Practice guidelines
for cross-sector collaboration
between health and welfare services and Gambler's Help

Problem **gambling**

Increasingly recognised as an important public health issue, problem gambling can negatively affect individuals, families and communities.

Many people struggling with gambling often experience co-occurring conditions. When they do come into contact with services it is often for other concerns such as drug, alcohol or mental health issues. Related problems and behaviours can also involve the justice system and other services such as family services.

The inter-related nature of the issues surrounding problem gambling, and those affected by it, require an integrated and collaborative response from the service system.

Why **collaborate**?

Cross-sector collaboration is a more efficient and effective way of providing services for individuals and/or families with complex needs. Importantly, cross-sector collaboration allows agencies to better manage the complex needs of clients, and provide a more holistic and coordinated service.

By working across sectors, Gambler's Help services can contribute to a growing pool of knowledge, expertise, funding, shared referrals and other valuable resources which can improve outcomes for clients.

This resource is designed to promote and support cross-sector collaboration in the Gambler's Help sector and includes principles and practical examples of creative ways in which Victorian services have implemented effective cross-sector collaboration.

The case examples are framed within, and draw on, the *Cross-sector collaboration: Implications for Gambler's Help* background paper published by the Victorian Responsible Gambling Foundation and the Bouverie Centre (2014). Additional case examples are available at **responsiblegambling.vic.gov.au** and **bouverie.org.au**

Did you know?

- Approximately 31,000 Victorians experience problems with gambling and a further 105,000 are at moderate risk of developing problems.[1]
- Only 10 per cent of people with gambling problems seek formal help.[2]

What are the **benefits of collaboration?**

For clients

- A more responsive service with the capacity to address a range of inter-related issues[3]
- Increased accessibility to services
- Decrease in service overlap and the need for clients to repeat information[4]
- An easier and more efficient pathway through services

For agencies

- Improved accountability and more efficient distribution of resources[5]
- More efficient cross-sector communication pathways[6]
- Achieving continuity of care
- Ensuring responsibility and accountability
- Co-ordinating the planning and delivery of resources for the benefit of service users[7]

For practitioners

- Access to a pool of knowledge and expertise enabling creative problem-solving[8]
- An increase in staff morale resulting from a decrease in isolation
- A sense of common purpose
- Improved cross-sector communication.[9]

Victorian Responsible Gambling Foundation

Gambler's Help
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the bouverie centre
VICTORIA'S FAMILY INSTITUTE

LA TROBE UNIVERSITY

State Government Victoria

People with gambling problems often experience co-occuring conditions

Gambling problems

People with gambling problems will have experienced at least four of the following problems within a 12 month period:

- Needs to gamble with more money to get the same excitement from gambling as before
- Feels restless or irritable when trying to reduce or stop gambling
- Keeps trying to reduce or stop gambling without success
- Gambling is frequently on their mind -both reliving past gambling experiences, and planning future gambling events
- Gambles when feeling depressed, guilty or anxious
- Tries to win back gambling losses
- Lies to cover up how much they are gambling
- Loses not only money but also relationships, their job or a significant career opportunity as a result of gambling
- Becomes dependent on other people to give them money to deal with financial problems that have been caused by gambling.[10]

Mental health

International community based studies on mental health show:

- 40 – 60 per cent of problem gamblers have anxiety disorders
- 50 – 75 per cent of problem gamblers reported depression in the past year
- More than 60 per cent of problem gamblers have had a lifetime personality disorder
- Problem gamblers are at least 18 times more likely to suffer from a severe mental illness than non-problem gamblers.[11]

Drugs & alcohol

There is a high level of association between problem gambling and drug and alcohol abuse. Community based studies show:

- 50 – 70 per cent of problem gamblers have a co-occurring alcohol use disorder with the prevalence of problem gambling increasing as the number of units of alcohol consumed weekly increases
- More than 25 per cent of problem gamblers experience both alcohol abuse and severe mental health disorders
- 30 – 46 per cent of problem gamblers report drug dependence or drug abuse
- Victorian problem gamblers are three to four times more likely to be current smokers than non-problem gamblers.[12]

Cross-sector collaboration in practice

The following five principles can assist agencies in successfully collaborating with other sectors.

PRINCIPLE 1:
Begin by creating an authorising environment
The ability of services to create an authorising environment in which to support and enable collaboration is central to the success of cooperative ventures.

PRINCIPLE 2:
System integration is an essential element of collaboration
System integration involves the interaction of different service components so that through working together agencies can deliver services in a more efficient and holistic manner which ultimately benefits clients, particularly those with multiple needs.

PRINCIPLE 3:
Social capital provides the fuel for the machinery to run
Without sufficient time being invested in relationships between senior management, managers and staff and practitioners from different sectors, the necessary goodwill and motivation may not exist to sustain collaborative work.

PRINCIPLE 4:
Co-location can be a useful mechanism for facilitating collaborative work
Both formal and informal contacts promoted through co-location can generate mutual understanding, sharing of information and a sense of trust on an inter-personal and cross-sectoral level.

PRINCIPLE 5:
Joint training can help develop staff commitment to collaboration
Joint training can bring practitioners from different practices together to share knowledge, develop skills and feel confident about collaboration.

The ability of services to create an authorising environment in which to support and enable collaboration is central to the success of cooperative ventures.

Things to consider:

1. **Government, organisational and clinical leadership is needed to promote and reward collaborative practice and establish incentives to facilitate integrated care.**

2. **Governance structures need to be established (independent of clinical partnership mechanisms) that regularly identify potential problems, key issues, similarities and differences between the cultures of participating agencies, and define the goals and outcomes of the collaboration.**

3. **A clear rationale for collaborative work needs to include how it will benefit clients, workers and organisations as well as identifying what challenges are likely to arise.**

4. **An understanding of shared goals across organisations need to be coupled with shared structures and systems for practice such as screening and referral tools, care coordination and case documentation.**

5. **Implementation is maintained over time by agencies prioritising sufficient resources to the initiative until the mode of work becomes standard practice.**

CASE EXAMPLE:
VICTORIAN RESPONSIBLE GAMBLING FOUNDATION

Creating an authorising environment at an inter-government level

Government, organisational and clinical leadership is needed to promote and reward collaborative practice and establish incentives to facilitate integrated care.

- Consistent with a **'no wrong door' approach** to service delivery, this initiative included funding clinicians to provide problem gambling outreach, secondary consultation and specialist clinical interventions such as single session and co-counselling in agencies already engaged with clients.

- The program **recognises that gamblers are more likely to present at other health services** for their gambling related problems.

- **A reference group was established** to support the implementation of the new program which includes senior managers from Gambler's Help services, senior representatives from the Department of Health and the Department of Justice (now the Victorian Responsible Gambling Foundation) to ensure authorisation took place at the **inter-agency and inter-government levels.**

- The program included funding of the Bouverie Centre and the Victorian Statewide Problem Gambling and Mental Health Partnership to assist in building better connections between Gambler's Help services and the mental health, alcohol and drug, and family services sectors.

- To address initial difficulties experienced by Gambler's Help services in gaining traction with other service sectors, the reference group recommended developing **a Memorandum of Understanding (MOU) between the Department of Justice and the Department of Health** for collaborative work between problem gambling, mental health, and alcohol and other drug (AOD) service sectors to be authorised at the highest level.

- Cross-sector training initiatives and resources were allocated through government funding.

CASE EXAMPLE:
EASTERN ALLIED COMMUNITY HEALTH (EACH)

Creating an authorising environment between the Ringwood Magistrates' Court and a Gambler's Help agency

A clear rationale for collaborative work needs to include how it will benefit clients, workers and organisations as well as identifying what challenges are likely to arise.

- Research shows about a third of prisoners may experience problems with gambling.[13]

- To address such high rates of problem gambling, this initiative involved placing a Gambler's Help practitioner from EACH **in the Ringwood Magistrates' Court to promote and create a client pathway to gambling and financial counselling services.**

- A detailed plan outlining the benefits for both parties was presented to the Chief Magistrate. **This included interventions to prevent repeated court appearances** by problem gamblers attending the court and to **work alongside other practitioners to address the multiple issues** that can affect a client's involvement with the justice system.

- The partnership made clear how all parties stood to benefit from the collaboration rather than being seen as an impost or complication in an already busy and demanding environment.

- The Gambler's Help practitioner was able to engage and network with court staff to establish **collaborative relationships**, a consistency in the professional services provided, **initiate referrals and brief interventions,** and provide consultation and feedback to other practitioners.

- **A log was kept to record interactions with court staff** which provided a means to account for the practitioner's time at the court, build on the knowledge and information being accrued, track the levels of contact with other practitioners, and how relationships translated into secondary consultations, co-working arrangements and referrals.

- Prior to the commencement of this strategy, there were no regular referrals from the court. In the first seven months of operation, there were 12 single session counselling appointments, 30 secondary consults, and eight referrals for ongoing problem gambling and financial counselling, co-work and case planning discussions.

- The success of this initiative suggests **the broader needs of the client in relation to problem gambling issues are now being considered.**

System integration is an important aspect of cross-sector collaboration. It involves the interaction of different service components so that agencies working together can deliver services in a more efficient and holistic manner which ultimately benefits clients, particularly those with multiple needs.

Things to consider:

1. **A 'no wrong door' approach provides people with access to appropriate services regardless of where they enter the system of care.**
2. **There needs to be interaction between different service components such as screening, assessment and treatment planning.**
3. **Individuals, organisations and government agencies all need to work together.**
4. **A collaborative model of care includes both inter-agency and intra-agency approaches to working together.**
5. **Supervision of practitioners around practice change supports the process of integration.**
6. **Acceptance and respect for cultural diversity is demonstrated through flexible service delivery that is reviewed and adjusted to meet the needs of different population groups.**
7. **The family or significant others are included wherever possible.**
8. **Evaluation is incorporated into planning and implementation to support effective sustainable practice.**

CASE EXAMPLE:
ST LUKE'S ANGLICARE

System integration working for an individual client
The material in this case study has been de-identified.

A 'no wrong door' approach provides people with access to appropriate services regardless of where they enter the system of care.

- Judith, 46, had participated in the Care Coordination Program at St Luke's since September 2011. As part of the program, she identified her main issues, set goals and nominated which service providers and support people she wished to participate in her care. At this stage, gambling had not been reported as an issue.

- After participating in the program for one year, Judith was experiencing difficulty with her mental health, and struggling to manage her diabetes and finances. It came to the attention of her mental health support worker that **Judith's financial situation was being severely affected by her use of electronic gaming machines (EGMs).**

- Initially, Judith was ambivalent about the issue. However, when the State Trustees threatened to take over management of her finances, Judith decided to 'just have a meeting' with a Gambler's Help counsellor. During the meeting, with the mental health worker in attendance, **Judith decided to self-exclude from the venue where she regularly played EGMs and asked the Gambler's Help counsellor to participate in her care coordination meetings.**

- After two months of self-exclusion and fortnightly Gambler's Help counselling sessions, all of the care coordination partners reported sudden progress by Judith, such as:
  - Reduced stress and anxiety
  - Stabilisation of her diabetes as a result of making better food choices
  - Access to finances to buy the necessary equipment to manage her diabetes
  - Rent was paid on time with a payment plan to address the accrued arrears
  - The State Trustees became satisfied that Judith could manage her own finances.

- A year later, **Judith's progress continued with Gambler's Help counselling as part of her care coordination.** She was discharged from the Area Mental Health Services after 16 years involvement and is currently in the exit phase of the Care Coordination program as a result of her sustained recovery.

- Though Judith had not identified gambling as a primary issue, the financial impact of her problem gambling **undermined her ability to address the range of issues she was experiencing.**

PRINCIPLE 3:
Social capital provides the fuel for the machinery to run

Social capital is about how people interact and the quality of relationships between individuals, groups and organisations. Without sufficient time being invested in relationships between senior management, managers, staff and practitioners from different sectors, the necessary goodwill and motivation may not exist to sustain collaborative work. While structures and shared systems can provide the mechanisms for collaboration to occur, social capital provides the fuel for the machinery to run.

Things to consider:

1. Trust and respect can be developed by participants seeking to understand each agency's culture, the capacities and skill set of partner services and through acting generously and cooperatively.

2. Involving staff members in planning and decision-making processes engages them with initiatives where they feel that their contribution and practice knowledge are valued.

3. Regular communication, project team-building events, project team meetings as well as whole cross-sector team visits promote relationships between individuals and services.

4. Clinicians can find working in multi-disciplinary teams highly satisfying, as they create a more collegiate atmosphere where the burden and opportunities of complexity are shared and work related stress is reduced.

CASE EXAMPLE: THE ALFRED VICTORIAN STATEWIDE PROBLEM GAMBLING AND MENTAL HEALTH PARTNERSHIP

Building social capital - Collaborative care pathways for clients with mental illness and problem gambling

Clinicians can find working in multi-disciplinary teams highly satisfying as they create a more collegiate atmosphere where the burden (and opportunities) of complexity are shared.

- The financial and social consequences of problem gambling can increase the vulnerability of people developing mental health issues, and mental illness can also exacerbate problem gambling behaviour.

- The inter-related nature of these concerns means that **practitioners from both the mental health and gambling fields need to have the capacity to respond to co-occurring conditions.**

- A barrier to this has been that many gambling practitioners have had little experience treating severe mental illness, and many mental health clinicians have had little experience treating problem gambling.

- The **Victorian Statewide Problem Gambling and Mental Health Partnership** was developed in 2010 to provide **training and assessment, brief intervention and a secondary consultation service** for co-morbid problem gambling and mental illness.

- Collaboration between Gambler's Help and mental health services was enhanced through a **co-training model** that provided education on co-morbid mental illness and problem gambling to Victorian mental health services.

- Co-facilitated by a local Gambler's Help service, **this approach enabled mental health workers and gambling help professionals to gain a greater understanding of their respective expertise and** an opportunity for workers to learn and share information across professional boundaries.

- **A visiting assessment clinic** was established where mental health clinicians travel to regional Gambler's Help services to assess clients in consultation with Gambler's Help counsellors. This enables a sharing of assessment information and a discussion about recommendations for interventions.

- **Case conferences** are also hosted during these visits to **consider strategies to assess or intervene with clients who have more complex issues.** This aims to effectively build the local service's capacity to respond to serious mental health issues, and involve local mental health services wherever possible.

- The program was evaluated through questionnaires. Mental health clinicians who participated in co-facilitated education sessions reported being **better equipped to deal with clients experiencing co-occurring mental health and gambling issues** and were more likely through their training experience to contact the Gambler's Help worker for referral and consultation.

- Gambler's Help counsellors reported an **appreciation for collaborating with the partnership clinicians to provide a collaborative model** of care and found the ability to access psychiatric and neuropsychological assessments in a timely way of great benefit.

- Through consultations with partnership staff, a greater range of interventions are available to Gambler's Help workers which generates a sense of empowerment and **confidence in their work with clients who have complex needs.**

- Developing an understanding of the culture and challenges of each other's particular work environment, helped develop **trust, respect and a common language for communication.**

PRINCIPLE 4:
Co-location can be a useful mechanism for facilitating collaborative work

Both formal and informal contacts promoted through co-location can generate mutual understanding, sharing of information and a sense of trust on an inter-personal and cross-sectoral level.

Things to consider:

1. For co-location to be successful adequate office space and resources must be available and there needs to be the capacity for co-locating staff to participate in team case discussions, contribute to shared care plans and to retain professional supervision and connection to their core discipline.

CASE EXAMPLE: PRIMARY CARE CONNECT
Integration within a multidisciplinary agency

- In November 2012, Primary Care Connect sought to capitalise on a major building project at their Shepparton location **by bringing together practitioners from a range of sectors** into a newly built office area.

- By facilitating informal contact between practitioners from different disciplines they aimed to **strengthen inter-personal relationships, increase knowledge of surrounding areas of practice, and ultimately improve client pathways and integration of services.**

- Managers from three areas of operation proposed the institution of integrated agency pods where members of diverse teams including **Gambler's Help, alcohol and other drugs, parenting, youth, financial counselling and family violence staff, would be seated together** in groups of three or four.

- To begin with, some practitioners were sceptical. However, once they had trialled the integrated seating pods they reported preferring the new arrangement over the old.

- Initially, practitioners felt a degree of disconnection from their program area. **This was addressed by establishing regular program meetings and encouraging staff to walk to each other's new seating location to communicate directly rather than by electronic means.**

- Management have noted an **increase in cross-program referrals and information sharing along with an improved capacity to respond to a range of inter-related issues.**

- Practitioners have found their interpersonal relationships have improved through a decrease in isolation, a sense of teamwork and co-operation across the agency, and an ease in accessing information outside of speciality areas.

- Although changes cannot be solely attributed to the strategy, the number of secondary consultations to the program increased from eight in the year the strategy was implemented, to 24 in the following year.

PRINCIPLE 5:
Joint training can help develop staff commitment to collaboration

Practitioners are more likely to engage in collaborative practices if they understand the advantages of collaboration and are confident in their knowledge about how to collaborate. Such knowledge and skills can be developed during joint training sessions where practitioners from different programs and services are brought together.

Things to consider:

1. **Staff training programs can create a common language between services and help overcome barriers to cross-sector collaboration.**

2. **Co-ordinated cross-sector training has the potential to improve workers understanding of other services, strengthen professional relationships and increase confidence to refer.**

3. **Through training together a 'community of practice' can be fostered where practitioners from different professional disciplines begin to see themselves as a team.**

CASE EXAMPLE: BETHANY COMMUNITY SUPPORT, BARWON HEALTH AND THE BOUVERIE CENTRE

Joint training in family inclusive practice

Staff training programs can create a common language between services.

- In recent years, **the needs of families and vulnerable children have been given greater priority in the strategic directions of services and government policies.**

- Delivered by the Bouverie Centre, **the Beacon Strategy provides training and implementation support to Gambler's Help, alcohol and other drug and mental health sector organisations on how to implement family inclusive approaches** in single session family consultations.

- The **single session family consultation model** is a readily accessible means of building confidence for staff to include families in their work. It also has the dual benefit of providing staff from different disciplines with an opportunity to come together in a common language and bridge divisions in service delivery.

- By its nature, family work involves a range of needs and concerns so it **is well suited to the endeavour of promoting collaboration across services as well as opportunities for co-work and the sharing of expertise.**

- In 2011/12, the Bouverie Centre provided training in single session family consultation for Bethany Gambler's Help and Barwon Health, mental health and drug and alcohol services.

- Once staff had completed the training, they were encouraged to attend practice enquiry groups where they could build on successes and overcome barriers to implementation.

- The training sessions **helped to increase awareness of Gambler's Help services as well as foster a collegial atmosphere where clinicians could confer around complex clients whose issues traversed multiple programs.**

- The success of the program was evaluated through questionnaires prior to training, and again six months afterwards. There was significant uptake of family centred practice within both organisations including **enhanced knowledge, skills and confidence of staff and improvements in the way they engaged families.**

- Importantly, **a problem gambling screening question was introduced into the assessment used by Barwon Health** that meant problem gambling was more likely to be detected when clients presented for other concerns.

- Through the identification of clients experiencing problems with gambling, referrals and secondary consultations could be made to Bethany Gambler's Help. Over a 10 month period, there were an additional 12 referrals and 15 secondary consultations.

- These successful outcomes were a result of providing practitioners with an opportunity to get to know each other, **share a common language, and develop an appreciation for the culture and expertise of other disciplines.**

Tips for **cross-sector collaboration**

ARTICULATE AND INVOLVE ALL IN THE STRATEGY

Create a memorandum of understanding. →	It can be more beneficial to introduce formal agreements after a working collaborative relationship has been established. In this way, it does not 'tie down' ambivalent services or become a formal 'decoration' without substance.
Engage senior management to develop a collaboration strategy and to communicate the purposes of collaborative work. →	Explain why the collaboration is of benefit to all parties. Even in small projects, it is useful to have a clear rationale and a process for implementation articulated by management.
Include practitioners, consumers and family in developing and implementing collaborative work. →	Wherever possible it is important to include the people who will directly experience and benefit from collaboration.

ATTEND TO THE PROCESS OF IMPLEMENTATION

Designate project leaders. →	Nominate a key person to lead the collaboration project.
Establish project management groups to address challenges. →	Provide resources for a project group to meet regularly and empower the group with authority to act quickly.
Establish practitioner interest groups to share knowledge and discuss barriers to collaboration. →	Ensure that practitioners meet to discuss the implementation process of collaboration and the effect on client outcomes.
Identify individual and group performance indicators for the collaboration. →	Have supervisors monitor progress towards the goals of the collaborative project.

FORM DELIBERATE STRATEGIES WITH COLLABORATION AT THE FOREFRONT

Act generously and seek to be of service to those you wish to collaborate with. →	Collaboration is more likely to succeed where a request for resources or information is matched with complementary support.
Co-locate practitioners from different sectors with opportunities for formal and informal communication. →	Collaboration requires co-located practitioners to actively engage and pursue relationships with the host organisation.
Support co-work in order to improve client pathways and increase the professional capacity of workers. →	For many reasons, services or practitioners may feel responsible for clients and may be reluctant to form treatment plans involving shared care with other professionals. However, conjoint client work can directly benefit working relationships between practitioners as well as generate positive outcomes for staff-client relationships. Co-work can also act as an effective and efficient way to inform, assess and jointly intervene with clients in a transparent way.
Provide relevant cross-sector training to build professional relationships, networks and a common language between practitioners. →	Any training or forum providing a common approach or framework is a practical way to bring practitioners together while remaining focussed on providing a quality service to clients.
Single entry point into the system. →	This can only happen where there are formal agreements and trust between organisations.
Increase the involvement of families in service delivery. →	Working with 'affected others' and the families of clients can provide practitioners with opportunities for systematic collaboration that benefits their primary client.
Shared structures such as intake, assessments and treatment plans. →	This assists clients and practitioners to negotiate an intervention strategy that best suits the needs of the client, and capitalises on resources that enable collaboration. Shared care approaches lead to more creativity through the cultivation of ideas across professions, greater transparency and increased client access to the best treatment options.

MEASURE AND COMMUNICATE OUTCOMES

Be clear on what the proposed benefits are for all those involved in the collaboration. →	Practitioners will often be prepared to incorporate a new approach to service delivery if they are aware of the benefits to their clients, and when they believe it will enhance their capacity to perform their work effectively.
Evaluate the outcomes of collaboration and feedback successes to other services. →	Endorsement from respected practitioners can provide opportunities for your service to demonstrate its relevance and usefulness to other programs and organisations.

Other **resources**

The Bouverie Centre and the Victorian Responsible Gambling Foundation have developed more resources to support cross-sector collaboration, available at **bouverie.org.au** and **responsiblegambling.vic.gov/for-professionals**

- Cross-sector collaboration: Implications for Gambler's Help background paper
- Additional case examples for each of the principles of cross-sector collaboration
- Measurement tools (surveys) developed by the Bouverie Centre as part of the Beacon Strategy which can be completed prior to the commencement of cross-sector collaboration, and at intervals after the training.

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More **information**

For more information about Gambler's Help services, visit **gamblershelp.com.au**

For more information about the Bouverie Centre, visit **bouverie.org.au**

For more information about the Victorian Responsible Gambling Foundation, visit **responsiblegambling.vic.gov.au**