

The Salvation Army's Submission – 21st March 2005
Independent Gambling Authority's
Inquiry into Effectiveness of Gambling Rehabilitation Programs

Background

The Salvation Army has always been a strong advocate as well as providing practical services and supports for individuals and families affected by gambling. We have been involved in a number of community forums and committees established to explore the issues and make recommendations to government and to the gambling industry. We have been proactive on the 'Heads of Churches' Gambling Task Force' and have made a number of recommendations which have been embraced by various state governments in respect to minimizing the risk of problem gambling. Raising community awareness of these issues has been a strong focus of this particular committee.

The Salvation Army has made a significant contribution to tackling the issues of problem gambling in services provided in South Australia and other states.

The Salvation Army Break Even Gambling Service in the western suburbs of Adelaide has been in operation since the establishment of the Break Even Services of South Australia in 1995. This service offers a holistic approach to working with problem gamblers and their families. This submission primarily refers to the services provided from this outlet.

(1) What you or your organisation think makes an effective program;

From The Salvation Army's point of view an effective gambling rehabilitation program attracts referrals of people with a gambling problem as well as referrals of members of the family or associates of a gambler who are affected. Effective services to our clients are timely, appropriate and are tailored to suit individual needs. It is recognized that there is no one effective way of treating all the situations that are presented. An effective program cannot stand alone, but needs to be integrated with other services both within The Salvation Army, and elsewhere in the community. An effective program depends upon:

- Multiple referral sources
- Reliable and educated referral sources
- Community awareness of the relevant brand name(s)
- Flexibility of service availability
- Flexibility of service delivery
- Appropriately trained and skilled staff
- Optimal response times to first presentation
- Access to translation and interpreter services
- Effective emergency responses where necessary
- Effective rapport-building
- Effective working relationships with clients
- Evidence based practice

- Creative practice within an evidence-based framework
- Capacity to address multiple issues
- Outcome oriented record keeping practices
- Availability of valid outcome measures
- Outcomes monitored and follow-up practices in place
- Appropriate connectivity and referral on to other services in the same organisation
- Appropriate connectivity and referral on to other services outside of the organization.

(2) How program effectiveness might best be measured;

Program effectiveness can be measured by examining all of the above, but realistically there needs to be a focus on some elements rather than the whole picture. Measures that may lend themselves to more streamlined and efficient use include:

- Count of the number of different referral sources
- Count of education/marketing practices to referral sources
- Count of number of referrals received and acted upon
- Outcome measures including gambling behaviour and expenditure over time
- Outcome measures including at least one measure of anxiety
- Outcome measures including at least one measure of depression
- Outcome measures including at least one measure of suicidal ideation or screening for suicide risk
- Outcome measures monitored and reported upon on a regular basis.

(3) Whether programs are currently measured for effectiveness, and if so, how;

- Referrals from the Gambling Help Line are counted on a monthly basis
- Referrals from other sources are measurable using the Break Even Database's new Dynamic Reporting Tool which has only recently become available. It has not been used enough yet to properly evaluate, but it appears to be a valuable tool
- The number of referrals resulting in registered clients has been reported on by the Break Even Database
- Outcome measures are monitored in-house on an ongoing basis for individual registered clients
- Reporting of outcome measures for the whole service will occur on an annual basis

(4) Whether current measures of program effectiveness are adequate and explaining why;

- In my experience from working in other areas such as the disability sector, the level of accountability and reporting of outcomes in the Break Even Service is very high indeed.
- Overall, the outcome measures are appropriate on face value and appear to have been developed from a sound evidence-base. I have not at this stage had time available to commit to check, in detail, the evidence base for myself. I have respect for the research ability of the people who appear to have been involved in developing these measures.
- I personally value the outcome measures and use them clinically, in discussion with clients.
- I am in the process of developing an outcome measure (The Personal History of Gambling –‘The PHOG’) that complements the existing ones, mainly by examining longer term histories of gambling
- If there is a main source of inadequacy, it is in large part a characteristic of the client population, that long-term follow up, and sometimes even short-term follow up can be difficult or impossible in enough cases to frustrate research on a large group basis.

(5) Thinking about the programs available in South Australia as a whole, and within the context of partly or wholly government funded, whether the breadth of the funded programs is effective within the context of (and please explain your answer).

The funding provided;

- The funding provided is currently inadequate considering the extent of unmet demand. Current services would be overwhelmed if a small increase in the percentage of people with gambling-related problems were to seek help.
- If services remained overwhelmed for anything but a short period of time, there is the risk the staffing resources would collapse with dire consequences for the State and for some individuals.
- Changes to codes of practice require gaming managers to more connection with rehabilitation providers, however, there are substantial resource implications for the rehabilitation service providers if the changes are to be effective.
- There needs to be the provision to evaluate projects receiving one off funding to determine their suitability for ongoing funding. An example was the successful pilot of the Dial A Debt Counsellor telephone financial counseling help line. The pilot demonstrated the value of this alternative form of financial counselling service.

The needs of the target group;

- The needs of the target group are very diverse such as financial needs, mental health needs, suicide risk, impulse control, anxiety and relationship issues.
- The breadth of skills of staff across the funded programs covers Social Work, Psychology, Nursing, Counselling. There is scope to increase access to other specialities such as Medical and Recreational staff. It is desirable that multidisciplinary services are available across the state.
- The funded programs have the mandate to refer on to related services where necessary, such as when a specific staff member is unable to deal with a particular issue or set of issues.

Clinical approaches/treatment modalities available;

- Potential clients have access to education, one-to-one intervention and counseling, group-based clinical programs, and intensive in-patient services. Interventions may occur face-to-face and over the telephone.
- There is a broad geographic spread of services in metropolitan areas, but this could be refined further to account for some barriers that the population find difficult to cross. For example, anecdotal reports indicate some clients have trouble traveling between Elizabeth and Salisbury; similarly some clients living north of O'Halloran Hill are unlikely to travel to Noarlunga/Christies Beach for services.
- Rural and remote areas are not well covered. It is clear that current services are stretched and unable to fully meet demand.

All (including non-government funded) gambling rehabilitation programs available in South Australia;

- It is appropriate to allow some services that remain independent of government funding. This provides a level of choice that would not be available otherwise. Some of the self-help groups fulfill part of this need such as Gamblers Anonymous and Pokies Anonymous.
- There is a risk that private providers outside of the Break Even Services are not subject to the same level of scrutiny and peer review as are those funded by the GRF.
- Private practitioners and private groups that provide gambling-related services with no government funding, may be a source of innovation in the future that may be less likely to occur under the constraints of funding.
- Private providers should not be advertised, in a misleading way, that they have the backing of Government funding and accountability (e.g. one private provider has been listed on the Centrelink website as one of the main providers of gambling services in South Australia. The Break Even Services which are not mentioned for South Australia - see attached print-off from Centrelink website).

(6) With regard to the preceding point (5), if you say that the program provision is ineffective in any way, identify what gaps there are and what is needed to provide an effective program.

- Rural and remote areas are not as well covered as the metropolitan areas, but there is scope to take advantage of rural and remote networks already in place. For example, The Salvation Army has offices covering vast areas of the State, but The Salvation Army's current Break Even Service agreement specifies services targeting the Western Metropolitan Area. The Salvation Army could extend services into rural and remote areas quickly and efficiently if requested and funded to provide additional services.
- It is suggested that multiple agency/service provision in rural and remote areas is going to provide a better service overall. Similarly there is value in offering choice to clients in the metropolitan area as current services tend to operate independently. It appears that the arrangement for the western suburbs with 2 agencies (The Salvation Army and Uniting Care Wesley Bowden) offering services is a valuable one.
- There is scope to increase the collaborative efforts between the 'mainstream' providers of gambling services and those targeting specific groups such as Indigenous and Culturally and Linguistically Diverse. More funding would be required for all parties to achieve this.
- A client has suggested that a 'safe house' is needed for some people with gambling problems in the early stages of dealing with the implications of their problem. The safe house may be to protect the client from harming themselves or others, but also to protect the finances of themselves or their family. Attached is a recent letter from the client suggesting a group home environment for the short-term use of people in the early stages of overcoming gambling problems
- Some gamblers are subjected to acts of criminal conduct organized by loan sharks to pressure them to pay gambling debts. Safe houses may not only reduce the impact of such criminal conduct on gamblers and their families, but they may provide police with better opportunities to track down and prosecute the perpetrators of such criminal conduct.

4.2.2 Specifics of gambling rehabilitation programs

Some stakeholders might also, in their submissions, be able to assist the Authority to understand the nature of gambling rehabilitation programs in South Australia, by briefly describing such programs both specifically and within an overall structural perspective.

Specific program descriptions would be helpful if an identification of clinical style or treatment modality is included.

- The Salvation Army's Break Even Service provides mostly one-to-one counselling.
- Clients are usually provided with services face-to-face.
- Where clients prefer, they can be provided with services over the telephone.
- Services are mostly provided at Arndale Family Support Services, but counsellors are prepared to travel to homes and to other service settings if necessary to provide assessment and treatment.
- The Salvation Army's Break Even Service currently uses Cognitive Behaviour Therapy as the main treatment approach for dealing with gambling behaviour.
- Therapy is provided within a harm minimization framework.
- The Salvation Army also provides family and relationship counselling, grief counselling, and assistance to deal with anxiety and other issues that are associated with gambling problems.
- The Salvation Army has a strong record of providing Financial Counselling as part of the package of services available to people with gambling problems or people affected by gambling problems such as family members.
- As far as possible, Financial Counselling services are integrated or coordinated to fit with interventions that specifically target gambling behaviour and related behaviours
- If necessary, The Salvation Army's Break Even Service refers clients on to other service providers such as Assessment and Crisis Intervention Service (ACIS), Private Practitioners in Psychology, and other health and welfare specialists.
- If necessary or appropriate, The Salvation Army's Break Even Service refers clients on to other services provided by The Salvation Army such as Emergency Relief where food or other daily essential items are lacking, and accommodation services where there is homelessness or a person is at risk of homelessness.

4.2.3 Available research and reports

The Authority wishes to be advised of any reviews, studies or research conducted which might be relevant to the terms of reference. Such material might be integral to a stakeholder's submission and should therefore be included. However, it also might not be, in which case stakeholders are asked to list the material and provide a reference, if known.

- 'An Anthology of Gambling Tales' ('Anthology') edited by May Shotton was published in September 2004 and is one example of a tangible outcome of The Salvation Army's Break Even Service over a ten-year period. 'Anthology' includes self-reports by people with a gambling problem and members of their families who have received services from The Salvation Army.

Feedback from clients regarding use of the Anthology has been very favorable and the book has been useful clinically as well as educationally. 'Anthology' is currently available from The Salvation Army's Break Even Service and funding has been sought to obtain a second print-run as the initial 2,000 print-run is now coming to an end and demand is outstripping supply. Requests for copies of 'Anthology' have come from interstate, as well as SA country areas, libraries, other gambling services and schools.

- Dial a Debt Counsellor, recognized the often serious financial consequences of gambling on households, and demonstrated the value of a telephone financial counseling service in the community receiving calls from all over the state.

Included are the following Attachments with the submission:

Form A

Copy of 'An Anthology of Gambling Tales'

Copy of Report into pilot of 'Dial-a-Debt-Counsellor'

Copy of hand-written letter by a client suggesting safe-houses for problem gamblers

Copy of Centrelink page listing gambling services across Australia