in speaking, reading and writing in Mandarin and/or Cantonese
Promotion worker	<ul style="list-style-type: none"> • Health promotion, public health or community development qualifications are desirable t • For Chinese Peer Connection only – fluency in speaking, reading and writing in Mandarin and/or Cantonese.

Overview – ReSPIN Gambling Awareness Speakers Bureau (ReSpin)

ReSPIN recruits, trains, and supports people impacted by gambling harm (theirs or someone else’s). They then share their lived experience in a community education context with health, community, ethnic, sporting, and local government organisations.

Objectives

- To provide tailored presentations to community groups, not-for-profit agencies, at commercial and not-for profit training events and conferences, throughout Victoria, by speakers with lived experience of gambling harm
- The recruitment, training and ongoing support of a diverse pool of volunteer speakers. This support includes the provision of professional development opportunities, appropriate briefing and debriefing sessions before and after speaking engagements, ensuring clinical governance and implementation of established models for consumer engagement and volunteer recruitment. These measures aim to develop a well-trained team of speakers, capable of effectively sharing their lived experience stories and insights.

Scope of activity

By sharing their personal stories, ReSPIN speakers aim to raise awareness of gambling harm, address stigma associated with gambling and enhance community knowledge and understanding of gambling as a public health issue. Speaking engagements are delivered to a wide range of audiences across Victoria, including community groups, professionals, TAFE, and university settings.

A key component of managing the ReSPIN program is the recruitment, training, and ongoing support of a pool of volunteer speakers. This includes the provision of personal and/or professional development opportunities, appropriate briefing and debriefing before and after speaking engagements, clinical governance, and established models for consumer engagement/volunteer recruitment.

Service hours and mode of delivery

ReSPIN activities are dependent on the requests that the program receives for services. It is expected that ReSPIN will attempt to meet the service requests, wherever possible.

- To engage with individuals, some activities may be performed outside of standard business hours
- ReSPIN sessions can be delivered either face-to-face or via online sessions (including teacher, student, and parent)

Workforce Requirements

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

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

14. First Nations Gambling Awareness Program

Overview

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

- Improve individual and community capacity to reduce gambling-related harm
- Minimise the family, cultural, health, social and financial harms that arise for an individual from gambling
- Improve individual and community wellbeing, including risk and protective factors for gambling harm

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

The Department of Health supports and funds a network of First Nations Gambling Awareness Programs operated by Aboriginal Community Controlled Health Organisations (ACCHOs) and First

Nations organisations in metropolitan and regional Victoria to deliver these services. Refer to Gambler's Help program [website](#) for more information on agencies and catchment.

Scope of activity

Agencies will deliver the First Nations Gambling Awareness Program activities within a specified geographical catchment. Activities will include:

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

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

The First Nations Gambling Awareness Program and Local Gambler's Help will meet regularly to share knowledge and improve inter-agency referrals. This may include to facilitate access to RAP for eligible clients and may involve attending appointments with clients to improve client outcomes.

Local Gambler's Help services will give priority to all RAP referrals from the First Nations Gambling Awareness Program.

15. Performance Management

Overview

The Department of Health has Service Agreements with Gambler's Help service providers where progress against planned service delivery and operation requirements are monitored.

Objectives

Performance management of Gambler's Help services:

- Ensure accountability and transparency in the use of public funds
- Drive achievement of intended program goals and client and community outcomes
- Promote a culture of continuous quality improvement in the planning, design and delivery of services
- Contribute to an evolving evidence base on effective services and education interventions and activities

Performance monitoring

Performance monitoring is an important part of the quality assurance process to ensure that Gambler's Help activities are being delivered in a way that meets expectations. This is done via regular engagement between Gambler's Help Advisors and funded agencies including formal six- and twelve-month reviews, informal meetings, electronic communication and the submission of reports and other information as needed.

Performance measurement

Performance measurement allows the Department of Health and funded agencies to track and guide progress towards achievement of program goals and outcomes. Key Performance Indicator's (KPIs) and secondary measures make up the performance measures for Gambler's Help services, which are based on service delivery used to assist with data collection for quality improvement purposes. These measures are based on the principles that underpin the Gambler's Help service delivery model (or key domains) which include people-centred, accessible, quality controlled and effective, flexible and efficient and integrated.

The KPIs include set targets for each activity, refer to 'Performance measures' below (section 15).

Performance reporting

Performance reporting allows funded agencies to highlight key achievements and challenges in service delivery, acquit contractual obligations and identify ways in which the Department of Health could further support the achievement of program outcomes.

16. Performance measures

Local Gambler’s Help services

Therapeutic Counselling and Financial Counselling – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Proportion of clients who report overall satisfaction with the service they received	85% of responses are ‘Yes’	Quarterly	Client Outcome Survey – COS2, Part 3 (GH Connect)
Flexible and efficient	Proportion of clients for whom Client Outcome Survey (COS) 1 is administered	80%	Quarterly	Client Outcome Survey – COS1 (GH Connect)
Flexible and efficient	Number of core service hours	See Funding Agreement	Quarterly	GH Connect
Flexible and efficient	Case Objective completion	80%	Quarterly	GH Connect
Flexible and efficient	Case Outcome completion	80%	Quarterly	GH Connect
Accessible	Proportion of clients who report that the local service accommodated their access preferences	90% of responses are ‘Yes’	Quarterly	Client Outcome Survey – COS2, Part 3 (GH Connect)
Flexible and efficient	Percentage of clients who receive service within 5 Business days	96%	Quarterly	GH Connect

Therapeutic Counselling and Financial Counselling – Secondary Measures

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

Community Engagement (including School Education Program) – Key Performance Indicators

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

Venue Support Program – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Reported increase in knowledge and awareness by participants in Venue Support Program sessions	Average rating of at least 4.5/5.0 for post training effectiveness across all assessed knowledge domains	Quarterly	GH Connect
Quality controlled and effective	Delivery of Responsible Service of Gaming training to all venues annually	Catchment target based on number of EGM venues within the catchment (to be advised by the Dept. of Health)	Quarterly	GH Connect
Flexible and efficient	Number of venues visited and engaged in meetings with venue support worker, with at	Catchment target based on number of EGM venues within the catchment (to be	Quarterly	GH Connect

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
	least 2 dedicated meetings with venue management and 2 dedicated meetings with venues RGO’s per venue per year required	advised by the Dept. of Health)		
Flexible and efficient	Number of venues within the catchment participating in training	Catchment target based on number of EGM venues within the catchment (to be advised by the Dept. Of Health)	Quarterly	GH Connect

Venue Support Program – Secondary Measures

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Quality controlled and effective	Reported level of gaming venue engagement with the Venue Support Program	Quarterly	GH Connect
Quality controlled and effective	Effective spread of Venue Support Program training session content across all domains	Quarterly	GH Connect
Flexible and efficient	Number of Venue Support Program and Responsible Service of Gaming education sessions delivered	Quarterly	GH Connect
Flexible and efficient	Number of Venue Support service hours	Quarterly	GH Connect

Gambler’s Help Line and Youthline

Gambler’s Help Line and Youthline – Key Performance Indicators

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

* denotes caller with a gambling-related concern

Gambler’s Help Line and Youthline – Secondary Measures

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Flexible and efficient	Proportion of telephone calls responded to	Quarterly	Help Line provider
Accessible	Delivery of activities to build on the cultural competency of the Help Line to increase access of vulnerable and at-risk groups, as outlined in agreed service proposal	Half-yearly	Reporting template
Integrated	Proportion of clients* who are offered a facilitated referral to local or specialist Gambler’s Help services	Quarterly	GH Connect
Integrated	Reasons for not offering facilitated referrals to clients*	Quarterly	GH Connect
Integrated	Proportion of clients* who are provided information about Gambler’s Help services	Quarterly	GH Connect

* denotes caller with a gambling-related concern

Multicultural Gambler’s Help

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

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Flexible and efficient	Number of clients	Six-monthly	GH Connect
Flexible and efficient	Case Objective completion	Six-monthly	GH Connect
Flexible and efficient	Case Outcome completion	Six-monthly	GH Connect
Quality controlled and effective	Increased sense of hope, control and purpose	Six-monthly	Reporting template

Community Engagement – Performance Measures

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Flexible and efficient	Number of participants in community engagement activity	Six-monthly	Reporting template
Quality controlled and effective	Participants report an increased awareness of risks and harms	Six-monthly	Reporting template

Domain / Principle	Performance measure	Reporting frequency	Reporting source
Quality controlled and effective	Participants report an increased awareness of help services	Six-monthly	Reporting template
Quality controlled and effective	Increase and strengthening of partnerships with health and community organisations and local government	Six-monthly	Reporting template
Quality controlled and effective	Increased resilience to the risks of harm	Six-monthly	Reporting template

Peer Support Programs

Peer Connection Program and Chinese Peer Connection Program – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Proportion of participants who report feeling more hopeful about the future	85%	Annually	PCP/CPC Client outcome survey reported on data sheet
Quality controlled and effective	Proportion of participants who report that their situation has improved	85%	Annually	PCP/CPC Client outcome survey reported on data sheet
Quality controlled and effective	Proportion of participants are satisfied with the service received	85%	Annually	PCP/CPC Client outcome survey reported on data sheet
Quality controlled and effective	Proportion of volunteers who are satisfied with the formal training and support from staff that they receive	85%	Annually	PCP/CPC Client outcome survey reported on data sheet

Peer Connection Program and Chinese Peer Connection Program – Performance Measures

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

ReSPIN – Key Performance Indicators

Domain / Principle	Key Performance Indicator	Target	Reporting frequency	Reporting source
Quality controlled and effective	Proportion of speakers who are satisfied with the formal training and support from staff that they receive	85%	Annually	ReSPIN Speaker survey reported on data sheet
Quality controlled and effective	Proportion of audience reporting increased awareness of gambling harm, following presentations	85%	Annually	Reported on data sheet

ReSPIN – Performance Measures

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

17. Performance reporting

To assist with performance reporting, the case management system Gambler's Help Connect (GH Connect) supports the collection and reporting of KPIs and secondary performance measurement data, except where other reporting sources are indicated in Section 15 Performance measures. For further information on GH Connect refer to Appendix 4 Other Gambler's Help and supports.

Funded agencies are expected to complete data entry within one week of reportable activity taking place to ensure that reports monitored contain current data.

The reporting schedule for many of the program measures correspond with the months in the following table.

Table: Schedule of reporting timelines.

Quarter	Corresponding period	Reports due
1	July to September	Q1, annual plan / annual review
2	October to December	Q2
3	January to March	Q3, mid-year review
4	April to June	Q4

All funded agencies are also required to submit their Financial Accountability Requirements to the Department of Health as detailed below.

Financial Accountability Requirements (FAR), risk attestation and quality accreditation

Report	Due date
<p>Annual Certification A certified statement by an officer authorised by the organisation declaring the organisation’s financial position and adherence to the Agreement (i.e. Chief Executive Officer, Chief Financial Officer, Board or Committee of Management) – A template will be provided by Department of Health.</p>	1 October Annual
<p>Annual Income and Expenditure Report An income and expenditure statement certified by an authorised officer of the Organisation (i.e. Chief Executive Officer, Chief Financial Officer, Board or Committee of Management) relating to the expenditure of the funds paid under this Agreement – a template for guidance will be provided by Department of Health. A Recovery Assistance Program Income & Expenditure statement certified by an authorised officer of the Organisation (i.e. Chief Executive Officer, Chief Financial Officer, Board or Committee of Management).</p>	1 October Annual
<p>Annual Report The Organisation’s annual report, including financial statements</p>	1 October Annual (or within a week of the AGM)
<p>Risk Attestation The Organisation must provide a Risk Attestation signed by an authorised officer of the organisation (i.e. Chief Executive Officer, Board or Committee of Management). A template will be provided by Department of Health.</p>	1 October Annual
<p>Quality Accreditation The Organisation will provide a copy of their accreditation certificate within 10 days of receipt from the Organisation’s independent review body. If a certificate is not available, the Organisation will provide a copy of the executive summary of the report they receive from the independent review body, within 10 days of receipt.</p>	Within 10 days of receipt of the certificate

Local Gambler’s Help reporting

Local Gambler’s Help services are required to submit reports for each catchment, utilising program templates as directed by Gambler’s Help Advisors.

Report	Description	Frequency
All service delivery		
	<p>Performance reports Report on issues and actions to address impact on achieving service delivery targets during reporting period, submitted in response to data report provided by Department of Health. Current FTE and any vacancies must be included as part of the reporting</p>	
	Quarterly	
Community Engagement		
Annual plan	A 12-month community engagement plan including target groups, SMART* objectives, activities, partners, outputs and outcomes	Annually (31 August)

Report	Description	Frequency
Mid-year progress update	A progress update on the planned activities and outcomes contained in the annual plan, using template provided by Department of Health	Bi-annually (31 January)
Annual report	An annual report focusing on performance against the planned activities and outcomes contained in the annual plan, using template provided by Department of Health	Annually (31 July)

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

Gambler's Help Line and Youthline reporting

The Help Line is required to submit the following reports to the Department of Health each year:

Report	Description	Frequency
Service Plan	A 12-month service plan for helpline delivery outlining model of care, staffing and sector engagement using a template provided by the Department of Health.	Annually (31 August)
Mid-year progress	A progress report on Help Line service delivery, focusing on efforts and challenges to date	Annually (31 January)
Annual report	An annual report focusing on achievement against secondary performance measures and other qualitative information	Annually (31 July)

Multicultural Gambler's Help reporting

Multicultural Gambler's Help services are required to submit the following reports to the Department of Health:

Report	Description	Frequency
Service Plan (annual)	A 12-month service plan for counselling and casework (client) and Community Engagement (non-client), using template provided by the Department of Health	Annually (31 August)
Mid-year progress update	A progress report on Multicultural Gambler's Help service delivery, focusing on activities in the service plan, using template provided by the Department of Health	Annually (31 January)
Annual report	An annual report focusing on a summary of service performance against the planned activities and outcomes contained in the service plan, using template provided by the Department of Health	Annually (31 July)

Peer Connection and Chinese Peer Connection reporting

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

Report	Description	Frequency
Service Plan	A 12-month service plan, including outlining projects, service activities, anticipated outcomes and timeline	Annually (31 August)
Data Report	Report on service data, including performance measures as set out in reporting template provided by the Department of Health	Six-monthly (31 Jan, 31 July)

Report	Description	Frequency
Mid-year progress update	A progress report against the service plan including activities completed / not completed, outcomes achieved, discussion of emerging trends and next steps	Annually (31 January)
Annual report	An annual report against the service plan	Annually (31 July)

ReSPIN reporting

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

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

Appendix 1 - Practice Guidelines

These practice guidelines are intended to support specific aspects of service delivery for Gambler's Help services. Following the service system review the Gambler's Help service system will have a new service delivery model from financial year 2026/27. This will include new clinical practice guidelines and a state-wide model of care, which will be communicated to funded partners as part of the tender process once the current round of funding expires.

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

Appendix 2 - Public Health Framework

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

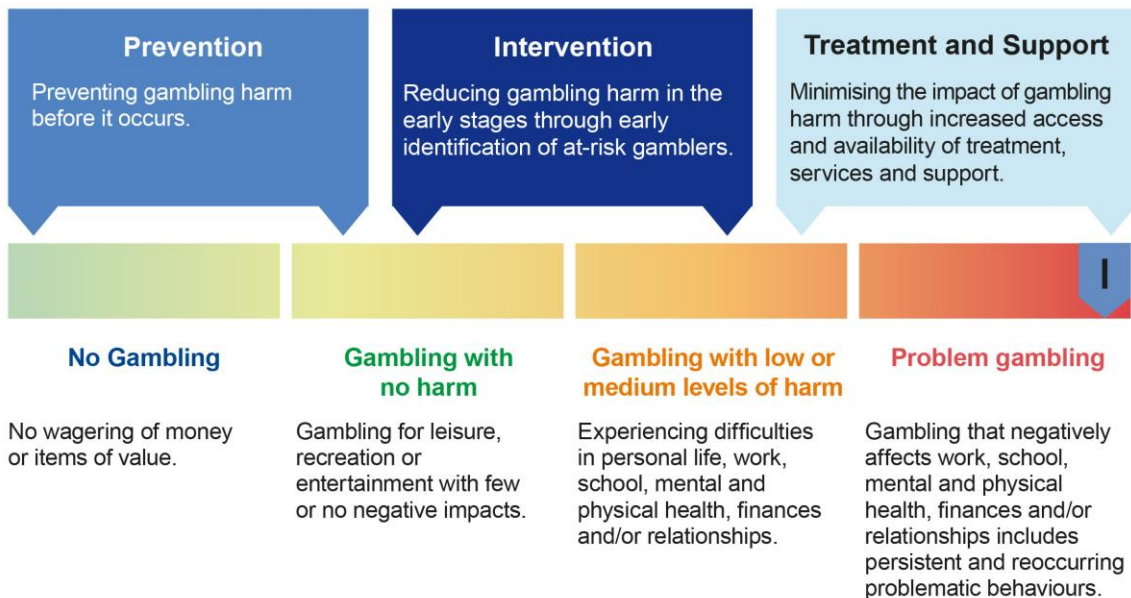
This employs multiple strategies to work towards achieving its mission of preventing and reducing gambling harm in Victoria. Strategies work to target the overall population and sub-populations that have been identified as being at risk of experiencing gambling harm. The diagram below outlines the continuum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

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

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

A public health framework for addressing gambling harm

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



Appendix 3 - Other Gambler's Help Programs and Supports

The Department of Health, Gambling Harm Response Unit (GHRU) provides strategic direction for the delivery of services, drives service improvement initiatives, and manages service performance and accountability requirements.

There is an expectation that reasonable direction provided by the GHRU on specific program delivery and elements be followed and implemented by Gambler's Help funded agencies. This aim is to work collaboratively to provide high quality services consistently achieving program goal and objectives across the state to reduce the impact on Victorian communities from gambling harm.

National Gambling Help Online

Overview

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

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

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

Objectives

Gambler's Help Online:

- Provide anonymous, free, confidential advice, counselling and support
- Assist individuals to manage gambling harms

Scope of activity

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

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

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

Gambler's Help Advisors

Gambler's Help Advisors (Advisors) are staff assigned as key contact people to each of the Gambler's Help funded agencies. Advisors offer direct support to Gambler's Help program staff providing support and relevant information to meet program objectives and deliverables, respond to direct programmatic related questions and provide expert program knowledge and information.

Network opportunities

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

- Gambler's Help Manager Meetings (for all Gambler's Help providers)
- Communities of Practice (focusing on specific areas, such as Clinical, Youth, Justice, Multicultural, etc)
- Community Engagement Network Meeting/Prevention Forums
- Venue Support Program Peer Network Meetings
- First Nations Gambling Awareness Program Network Meetings
- Multicultural Gambler's Help Network Meetings

Sector Development Hub

The Sector Development Hub coordinates and facilitates delivery of targeted best practice workforce development events such as online training and workshops for professionals, including clinicians, peer support workers, financial counsellors, and community engagement workers.

The strategic priorities are to:

- Foster community understanding of gambling harm
- Inform and deliver prevention and intervention activities
- Strengthen the funded service system

Because of the comorbid nature of gambling harm, the Department of Health liaises with a variety of stakeholders from the mental health, AOD and family/relationships sectors. Many of these stakeholders come from government, peak bodies, and the Not-For-Profit sectors. Focusing on the inter-relationship between mental health and gambling, these engagements are coordinated from the Hub.

Gambler's Help staff are encouraged to access the professional development activities available – refer to the [website](#) to see training and events available. Events are promoted via a range of communication channels for Gambler's Help funded agencies.

The Principal Clinical Advisor can provide advice and support on the delivery of clinical services.

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

Guidance for talking about gambling harm

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

Gambler's Help Managers Update

The Gambler's Help Managers Update is a regular email designed to provide updates and information to Gambler's Help Managers across Victoria. It is expected Gambler's Help Program Managers will forward relevant information to their Gambler's Help staff.

Collateral and merchandise

Gambler's Help staff have access to a range of materials to support their work in the community. Resources include promotional materials such as pens, brochures, bookmarks, factsheets and booklets. Materials can be ordered online at no cost to Gambler's Help agencies. One username and login are assigned to each funded agency. If agencies need any assistance contact your Advisor.

Media

If appropriate, Gambler's Help funded agencies are encouraged to engage with media to promote their services. Media often like to include a 'local angle' when talking about gambling issues, which can provide an ideal opportunity to talk about services. Advisors can assist Gambler's Help staff in responding to media enquiries and/or preparing for media interviews, including working with staff to develop key messages. Funded agencies are also encouraged to advise Department of Health (via your Advisor) if they have participated in media stories.

Gambler's Help Connect

Gambler's Help Connect (GH Connect) is a web-based case management system that enables and guides a common standard of service provision to clients and target groups of Gambler's Help services, specifically Local Gambler's Help, the Gambler's Help Line and Culturally and Linguistically Diverse Gambler's Help - which are all required to use GH Connect for recording and reporting on service activities.

A key component of GH Connect is the single client record which supports client pathways through the Gambler's Help service system and reduces the need for people to tell their story more than once.

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

- i. Clinical notes and documents associated with the provision of clinical services (**GH Case Notes**)
- ii. Data collected for reporting purposes, including service and performance information (**GH Reporting and Performance Data**).

.GH Connect also provides:

- Planning, recording and reporting on non-client activities undertaken by the Venue Support Program and School Education Program
- A mechanism for Gambler's Help services to manage and monitor their own service activities and the Department of Health to monitor agency performance against agreed service targets
- A source of data about the characteristics of the help-seeking population that will inform:
 - A common understanding of the incidence, prevalence and treatment of gambling harm
 - Decision-making about the future provision of Gambler's Help services

The Organisation must

- subject to any more stringent requirements imposed pursuant to the Agreement, prohibit and prevent any person who does not have approval of the Department of Health or who is not an employee of the Organisation from gaining access to the **GH Connect Data**; and
- comply with any policies of the Department of Health in effect from time to time in respect of the secure disposal of equipment and destruction of records and the **GH Connect Data**.

If the Organisation suspects that any **GH Connect Data** has (or may) become lost or corrupted or there is unauthorised access to that GH Connect Data, it will immediately notify the Department of Health and propose remedial action, including action to ensure that this does not recur.

The Organisation must not, and must ensure that its employees do not, without the Department of Health's prior written consent:

- i. remove **GH Connect Data** or allow the **GH Connect Data** to be removed from GH Connect platform; or
- ii. take, disclose or make available the **GH Connect Data** or allow the **GH Connect Data** to be taken, disclosed or made available outside of Australia.

GH Reporting and Performance Data will remain (and, if necessary, will become) the property of the Department of Health. The Organisation will assign to the Department of Health from the date of creation all Intellectual Property Rights in any **GH Reporting and Performance Data** created by or on behalf of the Organisation.

Where the Organisation requests access to **GH Connect Data** to comply with its legislative obligations (including but not limited to Health Information obligations) the Department of Health will provide access to the relevant **GH Connect Data** in a timely manner.

The Organisation acknowledges and agrees that the Department of Health may make de-identified data collected on GH Connect available to third parties in accordance with the DataVic Access Policy.

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

These obligations continue to apply after the end of the Agreement

GH Connect is the reporting functionality for Gambler's Help programs, including the Recovery Assistance Program.

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

The GH Connect user manual *Connect Help* is available at: connecthelp.vrgf.vic.gov.au

Appendix 4 - Form – Client Outcome Survey (COS) 1

UR NO	Case No	Agency Location	Program

Welcome

We want to welcome you to our program. We know that for most people, seeking support is not easy. We want to thank you for coming, and let you know that we want to do whatever we can to get to know you and help you to feel hopeful that your issues can be addressed.

Before your appointment, please tell us how gambling is affecting your life

What is this information used for?

This survey will help your counsellor to create a picture of how you are feeling before counselling, to help with the counselling process.

Do I have to complete the survey?

No. If you have any questions or concerns about the survey, please feel free to ask your counsellor for assistance.

For each of the following questions, please mark an X in the box you feel most closely reflects your situation.

During the <u>past 4 weeks</u> , how much of the time did you feel...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
...so sad that nothing could cheer you up?					
...nervous?					
...restless or fidgety?					
...hopeless?					
...that everything was an effort?					
...worthless?					

During the <u>past 4 weeks</u> , your own or someone else’s gambling...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
... has affected your relationships with your partner, family, work mates and/or friends					
... has made your financial situation worse					
... has affected your ability to work or be productive at work					

Please answer the following questions if you are attending counselling to mainly discuss your own gambling.

During the past fortnight...		
...about how much time did you spend gambling?	<i>In Hours</i>	
...about how many times did you gamble?	<i>In Sessions</i>	
...about how much money did you lose in total?	<i>In Dollars</i>	

Please mark an X in the box which you feel most closely reflects the time you have spent thinking about gambling

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
During the past fortnight, roughly how much time do you think you have spent thinking about gambling?					

What do I do now?

You don't need to do anything else, but if you agree, a worker from Gambler's Help will contact you by telephone after three and six months and ask a few questions very similar to those that you complete today.

They will be using a blocked number for privacy reasons which means you won't recognize the number on your phone.

The survey at three months will also be used to measure the effectiveness and accessibility of Gambler's Help services and make improvements to the service to help future clients.

I consent for a worker (who may not be my counsellor) from the Gambler's Help service to contact me in three months and six months.

Yes

No

We respect your right to privacy, and will comply with all privacy laws concerning the collection, use, disclosure and security of your personal information.

First name _____ Surname _____

Signed _____ Date _____

Appendix 5 - Form – Gambler’s Help Written Consent Form

Insert Agency Name

Information about informed consent can be found: [Informed consent and presumption of capacity | health.vic.gov.au](https://www.health.vic.gov.au/informed-consent-and-presumption-of-capacity/)

Information about the Gambler’s Help program

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

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

Collection of information

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

Use and disclosure of your information

We will use or disclose your personal information for the main purpose for which it was collected. Your personal information will be stored in a central database held and managed by the foundation. This information will be available to Gambler’s Help program providers involved in your treatment or care and to provide follow up services.

Further details about the way in which your personal information will be handled is provided in the *Gambler’s Help - Your Right to Privacy* brochure.

If you would like more information about the way your personal information will be handled, please contact us or the foundation.

Written consent

Please sign this form to confirm that you understand the above information, and consent to your personal information being collected, used and disclosed by us, the foundation, and other Gambler’s Help program providers in the ways set out in this form.

Name:
Signature:
Date:

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

[insert agency contact details].....

Appendix 6 - Self-exclusion engagement advice for Gambler's Help services

What is self-exclusion?

Self-exclusion enables a person to ban themselves from gambling venues and/or internet gambling. Self-exclusion programs historically evolved within the gambling industry prior to the government mandating the existence of these programs. To this day self-exclusion programs remain based within industry organisations, which are staffed with dedicated people who share the foundation's core value of supporting people to reduce and potentially eliminate the harms they experience associated with gambling.

Self-exclusion is a useful therapeutic tool when used in conjunction with other therapeutic interventions that incorporate best-practice methodology. Self-exclusion can be an important component of treatment because it supports the client to avoid gambling and, in turn, reduce or stop their gambling behaviour at a point when they are most vulnerable.

During treatment, self-exclusion is useful; particularly in the goal-setting and early intervention stages of change. It can empower clients by providing them with an immediate means of taking back control and a sense of achievement that they are proactively dealing with their gambling problem.

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

- Gambler's Help service providers should educate clients about self-exclusion options and promote the self-exclusion programs to their clients.
- Service providers, particularly therapeutic counsellors, should be in a position to support clients to access the self-exclusion programs by:
 - Attending self-exclusion deed signings with clients with external agencies or organisations (health centres, lawyers etc.) where possible.
 - Attending order/deed signings with clients in gambling-venue settings (Crown Melbourne or local gaming venues) where possible.
 - Assisting clients with the completion of self-exclusion deeds at the Gambler's Help service with the assistance of a self-exclusion program representative over the phone or in person.
- Service providers should receive self-exclusion client referrals and offer therapeutic and/or financial counselling as requested by the client.
- If requested by a client the service provider, will provide notification of attendance of counselling session/s and an outline of the treatment modality. An example of expectations around the provision of information on treatment modality is to provide information on:
 - the number of sessions attended by the client
 - the duration of treatment and
 - the intervention(s) used (e.g. CBT, ACT, Exposure Therapy etc.)

Who manages Victoria's self-exclusion programs?

- In Victoria there are four industry-based self-exclusion programs: two for the electronic gaming machine (EGM) venues and one each for the TAB (wagering) and Crown Casino.

EGM Venues

For EGM venues, the self-exclusion programs are run by Community Clubs Victoria (CCV) and the Australian Hotels Association (AHA) Victoria. If a Gambler's Help service provider has a client who wishes to self-exclude from EGM venues, they can contact either CCV or the AHA. These two bodies work collaboratively to support clients to self-exclude from clubs and hotels with gaming machines across Victoria. Self-exclusion from EGM venues can run for up to two years and then can be renewed.

[Community Clubs Victoria self-exclusion program](#)

[Australian Hotels Association Victoria self-exclusion program](#)

Crown Melbourne

Crown Melbourne offer their own self-exclusion program.

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

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

[Self-Exclusion - Crown Melbourne](#)

Tabcorp (TABCare)

For TAB venues, a separate exclusion program is in place called TABCare and this is operated by Tabcorp.

[TABcorp self-exclusion program](#)

BetStop – The National Self-Exclusion Register

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

If you self-exclude, online wagering service providers are required to close your betting accounts and must not:

- let you place a bet
- let you open a new account
- send you marketing messages.

You can register on BetStop - the National Self-Exclusion Register by calling 1800 238 786 or by following this link <https://betstop.gov.au>.