

Lifeline South East (SA) Inc

Organisation and Service Information

Lifeline South East is a member of the Break Even Network and has been the recipient of funding from the Gamblers Rehabilitation Fund since 1995. The service is based in Mount Gambier, population 23,000, however the service area extends to include council regions of Coorong, Tatiara, Grant, Naracoorte and Lucindale, Robe, Lacepede and Wattle Range giving a total population of 66,537. (ABS).

The Break Even Gambling Counselling Service at Lifeline South East provides counselling and treatment services to problem gamblers and people affected by the gambling of others. The gambling counselling service includes the provision of financial counselling, advocacy and negotiation. In addition to this face to face contact, Lifeline Break Even offers phone support, outreach at Naracoorte, self-help mail outs and referral to specialist programs. Community education and awareness programs promoting a harm minimization approach are an integral part of the service.

Other services provided by Lifeline South East in the region include:

- Low Income Support Program
- Victim Support Service
- Community Settlement Services Scheme
- Care Ring Telephone Support
- 24 Hour Crisis Telephone Counselling

These services are funded wholly or in part by Federal, State or Local Government.

The following pages of this document form the Lifeline South East (SA) submission to the Inquiry into the Effectiveness of Gambling Rehabilitation Services, commissioned by the Independent Gambling Authority, South Australia. March 21st 2005.

The goal of this paper is to:

- Inform stakeholders and the broader community about the operations and service delivery of Lifeline South East (SA).
- Describe the rural model found to be effective in this region.
- Make recommendations for the future based on this rural experience.

‘Effective’ Programs for Gambling Rehabilitation A Rural Model

This response seeks to draw on ten years of practice wisdom, working with counsellors of multi disciplinary backgrounds to provide gambling services in a rural area. It recognizes problem gambling as:

*‘Problem gambling refers to the situation in which a person’s gambling activity gives rise to harm to the individual player, and/or to his family and may extend into the community.’
(Productivity Commission 1999, p18)*

It further recognizes the complexity of problem gambling behaviours and the association with co-morbidities and personal and social factors. Against this backdrop, Lifeline South East Break Even has sought to develop a model of service delivery which is authentic, relevant and effective to the rural community.

One of the strengths of the rural model has been in the targeted development of relationships with hotels and clubs. The Border Watch newspaper (21/7/04) reports on an interview with Australian Hotels Association Responsible Gambling Officer, Rhonda Turley, regarding Lifeline South East Break Even Service’s relationship with hotels. Whilst agreeing that Mount Gambier’s gambling problem was ‘significant’ (Mount Gambier City and Grant Council residents lost \$15.25m on poker machines 2003-2004 financial year) Ms Turley commented,... “the problem was being dealt with effectively through positive welfare sector/hotel industry relations”. Ms Turley said, referring to Mount Gambier, “Things are working really well here in regards to harm minimisation.” Ms Turley said that she would like to see similar relationships in other areas of the State.

The effectiveness of this working partnership with industry is evidenced through:

- The willingness of local hotels and clubs to promote and display relevant promotional material for the Break Even Service.
- The endorsement by individual hoteliers of Community Education funding applications from the Break Even Service.
- The referral of patrons by gaming staff to the Break Even Service.
- The regular contact between Break Even staff and gaming staff.
- The ready response of gaming staff to attend (along side welfare representatives) a presentation, at Mount Gambier, by the Independent Gambling Authority on Barring and Problem Gambling Family Protection Orders.

It is a strength of rural agencies to work with community and the hotel industry is part of our community.

Effective partnerships are critical for rural services. Partnerships with other local agencies enable sensitive and appropriate referrals. Local knowledge, both formal and informal, facilitates authentic and realistic service provision. Easy access to the media in rural areas promotes high visibility for gambling issues, and ensures local community awareness.

Similarly, effective partnerships are critical between remote, rural agencies and city based authorities. For instance, during the past twelve months the Independent Gambling Authority has provided education and information to Break Even staff in the South East on the processes and protocols of the IGA voluntary barring scheme. This ensures that the tyranny of distance involved in many city-centric activities can be overcome with goodwill and co-operation. The working partnership between this rural agency and the IGA has resulted in improved service to Break Even clients.

Community Education is a vital part of the rural model of effective service used by Lifeline South East Break Even Service. The Strategic Review (Olivieri and Rogers 2004 p52) highlights that *strategies should be targeted at the whole – of – community (rather than simply problem gamblers) and that a variety of responses and strategies are required.* Lifeline South East endorses these comments and has demonstrated success in developing and designing community education packages directed at the capacity building of key individuals in small rural communities. (Gambling can be a Risky Business Resource Kit 2003).

Further, the rural model employed by this agency, recognizes that a large geographical area demands a creative, pro active approach to community education. For instance Country Shows and Field Days are traditional well supported initiatives which represent unique opportunities to provide information and awareness about problem gambling to normally diverse and fragmented pockets of the rural community. Lifeline South East Break Even Service endorses Key Finding 31: *Targeted community education responses to the priority population groups should be pursued over the next funding period* (Strategic Review. Olivieri and Roger 2004 p52).

The key points of ‘community’ and ‘partnership’ which inform the Rural Model of best practice used by Lifeline South East Break Even Service extends to the prison based at Mount Gambier. Prisoners are part of the ‘vulnerable’ populations cited by Olivieri and Rogers (Strategic Review 2004 p23). In addition to individual counselling and group work, Lifeline South East Break Even Service has developed innovative projects which build on the long standing, credible reputation of Lifeline South East over a ten year partnership with prison management in the delivery of programs. (Service Enhancement Cents and Sense 2003), Lifeline South East endorses the comments of Olivieri and Rogers that best practice systems would, *“include provision for people with complex and multiple needs.* (Strategic Review 2004 p51) and Key Finding 13 (Strategic Review

2004 p32) asking for consideration to *a priority focus for the next funding period on people with mental health problems and intellectual disability; the homeless; prisoners; youth and Aboriginal people.*

Best Practice Treatment

The Rural Model of service used by Lifeline South East Break Even accepts the key findings of the Victorian Government's reviews of literature, evidence and practice in problem gambling which indicate there are no internationally established best practice models. (Melbourne Enterprise International, 2003; Victorian Department of Human Services 2002; NCETA 2000). Further, that some models lend themselves more readily to clinical analysis than others. The literature cited above acknowledges that *a best-practice system should have a range of models and intervention strategies.*

Practice experience over the past decade has shown that many clients who present to Lifeline South East Break Even Services with gambling problems have other issues such as grief, loneliness, domestic violence etc. Gambling behaviour has been a self medicating or coping strategy which has proved functional initially, but then becomes a problem in itself. There can be personal impacts (anxiety), financial impacts (debt), interpersonal impacts (trust) or legal impacts (crime). Therapies which take a client-centred approach such as Narrative or Family Systems, used at this agency, may be slow but have the advantage of focusing on strength and empowerment which are long lasting and benefit the individual and the community. Positive re-inforcement of non gambling behaviours, and/or contractual arrangements are useful in modifying gambling behaviour. Monitoring patterns of thinking by using a gambling diary or desensitiation techniques are also useful.

This agency draws on the acceptance that one size does not fit all when it comes to best practice treatment of problem gamblers. We subscribe to the Integrated Theory described by Griffiths and Delfabbro, 2001:

Gambling is thus a complex, multi dimensional activity that is unlikely to be explained by any single theory. Instead, ... a biopsychosocial model... stresses the individual and idiosyncratic nature of the development of gambling problems and emphasizes the role of contextual factors internal and external to the process of gambling itself.

As Mark Bandick explains in *Gambling – The State of Play* p29, *an integrated model places the gambling behaviour within a range of factors including social learning, distorted cognitions, mental health, culture as well as life events.*

This perspective reinforces the importance of ‘partnerships’ as described earlier in this paper, and recognised by the Department of Health and Human Services in Tasmania (2001). *Linkages are required with a broad range of services, systems and other parties.* (Quoted in Strategic Review 2004 p48).

The critical role of financial counselling in a best practice model cannot be overstated. In 2001 a report stated that *more than 50% of people reported relying on others for money to relieve desperate financial situations caused by gambling.* (Jackson, Thomas, Ross and Kearney 2001). The Productivity Commission Report of 1999 reported that *one in five people with gambling problems had borrowed money and not paid it back due to gambling. Problem gambling and financial difficulties are often reported together.* (Productivity Commission 1999).

The Rural Model of service delivery employed by Lifeline South East Break Even Service offers financial counselling. However, there is a lack of accredited training in this area which leaves the service vulnerable to staff changes and an inability to recruit suitably qualified practitioners.

Recruitment of skilled counsellors generally is difficult in rural areas. The offer of a one year contract is often not sufficient inducement for potential staff to move to the country or to leave other more permanent employment. To provide an effective program it is essential to be able to attract qualified workers and the relevancy of the Diploma for Gambling Counselling being developed in New South Wales should be considered along with high quality training for financial counsellors across the state.

<p style="text-align: center;">What has been learnt from this rural model that may give direction for the future?</p>
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1. Collaborative, co-operative working partnerships between venues and services can be achieved and these enhance service delivery to the client.
2. Solid, mutually respectful relationships between the Break Even agency and others such as Australian Hotels Association or Independent Gambling Authority benefit all parties and ultimately benefit the client through a more informed and resourced agency approach.

3. Community Education programs can be built to increase the capacity of other service providers or key individuals in small rural areas such as Ministers of Religion, Doctors, Health Workers who are often de-facto counsellors in small, isolated communities. Building capacity in other sectors extends the reach of the Break Even Service across the rural landscape.
4. Community Education programs can creatively and pro-actively target local populations where they traditionally congregate e.g. Local Shows, Field Days, State wide community education programs should be relevant and responsive to the rural sector.
5. Vulnerable members of community such as prisoners have complex needs. Partnerships can be developed with prison management and linkages with other services to offer innovative strategies to reach this group.
6. Best practice systems are those with clear, theoretical models which give choice and diversity to clients and are respectful of client needs and circumstances. Offering other options such as telephone counselling or self-help mail outs extends the Break Even Service across the rural landscape.
7. Financial counselling has an important role in gambling service provision. Strategies are needed to resource this sector with training and support.
8. It can be difficult to recruit suitably skilled qualified staff in rural areas. This could be assisted by pursuing distance education opportunities such as the Diploma for Gambling Counselling being developed in New South Wales.

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