

**SUBMISSION TO
THE
INDEPENDENT GAMBLING AUTHORITY:
INQUIRY INTO STATE FUNDED GAMBLING
REHABILITATION SERVICES**

Submission by the Department for Families and Communities

March 2005

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1. EXECUTIVE SUMMARY

This submission prepared by the Department for Families and Communities provides information to the Independent Gambling Authority in response to the statutory requirement to deliver a report to the Minister for Gambling by 9 June 2005 on *“the effectiveness of each gambling rehabilitation program conducted or funded (wholly or partly) by the Government of South Australia”*

The Department notes the Authority’s acknowledgement that the timeframe imposed by statute for the delivery of the report is too short for the Authority to commission independent external research and that the inquiry inviting submissions to the IGA will be the basis for gathering information.

The Department also acknowledges that it is not possible in the timeframe available to the close of submission date on 21 March 2005 to provide the IGA with up to date comprehensively analysed evaluative data for each funded gambling service.

This submission provides an overview of the services funded by the Gamblers Rehabilitation Fund, through the Department for Families and Communities with particular reference to the provisions in place for performance management and the frameworks used in the GRF Program for measuring the effectiveness of services.

The following key documents have informed the scope and development of the overall Gamblers Rehabilitation Fund program since its establishment in 1994:

- 1995 Gamblers Rehabilitation Funding Policy, Family & Community Development Advisory Committee, Department of Family and Community Services.
- 1996 Gamblers Rehabilitation Services Information Framework & Strategy, E W Davis Pty Ltd & R Leahy Consulting
- 1998 Evaluation of the Gamblers Rehabilitation Fund Program, Elliot Stanford & Associates
- 2000 Evaluation of the Gambling Helpline, Radoslovich
- 2002 Evaluation of Services to Culturally and Linguistically Diverse Populations: Radoslovich and Barnett
- 2004 Evaluation of the Media Campaign “Think Of What you are Really Gambling with” Health Promotion SA

A major review of the Gamblers Rehabilitation Fund has recently been undertaken as the result of a proposal forwarded to the Minister for Families and Communities by the Gamblers Rehabilitation Fund Advisory Committee.

The resulting report entitled *“The Prevention and Treatment of Problem Gambling in South Australia Through the Gamblers Rehabilitation Fund: A Strategic Review* (referred to throughout the submission as the GRF Strategic

Review report) concludes that the basic service model and components supporting the service system are sound. The document also appraises the relative success of each component of the GRF program and offers directions for change and overall improvement in the performance of the program.

The GRF Strategic Review reports on the broad GRF Program responses to the issue of problem gambling in South Australia and is tendered as relevant information to this Inquiry (*Appendix 1*).

An addendum report is part of the *GRF Strategic Review* focussing on the community education services of the GRF program (*Appendix 2*).

The GRF Strategic Review report is not an evaluation of the existing system or of individual services and approaches, however it does provide a basis for considering the future scope and strategic directions of the overall GRF Program with regard to:

- the types of services currently funded by the GRF
- the support functions for quality and development
- the data collected from GRF funded services
- the literature relevant to best practice approaches

The report offers a range of findings that are being used to inform the consultations and planning processes that are currently underway for determining the future configuration of services. The 3 year plan developed by these processes will be forwarded for the consideration of the Minister for Families and Communities by July 2005. This plan will be consistent with the Department for Families and Communities strategic directions and will guide the development of the GRF Program for the next 3 years.

2. INTRODUCTION

2.1 Role of the Department for Families and Communities

In its role of supporting the Minister for Families and Communities fulfil responsibilities for the development and delivery of services that aim to address the negative social impacts of gambling and support those who are affected by problem gambling, the Department for Families and Communities administers the Gamblers Rehabilitation Fund and convenes the Gamblers Rehabilitation Advisory Committee. Work that supports the delivery of services e.g best practice service models, research, evaluation and strategic information in order to inform service design and delivery and community education processes, fall within the mandate of the Minister for Families and Communities. Information strategies for promoting awareness of problem gambling and services are also roles of the Minister for Families and Communities.

The GRF Program is one of several State funded programs, managed by the Department for Families and Communities, to deliver community based services to address negative social impacts of particular issues with the intent of improving the wellbeing of individuals, families and communities. As such the GRF Program has to comply with the necessary public sector accountability and performance criteria, associated with public sector administered funds.

At a central level management of the fund includes the preparation and monitoring of expenditure, servicing the GRF Advisory Committee and reporting annually on financial and service outputs and outcomes. Financial and program reports are completed and tabled for the consideration of the GRF Advisory Committee, Chief Executive and Minister for Families and Communities.

The management of the GRF Program is located within the Community Services Branch of the Department and is strategically linked to the range of anti poverty and community based funding programs that are also managed by this Branch. Recent management changes have occurred to address the issues outlined within the Strategic Review report in relation to the leadership and management of the fund. The Department is currently commencing implementation of funding reforms to streamline the management of a range of funded programs, with the implementation of the Planning and Funding Framework which aims to integrate planning, selection of service providers, contracting and performance management to deliver improved outcomes for individuals, families and communities.

2.2 Currency of Experience and Knowledge

The Department for Families and Communities has managed the Gambling Rehabilitation Fund for a period of 11 years since the establishment of the Fund in 1994.

3. DESCRIPTION OF GAMBLING REHABILITATION SERVICES

The current scope of the GRF Program includes a range of regionally based and state-wide community services, a 24 hour telephone Helpline and a hospital based intensive treatment program. This service system is complemented by a state-wide communication strategy raising awareness of problem gambling and providing information on service options for people seeking help and is also supported by a training and coordination function and ongoing research and evaluation.

The program scope has increased considerably since its inception in 1994 broadening its reach to the community in providing early intervention and prevention programs as well as rehabilitation responses. The funding base has been under pressure to sustain the broadening scope of activity. The recent new injection of funding into the program will create opportunities to address the balance of services across this broader range of service responses.

A description of the Gambling Rehabilitation Services that comprise the GRF Program is provided below. In addition a further description and critique of these services is provided in the GRF Strategic Review report pages 18 – 30, *Appendix 1*.

3.1 Break Even Services

The South Australian community based services funded by the Gamblers Rehabilitation Fund (known as Break Even Services) offer a range of service types from agencies with both generic/universal and population specific focus. Interventions are multimodal in nature recognising the complexity of the issues that are associated with problem gambling, the importance of the cultural, social and psychological contexts in which they arise and the need to respond to these issues with a range of intervention methods and service types. These services are offered in metropolitan and rural locations.

Services are offered to clients concerned about their own or a significant other's problem gambling issues. For the most part service responses to these issues are best described as client centred where the goals of the client are central to the intervention method. This approach to intervention results in a range of eclectic treatment responses that not only focus on controlling the gambling behaviour but also offer interventions that help with the other issues associated with the problem gambling. Thus assistance with financial counselling, legal issues, housing crisis and family and personal relationship issues may be as important to the client's rehabilitation as control of the gambling behaviour.

The Break Even services provide free therapeutic and financial counselling to problem gamblers and their families which can include group and family work. A number of agencies are also funded to provide state-wide services to culturally and linguistically diverse populations and the Aboriginal communities. These latter services increase awareness of problem gambling and work with particular communities through culturally appropriate communication strategies and interventions. The latter also includes, where relevant, referral to the mainstream counselling agencies.

All of the community based services provide community education programs that focus on high risk groups in the communities or specific populations being serviced.

The GRF also funds a more structured service response through an intensive gambling rehabilitation treatment program operating out of the Flinders Medical Centre which receives referrals state-wide. This service focuses treatment on the problem gambler using a cognitive behaviour therapy treatment (CBT) approach and has a small capacity to offer this treatment on an inpatient basis. The agency is also funded to offer support and training services in the CBT intervention method to other GRF funded services as required.

The network of problem gambling services is complemented by a 24 hour free call 1800 problem gambling helpline, providing crisis counselling, information and referral to the face-to face services.

3.2 Service Support

This service system is supported by the following service support functions:

- State-wide community education strategy: aimed at raising awareness of problem gambling and providing information on service options for people seeking help.
- Training, Service Coordination and Network Support: aimed at ensuring training is provided to service providers working with problem gamblers and to establish communication networks across gambling service providers and related services.
- Research and Evaluation: aimed at building an evidence base for funding allocation, planning and the development of a range of service responses for problem gambling.
- Data Management: aimed at data system management and data reporting.
- Administration and Contract Management: aimed at providing Ministerial advice, correspondence, cross Government liaison, program accountability, monitoring and reporting, executive support to the GRF

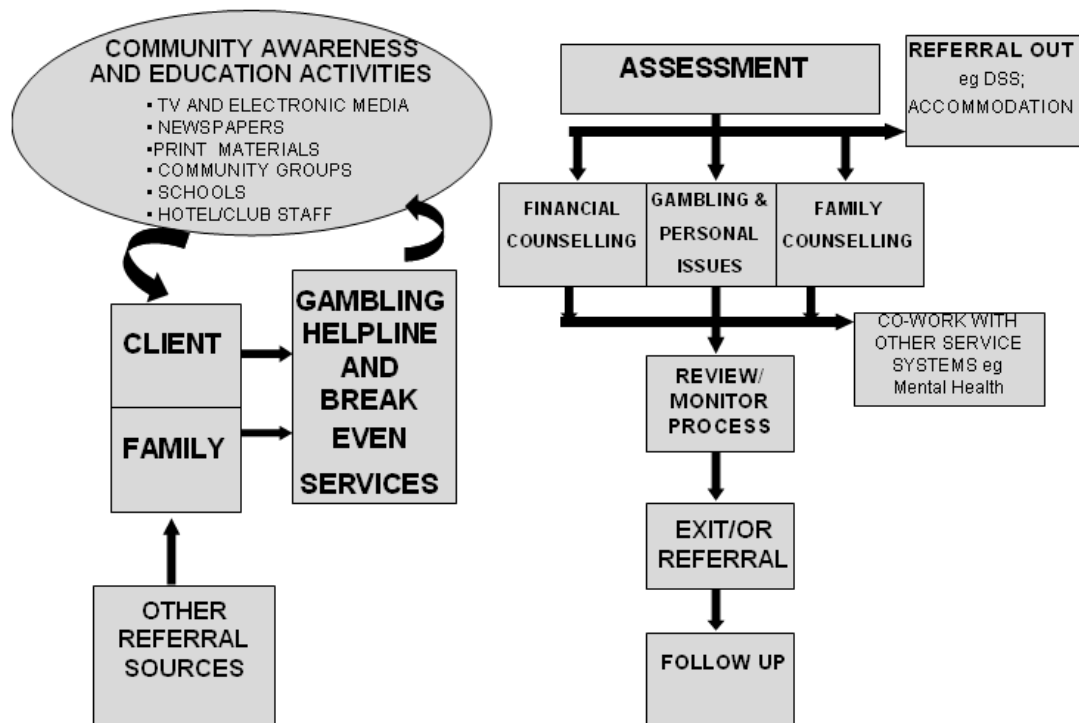
Advisory Committee, service planning and development, liaison with services and related sectors.

4. EXISTING MECHANISMS FOR MEASURING EFFECTIVENESS

4.1 Mechanisms at the Service Level

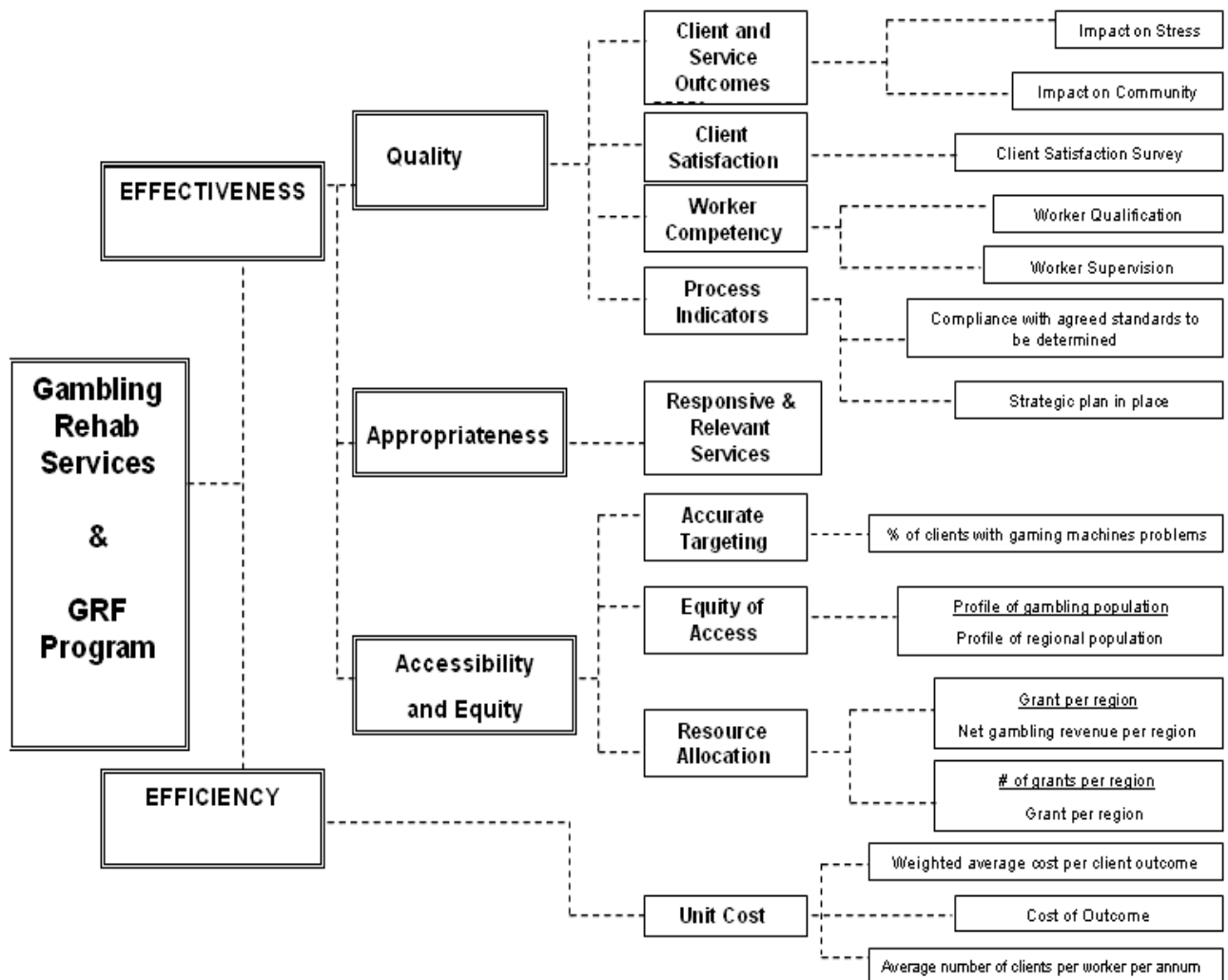
The information framework developed for the collection of data to monitor and measure the performance of the GRF services (diagram 1) includes effectiveness as one of the key performance indicators.

Diagram 1: Service Intervention Process



Measuring for effectiveness considers both the client outcomes and the quality of the processes involved in delivering the service to the community. Thus issues of access, quality and appropriateness are also key considerations when measuring the overall effectiveness of a service. This framework has been in use since 1996 and uses the following definitions in the development of performance indicators (diagram 2).

Diagram 2: Performance Framework



Effectiveness – “an estimate of the relationship between the outcomes for the intended service recipients and the objectives of the project ie the measure of the extent that the outputs achieve the stated service objectives or aims” (E.W.Davis 1996)

Accessibility and equity – measuring the extent to which people requiring the service have access to services e.g. locational access, affordability, waiting times, cultural appropriateness, access for specific ‘at risk’ population groups.

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

Appropriateness – the extent to which the service intervention is relevant to the particular client’s needs

Service Agreements: Measurement of Client and Service Outcomes

Service Agreements with agencies specify the range and type of services being purchased and refer to the outputs and outcomes expected from the delivery of the services.

The Department monitors the performance of agencies through the collection of data, agency visits, quarterly financial statements, and annual reports of service activities, evidence of service plans and descriptions of treatment interventions. Periodically the Department collects information on counsellor and worker qualifications and conducts training audits to inform a training agenda. Waiting lists are also regularly monitored particularly at times when media campaigns are being conducted.

The funded agencies are also supported to operate as a service system and performance indicators for this are participation of Break Even agency staff on reference groups, at the service network meetings, attendance in training programs, delivery of training programs and participation in consultation and planning forums for the GRF Program.

Performance indicators include measurement of inputs, outputs and outcomes that are collected through both quantitative and qualitative data collection methods. Each funded service and/or project agree to a service agreement defining the contractual obligations, scope of the service provided and deliverables required within a stated time period.

The trend over the past decade in measuring the impact of human service interventions on consumers has focussed on the outcomes of service intervention ie measuring the impact of the service on the recipient of the service

This trend has placed an emphasis on measuring whether or not the intervention worked for a particular treatment goal. However in recent times attention has also been placed on also measuring the quality of the interactions between the service deliverers and the client. Positive experiences of the client in treatment participation have been identified as reliable predictors of the relative success of interventions.

The following client and service outcomes are specified for problem gambling services in GRF Service Agreements:

- Reduction in the extent of the gambling related problems experienced by the individual problem gambling clients presenting for counselling/treatment services and an increase in their capacity to manage/control their problem gambling behaviour and issues
- Reduction in family problems arising from the problem gambler's behaviour and an increased capacity for family members to deal with the family issues.

- For clients seeking financial counselling an improvement in their understanding of their financial situation and of their capacity to manage and improve their financial difficulties resulting from the gambling behaviour.
- Increased community awareness and understanding of problem gambling and of the services available to assist those adversely affected.

Data Collection

One of the major strategies for collecting information to measure the impact of programs on the users of services and the community as a whole has been the development of data collection sets for the range of funded services.

Break Even Services Data

A generic data set has been developed for the range of Break Even services. The service agreements with each agency specify different levels of activity required for each type of service offered. Analysis of data received from each agency requires this variation to be considered in monitoring agency performance.

For example not all agencies are funded to provide traditional counselling services as their main activity and these agencies are expected to record relatively fewer client registrations and higher activity in community education, and where appropriate demonstrate other outcomes ie resources developed.

Data collected includes client demographic information, family, living and employment status and patterns of gambling behaviours. These are useful indicators of the accessibility of services, provide information on the profile of presenting clients and also measure the degree to which particular target groups are serviced.

Data is also collected about how the client heard of the service and includes referral source information. This assists in monitoring the impact of promotion campaigns, helpline referrals and how services link with other service providers.

In addition to direct client data additional service output activity is collected including community education ie presentations to community groups or service providers, local service promotion and problem gambling awareness campaigns.

The client data collection provides information on client numbers, their location and demographic information. The analysis for this client information is contained in two publications and covers the period 2001 - 03 (see *Appendix 3*). Preliminary data for the period January 2004-December 2004 is available and is attached, analysis of the full data set for the period is currently occurring. (see *Appendix 4*)

Other client data information identifies the type of gambling causing problems and the patterns of gambling behaviour. This information contributes to identifying which gambling activities have potential to lead to problems for individuals and is one way of monitoring the effects of newer forms of gambling such as sports betting. This assists in targeting problem gamblers, service planning and delivery with consideration of service locations and service types i.e. the location and availability of electronic gaming machines and service locations.

Client postcode data provides information on patterns in the access of services and has been utilised by other researchers such as the study by Dr P Delfabbro "Inquiry into Gaming Machine Numbers" (2003) to demonstrate a link between problem gambling and accessibility to electronic gaming machines.

For measuring the outcomes of therapeutic interventions the Department requires agencies to administer a number of standardised assessment tools for each client on entry, during treatment and on exit. These clinically devised tools measure the extent of the problem presented by the client and record any change (see *Appendix 5*).

The outcome information available to assess client outcomes has been diminished by the poor return to the Department of the pre and post test measures. A number of factors appear to contribute to the poor return of outcome information, which relies heavily on the administration of the standardised clinical assessment tools for each client at entry and exit points. These factors include:

- the requirement for client consent up until October 2003
- not all agencies embrace or support a clinical approach to treatment
- the high incidence reported by agencies of short term crisis clients or clients ceasing to attend the service prior to the collection of exit data
- a high degree of casual clients seeking one-off type interventions where attendance but no other type of data is recorded
- inconsistent practice across the services in following up clients
- the transient living arrangements for some clients (where follow up is difficult)
- for some clients the collection of this type of information is considered invasive or culturally inappropriate
- where group interventions, information giving, community development and community education are the dominant forms of intervention or service activity.

The GRF Program has allocated funding to improve the standardised data collection. A new data system, computer hardware and software, a revised data policy and procedures manual accompanied by training in data entry and collection supports the data collection practices of the Break Even agencies.

The monitoring of Break Even data has indicated that during 2004 there has been significant improvement in the percentage return of outcome data for

registered clients. An analysis of this data will be undertaken in the near future.

The Break Even basic data set used by the Department is designed as a standardised approach to data collection for use by all Break Even agencies. The combination of the relatively small size of the service system, the wide diversity of agencies funded and the multi-modal nature of interventions poses difficulties in designing a set that is going to be equally relevant in measuring client outcomes for all agencies.

For particular client centred interventions future consideration could be given to measuring effectiveness of particular interventions through smaller samples of time limited studies. Regular independent client satisfaction surveys could also be commissioned.

Issues associated with data collection and data management have been highlighted in the GRF Strategic Review report (*Appendix 1*). Of specific importance to this is Strategic Direction 4.4, in relation to measuring effectiveness of service interventions which states that :

“An expert consultancy should be considered to identify options and develop a methodology for evaluation and the measurement of effectiveness in Break Even client services. On the basis of the recommendations of this project, systems should then be put in place to support ongoing evaluation, monitoring and improved accountability.”

Gambling Helpline Data

This telephone service has a range of performance indicators specific to this service. Data collected includes numbers of calls managed by the helpline, the level of calls received over 24 hour periods, call response times, collection of client information identifying target group callers, caller characteristics in relation to gambling behaviour and help seeking.

This information assists the Department to assess accessibility of the service, and informs an understanding of the profile of problem gamblers, the impacts associated with problem gambling and gambling trends and social effects of gambling in South Australia.

The data collected on how the caller came to hear of the service and the number of referrals made to the Break Even and other service agencies assists in monitoring the effectiveness of the operation of the overall service system.

The number of calls and call trends also provides information for use in the evaluation of state wide TV and media campaigns i.e. the “Think of what you are really Gambling with” campaign that promotes the Helpline number.

Service Enhancement: Special Project Grants

Service improvements are supported via a submission based grants process offered to existing GRF funded services, when resources allow. In 2003/04 \$250,000 was allocated to support special one off projects which addressed specific target population groups and priority areas.

This process enables services to enhance their existing service delivery and allows the GRF Program to be flexible and targeted by specifying particular priorities at a given time and inviting service responses to such priorities. Examples of the projects funded in 2002/03 with outcomes are attached in *Appendix 6*. Final reports from projects implemented by Relationships Australia focusing on Young People and on Prisoners are attached for information (*Appendix 7*). In addition the Salvation Army project “An Anthology of Gambling Tales” is attached, as an example of a service enhancement project (*Appendix 8*). Outcomes from these projects assist in informing further service development. In addition such projects can be used to trial innovative responses which may otherwise not have been explored or implemented.

At the current time a submission based call is being commenced for the 2004/05 in response to the additional GRF funding as at 1 February 2005.

4.2 Mechanisms at the Service Support Level

Community Education Data Collection and Evaluation

The coordination and development of state-wide communication strategies to raise awareness of problem gambling and promote service options for people seeking assistance is an important service support strategy. This includes mass media campaigns including TV advertisements and the deployment of grants to foster the development of community education initiatives among other service providers.

One-off grants and specific community education projects support ongoing resource development and create partnerships with and influence other service systems to develop responses to problem gambling. Some grants have established initiatives resulting in sustained impact beyond the life of the funding period. The schools report which went on to establish school based programs is attached as an example (*Appendix 9*). Information on current community education grant projects and the outcomes expected for each project can be seen in *Appendix 10*.

Performance indicators for such projects include; the production of the community education resources, the success of the distribution of these resources to services, the use of the materials by others i.e. hotels and clubs and the impact these resources have on the community. These indicators are used by the Department to inform the type, level and implementation of community education strategies. An example of this monitoring is attached *Appendix 11*.

In evaluating the current campaign “Think of What You Are Really Gambling With” surveys have been conducted to gauge the recognition of each

advertisement among the intended target groups. The Helpline and Break Even data information are used to indicate the success of the campaign in influencing those affected by problem gambling to seek help. The evaluation report of the “Think of what your are gambling with” campaign is attached in *Appendix 12*).

Sector Development: Service Coordination

Since the establishment of the service system a component of funding has been provided to assist the services to meet together regularly to coordinate service responses to the community and for discussing common service issues such as training requirements and data collection.

Over time this service group has developed and is known as the Break Even Services SA Network. This network of services has provided a useful mechanism for communication with the Department as the funding body, on matters of common interest to service planning and delivery. It has also been an important mechanism for service interaction with other bodies that are also concerned with problem gambling such as other government Departments, the Independent Gambling Authority, researchers and gambling industry bodies.

An example of the communication/coordination this system supports is the exchange of information between the services, the Independent Gambling Authority and gambling venues in relation to the gambling venue barring processes.

The *Gambling Matters* newsletter and Break Even bulletin are also produced to facilitate coordination of responses and information sharing across government and between non government and government services.

The sharing of information is essential to ensuring that counsellors in a range of service settings are up to date with information that assists them to support problem gambling clients.

The GRF review refers to the importance of a coordinated service system and recommends continued support and improvement on this arrangement. There is potential to further develop this function to ensure effective linkages between the problem gambling services and the recently developed gambling industry early intervention programs.

Training and Workforce Development

The training component of the GRF Program supports quality practices and service delivery improvements. In recognition of the increased counselling capacity training has focussed on orientation programs to induct new counsellors and community education staff in the issues and treatment responses for problem gambling and individual workshops in topics of interest identified by the service sector.

Training resources and a problem gambling awareness resource has also been developed to support the delivery of services.

The training component, recently outsourced to a registered training organisation will be better placed in the future to support the proactive development of training materials and to respond to the training requirements of problem gambling counsellors and community education workers.

The training program will also pilot the extension of training to other non government and government service sectors to increase the recognition and support of problem gamblers at other points of entry into human service systems. The expertise of this training organisation will also be better placed to link with and add value to the work being undertaken at the National level to engage all States and Territories in the development of an accreditation framework for problem gambling counselling.

The future training programs will also support the move toward identifying and developing “Best Practice” in problem gambling service delivery.

Research and Evaluation

Research and Evaluation provides a number of mechanisms for gaining information to support decision making processes and to build an evidence base for funding allocation, planning and the development of a range of service responses for problem gambling. Information collected on problem gambling in the general and specific populations assists with targeting of services to higher risk and vulnerable groups.

Information is gathered through:

- Literature reviews: on gambling trends, treatments, research relating to service development and effectiveness, population studies on gambling patterns in populations
- Analysis of the client data collected by GRF services
- Commissioned studies and reports that include general and specific population studies in SA such as prevalence surveys and health monitor surveys
- Reviews and evaluations of specified projects, services or topics

The regular analysis of the demographic profile of clients using Break Even services and the Gambling Helpline provides information on who in the community are accessing services. Conversely the low incidence of clients from certain groups known to be in high risk categories for gambling problems such as youth and Aboriginal people, signals the need to investigate different service approaches to extend the reach to these particular vulnerable populations.

The information gathered through studying gambling behaviours in the general and specific populations (such as the gambling patterns and prevalence of problem gambling studies and the studies linking problem gambling with homelessness) assists to better target resources to the higher risk groups.

Periodic evaluation of the funded services provides information about the effectiveness and efficiency of various service interventions that enables impetus for change and improvement in the way services are offered to the community.

The work in research and evaluation commissioned by the GRF Advisory Committee has been intermittent on an as needs basis. With the formation under Statute of the Independent Gambling Authority there was a hiatus in the GRF research and evaluation activities, during which time clarification of the type and focus of priority research/evaluation for the GRF was established.

However the scope and role of GRF research and evaluation activities has now been determined and will focus on supporting the planning and development of GRF service responses. This will result in a more considered research /evaluation agenda for the future. The Strategic Review report identifies a number of findings that are relevant to the specific development of research and evaluation activities for the GRF.

A comprehensive list of the current and past studies funded over the 10 year period through the GRF is provided in *Appendix 13*.

5. EFFECTIVENESS OF THE PROGRAM

5.1 Outcome Measurement Issues

There are a range of issues which mean that it is not easy to measure the effectiveness of problem gambling treatment programs, or to compare between various programs regarding relative effectiveness. An improved Break Even data collection system would only be able to provide limited evidence in this regard.

Issues in defining and measuring problem gambling treatment outcomes include the following:

What is a good outcome?

There is no clear and agreed definition of a 'good outcome' in problem gambling treatment. Currently, different programs and different studies (nationally and internationally) use different definitions of success. For example, is the goal abstinence from gambling, reduced problem gambling activity (and how much of a reduction) or improvement in personal control over gambling (and to what extent)?

Another approach to defining success is from an individualised basis. Thus, a 'successful outcome' for one client may not be considered a success for another. For example, one client may be able to cease gambling and regain control over their life. For another, with complex co-morbidities and life situations, a much simpler goal (reduced gambling or reduction of some associated harms) may be appropriate.

The timing of outcome measurement must also be considered. When should an outcome be determined as successful: at treatment cessation or if the treatment outcomes are sustained (for example, if the person has not had a gambling problem for 2 months, 6 months or 5 years?)

Determining a successful outcome also needs to take into consideration the issue of relapse. It is quite common for problem gamblers who have received rehabilitative treatment to relapse. Should such lapses be considered a treatment failure, and if so, when? Is the frequency or extent of lapses a measure of success (ie if they become less frequent)? Further, if a client has a relapse and returns to treatment, should this be regarded as a failure (because of the relapse and return) or success (because they have returned to seek further help?)

The measurement of other outcomes also needs to be considered. Clients often present to services with a range of problems caused by their problem gambling, particularly with regards to housing, relationship and financial matters. If these problems are successfully dealt with during treatment, how should they be included in the measurement of outcomes?

What can observed outcomes be attributed to?

Consideration must also be given to the causes of any observed impact/outcome from treatment. Thus, for example,

- Research has suggested that the quality of the therapeutic relationship (and the establishment of trust) is one of the best predictors for a positive treatment outcome, rather than the particular model or form of intervention used (Melbourne Enterprise International, 2003).
- It is quite common for clients in treatment to be simultaneously involved in different kinds of intervention. For example, clients may be seeing a counsellor and also a support group. In such circumstances, it is difficult to know which intervention was responsible for the client outcome.
- A range of client characteristics influence the capacity to generate successful outcomes. These include motivation to change; the extent and causes of the client's problem; their context (eg if they have good support networks or not; if they have other co-existing problems and vulnerabilities) and level of psychological and cognitive competency and insight.

Similarly, a range of characteristics (aside from the model of intervention) associated with an agency or program also impact on outcomes. These include the accessibility of the service and the characteristics of the counsellor/therapist (qualifications, skills, ability to engage with clients).

Further, broader issues of gambling policy and practice such as the availability and nature of gambling products and their distribution and marketing, and protection mechanisms for problem gamblers will influence both the propensity to gamble and the capacity of individuals to address gambling products.

A simplistic approach to outcome assessment is the question 'what are the outcomes achieved from therapeutic intervention, and which model is most successful?' A more sophisticated and relevant question is '*what works for whom, and in what circumstances?*' This recognises that people are different and there is no 'one model fits all' when it comes to treatment. It also recognises that factors other than the model used have a significant impact on outcomes.

Comparing different treatment models

There have been many different studies of the effectiveness of problem gambling treatment modalities. It is clear from these studies that many interventions and modalities report positive outcomes. Research studies and programs, however, often use different definitions of 'success', or measure outcomes at different stages of the treatment.

There is great variability between the clients of different programs. For example, one program may see more people with co-existing problems (such as Axis 1 psychiatric disorders, impulse control disorders or significant substance abuse). These conditions are a predictor for a poor response from treatment and would need to be recorded for each client to better understand rates of effectiveness within and between agencies.

Similarly, some programs/services have a greater capacity to 'select' clients who are likely to fit with their treatment criteria; others provide services to a far broader group and on a more 'open door' policy. Thus, some groups of clients are more likely to achieve positive outcomes; this may skew the assessment with regards to one service vs. another.

Some programs have high drop-out rates from treatment; however this is often not reported or considered in outcome studies.

Methodological challenges in measurement

Aside from the issues identified above, there are a range of technical challenges in the measurement of outcomes with regards to problem gambling programs. These include the following:

- Reliable and valid measures of change must be developed and applied: this is complex for all the reasons identified in the previous

sections.

- Measures of change should have validity and relevance to the great variety of clients who present to problem gambling services – for example, from homeless people with complex co-morbidities; people from different cultural backgrounds (eg Asian cultures, Aboriginal people); successful professionals who have developed a gambling addiction. Alternatively, a range of measures would need to be developed which are sensitive to the needs of different client groups.
- Measurement at the cessation of treatment is a measure of immediate impact, rather than the long-term effectiveness of the intervention. Ideally, an assessment of effectiveness should occur some time after discharge from treatment, for example, six months later, to assess whether changes have been sustained. There are, however, considerable challenges in undertaking such measurement. This could only be achieved through follow-up of clients, about a very confidential and private matter. This is potentially intrusive, and clients are often likely to resist such follow-up. It is likely that compliance and capture rates would be poor, which would restrict the reliability of data.
- Studies and assessments of effectiveness generally rely on client self-reporting (eg about their current gambling behaviour). This may not always be reliable.
- Measures of effectiveness must control for factors such as client drop-out rate from treatment and access/eligibility criteria (ie are only the clients which the service believes it will be able to achieve success with eligible for a service?).

It is clear that proper measurement of the effectiveness of treatment will require the development of an evaluation model that can control for differences within and between treatment sites, as well as between clients. Further, the ability to assess 'what works for who, and in what circumstances' should be incorporated into a measurement regime. There is also a need to develop agreement across the system about how and what is measured.

There is currently no internationally-accepted 'best practice' model of intervention in problem gambling. However, studies report positive outcomes from a wide range of interventions and models, which suggests that problem gambling is a treatable condition which responds well to intervention.

It is also clear that, because people and the issues surrounding their problem gambling are different, there is no 'one size fits all' when it comes to treatment, and a best-practice system should incorporate a range of models and intervention types.

5.2 Towards Best Practice Models

The continued management of the working relationships between stakeholders will be important in supporting best practice - effective service responses to problem gambling. The GRF Strategic Review report reviews best practice literature and highlights that best practice approaches to problem gambling indicate that involvement and responsibility from many stakeholders is important, with linkages required across a range of service systems e.g. financial, health, social, legal, familial, recreational. In addition the relatively new emergence of problem gambling services based in the gambling industry itself creates opportunities to form important linkages to GRF problem gambling services.

The existing GRF Program recognises the multifaceted nature of problem gambling and the need to work together to develop coordinated and effective service responses that allow for a mix of service types and gambling intervention approaches to be delivered across the range of providers including Government and non – government, and industry to reach people across the gambling continuum. The most recent GRF *Strategic Review* report states;

‘This review has not found glaring inadequacies in the existing system; rather it has identified substantial strengths and achievements. These strengths and achievements include:

- For a small funding program, the GRF has achieved impressive reach and breadth, geographically, across functions, and to different population groups
- There is an innovative mix of state-wide coverage and targeted service delivery, and responses are provided across the continuum of primary, secondary and tertiary intervention
- A considerable body of expertise and experience has been built up across both the service system and amongst planners
- There is a diversity of providers, models, approaches and strategies
- Good links have been developed between service providers and communities, especially in rural areas and ethnic communities
- There are strong collaborative links between Break Even agencies.
- People seeking help are responded to quickly.

It is also useful in considering the effectiveness of the GRF community based client services to examine the South Australian context in relation to the National perspective. Numerous reports written about the effectiveness of different problem gambling treatments can be found in the literature and this

information is best reported in Victoria's Gambling Research Panel's investigation into "*Best Practice in Problem Gambling Services*" 2003 which reaches the conclusion that :

"Within the Australian context, community based service provision is the dominant model, but this model is also the one least likely to have demonstrated the effectiveness of its various interventions in a rigorous sense."

The study also gives credence to the soundness of supporting a system offering multi-modal interventions (such as those offered through GRF services) and a range of community based services.

The study also points out that devising reliable performance indicators to measure the appropriateness (an indicator of effectiveness) of the service intervention for a range of presenting problems characteristic of problem gambling issues is difficult;

"The difficulty of evaluating the appropriateness of various treatment programs –for whom, at what level of problem intensity, for what type of problems, for what type of gamblers, in what mode of service delivery – is further complicated by the fact that there are "no internationally established models of best practice in existence" Stanford Elliot 1998

The GRF *Strategic Review* report draws on the findings of the Victorian report and the Victorian Department of Human Services 2002 and NCETA 2000 findings and concludes in relation to the Break Even services;

- Identifying best practice is difficult for a number of reasons, including the many limitations of the evaluations and outcome studies that have taken place.
- Some intervention models lend themselves better to clinical trials or other quantitative analysis than others – thus are more likely to have outcome studies conducted (for example, cognitive behavioural therapy). Other community-based problem gambling interventions are not so easy to rigorously evaluate, though this does not necessarily mean lesser efficacy.
- Outcome studies report positive outcomes from a wide range of interventions and models, which suggests that problem gambling is a treatable condition which responds well to intervention.
- There appears to be support for a broad bio-psychosocial approach, using cognitive-behavioural oriented and multimodal approaches, delivered in community-based generalist agencies.
- Effective intervention includes a thorough assessment; clear goal-setting processes with client participation; and processes of review.

- A range of factors, aside from the model used, will influence outcome, including characteristics of the client, their context, and characteristics of the agency and counsellor.

Given the above, services need to have clear theoretical models and therapeutic strategies. The quality of the therapeutic relationship has been found to be a major predictor of outcome.

The GRF Strategic Review report concludes that one of the strengths of the Victorian system was its ability to provide a range of interventions at individual, couple, family and community level.

A number of elements are clear from the literature and other evidence, namely:

- A best-practice system should have a range of models and intervention types.
- Problem gamblers need more than simply ‘treatment’ and necessary services include financial counselling, advocacy and negotiation (eg around housing), and relationship counselling.
- Problem gambling counselling and treatment needs to be highly skilled, clearly focused, and theory driven.
- Cognitive-behavioural therapy has very good credentials as a theoretical approach.

In addition to these findings there is further opportunity for improvement specifically in relation to working together with a range of stakeholders to develop effective service responses. The GRF Strategic Review report made a number of findings in relation to building capacity in other sectors. Specifically the report stated;

“The GRF is a very small fund, and tightly stretched across many functions and populations. There is limited capacity for further growth or innovation within existing resources. The lack of indexation across all income will continue to ‘shrink’ the actual value of the Fund and its purchasing capacity.

It is clear that problem gamblers are most likely to be found in gambling venues, indicating the need for collaborative working arrangements between venues and services. This may be easier to achieve in rural areas (due to the small number and different nature of venues), but it is also generally recognised as a difficult and challenging area of practice. The development and trial of new and innovative models would add capacity in this area.”

Further the report highlights that the existing Break Even service system takes challenges by the spread and diversity of the South Australian population, with the resource base limiting the degree to which statewide coverage can be adequately met. The report proposes that;

“Other treatment and intervention strategies are therefore required, including building capacity in other service systems to respond to problem gamblers, and developing alternative and innovative treatment options and responses.

It is also recognised that many people in the identified priority populations will have complex and multiple needs and are likely to already be the clients of other services. This requires joined-up responses and different ways of working”.

The Department will work to ensure these best practice elements are incorporated into the implementation of services funded by GRF

6. SUSTAINING OUTCOME AND FURTHER DEVELOPMENT: WHAT IS REQUIRED?

6.1 GRF Strategic Review Findings

As noted above the GRF Strategic Review report identifies substantial strengths and achievements in the existing GRF Program. It also identifies directions and priority outcomes for the next 3 year funding period, to further refine and develop the service system. These directions and priority outcomes will be considered and incorporated within the planning process currently underway to develop a 3 year GRF plan to inform the further development and delivery of effective gambling rehabilitation services.

The development and delivery of effective services will also be informed by the range of mechanisms in place to monitor effectiveness, quality, access and equity, detailed within this submission and will be driven with regard to the purpose of the Fund as stated in the Gaming Machines Act “*towards programs for or related to minimising problem gambling or rehabilitating problem gamblers*”.

7. REFERENCES

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