

# Inquiry into Effectiveness of Gambling Rehabilitation Programs

## - UnitingCare Wesley Adelaide

Form A (Submission form)

### 1. Personal details

Name of contact person (please include titles and qualifications)	
Street address (include postcode)	Home phone
Work phone	
Facsimile	
Mobile phone	
Email address	
Do you wish to remain anonymous? (circle/strike out as appropriate. a blank is a .NO.) YES <b>NO</b>	

### 2. Organisation details

<i>If you are making this submission on behalf of a body (such as a government department, a service provider, a recognised charity), on behalf of a group of people (such as an informal association of people with a specific interest in gambling) or in some other capacity (for example, as a university lecturer) please provide the details of the body and indicate whether your submission is the body's OFFICIAL position or simply your own UNOFFICIAL view.</i>
Name of body, association or organisation <b>UnitingCare Wesley (Adelaide, Bowden and Port Pirie – joint submission)</b>
Your title, designation or position
Is the submission <b>OFFICIAL</b> or UNOFFICIAL

### 3. Submission details

<i>This submission is made by (circle/strike out as appropriate)</i> <b>HARD COPY AND DISK HARD COPY AND EMAIL</b> HAND WRITTEN COPY ONLY
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*If the submission has been provided as a handwritten version only, it will need to be typed to enable ease of reading and placement on the Authority.s website. Do you permit the Authority to produce a typed version of your handwritten submission?*

*(circle/strike out as appropriate.a blank is a .YES.) Does not Apply*

**4. Hearing**

*Do you or your organisation intend to present at the public hearing on 12 April 2005?*

*(circle/strike out as appropriate.a blank is a NO) **YES** NO*

*(Presenters to Include; Ms Gwen Moore, General Manger Services , UCW Adelaide; Mr Trevor Bignell, Manager Adult Services, UCW Adelaide)*

*Will you require any equipment for your presentation, such as Powerpoint?*

*(circle/strike out as appropriate.a blank is a NO) **YES** NO*

*If you require any equipment other than Powerpoint, please specify.*

**Acknowledgment and consent**

1. I have read the submission guidelines for the inquiry and make this submission on the basis set out in that document.
2. I take responsibility for the correctness and accuracy of statements made in this submission.
3. Unless specifically attributed to others, the opinions, comments and observations in this submission are my own.
4. I consent to the whole or any part of this submission being published by the Independent Gambling Authority.

	<i>Date</i>
<p><i>Signature</i></p>          <p>Sue Park, Chief Executive Officer</p>	

## UnitingCare Wesley

This submission is structured to respond to topics given in the IGA's "Guide for Making Submissions and addresses the topics in the order listed in the guide

### *Terms of reference*

*The terms of reference for this inquiry are.*

#### *1. General Scope*

*1.1 The Authority must report on the effectiveness of each gambling rehabilitation program conducted or funded (wholly or partly) by the Government of South Australia.*

*1.2 In designing its process and its reporting for this inquiry, the Authority must take into account that a purpose in commissioning this inquiry is to enable the Minister to comply with section 91 of the Gaming Machines Act 1992.*

#### *4.1 Submitter profile*

The following is additional to the summary information given in Form A, which is attached as cover pages.

This submission is from the UnitingCare Wesley partners that provide Break Even gambling counselling services. Specifically UnitingCare:

Adelaide  
Bowden  
Port Pirie

The fourth partner, Port Adelaide does not provide direct gambling rehabilitation services, but deals with gambling issues through other services and a senior staff member, Libby Craft, represents SACOSS on the gamblers Rehabilitation Fund

#### UnitingCare Wesley Adelaide Service Delivery Experience

As a significant provider of community Services in South Australia, UnitingCare Wesley Adelaide has a well established reputation for services that respond to the harm caused by addictive behaviours. Our first involvement going back to 1901 when "Sisters of the People" responded to the needs of people caught up in the opium dens of Adelaide.

As Adelaide Central Mission, we established the first specialised gambling rehabilitation service in South Australia, as a result of a growing number of calls coming to Lifeline that were gambling associated. This work started in

the early 1990's, and mainly dealt with people with gambling problems associated with wagering and casino gambling

More recently, in 1995, Adelaide Central Mission applied its experience in dealing with addictive behaviours, its counselling expertise and specialised financial counselling skills to establish a Break Even service to assist people with gambling problems and their families. This service is geographically focused on the southern suburbs of Adelaide and Fleurieu Peninsula

The following summarises the extent of the service, using total interviews as the measure.

#### UCW Adelaide Break Even Interviews

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04
Total Int'views	2,524	3,981	3,307	3,613	3,778	4,332	4,369	2,748

Note that the data shows a significant drop in the number of recorded interviews for 2003/4. We believe that this is explained by a number of factors, including:

- Changed counting approaches, eg 10 minute financial counselling follow up interview or phone call no longer being counted as an interview
- A large number of short follow up contacts with financial counselling clients being reduced as the major role in financial counselling was shared with other services
- A senior financial counsellor being on extended leave during 2003/4
- Stricter management of 'drop in' clients

#### UCW Bowden

UCW Bowden is located in the inner west suburbs of Adelaide and was previously known as the Bowden Brompton Mission. This mission is also over 100 years old and has focussed its work in the industrialised inner western suburbs, an area that has historically been very poor.

The UCW Bowden Break Even service also commenced in 1995 and concentrated on assisting people in the inner west, and area of high cultural diversity, so dealing with gambling in a range of cultural groups has been a significant part of this service.

#### UCW Port Pirie

UnitingCare Wesley Port Pirie is also a long established community service agency. Its Break Even service covers a very large geographic area, from Yorke Peninsula in the South, through to the NSW and Northern Territory borders.

This significant contact means that the UnitingCare Wesley partners are very well placed to comment on the harm of gambling on individuals, families,

workplaces and the community and to reflect on the effectiveness of rehabilitation and related harm reducing services and approaches.

We sadly note the following information that we have gathered based on surveys of service recipients.

- About 20% of clients have considered or attempted suicide, with gambling problems being a significant causal factor.
- Over 70% have stolen to support their addiction, this includes the many who steal from family and friends, but whose crimes are not reported, nor a conviction reported
- Over 30% of clients face criminal charges

Further detail about the Break even services offered by the partners is given in 4.2.2.

Note that for some topics, each partner has provided comments individually. For these topics, the response is given under each partner, as presented by that partner. All other views can be understood as being consolidated views of all partners.

## 4.2 What submissions might address

### 4.2.1 Generally

*Submissions might address the following.*

- (1) what you or your organisation think makes an .effective. program;*

Before considering this topic we note the following understandings of terminology:

#### Programme

This refers to the entire set of similar services with the main source of funds coming through the same funding source. We understand that there are 5 programmes funded through the Gamblers Rehabilitation Fund:

- Break Even rehabilitation services
- Gamblers Helpline
- Early intervention that has, to date, concentrated on public awareness raising
- Community education, that is carried out both through specific projects and as part of Break even services.
- Research

Unless otherwise specified, this submission will focus on our area of greatest experience, the Break Even programme.

### Service

This refers to a specified group of activities, intended to meet an agreed outcome, provided by an individual organisation. So the Break Even activities provided by the 3 UnitingCare Wesley partners are understood to be 3 separate services.

### **Effectiveness**

The question of what makes an effective programme, or service, is the subject of a considerable literature that we will only touch on in this submission.

We understand effectiveness to be about to meeting a programme (or project) outcome or objective.

In a more formal sense we understand effectiveness to be a core element of evaluation, and so the following deals with evaluation which we consider to be a broader concept than effectiveness. However, we consider that evaluation is central to understanding the effectiveness of, in this case, gambling rehabilitation services.

### **Evaluation**

Dr Colin Sharp, in introducing evaluation in the “Do It yourself Evaluation” manual produced for the Australian Youth Foundation, states:

“Everyone evaluates whenever they judge the value of something, or make decisions about what is the best plan of action”. We consider that evaluation is the appropriate to be considering in the context of this review.

Dr Sharp continues in his manual:

“... it is important that service providers and participants in projects and programmes, collect and provide information to assess how inefficient, ineffective and inappropriate the projects are:

All evaluation must address these three evaluation criteria:

- Efficiency is a measure of outputs over inputs, or the amount of outputs for the given inputs. This is useful in accounting for money used
- Effectiveness is a measure of the extent to which outputs achieve its objectives (that is, either the project enable the clients to achieve the intended outcomes). It shows the relationship between the outcomes for the intended recipients and the objectives of the project it helps demonstrate the performance of the project.
- Appropriateness identifies the relevance of program objectives to actual community (or young people's) needs. This criteria addresses

the broader social concerns and keep focused on the contribution in the projects context.”

We suggest that where the term ‘project’ is used in this quote, the term ‘programme’ could be inserted to apply to GRF funding as a whole or to the programmes identified above funded by the GRF, ie a macro level. Similarly the word ‘service’ could be used so that the evaluation criteria equally apply at a micro level.

We also suggest that the evaluation and programme effectiveness need to be understood in the context of quality performance measures.

[We note that over the past 10 to 15 years many industries and individual firms have adopted quality assurance systems as a mechanism to improve production quality and to give customers greater confidence in any end product or service. Hence measures like ISO 2000 and ISO 2001 have become familiar.]

Quality measures have been harder to develop and implement for human service organizations, due largely to the qualitative nature of intended outcomes, compared with more quantitative measures which are more readily applied in production settings.

However considerable work has been undertaken by academics, governments and by community service organisations to develop and apply appropriate quality systems. A dilemma for large community service organisations is that there's been a tendency over recent years for different funding programs to apply different quality and performance measures meaning that data collection management and reporting on a program or program basis has at times been expensive and counterproductive.

UnitingCare Wesley Adelaide has invested considerable time and expertise into developing and implementing appropriate quality approaches and data collection across services. An example of data collection is given at appendix 1, which applies to the Break even gambling rehabilitation service.

## *(2) how program effectiveness might best be measured;*

Effectiveness at a program wide (macro) level would best be measured with formal, independent evaluations being undertaken once every three to five years. This would enable ‘best practice’ community service evaluation approaches to be utilised for gamblers rehabilitation funded programs and also enable the program to be benchmarked against comparable community service organisations both within South Australia and interstate.

UnitingCare Wesley is of the view that the GRF programmes, particularly the Break Even programme have not been as effective as they could have been particular concerns include:

- 7 of the 10 years have been one of contracts making staffing and planning difficult
- difficulty in data management processes, including availability of data, despite participating in a number of working groups and discussions on the issue over a number of years
- ad hoc nature of planning and decision making
- deficit funding
- resources for rehabilitation service providers to respond to everyday demand and additional demand from promotion / education programmes.

At a service level effectiveness is also best measured with rigorous, independent evaluation, including longitudinal outcome surveys to ascertain the level at which the service has been effective in meeting goals of reducing gambling harm.

#### Overseas experience

In looking at overseas experience in reporting on effectiveness of gambling services unitingcare Wesley has looked to GamCare in the UK as being an organisation that provides some similar services.

We have attached some examples of GamCare service measures along with a full list of measures from their 2003 services report in appendix 2.

We note that full follow up and evaluation is unlikely to be practical for individual services for all clients, but may be better undertaken for an agreed 'snapshot' period of time by an independent external evaluator.

### *(3 ) whether programs are currently measured for effectiveness, and if so, how;*

In general, current programmes are measured for outputs and compliance, rather than for effectiveness. Part of the frustration for services has been effective data collection, control, management and availability coupled with unclear and sometimes inadequate communication.

Considering the 5 GRF programmes we summarise effectiveness measures as follows

- Break Even rehabilitation services  
Focus on outputs and compliance
- Gamblers Helpline  
Focus on calls received and their characteristics, useful but note comprehensive effectiveness measures
- Early intervention that has, to date, concentrated on public awareness raising  
Focus on campaign recognition
- Community education, that is carried out both through specific projects and as part of Break even services.  
Limited work on programme wide effectiveness

- Research  
We are not aware of any attempts to measure effectiveness of this programme

We now turn to service effectiveness

### Adelaide

Quality of service is a complex issue. UCW Adelaide endeavours to document and measure specific activity, changes or benefits that are associated with quality of its services, across 45 different services. These are documented to assist with review and planning. The overall aim of the review and planning for quality, is to make a positive difference in communities and the lives of individuals that are most in need.

Views, perceptions and ideas about the quality of our service are gathered from clients, volunteers, staff, funders and the general public. In addition other objective measures are made and reviewed to gauge service performance.

Every service provided by UCW Adelaide is reviewed via the organisation's quarterly Management Indicator Report. The MIR measures for each service attempt to cover:

- service outputs,
- client satisfaction and
- where possible, client outcomes.
- Process measures (eg audits of client file management)

These measures are continually reviewed against targets by senior management and executives. Reports to executives are made to address variation from targets.

Measuring aspects of quality provides data that can be helpful in informing policy decisions. Without these alternative measures the simple measure of dollars would gain greater currency, but service quality would lose out.

Our data shows a 100% client satisfaction rate and 88 -100% 'situation improved or resolved' results since these measures were first surveyed in 2001/2

### Port Pirie

Measures of effectiveness used include:

- Referrals from programs and within UCWPP (Relationships with licensees has provided an increase of referrals from venues)
- Client feed back

- Observation of Break Even worker eg improved financial situation, ability to undertake alternative activities to gambling, willingness to participate in social activities
- People have made use of the service and no longer need support

#### Referrals:

- Most referrals come via the telephone  
The level of crisis is assessed  
Considering the large geographical area of the Mid North and Yorke Peninsula, telephone contact/interview is made with a new referral within a week and a face to face visit is scheduled within two weeks.  
There is no waiting list
- Length of time a client requires the service
- How quickly people move through the 'cycle of support' eg level of support by BE worker, family or friends

#### Bowden

A preliminary investigation of the effectiveness of our Break Even agency showed that over 85 % of clients who undertook counselling since the beginning of January 2004 experienced some degree of benefit from participating in our program. More specifically, 33.8 % of clients had "fully achieved" their goals around their gambling problem, 25.0 % had "substantially achieved" their goals, and 27.9 % had "partially achieved" their goals in relation to their gambling problem. Only 13.2% of the clients who underwent counselling did not achieve any success in meeting the goals they set around their gambling problem.

These figures were derived from an examination of the outcomes in the closure section of the Break Even database system. The outcomes are ascribed by the counsellor who worked with the client, and are determined by assessing the progress made by the client during the counselling process.

However, we would like to judge the effectiveness of our Break Even agency by employing more in-depth analysis of the outcome measures collected during the counselling process with our clients. A more comprehensive appraisal of our effectiveness would be arrived at by comparing outcome scores collected at pre-treatment and post-treatment.

We deduce that services provided are highly effective with very high levels of client satisfaction. (This does not imply that there are not gaps in service provision, rather that what we do is done well)

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

There are gaps in programme effectiveness that are canvassed in more detail below, we note however the observation that the highly politicised environment of gambling policy, services and industry power have contributed to what has often been a restrictive and controlling climate that has diminished programme effectiveness. For example the lack of 3 year funding cycles over the decade of GRF funding, the Government taking network coordination and training functions from direct Break Even network control and the limited service input to the GRF.

*(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 needs of the target group;*
- . clinical approaches/treatment modalities available;*
- . all (including non-government funded) gambling rehabilitation programs available in South Australia;*

#### Port Pirie

Some of the inadequacies in the programme that we observe are:

- Data inefficiencies eg reporting, inconsistent practices in recording
- Analysis of data for specific purpose eg travel to meet client need and referrals within the region
- The state media campaign use of the messenger newspaper is not relevant to rural communities
- Customise problem gambling media campaigns to meet local community needs  
Eg information indicating local details with state wide TV campaign
- Provide and implement a whole of community approach  
Eg constant reminder to the industry of their responsibility within the area of problem gambling
- Provide and implement an early intervention and holistic approach
- People who work in areas of 'first point of contact' to identify and refer to BESSA  
Eg GP's, community health, CYFS financial advisors and hospitals
- Remove ATM's and ACM's from gaming venues that have EGM
- Lack of uniformed, state wide support services in regional South Australia eg Mental Health, general relationship and family counselling, Family Support Services, and early intervention services

- There are inadequate resources to meet demand eg there are long waiting lists for support services like Child Adolescence Mental Health Services, Mental Health
- Short term funding contracts prevent long term planning
- The medical model of treatment has a limited impact within rural communities eg intense inpatient service available only at a city location
- Inequity in distribution of resources to and between communities

#### Overseas experience

We have already made reference to the work of GamCare from the United Kingdom and is note the following developments in their demands for service. We suggest that observing trends from overseas, particularly the UK which has taken a more pro gambling stands and other nations may be useful in suggesting emerging trends for South Australia.

- 34% of GamCare clients were experiencing the general health problems including dental problems sleep problems etc
- the psychological health of clients was the area most severely affected by problem gambling behaviour and was also the most complex to evaluate only 12% of clients and assessment had little or no psychological problems while 67% had general anxiety mood swings poor sleep or felt unhappy and dissatisfied with their lives back, almost all had low self-esteem
- 21% of clients had severe psychological problems including neurotic disorders clinical depression manic depression psychotic disorders and / or had recently attempted was seriously considered suicide.
- Drug and alcohol misuse with gambling. At closure those still misusing drugs or alcohol had been reduced to 8% but rose to 17% at the three month follow-up stage when summer clients found themselves returning to drinking or drug taking while they reduced gambling activity. However by six and 12 month follow-up is the level of drug or alcohol problems stabilised at 7% and 10% respectively.
- The growth in the number of problem gamblers receiving counselling has been paralleled by an increase in the complexity of modems that clients are selecting to gamble on. During 2003 18% of clients presented with two or more primary modes of gambling the most problematic combinations were off course betting alongside Internet betting and offcourse betting with terrestrial casino table games. We note that the UK situation is very different from South Australia due to lack of accessibility of Australian style poker machines.

- 2003 is the first time that GamCare reported on Internet gambling, they reported that over 5% of all first-time callers cited the primary platform of gambling is the Internet. GamCare notes that this rise compared to previous years reflects the continual increase in the popularity of promote gambling platforms and suggest that this is an area for close monitoring.

In considering the emerging and possible future needs of the target group UnitingCare Wesley notes the Gamcare experience with growth in the following areas:

- mental health
- multiple forms of gambling
- Internet gambling

*(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.*

#### Port Pirie

The issues of greatest concern to us are:

- NGR is huge and the Government provides a token amount to the mid North and YP for rehabilitation
- It would be beneficial to have a Flinders treatment bed or face to face CBT opportunity in the Mid North
- Lack of social support and community understanding around the issues of problem gambling many clients remain isolated both socially and geographically
- Few opportunities for low cost activities as an alternative to gambling
- Limited employment opportunities
- Lack of involvement of Indigenous and CALD community in gambling rehabilitation
- Lack of compliance by industry to codes of practice
- Lack of support services eg mental health, general relationship and family counselling
- Planning is difficult at present due to the short term funding timeframe of one year
- There is no 'Quick fix' for people who have a problem with gambling. Funding is needed to provide long term strategies for individuals and communities

- Distances to implement service within a rural location
- The impact of poverty is compounded by ever increasing costs of basic utilities and requirements to live, like housing and food
- The banking industry does not operate from a social perspective and people who have a problem with gambling are more vulnerable to obtaining personal loans, credit cards and fees that compound financial problems
- The reduction of key services in some areas eg banks, medical services
- High and long term unemployment in some sections of the community
- Lack of activities for people when gambling is not part of their lives
- Sport is central to the rural social culture, EGM part of many sporting clubs' fundraising strategies
- Public transport to access services between communities
- Difficulties for workers to be able to meet clients in a neutral location to deliver a confidential service.

As a rural service we highlight the need to:

- Increase resources in the regions eg it is a concern that local presence is limited
- Recognise that local knowledge value adds to service delivery
- Currently there is minimal advertising of help services within this region

### Adelaide

#### Unmet Need

The services provided from GRF funds have been subsidised by UnitingCare Wesley Adelaide now for many years. The Department's definition of unmet need included the full cost of services where not all of these funds are provided by the funder. The deficit for the last three years has been:

- 02/03 \$19,570,
- 03/04 \$21,540 and
- the project deficit for 04/05 is \$28,300.

We would appreciate funding to enable to service to continue to function at its present capacity.

Service capacity is severely tested at times as a result of community education and community awareness campaigns. Impacts on services need to be considered before running campaigns.

It is important to be able to respond, within a very short time frame, to requests for assistance as placing people on waiting lists results in people losing the momentum to gain assistance while they wait for their first

appointment. The ability to provide support on a reasonably frequent basis in the early period of contact also assists in keeping people engaged with the process.

Therefore any plans to provide more frequent community awareness campaigns should be implemented with a complementary increase in capacity of services and that these increased be planned and give sufficient time for recruitment and training of staff to respond to increased demand. Planning should also take into account that the increase in the amount of requests for assistance is sustained for a period longer than the actual campaign and the people attended during this period require some longer term assistance and therefore capacity increases need to be consistent with these requirements.

Increasing capacity on a short term basis is particularly difficult for services due to the time required in recruitment and training and the possibility that short term contracts will not attract appropriately experienced people. Therefore any increases need to be for reasonable periods of time and have the costs associated with recruitment, training and support along with appropriate implementation time frames

#### Short term projects

The following suggestions are offered as ideas for short term projects.

- production of a video showing a number of sessions from a financial counselling series of interviews, this would primarily be to support self-help for gamblers with financial problems but would also be useful for financial counsellor training and university students.
- Increased self-help material on the website both dealing with financial counselling and relationship issues.
- A visiting counselling service to work sites particularly talking to employers and union leaders about warning signs of problem gambling. Initially this would be targeted in industries with higher levels of problem gambling behaviour but would also be very suitable for banks and other financial institutions. Maybe it would also be useful to link this approach with organisations like ITIM and OCAR.
- research into gaps in services responses to enable us to look at targeting resources

#### Services and service enhancements

- a stronger focus on working with people who are homeless and at risk of homelessness who are also dealing with gambling issues
- a stronger focus gambling and mental health
- researching the feasibility and effectiveness of establishing a short-term, residential gambling rehabilitation program
- establishing a 'buddy' service of people who could assist a person with a gambling problem to implement their post counselling action plan; clients may have mental health issues or other co-morbidities which can limit their capacity to follow through on some actions
- Centapay for local wage people, this service would enable people to Linux a percentage of their pay, as they are paid, with prearranged bills

being paid on the client's behalf is. (It was noted that a number of financial counselling clients had difficulty in actually implementing their plans despite the best intentions with counsellors unable to physically follow-through with the clients.)

- Geographically it may be appropriate to establish another office may be in Marion or similar location. ( presently unable to be achieved within our current funding allocation)
- a visiting service to towns in the southern vales area may be useful, e.g. McLaren Vale, Willunga, Strathalbyn, ( presently unable to be achieved within our current funding allocation)
- Re-establishing Debt-line, the telephone counselling service dealing with financial counselling issues
- Funding to help support the Break even network

#### 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.*

#### Adelaide

The main approach used by Break Even counsellors can be summarised as a broad, eclectic counselling approach. In general the following steps would be taken in response to a client who presents for assistance:

- Listen to what the client is saying, using general active listening approaches
- crisis intervention, identifying any crises which require urgent or prompt attention
- reinforce client strengths and capacities
- Planning intervention and assessment using the “stages of change” model (Prochaska and Di Clemente)
- assessment, using any of a range of approaches, these are listed below
- Goal Setting to identify actions that the client is wanting to undertake in response to the gambling
- ‘Preparing to terminate’ strategies include relapse prevention, stress management and relaxation
- Termination , that is the client moves on when gambling is not at the forefront of their lives.

Key methodologies used:

- Cognitive Behaviour Therapy; this approach assists clients to become aware of the beliefs that they operate under and helps them to understand their beliefs as rational and irrational. The model focuses on identifying rational behaviour and is based on the assumption that much unhappiness is caused by irrational beliefs
- functional analysis; this approach focuses on the benefits of a client behaviour (both rational and irrational pages are considered)
- reality therapy; this approach assists the client to understand where they want to be and where they currently are in identify steps to help them move to reach the desired goals
- narrative therapy; this approach encourages the client to 'tell their story' to identify issues that can be worked on.
- Rogerian Counselling; this approach concentrates on a listening skills
- grief and loss stages; whereby the various stages in the grief and loss cycle are understood, and where appropriate the client is able to identify the stage that they currently dealing with and its relationship with gambling
- imaginal desensitisation; and approach that enables clients to imagine themselves in certain situations and then respond in the manner that they desire, e.g. they can imagine themselves in a gaming venue and wanting to leave and can imagine themselves walking out of the gaming room at an intended stage.
- Motivational Interviewing; this approach involves clients generating an inventory of problems associated with their gambling behaviour and the extent to which such problems concern the clients.

All counsellors employed by UnitingCare Wesley Adelaide use a mix of these approaches depending on the needs and responsiveness of the client.

We also note that all counsellors are Tertiary trained with many years experience in social work / counselling. Some staff have masters level qualifications.

#### Financial counselling

This has been a core component of the UnitingCare Wesley Break Even service from its commencement.

Financial counselling assistance is the entry point to seeking assistance for many people with gambling problems, partly because some people perceive financial counselling to be less stigmatised and because financial stress is real and immediate and so is the obvious point for seeking assistance for many people with can problems.

Financial counselling in practice, simply enables people to identify their income sources, costs and debts and develops a plan which enables them to manage their financial affairs.

UCW Adelaide has also been active into other areas of gambling activity, namely:

- industry training
- policy development and advocacy

Soon after the establishment of a gambling counselling service with the organisation developed a good working relationship with the Casino which led to the financial counsellor being involved with training of Casino staff. This relationship with the Casino has continued and included some involvement with training the recently employed Host Responsibility Coordinators.

Through Wesley 4 Training, the training arm of UCW Adelaide, we have been actively involved with training lotteries agents about codes of practice and they currently working with Sa lotteries to develop a specialised training guide for employees who are under 18 years of age.

We have also been involved with training for TAB staff and have worked with Clubs SA to help them develop responsible gambling training materials. With

We believe that this good working relationship with industry and in particular training involvement has strongly supported the objectives of the IGA and has been able to ensure that specific assistance has been available to clients with specific needs.

UCW Adelaide are has also been active in advocating for legislative and regulatory change to provide greater protection is to people on low risk of gambling problems with. This work has included:

- membership of the gaming machine review group 2001
- supporting the Heads of Christian Churches Gambling Taskforce with administrative assistance
- public comment on gambling issues
- media campaigns on issues of particular concern.

This work has been undertaken in close relationship with the Break Even counselling service and advocacy has always been based on the experiences of our clients.

### Bowden

The Break Even Service at UnitingCare Wesley Bowden Inc. provides a range of counselling options for problem gamblers and their families or friends. Most counselling sessions are conducted on a face-to-face basis with problem gamblers. We also provide small group sessions with partners or family members, but this option is utilised by only a handful of clients seeking assistance from our agency. In addition, we also provide telephone counselling and support for clients who are unable to physically access our Service for various reasons, and there has been a small but steady demand for this counselling option.

An outreach service is also provided to clients from the north-western metropolitan region of Adelaide on Tuesday and Thursday afternoons. This

outreach service is conducted from the Port Adelaide Library, and has been well utilised by clients accessing counselling from our agency.

Our agency undertakes an eclectic approach when working with clients, and we utilise techniques and strategies from a wide variety of counselling models and frameworks. We place a strong emphasis on tailoring the counselling process to suit the individual needs of the client presenting for treatment.

As a general rule, we have found that the person-centred approach is very effective in working through the various intrapersonal and social issues that have contributed to the development and maintenance of the gambling problem. On the other hand, we have found the use of behavioural and cognitive techniques, such as use of distractions and graded exposure, to be the most effective in changing the gambling behaviour itself. Furthermore, the use of various behavioural techniques helps clients to identify triggers that contribute to their urge to gamble, and to develop appropriate strategies and safeguards to reduce their risk of gambling.

Gambling can serve various functions in the lives of people who develop gambling problems. For example, many gamblers turn to gambling as a means of escaping the various problems and stresses that they experience from day-to-day life. Problem-solving training is used to counteract this need for escape by giving the problem gamblers more constructive skills in dealing directly with the issues that trigger their gambling.

Relapse prevention training is another important tool in providing an effective treatment program for problem gamblers. Research indicates that a significant majority of problem gamblers will relapse at least once in their efforts to stop gambling. By helping problem gamblers to identify various potential pitfalls and developing a variety of contingency plans to avoid or cope with a variety of high-risk situations, the provision of relapse prevention training is designed to reduce the likelihood of problem gamblers stumbling during the recovery process.

Apart from therapeutic counselling, our agency also provides financial counselling for Break Even clients. The main outcome to financial counselling is to empower the client to enable them to take control of their finances. Clients are assisted to develop realistic financial goals, and devise monetary plans and strategies to meet these objectives. Clients are also assisted to develop monetary safeguards to reduce their access to money while they work through their gambling issues. Overall, the role of the financial counsellor is to assist clients with exploring a wide range of options in order to help them meet their debts and overcome their financial difficulties.

#### Port Pirie

##### Target Group

- Current GRF money - General community
- GRF Special Project money – Indigenous community

##### Location

- Mid North and Yorke Peninsula

#### Methodologies

- Counselling, using strength based approach
- Financial
- Grief and loss
- Relationship
- Group work
- Budgeting
- Support group for problem gamblers
- Referral to Flinders via tele med or inpatient
- Flinders CBT assessment tools

#### Community Education

- Information packs to all GP's in region
- Links with established groups and provision of information about problem gambling issues
- Radio and print media advertising at a local level
- Presence at local events and celebrations
- Liaison with hotel industry

#### Stats

- 38 clients currently registered at UCWPP
- the table below does not include contact made during group work or community education hours

Data collection period	New registrations	Unregistered clients
Jan to March 2005	5	18
July to Dec 2004	19	41
April to June 2004	9	
Jan to Mar 2004	13	
Oct to Dec 2003	12	
July to Sept 2003	6	
April to June 2003	10	
Jan to Mar 2003	7	

#### 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.*

The attention of the Authority is drawn to a recent report produced by UnitingCare Wesley Adelaide dealing with “Homelessness and Gambling”. The report is available on the website, [www.ucwesleyadelaide.org.au](http://www.ucwesleyadelaide.org.au) or can be provided to the Authority.

**Appendix 1**

## UC Wesley Adelaide Data 2004/5 year to date

**UnitingCare Wesley Adelaide****2004/2005**

	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>
	Therapeutic	Therapeutic	Therapeutic	Therapeutic	Therapeutic	Therapeutic	Therapeutic	Therapeutic
<b>total no. of interviews</b>	136	178	168	131	144	130	103	
New clients	23	23	23	19	24	16	15	
Renewed Client	3	5	5	3	2	3	2	
Ongoing clients	95	111	107	84	83	80	71	
Telephone counselling	15	39	33	25	35	31	15	

**UnitingCare Wesley Adelaide****2004/2005**

	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>
	Financial	Financial	Financial	Financial	Financial	Financial	Financial	Financial
<b>total no. interviews</b>	38	65	56	25	46	57	40	
New clients	10	20	16	5	13	6	7	
Renewed Client	1	0	0	0	2	1	0	
Ongoing clients	18	35	28	16	19	28	17	
Telephone counselling	9	10	12	4	12	22	16	

Note that renewed clients is only 2-3 % of total interviews suggesting that there is a low level of 'churn'

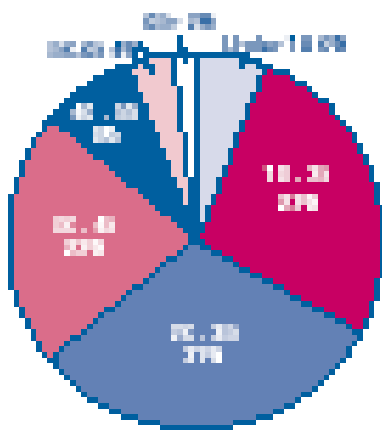
Additional performance measurement data will be made available to the Authority on a 'confidential' basis.

## Appendix 2

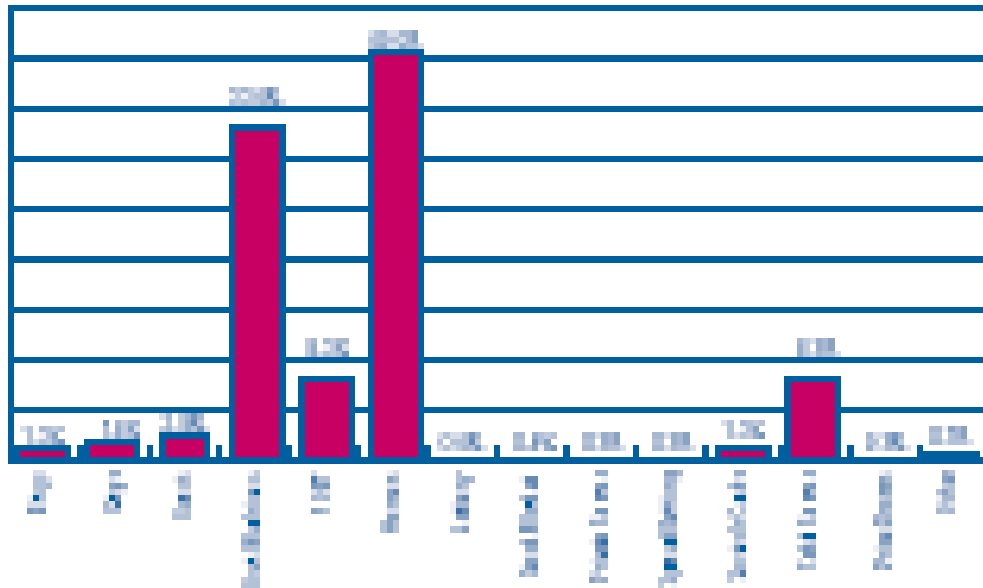
Examples of measures reported by GamCare from the United Kingdom.

### 1. First Time Caller Age Analysis

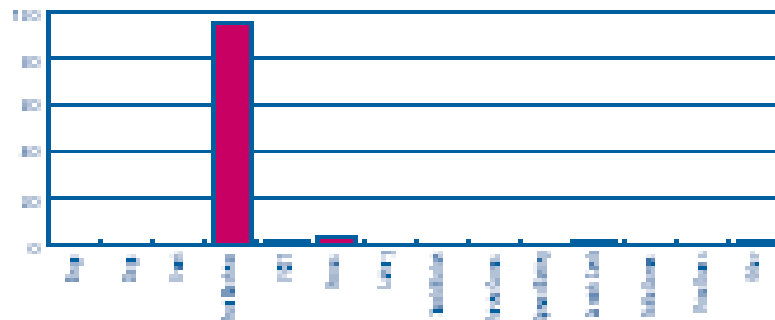
Fig. 8 First time caller age analysis



### 2. First Time Caller Gambling Activity Analysis



First Time Callers age profiles under 18

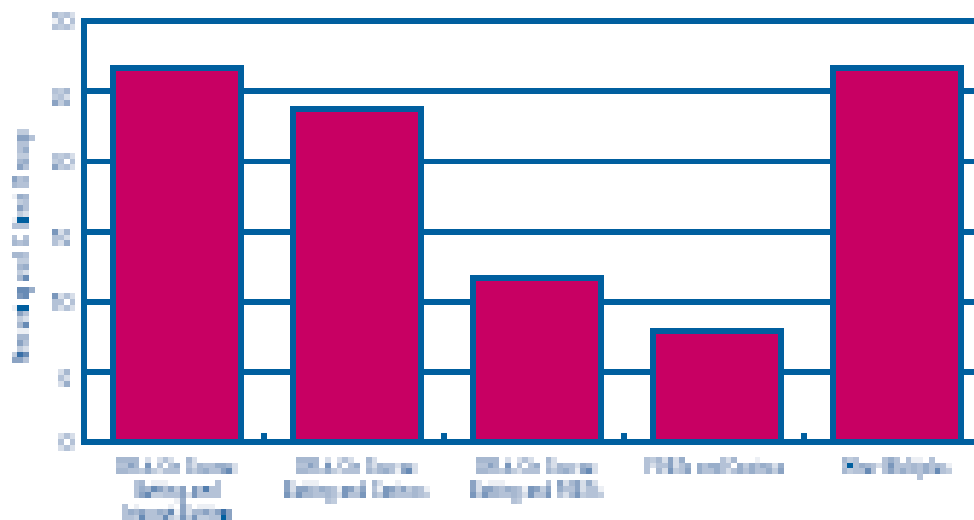


3. Helpline ratings

- Overall service rating 4.5
- Counsellor Understanding 4.6
- Response received 4.6

Rating out of 5

4. Multiple Primary Modes of Client Gambling



The following is a list of indicators reported in the GamCare Services report, 2003. We note that GamCare is not exactly like any South Australian service, rather it provides a mix of Helpline and counselling services. Their data collection headings are useful in considering options for measuring effectiveness.

#### Help Line Service

- Calls made per year
- Calls personally answered
- Call back outcomes
- Origin of calls by region
- Caller analysis – Repeat callers / first time callers
- First Time Caller Analysis
- Repeat callers interest analysis – gambler / friend / relative / professional
- Age analysis – first time caller / repeat caller
- First time and repeat caller gambling activity
- First time caller gambling activity analysis by gender
- First time caller gambling activity by age cohort, including under 18 years
- First time callers venue for playing fruit machines
- First Time caller Internet gaming and betting age analysis and betting activities
- First Time caller referral source
- Service rating from client survey

#### Counselling Services

- New Client – gambler / family member / parent spouse
- Gender / age / ethnicity distribution
- Primary mode of client gambling by gender / age / ethnicity
- Multiple Primary modes of client gambling

- Drug / alcohol use
- Client functioning at assessment, closure, 3 month, 6 month and 12 month follow up
- Referrals and sessions time series.

Full details [www.gamcare.org.uk](http://www.gamcare.org.uk)