



Flinders University

Flinders Centre for Gambling Research

**Working towards the development of recommendations to improve
referral practices for patrons from gaming venues to gambling help
services in South Australia**

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Explanation of acronyms and abbreviations

GAC	Gambling Advisory Committee
CALD	Culturally and Linguistically Diverse
GHS	Gambling Help Service/s
OPG	Office of Problem Gambling
IGA	Independent Gambling Authority
AHA	Australian Hotels Association
GRF	Gamblers Rehabilitation Fund
GRA	Gambling Research Australia
EGM	Electronic gaming machine/s
P	Participant
M	Moderator

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Gambling Advisory Committee Research Project 2016

Executive summary

Background

The current project was commissioned by the Gambling Advisory Committee of South Australia (GAC), which was established as a legislative advisory body under Section 73BA(4) of the Gaming Machine Act 1992. The key function of the Committee is to advise the Minister for Communities and Social Inclusion and the Independent Gambling Authority (IGA) on matters relating to the gaming industry and the administration of the Gamblers Rehabilitation Fund (GRF).

Problem gambling in Australia is a major public health concern with an estimated two per cent of Australian adults experiencing moderate to severe problems caused by their excessive gambling [1]. For every problem gambler, 5 to 10 others such as partners and children are also adversely affected [2] suggesting up to 5 million Australians can experience emotional, social and financial stress caused by problem gambling. Despite this, studies report only a small number of problem gamblers seek formal help, and for those that do, help-seeking is often a last resort after experiencing significant negative consequences [1-4]. There exists, therefore, an urgent need to determine whether gambling help referral pathways and services can be better targeted to individual problem gamblers in order to minimize trauma and the need for crisis interventions.

Over the past decade, greater emphasis has been placed on the role of the gambling industry to respond to problem gambling behaviour in venues. In particular there has been interest in the degree to which gambling venue staff can identify patrons of concern and take an active role in intervening before further harm is endured. This, along with revisions to the Responsible Gambling Codes of Practice, has influenced training programs for employees of gambling venues. In South Australia, the gaming industry, gaming venues and Gambling Help Service (GHS) providers have developed strong working relationships, with the aim of

facilitating referral pathways for patrons of concern. Though a number of studies have investigated whether it is possible for gaming room staff to reliably identify patrons with potential gambling problems [26-27], there is a dearth of information available advising of best practice responses by gambling venues once identification has occurred, to maximise the likelihood of and effective referral to GHS.

Aims

Using an iterative process of qualitative inquiry, the present project aimed to address the following research questions from a South Australian perspective:

- How do gaming venue staff currently respond to patrons showing signs of problematic gambling behaviour?
- Are there any barriers or issues which are impacting on the referral of patrons to gambling help services?
- What could be done to improve the rate and effectiveness of referrals of patrons to gambling help services?

Method

A narrative literature review of both academic peer reviewed, and grey literature was conducted at the outset of this project to identify, analyse, assess and interpret the body of knowledge relating to referral processes of people impacted by problem gambling to GHS. Following this there were two phases of data collection. The first phase involved conducting focus groups with the following groups: problem gamblers in treatment, gaming venue staff, problem gambling advocates with lived experience of problem gambling, and Gambling Help Service counsellors. The second data collection phase involved conducting a series of semi-structured individual in-depth interviews with the following two groups: Aboriginal and or Torres Strait Islander individuals impacted by problem gambling; problem gamblers currently in treatment with main stream GHS. These two groups were purposefully chosen based on themes that had emerged from the stage one focus group analyses. Following analyses of the focus group and in-depth interview data, recommendations for improving referrals to Gambling Help Services were developed and refined in consultation with the GAC.

Results

The main themes that emerged from the focus group and interview data were:

- personal connection
- lack of awareness
- discretion and privacy
- role conflict
- organisational inconsistencies
- rock bottom as a continuum
- recovery is a straight forward process?

Barriers identified to effective referral to Gambling Help Services were:

- Reluctance of gaming room staff to raise their concern with a patron about their gambling.
- Gambling venue staff approach patrons almost exclusively only when they are overtly distressed.
- Perceived conflict for gaming room staff over their dual roles to facilitate use of the gaming machines, and identify patrons who are gambling problematically.
- Patrons do not associate gaming rooms with a potential source of help when experiencing problems with their gambling.
- Problem gamblers will only seek help when it is a last resort.
- Relationships between gambling help services and gaming venues are perceived as superficial.
- Help-seeking is particularly challenging for CALD populations.
- Gaming venue staff and patrons have low awareness of gambling help services (and what they entail)
- The current gambling help education awareness strategies are not seen as appropriate.
- Shame around problem gambling relapse inhibits some problem gamblers to access appropriate help.

Recommendations

Based on the results of this project, the following 12 recommendations were developed to improve the effectiveness of problem gamblers to gambling help services.

1. Reconceptualise the role of gaming room staff to provide a hospitality approach to all patrons within which identification, support and referral would be seen as non-intrusive or confrontational for both the staff and the patron.
2. Reconceptualise the relationship between GHS and gaming venues and its respective goals, along with clarification of the roles of relevant stakeholders (Responsible Gambling Early Intervention Agencies, GHS, gaming venue staff).
3. Following from the previous recommendation, the development of clear sequencing and pathways from identification of problem gamblers through to successful entry into a treatment service.
4. Investigate the role of the Gambling Helpline in referral pathways and the potential need for an evidence-based and systematic triaging system to underpin referrals.
5. Rethink the 'Gamble Responsibly' messaging from a public health perspective.
6. Provide responsible gambling information discretely and effectively positioned across all gaming venues.
7. Include materials in venues with information about local and targeted GHS.
8. Specific messaging in gambling help materials that include targeted stories of recovery from the perspectives of a variety of demographics (e.g. young men, seniors, mothers) and the consequences of problem gambling.
9. Messaging is tailored to different demographics (e.g. ages, cultural backgrounds, occupations)
10. Messaging informs that recovery from problem gambling may take several attempts at stopping.
11. Patrons are informed about venue staff training in responsible gambling.
12. Investigate initiatives to raise awareness of problem gambling and available GHS among human service providers and the general community.

Chapter 1: Background of research project

Problem gambling and the lack of help-seeking

Problem gambling in Australia is a major public health concern with an estimated two per cent of Australian adults experiencing moderate to severe problems caused by their excessive gambling [1]. For every problem gambler, 5 to 10 others such as partners and children are also adversely affected [2] suggesting up to 5 million Australians can experience emotional, social and financial stress caused by problem gambling. Despite this, studies report only a small number of problem gamblers, between 3 to 15 percent [1, 3], seek formal help. Delfabbro found only one in ten problem gamblers over a 12 month period sought formal help [4]. Furthermore, help seeking is often a last resort after experiencing significant negative consequences such as legal proceedings, family break up, job loss or psychological breakdown [1, 5]. There is therefore an urgent need to determine whether gambling help referral pathways and services can be better targeted to individual problem gamblers in order to minimize trauma and the need for crisis interventions [6].

Gambling venues' role in facilitating the help-seeking process

Over the past decade, greater emphasis has been placed on the role of the gambling industry to respond to problem gambling behaviour in venues. In particular there has been interest in the degree to which gambling venue staff can identify patrons of concern and take an active role in intervening before further harm is endured. This, along with revisions to the Responsible Gambling Codes of Practice, has influenced training programs for employees of gambling venues. In South Australia, the gaming industry, gaming venues and GHS providers have developed strong working relationships, with the aim of facilitating referral pathways for patrons of concern. For example, under the Code, each gaming venue is required to have an active relationship with a local GHS which includes familiarity with the service and its manager. In addition, gaming room staff are required to document and collate observed problem gambling indicators among patrons, and respond accordingly. Responses include but are not limited to offering referral to GHS. However, it is clear that more could be done to improve the rate and effectiveness of referrals of patrons to gambling help services.

Though a number of studies have investigated whether it is possible for gaming room staff to reliably identify patrons with potential gambling problems, there is a dearth of information available advising of best practice responses by gambling venues once identification has occurred.

Chapter 2: Literature review

The first phase of this project was to conduct a narrative literature review to identify, analyse, assess and interpret the body of knowledge relating to help-seeking among problem gamblers, and referral processes of people impacted by problem gambling to GHS. We have reviewed literature from a variety of sources including peer reviewed journals, relevant conference proceedings, and websites of gambling help services and gambling research centres at both national and international levels. In addition a range of experts from around the world were contacted and invited to comment on best practice referral pathways from gaming venues to gambling help services.

This literature review begins with an examination of known barriers to help-seeking among individuals with gambling problems. A summary of responsible gambling initiatives in Australia follows, before a review of the literature concerning identification of problem gamblers in the venue. The limited literature around how gambling venue staff respond to signs of problem gambling, along with perspectives of problem gamblers is then presented, ahead of a summary of the unique challenges faced by venue staff and a review of the evidence concerning the effectiveness of responsible gambling training programs. Finally, worldwide responsible gambling practices are summarised together with the role of gambling help-lines.

What is known about barriers to help-seeking among problem gamblers?

While a paucity of comprehensive research in this area remains [7], there has been growing interest among researchers, clinicians, GHS managers and other key stakeholders who fund researchers in investigating barriers to help-seeking among problem gamblers. Although a number of unique barriers are reported in some studies, the dominant themes emerging from this literature can be grouped into three main categories. Although a number of unique barriers are reported in some studies, the dominant themes emerging from this literature can

be grouped into three main categories. Firstly, adverse emotions related to perceived stigma associated with having a gambling problem. Secondly, lack of awareness of having a problem or of the severity of the problem. Thirdly, practical issues concerning available help, such as awareness of gambling help services and what treatment entails.

Adverse emotions related to perceived stigma

Adverse emotions related to perceived stigma of having a gambling problem were the most commonly reported barrier to help-seeking. In other words, in order to avoid unwanted emotions related to stigma, individuals with gambling problems avoid seeking help, even when this avoidance behaviour causes them harm in the long term. The phenomenon of avoiding unwanted thoughts and feelings at all cost, even when doing so causes harm to the individual, is referred to as experiential avoidance [8]. Experiential avoidance has been shown to be positively and significantly related to problem gambling severity [9]. That is, individuals with more severe gambling problems make greater attempts to avoid unwanted emotional experiences. Thus if the act of help-seeking elicits adverse emotions such as shame, it is unsurprising that individuals with gambling problems avoid seeking help. Shame was the most frequently reported adverse emotion across studies [10-15] with some studies reporting both shame and embarrassment [11, 13]. One study revealed that shame was related specifically to financial difficulties, which posed a barrier to help-seeking [15]. A number of studies indicated differences in how shame was experienced by different demographics, for example shame and embarrassment were more prevalent among male gamblers and older participants [11]. Gender differences were also reported with men indicating shame was related to acknowledging a loss of control, such as gambling had taken control of their life, and shame around using gambling to cope with difficult emotions [15]. Women on the other hand, indicated shame in admitting they enjoyed the bells and whistles of the gambling environment, and shame acknowledging gambling related erroneous beliefs [15]. Cultural issues have been reported to have a significant influence upon help-seeking among problem gamblers, with individuals of non-English speaking backgrounds unlikely to discuss it due to issues around shame, pride and loss of face, not only for the gambler, but for their whole family [16].

Lack of awareness of having a problem

Denial or lack of awareness of having a gambling problem has been widely reported across studies [10-13] with some gamblers indicating they lacked an awareness of their problem's severity [10, 12] rather than complete denial. There was some indication that women were more likely to acknowledge denial as a barrier to help-seeking than men [11] and that it often took a significant negative event or crisis for problem gamblers to overcome their denial, and seek help [13]. A recent Australian study indicated that denial of the problem and avoidance of help-services was related to stigma, in that acknowledging the problem and seeking help would confirm the presence of the gambling problem to the individual and others [14].

Practical issues concerning available help

In addition to stigma and denial, practical issues around available help were reported as a barrier to help-seeking [10, 11, 17]. Lack of money, time or transportation was mentioned [10] along with a lack of awareness of available help services [11, 17]. One Australian study however, found little evidence that a lack of awareness or a dislike of services presented a barrier [5]. On the contrary, a more recent study also from Australia, reported that some clients could overcome their feelings of shame, but did not have the necessary information about available help services. Lack of awareness of services was particularly apparent among individuals of culturally and linguistically diverse (CALD) backgrounds [17]. A recently developed initiative in SA targeting problem gambling among CALD populations, is an example of strategies aimed at addressing this issue [18].

Unique barriers

A number of unique additional barriers were reported across studies. Women reported reluctance to acknowledge their problem and seek help, due to concern that they would lose their only social outlet [11]. In addition, the belief that the gamblers' financial problems could be solved by winning, was related to avoiding help-seeking [10]. Another noteworthy finding was that the more recent the gambling problem was, the less likely the individual was to delay help-seeking [10]. The authors provided one possible explanation for this outcome by suggesting that greater public awareness and treatment availability took place in the city

concerned, during the previous few years. They argued that this highlights the importance of availability and ease of access to treatment services.

In summary, it is clear from the literature reviewed, that perceived public stigma is an extremely common experience among problem gamblers, and appears to be tremendously detrimental to help-seeking. Lack of acknowledgement of having a problem presents another important barrier, which in some cases could be related to perceived stigma. In addition, a general lack of awareness of available help services appears to be another important barrier, particularly among CALD individuals. These psychological and practical barriers need to be taken into account when considering effective engagement of problem gamblers in gambling venues.

Responsible gambling in Australia

The regulation of responsible gambling across Australia is diverse and complex in nature. Collectively each of the states and territories utilise a range of mechanisms to oversee, and in some cases enforce, responsible gambling initiatives. These mechanisms include legislation, regulatory bodies and codes of conduct/practice. In some cases gambling codes of conduct and/or practice are mandated, whilst in others operate under a voluntary framework.

Truly voluntary regulatory frameworks exist in Western Australia, Queensland and New South Wales. Victoria, South Australia, the Australian Capital and Northern Territories and Tasmania all have mandatory regulatory frameworks.

Queensland, a self-regulatory state, has a voluntary code which was developed in consultation with key stakeholders and the community by the Queensland Responsible Gambling Advisory Committee. Voluntary Responsible Gambling codes of conduct exist alongside gambling legislation in New South Wales. Crown Perth Casino has developed a Responsible Gambling Code of Practice. Electronic gaming machines are not legal in Western Australia outside of the casino. The Victorian gaming industry, historically a voluntary code state, now operates under ministerial direction (Gambling Regulation Act 2003). The Responsible Gambling Code of Conduct of individual licence holders must conform to this direction. In Tasmania a Responsible Gambling Mandatory Code of Practice has existed since 2012 and in the Australian Capital Territory Gambling and Racing

Commission has developed a mandatory code of practice which applies to gambling providers. The mandatory Code of Practice for Responsible Gambling governing the Northern Territory was developed in partnership between gambling providers, government, regulators and counselling services. In South Australia, in line with Section 10A of the Gaming Machines Act, 1992 the Independent Gambling Authority (senior regulatory body for commercial gambling) has mandated a Gambling Code of Practice. The regulatory frameworks discussed above are reflective of a responsible gambling orientated policy. A 2008 report titled Best Advice for Preventing Gambling Problems in Nova Scotia [19] suggests this policy orientation is the preferred model of the gambling industry. The report outlines four major policy positions aimed at preventing gambling problems: public health, harm reduction, responsible gambling, and consumer protection oriented policies. Responses to problem gambling are necessarily influenced by the way in which these policies position the role of the government, the gaming industry and the individual, in preventing and addressing problem gambling.

Responsible Gambling provisions in South Australia

All gambling operators in SA are required to adhere to a mandatory Responsible Gambling Code of Practice imposed by the Independent Gambling Authority in 2013. The Office of the Liquor and Gambling Commissioner enforce adherence to the codes via mandatory inspections of licensed premises. The Responsible Gambling Codes provide a framework through which gambling providers can ensure their practices are conducted in a responsible manner so as to minimise the harm caused by excessive gambling. A number of areas are addressed in the codes such as placement of responsible gambling signage containing approved in venue messaging, the responsible serving of alcohol to gamblers, and the provision of coins which must be dispensed either by a cashier or via an automated change machine that is located to enable patron activity to be monitored. The only information concerning available gambling help services that is mandated under the code, is the national gambling helpline number 1800 858 858. This information must be available in the six “core languages” English, Arabic, Chinese, Greek, Italian and Vietnamese. The codes also state a gambling provider must take all reasonable steps to ensure that a person who displays signs of problem gambling, is made aware of a widely available gambling help service. Gambling operators must identify a GHS that gamblers and their families can readily access, including

the location of the agency, and a key contact who can be asked for by name. Gaming room staff must be sufficiently informed of the agency so as to be able to direct patrons of concern there, and management level contact must be established and maintained with the GHS agency.

Gaming Care and Club Safe

Gaming Care and Club Safe were established in 2005 by the Australian Hotels Association (AHA) South Australian Branch and Clubs SA, the two industry Associations. Both operate in similar ways and are responsible gambling early intervention agencies recognised by the Independent Gambling Authority (IGA). Each operate as a separate and independent entity, as they are required to service the individual needs of two very contrasting sectors, Hotels and Clubs. Both Gaming Care and Club Safe recognise these operational differences and adjust their approach accordingly.

Gaming venue operators who enter into an agreement with one of the responsible gambling early intervention agencies, are exempted from some provisions of the Gambling Codes of Practice and are required to give the agency staff free and unrestricted access to their staff. Services are provided to licensees on the basis that they have entered an agreement with Gaming Care or Club Safe, and are not dependent on AHA |SA or Clubs SA membership.

Gaming Care and Club Safe roles are to assist licensees with their compliance obligations and to support the individual venues, their management and staff in a range of compliance matters designed to reduce the harm caused by problem gambling. This includes recognising indicators of problem gambling, documenting problematic behaviours and engaging with patrons. The agencies have a role to assist in building relationships between venue staff and GHS. Gaming Care and Club Safe staff regularly visit venues, participate in a range of events and forums and provide specific training and information sessions relating to gambling and problem gambling, including joint visits with GHS staff to venues.

The Gambling Codes of Practice underpin the responsibilities and establish a framework which requires licensees to establish a reporting process in respect of suspected problem gamblers by staff, and the recording of those gamblers details. That obligation extends to a gaming manager reviewing the records and documenting steps taken to engage with patrons displaying indicators of problem gambling. Details of suspected problem gamblers are

recorded by staff on gaming patron internal reporting forms (Fig.1 and 2.) and data relating to venue staff reporting and engaging with patrons is collated quarterly and provided to the IGA. Between 2014 and 2015, 8346 interactions were reported across 602 venues (72 Clubs and 530 hotels) with 75 percent of interactions initiated by staff [20]. Reported interactions include all observations documented on the patron internal reporting forms and direct interactions with identified patrons concerning their gambling. The quarterly reporting demonstrates an increasing trend in staff generated patron interactions [20].

In addition, Gaming Care and Club Safe are actively involved in the advanced training which has been recognised by the IGA in accordance with the Gaming Machines Act 1992 and the Gambling Codes of Practice. That training must be completed within three months of appointment as a gaming manager and must be repeated every two years. The current training regime replaced the previous nationally recognised training and commenced on 1 July 2014. The transitional arrangement for training finished on 30 June 2016 and retraining is currently underway.

Advanced training consists of a one day course which covers recognising indicators of problem gambling, determining appropriate responses and approaching patrons who are suspected of displaying indicators of problem gambling. The course is conducted face to face and exposes participants to both theoretical and practical case studies. These include the opportunity to practice engaging with patrons and third parties, providing information relating to gambling and problem gambling, understanding the support services available to patrons and staff, and techniques to assist in making referrals to gambling help services.

2

Action Taken:

☐ Gambling HelpLine Card provided

☐ Responsible Gambling Brochure provided

☐ Patron Information/Barring Pack provided

☐ Local Gambling Help Service Information provided

☐ Contacted/Referred to Gambling Help Service

☐ Contacted Gaming Care

☐ Contacted other service (Please indicate) _____

☐ Patron asked to leave premises

☐ Barring Order Issued

☐ ☐ Patron requested

☐ ☐ licensee requested

☐ ☐ 3rd party requested

☐ Barring Order Refused

☐ ☐ Patron requested

☐ ☐ 3rd party requested

☐ Barring Order Breached

☐ Contacted IGA on behalf of patron

☐ Other support option in place (Please indicate) _____

☐ Third Party (e.g. family member) provided with Responsible Gambling Information

☐ After hours follow up next appropriate day (Please indicate) _____

☐ Contacted Police

How did the patron react to the direct contact? Please provide details.

☐ Customer accepted offer of assistance

☐ Customer refused offer of assistance

Have there been any previous reports on this patron?

☐ Yes

☐ No

Dates: _____

Reviewed by Manager

Manager's Name: _____

Date/s Reviewed: _____


Signature/Badge Number: _____

☐ Yes

What action have you taken and any follow up required?

☐ No action taken. Please provide reason.

Responsible Gambling Document
Updated December 2014



Interaction

Record all interactions with patrons about their gambling.

* If you **observe** potential problematic gambling behaviour or an incident concerning the gaming machine operation, complete an **Observation** record instead.

Club: _____
Date: _____
Time: _____

Patron

☐ Male
☐ Female

Patron's name (if known): _____

☐ 18-24
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55-64
☐ 75+

☐ Unaccompanied children external?
☐ Unaccompanied children internal?

☐ Is this a breach of a barring order?
☐ Is this a breach of a Memorandum of Agreement?

Interaction Details

Indicators that led to the interaction?

☐ Visible
☐ Verbal
☐ 3rd-party
☐ Unaccompanied children external
☐ Unaccompanied children internal
☐ Playing two machines

Who initiated the interaction?

☐ Staff member approached patron
☐ Patron approached staff member
☐ 3rd-party approached staff member
☐ Other: _____

Actions Taken

Information provided to the patron:

☐ Gambling Helpline Card
☐ Responsible Gambling brochure
☐ Gambling Help Service information
☐ Patron Information / Barring Pack

Barring or similar action:

☐ Barring order (involuntary)
☐ Barring order (voluntary exclusion)
☐ Memorandum of Agreement
☐ Third party barring
☐ Other support option in place

Assisted contact with Help Services:

☐ Initial contact made with Gambling Help Service
☐ Initial contact made with other service
☐ Initial contact made with IGA
☐ Venue contacted Club Safe

Other actions:

☐ Follow-up next appropriate day
☐ Police contacted
☐ Interaction only (no other actions)

[illegible]

The Adelaide casino's Host Responsibility Team

The Adelaide casino's Host Responsibility team is a responsible gambling initiative of the Skycity Casino group. The Host Responsibility team manages a number of responsible gambling initiatives which includes individual case management for patrons who have been identified as having potential problems. Case management may involve an agreement between patrons and the Host Responsibility team, concerning gambling expenditure. Patrons are then monitored more closely to ensure expenditure remains within the agreed limit. The Host Responsibility team works closely with local Gambling Help Services and is able to facilitate referrals for patrons of concern.

Gambling Help Services

A range of counselling and specialist therapy services (e.g. specialist cognitive behavioural therapy services and targeted services for Aboriginal and CALD populations) are available across South Australia to assist people with gambling problems, along with their friends and families. Some are available 24/7 (Gambling Helpline and Gambling Help Online). These services are funded through the Gamblers Rehabilitation Fund (GRF), a joint initiative of the AHA (SA), Clubs SA, Adelaide Casino and the Government of South Australia. The GRF was established in 1994 to fund programs and initiatives which aim to address problem gambling and offer services to individuals affected. The GRF is administered by the Office for Problem Gambling (OPG) within the Department for Communities and Social Inclusion.

Gambling Help Service information in venues

Venues are welcome to make available information about local help services if they choose to, for example by way of brochures or business cards. They are not however, mandated to do so. The minimum mandatory requirements under the SA responsible gambling codes, require venues to display the national gambling helpline details, though must be able to provide this information if a patron requests it. Details of policies and procedures gathered from gaming venues suggests inconsistencies exist among venues in regards to the availability of GHS information. The regulatory framework under the SA responsible gambling codes provides prescriptive details around which and how much material/signage to display along with where it should be located. Some venues make available only the minimum mandatory

materials (e.g. the national help line details via posters and business cards) whereas others also display brochures from local GHS. There are also inconsistencies in the provision of GHS information when patrons request self-exclusion. Some venues include local help service information in all self-exclusion packs provided to patrons, while others ask the patron if they would like such information and provide it only if the patron agrees.

Gaming venue staff: a gateway to GHS referral

Given the general reluctance of individuals with gambling problems to seek help [5, 10, 12, 17], and reported low levels of awareness of help services among problem gamblers [17, 21], gambling venues provide a valuable opportunity for staff to inform patrons of available help services. This may be by way of staff interaction with patrons, or in passive form such as signage, pamphlets and similar resources in the venue. Consequently, gaming room resources and staff interactions with patrons have important public health implications. Venue staff are among the first point of contact for individuals looking for help gambling problems, as patrons develop rapport with the staff and view them as trust worthy [1]. Frontline gambling venue staff therefore provide an important gateway to encourage patrons of concern to seek treatment, and to facilitate referrals [22]. In spite of this, there is relatively little literature examining how gambling venue staff respond to problem gambling behaviour in venues. The following is a review of the available literature concerning staff interaction with patrons and GHS referral.

Identification of problem gamblers in the venue

In 2002 the Australian Gaming Council released a report concerning the identification of problem gamblers in venues [23]. The report was based on a series of discussion papers by leading experts, who were asked their professional opinions about how to identify and respond to problem gamblers in the venue. The report presents a number of observable indicators that the experts agreed could potentially identify problem gambling behaviour, along with the caveat that such indicators in and of themselves, are not necessary signs of problem gambling [24]. Though such indicators might potentially be helpful in identifying problem gamblers, the report cautioned that these are indicators, not diagnostic tools. It concluded that “it is important for staff, where possible, to make an informed judgement, to

distinguish between customer behaviours and to respond accordingly” [23]. The report goes on to stress “most importantly, staff should not be involved in ‘diagnosing’ problem gamblers – they are not qualified, nor is it appropriate for them to do so” [23]. These conclusions appear to have been reflected in the handful of studies that have endeavoured to empirically investigate if it is possible to identify problem gamblers in the venue.

A study in Nova Scotia [25] investigated combinations of potential indicators that could be used to identify problem gamblers with a high degree of confidence. A wide range of visible and non-visible cues, when occurring in combination during a visit, were found to have a high confidence value (90% or better) in identifying someone as a problem gambler. The authors, however, made the point that the relatively low frequency that behavioural indicators are likely to occur, at the precise time a single onlooker might observe them, poses significant challenges for effectively using such indicators in practice. There has been only one field study that has investigated gambling venue staff accuracy in identification of problem gamblers in venues. The study, conducted in South Australia [26], found that venue staff were able to identify only 36% of patrons experiencing problems with gambling. Many gamblers, who self-reported at least moderate gambling problems, were not classified as having any problems by staff. On the other hand, a number of gamblers in the ‘no risk’ category were classified by staff as having problems. These outcomes are consistent with the conclusions provided by Schellinck and Schrans [25] and Allcock [23], in that although it is theoretically possible to identify problem gamblers using a range of behavioural indicators, there are many challenges facing venue staff if they are to rely on such indicators in practice. Delfabbro et al. [6] argued that while staff may be able to observe potential indicators, this would require a period of continuous observation that would likely be impractical for staff to perform, given their other competing duties. He along with his co-authors recommended that venues use multiple indicators including observable and electronic monitoring, and consolidate information about individual patrons across multiple observers and periods of observation [6]. This is consistent with Hancock, Schellinck and Schrans [27] who recommended that clear protocols be developed to monitor individual patrons’ indicators over time, and that electronic player tracking technology should be adopted. A 2014 study by Gambling Research Australia (GRA) [28] was conducted to validate the gambling behaviour indicators previously developed by Delfabbro and colleagues in 2007 [29], and to assess the practical validity of a measure (the Gambling Behaviour Check-list; GBC-EGM) derived from the findings. The validation of the check-list was confirmed with almost all of the 52

indicators more likely to be reported by problem gamblers than lower risk gamblers. To assess the practical validity of the check-list, a version designed for use in Victoria (GBC-EGM-SV) was piloted over three months among eleven gaming room staff working in three Victorian gaming venues. Practicality and usefulness of the GBC-EGM-SV as a tool to assist in the identification of problem gamblers was then investigated via focus groups. Findings suggested use of the GBC-EGM-SV improved staffs' ability to identify problem gambling behaviours and to actively minimise harm for patrons of concern.

During the three month pilot 23 patrons were under observation by eleven staff across the three venues. In response to their problematic gambling behaviours, the majority of the 23 patrons under observation (83 percent) were approached by the venue staff for 'a general chat'. This entailed a general conversation with the patron, waiting for them to make reference to a gambling problem. Two of the 23 patrons of concern were directly approached about their problem gambling behaviour. In general, the problem gambling behaviours that precipitated a follow-up action by staff, involved problem gambling indicators from the higher severity class of the GBC-EGM-SV. This supports previous research in that although it may be possible for staff to identify problem gamblers, they are reluctant to approach them about their problematic behaviours [24, 31, 32, 34, 35]. Though the focus group data suggests staff found the check-list helpful in identifying potential problem gamblers, the study does not indicate whether observing 23 patrons of concern was any more, less or the same as usual practice. No information was provided as the number of gamblers that typically frequent the three venues or the number of electronic gaming machines (EGM) available.

In short, the results of these studies indicate that in spite of a range of theoretically reliable observable indicators to detect problem gamblers in situ, there are significant challenges facing venue staff in making accurate identifications and approaching patrons about their problem gambling behaviour. These results are echoed in the handful of studies that have examined how confident gambling venue staff felt they are at making accurate identifications. A number of studies have investigated gambling venue staff's confidence in identifying patrons displaying signs of problem gambling. Overall it has been reported that venue staff are aware of the important elements of the definition of problem gambling and of the indicators [30] with one study reporting that collectively, staff were able to identify 22 potential indicators of problem gambling [31]. Gambling help counsellors have also indicated they believe venue staff are able to identify patrons of concern [32]. Although the majority of venue staff involved in these studies indicated they could recognise a patron with a gambling

problem [22, 30, 31, 33], some of the challenges reported included that competing work demands meant staff were not able to observe patrons all the time [33]. In addition, staff were concerned about the potential to mistakenly identify a regular gambler as a patron of concern, where there was no problem (false positives) [33].

The GRA study [28] is novel in its examination of the practical use of a problem gambling identification check-list by gaming venue staff in situ. However, further quantitative research is needed to examine the accuracy of venue staffs' identification of problem gamblers using the GBC-EGM-SV, and whether using the GBC-EGM-SV results in identification of greater numbers of problem gamblers. Moreover, further research is required to examine whether venue staffs' use of the GBC-EGM-SV increases the number and quality of interventions with patrons of concern, and the effectiveness of such interventions, for example referral to a GHS. Finally, little is known about how helpful it is to approach problem gamblers in the venue, as such further research is needed to examine whether identifying and directly approaching problem gamblers in the venue leads to reduced harm and or effective referral to GHS.

Gambling venue staff responses to patrons of concern

Responding to problem gamblers in the venue can be differentiated by two distinct scenarios: a patron approaching a staff member for assistance about their excessive gambling (invited contact); a staff member initiating contact with an identified patron of concern about their gambling (uninvited contact). In regards to invited contact, this appears to be an exceedingly rare occurrence [32-34] with some staff reporting never having been approached [31, 34] and the majority of cases relating to patrons seeking assistance with self-exclusion programs [31]. Given the significant shame associated with help-seeking as previously discussed, this is not surprising. Although staff have generally reported feeling comfortable and confident in responding to patrons of concern who do initiate contact [22, 31, 35] a number of staff have clearly conveyed discomfort and apprehension dependent on the patrons' perceived level of embarrassment [22]. When asked about situations involving an approach by a family member or friend expressing concern about a patron's gambling, staff were much less confident. This was due to staff concerns around not wanting to breach patrons' privacy [22] and a lack of knowledge and clear procedures [31].

Studies that have examined venue staff behaviour around initiating uninvited contact with identified patrons of concern, indicate that, overwhelmingly, staff have reported general unease and reluctance [22, 31, 32, 33, 35]. A recent Canadian study reported that although staff found that a range of observable signs were useful in identifying problem gamblers, responding to such concerns were viewed as a challenge [36]. In another Canadian study, a number of staff indicated they were forbidden by management to approach patrons of concern [34]. Staff also stated there was not enough promotion of gaming venue resources such as self-exclusion program or available gambling help services. The above-mentioned studies have revealed a number of factors that have contributed to this apprehension among staff. These include a lack of prescribed procedures about how to initiate uninvited contact [31], feeling ill-equipped and fearful of a negative reaction [32] in particular an angry or even violent reaction from patrons [21], and concerns around invading patrons' privacy [21]. Nonetheless, although uninvited contact with patrons of concern occurs infrequently [31, 33, 35], it can be effective and lead to interventions such as self-exclusion and or referral to gambling help services [31].

Problem gamblers' perspectives around venue responsibilities and interactions with patrons of concern

The 2011 Insight report from Canada [34] conducted a number of focus groups including with individuals with gambling problems. Participants were asked if they had ever approached venue staff about any gambling related concerns. The majority of participants reported they had never approached staff for assistance. In addition, most participants reported that despite regularly displaying observable signs of problem gambling while at a gaming venue, they had not been approached by staff. Participants felt that staff should take action if a patron requests assistance, and that specially trained staff should approach patrons exhibiting signs of problem gambling. Participants offered a number of insights into the manner of approach they felt would be most helpful and effective. Overall, they were clear that they did not want venue staff to approach them whilst they were playing. Almost all participants suggested approaching players on the way to the ATM or out the door, away from the gaming machines. Of utmost importance was keeping the conversation private and discrete. Some participants suggested sending responsible gambling information by mail/email. Many felt that the approach needed to be casual and private with some suggesting

non-verbal tactics. For example discretely providing written information such as a business card with information, so that no one would be offended. Participants were asked about the role of onsite responsible gambling information centres. The majority felt such centres played a significant role. In particular because information could be accessed discretely, with one participant stating they purposely waited until no one was around to access the information.

Training programs for gaming room staff and their effectiveness

Accredited responsible gambling training is mandated in most states and territories in Australia (SA, ACT, NSW and TAS), and actively encouraged in Victoria, NT and Queensland, with SA and the ACT possessing the most rigorous government regulations concerning responsible gambling codes [29]. SA and ACT are the only states that require by legislation, gaming room staff to play an active role in identifying potential problem gamblers [29]. In SA, gaming venue employees are required to undertake training within three months of employment and undertake further advanced training every two years. Given the emphasis on gaming room staff attending training programs, it is surprising that few studies have been conducted to empirically examine their effectiveness. We located five studies to date published in peer-reviewed journals that have scientifically assessed the efficacy of responsible gambling staff training programs [37-41]. All but one [40] of the training programs evaluated, included three main components: the provision of education and knowledge about gambling, such as randomness, and common gambling related erroneous beliefs; identification of problem gambling and observable signs; staff responses to patrons of concern. The training in the LaPlante et. al study [40] included only knowledge of gambling, was delivered to staff via multimedia, and included only pre and post training evaluation with no follow up. The other four training programs were delivered via group workshops, which ranged between 2 and 4 hours, and provided follow up evaluation data between six and 12 months post training. All programs led to increases in employees' knowledge of gambling, although the multimedia delivered program [40] did poorly on correcting employees' pre-existing gambling related erroneous beliefs. Changes in employees' responses to patrons of concern were measured by self-report questionnaires in two of the studies [37, 38] with the other two using a pseudo patron [39] and role plays [41]. Improvements in employees' knowledge about gambling was maintained at follow up for the majority of programs [37, 38, 41] although only partially maintained for one [39]. Staff responses to patrons of concern

improved across all studies [37-41]. These improvements were maintained at follow up for two of the studies with employees reporting they had responded to significantly more problem gamblers 6 months post training than employees who had not undertaken the training [38], and employees' performance in patron role plays maintained at 12 months post training [41]. For two of the studies, employees' responses to patrons of concern were not maintained at follow up [37, 39]. These studies indicate that responsible training programs are an effective way to increase staff knowledge of gambling, problem gambling and how to respond to patrons of concern. The results also suggest that training programs should pay particular attention to staff interactions with patrons of concern. This is consistent with recommendations from the 2007 Gambling Research Australia report [28] that staff require greater specific training relating to interactions with patrons of concern, for example how to approach troubled gamblers, anger management, conflict resolution and counselling. The studies also indicate refresher courses or "booster" material would be beneficial, particularly around responding to patrons of concern. This material could be delivered in a variety of ways such as pamphlets, posters or videos for employees [37]. This is consistent with findings from the Canadian Responsible Gambling Council's report into responding to patrons with gambling problems, which states that while all staff receive problem and responsible gambling training, many felt it was important to reinforce the information with refresher training [34].

Gambling venue staff needs

The acknowledgement of problem gambling as an important public health issue [1] has placed increased pressure on gambling venues to improve their responsible gambling practices and provide a safer environment to gamble [21]. This has led to a number of unique challenges for hospitality staff in gaming venues, which have been highlighted in the literature. Given gaming room staff are potentially an important gateway to help-seeking for problem gamblers, it was deemed important to describe what is known about the challenges and stressors that are unique to gaming room employees. Gaming room managers have indicated that although they are aware of a variety of information sources on government policy and processes, they would benefit from assistance with greater clarification to help inform their responsible gambling practices [42]. Frontline staff have also expressed the need for clearer procedures and direction around indicators of problem gambling and how to

approach patrons of concern [21]. This is supported by Hing et al. who point out that the Queensland responsible gambling code does not provide clear advice concerning how to determine if a patron has a gambling problem and how to respond [33]. Another challenge expressed by staff relates to coping with increased negative emotional responses by patrons, especially anger and distress [43]. In addition to this, staff have identified role conflict and role ambiguity as a source of stress [43] given that on the one hand they have the role of attracting patrons, while at the same time there is an expectation that they approach patrons of concern, which may ultimately lead to driving the patron away to another hotel [22]. Stress among gaming venue staff with regards to witnessing problem gambling behaviours, appears to be more common among newly hired staff [34]. Interestingly, gaming room staff job satisfaction has been found to be inversely related to perceived challenges in responding to signs of problem gambling [36]. The Canadian Responsible Gambling Council's 2011 Insight report [34] suggested that providing feedback to employees concerning the outcomes of their interactions with patrons of concern, can help clarify the purpose of the employees' role in initiating help towards a troubled patron, and build staff pride and job satisfaction.

Current worldwide approaches to identifying and approaching patrons of concern

Responsible gambling initiatives in an Australian context including SA, have been discussed earlier in the review. The following is a review of international approaches. In 2011 the Canadian Responsible Gambling Council's Centre for the Advancement of Best Practice [34] published a report into the best practices for gaming providers to respond to patrons who may have a gambling problem. The report was based on a literature review, focus groups with problem gamblers, gambling venue employees and an expert forum. The main recommendations from the report including examples of best practice from around the world are summarised in the following section.

A number of jurisdictions have formal programs to identify potential problem gamblers. In Switzerland, all gambling venues must implement preventative measures, such as the early detection of patrons displaying signs of potential gambling problems. Such signs include behaviours such as disclosing problems in social or family life, waiting outside the venue before it opens and increasing frequency and duration. Holland Casino, which operates 14

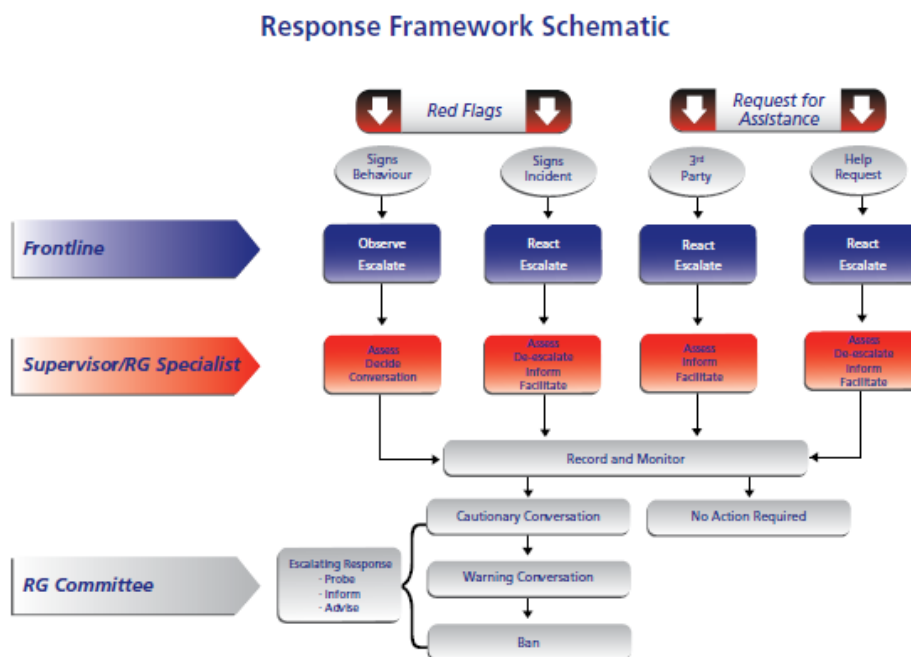
casinos throughout the Netherlands, utilises a visitor registration system to monitor all patrons' visits. All casino visitors must have an identification card which they present to security personnel on entry. Visiting frequency and patterns are used to identify potential patrons of concern. For example, patrons who visit ten times in one month within the past three months, are flagged for displaying early warning signs. Once a patron of concern is identified, security personnel are alerted and then approach the patron for an interview to determine how affordable their gambling is to them, by asking details such as their income and number of dependants.

Unlike the responsible codes of gambling practice that form a major component of regulation of safe levels of gambling in Australia, the more extreme approaches of the Netherlands to preventing and responding to problem gambling are aligned closer to a consumer protection-orientated policy. The most common response in Canadian jurisdictions, when frontline staff observe problem gambling behaviours among patrons, is to 'report up' or escalate the incident by providing the information to a more senior employee. Typically the information gained via frontline staff observation is not recorded in any formal documentation system. There are a number of Canadian jurisdictions however, that do document and collate observable signs of problem gambling among players. For example a number of Canadian casinos use an electronic monitoring system 'iCare' (intelligent player care program). The iCare system has the ability to capture and interpret data from the operator's casino management system and identify patrons at risk. Once a patron of concern is identified, the system is enabled to notify operators when they are in the casino, and provide staff with information about their behaviour. In Quebec, venue staff document relevant player observations in a Cardex system. Designated responsible gambling staff members (the Vigilance Committee) then determine the course of action, whether it be to monitor the patron further or approach them.

In Manitoba, venue staff note patron incidents or "red flag" behaviours and report these to management. These observations are recorded and used to determine if a patron should be approached. In New Zealand casinos, all staff who have contact with gamblers are required to be trained in problem gambling awareness and how to approach patrons of concern to offer assistance. Frontline staff report observable problem gambling indicators to dedicated

responsible gambling staff (the Host Responsibility team) who record, collate and analyse all information to determine the most suitable course of action. A number of casinos in Canada contain onsite Responsible Gaming Centres, which are typically a stand-alone, self-contained area accessible to venue staff and patrons. They offer a variety of resources such as printed literature, videos and interactive training programs. Patrons and staff can access information about how gambling works as well as information about available help services and referral. Centres may be staffed or unstaffed. Based on the results of the focus groups, literature review and expert discussion, the 2011 Insight report [34] proposed a response framework depicting the signs and incidents that lead venue staff to identify patrons of concern and response pathways (Fig.3)

Figure 3 Response framework schematic



The schematic illustrates the most common pathways regarding venue staff responding to problematic gambling behaviours. Once frontline staff become aware of observable signs they pass this information to their supervisor/manager or responsible gambling specialist. At this point the supervisor may decide to approach the patron at this point, or begin the process of recording and monitoring. Based on the outcome of the monitoring period the supervisor may decide to approach the patron or that no further action is required. Approaching the patron at this point may involve a warning conversation or imposing a formal ban. All

patrons who undergo self-exclusion or venue imposed exclusion, are encouraged to make contact with a local gambling help service. Staff also have the opportunity to provide local gambling help service information at any point during patron approaches. The report suggests best practice concerning approaching patrons of concern. It reports that “successful approaches are a blend of science and art and the human element” [34, p57]. Characteristics that were considered essential in all patron interactions included:

- Ensuring privacy away from the gaming floor,
- Having a discussion where other patrons cannot overhear
- Using language that is non-confrontational and non-judgemental
- Being trained at dealing with resistance
- Providing take away information

Information from experts

A list of national and international gambling research centres were obtained from the Victorian Responsible Gambling Foundation’s curated list [44]. Where possible, each of the research centres were contacted via email. Australia, Canada, New Zealand, the UK and the US collectively represent the major sources of gambling related research worldwide. The research experts were asked about their awareness of any documentation related to best practice around referral of problem gamblers from gaming venues to gambling help services within their own country. Additionally they were asked for suggestions other leaders in this space that may have been worth contacting. Six experts replied (three Australian based experts, two from Canada and one from New Zealand).

Multiple experts felt that the research focus was of importance and interest. Crucially, none of the six were aware of best practice guidelines or information sources regarding referral pathways from gaming venues to gambling help services, which indicates a dearth of knowledge on this specific component of the referral pathway in these jurisdictions.

Two experts (based in New Zealand and Canada) highlighted casinos as best practice venues for facilitating referrals. The New Zealand-based researcher was also aware of anecdotal evidence of good working relationships between gambling providers and help services. One Australian-based researcher asserted that based on their experience and research (outside

South Australia), some gaming venue staff are not well informed about their role in dealing with people's problematic gambling behaviour.

The role Gambling Helplines in facilitating referral – international evidence

Given that helplines are often the most visible and promoted source of gambling related help, the major helplines in the gambling-focused research countries were contacted to gain further insight into referral sources and caller triage processes. The national helplines in Australia, the UK, the US and New Zealand were contacted, replies were received all bar the US-based helpline. Canada has 11 individual helplines which service the various provinces; two of the 11 helplines contacted replied (Ontario and Saskatchewan).

The government funded Saskatchewan-based helpline indicated that referrals to the appropriate professionals for on-going help, based on the demographic and contextual information they collect on the caller. The salient factors which impact their decisions were not specified and no elaboration to “appropriate professionals” was made. In their reply, they also suggested that fear of the unknown can stop individuals from calling the line for help. In response they have diversified entry paths into their service by including ways that do not require speaking to someone.

The government-funded Ontario-based helpline run by Connex Ontario, indicated that they first determine if the individual is seeking help for themselves or a family member/friend, then explain treatment programs are available. They can also provide information about other related sources of help such as Gamblers Anonymous and credit and debt services.

The New Zealand-based helpline, run by Homecare Medical, stated that they have a list of all Auckland face to face Gambling Help Service providers, and when the helpline worker determines a caller requires a face-to-face service, they locate one in their area taking into account cultural fit, and if possible aim to transfer the client's call to the face to face service. If the service is closed or busy the client is provided with the details so they can follow it up themselves. No further information was given with respect to how staff make decisions around which callers require face-to-face services and which do not. Their reply also indicated that face-to-face service providers refer clients to the helpline for out of hours support.

The UK-based National Gambling helpline is run by the independent charity GameCare of the Responsible Gambling Trust. The helpline refers the majority of callers wishing to receive counselling to the helpline's own services (which include the helpline, a netline, forums, their website or free counselling services) or their 15 partner agencies located around the UK. No specific information around criteria for triaging and referral was given. Turning Point, who operate the gambling helpline in South Australia, New South Wales and Victoria indicated that they triage callers based on client request and then geographic location.

In summary, none of the helplines produced official documentation underpinned by evidence based practice, related to triaging of help seekers into appropriate help services that is, matching the callers' clinical presentation to the most appropriate service. For example if the caller presents with suicidal ideation or symptoms of depression, a referral to mainstream mental health services may be most appropriate. If however, the caller presents with relationship breakdown, psychosocial services might be more appropriate. It appears as though, worldwide, helpline staff rely on limited formal guidelines to assist their decision making process around triaging calls.

The helplines also provided data around referral sources into their service. Over a quarter of calls to the South Australian branch of the national helpline were attributed to callers obtaining information from resources such as brochures, pamphlets and posters. However, the location of these resources was not indicated. It is therefore impossible to ascertain if the helpline information was obtained from gambling venues. Given that the gambling helpline is the principal help service promoted in South Australian gambling venues, it is reasonable to assume that a substantial proportion of helpline callers learnt of the services through information provided at gambling venues. This data suggests that the provision of gambling help service related information at gambling venues is a potentially important referral pathway into help services.

The second most common referral source to the South Australian helpline was via the internet. Family/friends and a health professional were also key referral sources. Taken together these referral sources suggest a preference toward receiving help service-related information from private (such as the internet) or trusted sources (such as friends/ family or health professional). This bias toward private and discrete sources of referral information is supported by data from the other helplines which indicated, either through service data or

personal communication that the major source of referral into their helplines was via the internet.

Summary of the literature reviewed

We have reviewed literature from a variety of sources including peer reviewed journals, relevant conference proceedings, and websites of gambling help services and gambling research centres at both national and international levels. Furthermore, a range of experts from around the world were contacted and invited to comment on best practice referral pathways from gaming venues to gambling help services. In addition, a number of Adelaide metropolitan hotels and clubs were visited in order to gather information on local responsible gambling policies and procedures, including the role of Gaming Care and Club Safe. The main findings of the review can be summarised in the following points:

- Help-seeking among problem gamblers both nationally and internationally is exceedingly low
- Two main barriers to help-seeking, are perceived public stigma and lack of awareness of gambling help services, particularly among culturally and linguistically diverse individuals
- Venue staff overall are confident in identifying signs of potential problem gambling
- Venue staff are confident in managing situations where a patron asks for assistance with a gambling related problem
- Staff are much less confident at responding to problem gambling behaviour via uninvited contact, with the main concern being fear of a negative response from patrons
- Responsible gambling training programs are effective at increasing staff knowledge about gambling and responding to problem gambling behaviours
- The availability of refresher information for staff between training sessions would be helpful, particularly concerning responding to patrons of concern
- In South Australia the main gambling help service promoted in venues is the national helpline number
- The South Australian Gambling Helpline has no systematic triaging system to ensure callers are referred to the most appropriate treatment service

- Patrons rarely approach staff for assistance with a gambling problem
- A substantial proportion of callers to the Gambling Helpline indicate learning of the helpline details from a hotel or club

With regards to referral pathways from gambling venues to gambling help services, the relevant literature focuses predominantly on identifying patrons of concern in the venue, and how and when to respond. Overall, there is agreement on best practice methods of training of staff, identification, monitoring, documenting and approaching patrons of concern. However, there is almost no information to inform best practice around which responses will lead to effective referral to gambling help services.

From the literature reviewed it appears that although very few problem gamblers approach venue staff for assistance, many take note of the Gambling Helpline details available widely across hotels and clubs in South Australia. This suggests individuals with gambling problems are choosing to access available gambling help service information privately and discretely, which is consistent with the literature regarding the perceived public stigma associated with having a gambling problem. The well documented psychological barriers to help-seeking must be taken into account when considering engagement with and referral of patrons with potential gambling problems in the venue. In fact, given the significant shame and embarrassment experienced by those afflicted, it could be reasonably argued that it is unrealistic to expect patrons with gambling problems to actively ask staff for help. Although they do not actively ask staff for help, it seems that they do choose to make note of the available support services displayed in the gambling venue. This is encouraging as it suggests an opportunity exists to raise awareness of a wider range of readily available help services for patrons. This may be especially helpful for patrons of diverse cultural backgrounds. The Responsible Gambling Centres in Canadian casinos provide a good example of how gambling support information and resources can be made readily available for patrons to access in a discrete manner

Chapter 3: Methodology

Introduction

This following chapter presents the methodology used to conduct this project, which took place between May and September 2016. Firstly, a general overview of the research design and methods are provided. Following this, consultations with key stakeholders and participatory observations are described. Next, an explanation of the target population and samples is provided. Finally, sampling and data analysis techniques are presented.

Overview of the project design

The purpose of this project was to examine current referral processes between gaming venues and GHS, with the aim of identifying barriers to effective referral of problem gamblers into available help services. The data were also examined to reveal any broader issues affecting help-seeking more generally across referral pathways. Given the exploratory nature of the research, a qualitative methodology was used. This allowed a complex and detailed understanding of the issue to be sought, in contrast to quantitative methodology through which pre-determined sets of questions are used to quantitatively measure phenomena [45].

In the first instance, to inform the project and the narrative literature review, the research team held a number of preliminary face to face meetings with relevant stakeholders from GHS (main stream and specialist services including CALD), hotels, and clubs. In addition, two days of field work were undertaken involving the research team observing representatives from both the Hotel and Club industry's Responsible Gambling Early Intervention Agencies.

Within the iterative project design there were two distinct phases of data collection. The first data collection phase involved conducting focus groups with the following stakeholders:

- Problem gamblers in treatment (focus group 1)
- Gaming venue staff (focus group 2)

- Consumer advocates with lived experience of problem gambling (focus group 3)
- Gambling Help Service counsellors (focus group 4)

Focus groups are used to collect specific types of information from clearly identified groups of individuals [46]. They have an advantage over individual interviews in that the group setting provides a more natural environment, as participants influence and are influenced by others – as they are in real life [47]. This is particularly useful when the phenomena of interest involves individuals making decisions that are made in a social context. For instance, a decision by venue staff to approach a patron and initiate referral to GHS, is made involving discussion with other staff. Therefore, examining this process in a group setting provides a useful medium to obtain rich and valid data. A further advantage of focus groups over individual interviews is that inhibitions are often relaxed in a group setting, and this more natural environment encourages more sincere and honest discussion [47]. An iterative process was employed whereby data from each focus group were analysed, before subsequent groups were conducted. Data from former groups were revisited before moving onto the next, and emerging insights helped inform the semi-structured questions used for the focus groups that followed.

In line with the iterative nature of the project, findings from the focus group analyses then helped to determine the most important questions to follow up in the in-depth interviews conducted in the second phase of data collection with problem gamblers. This provided an opportunity to follow up on emerging themes and insights, and to examine these from other target group perspectives, in addition to uncovering new themes as they emerged.

The second data collection phase involved conducting a series of semi-structured individual in-depth interviews with the following two groups: Aboriginal and or Torres Strait Islander individuals impacted by problem gambling; problem gamblers currently in treatment with main stream GHS. These two groups were purposefully chosen based on themes that had emerged from the stage one focus group analyses. The aim of this second phase of data collection and analyses was to investigate emerging themes in greater depth.

In-depth interviewing involves conducting intensive individual interviews with a small number of participants to explore their perspectives on a particular idea, program, or situation [48]. Interviews were semi-structured to allow the interviewees some control over the direction of the content to be discussed, while allowing participants to elaborate or take the interview in new but related directions [48].

Target population and sampling techniques: Data collection phase one

Purposeful sampling was used to recruit participants across all four focus groups and in-depth interviews. Purposeful sampling is used in qualitative research to select information-rich cases related to the phenomenon of interest [49]. The purpose of this method of sampling is to gain a deeper understanding of the phenomena of interest, rather than to generalise findings to a wider population [50].

Focus group 1: Problem gamblers in treatment

The target population for focus group one comprised individuals with gambling problems who were in treatment, that is, help-seeking problem gamblers. Purposeful sampling with maximum variation was used to recruit for this group. Maximum variation was used in order to capture a wide range of perspectives concerning the phenomenon of interest. Participants were current consumers of an intensive therapy GHS. With assistance of senior staff of the service, one of the researchers contacted suitable individuals and invited them to participate in the project. Focus group one comprised 8 participants from a diverse range of sociodemographic and cultural backgrounds (see Table 1 in results chapter).

Focus group 2: Gaming venue staff

The target population for focus group two comprised gaming room managers of Clubs and Hotels across metropolitan Adelaide. Gaming room managers were targeted as they are the employees in South Australian gaming rooms who are responsible for decisions concerning approaching patrons of concern and initiating referral to GHS. They are also responsible for ensuring the venue adheres to current responsible gambling provisions. Representatives from the Hotels and Clubs responsible gambling early intervention agencies approached suitable individuals and invited them to participate in the project. The group comprised 10 participants (9 female) (see Table 2 in results chapter).

Focus group 3: Consumer advocates

The target population for focus group three comprised consumer advocates. Members of a local problem gambling consumer advocate program who had personally experienced problem gambling, were approached and invited to participate in the project. The group comprised five participants (3 female; see Table 3 in results chapter).

Focus group 4: Gambling Help Service counsellors

The target population for focus group four comprised counsellors from local Adelaide metropolitan Gambling Help Services. Managers of 6 distinct gambling help services approached suitable participants and invited them to participate in the project. The group comprised 8 participants (7 female) representing 6 services, both mainstream and specialist (including CALD) services (see Table 4 in results chapter).

Data collection methods and apparatus: Data collection phase one

The former section has described the sampling techniques and group composition for each focus group. The following section will describe the methods used to conduct the focus groups and for collection of the data.

Focus group 1: Problem gamblers in treatment

This group was conducted in an evening over two hours. The group took place in a conference room on a university campus. The group was facilitated by a PhD candidate experienced in facilitating focus groups. The group observer was a PhD student experienced with problem gambling and treatment of problem gambling who, with participants' consent, made a digital audio recording of the group interview and took detailed notes. The digital audio recording was professionally transcribed and checked for accuracy. The focus group was semi-structured and focused on the following four areas:

- Participants' journey to help-seeking

- Participants' experience with venue staff interacting with them around referring to GHS
- Participants' experiences with the Gambling Help Line
- Participants' experience with gambling help support and help materials in the venue

Focus group 2: Gaming venue staff

This group was conducted in the board room of a hotel in a central location close to the Adelaide CBD, over a two hour period. The group facilitator and observer were the same as focus group one. With participants' consent, the focus group interview was digitally recorded. The focus group was semi-structured and focused on the following four areas:

- Experience interacting with patrons of concern
- Experience with available GHS and responsible gambling materials in the venue
- Experience with referring to and interacting with GHS
- Experience with interacting with patrons of CALD backgrounds in the context of referral to GHS

Focus group 3: Consumer advocates

This group was conducted over 2 hours in a meeting room at the office premise of the consumer advocate group. The group facilitator and observer were the same as focus group one and two. With participants' consent, the group interview was digitally recorded. The focus group was semi-structured and areas of questioning overlapped with those of focus group one.

Focus group 4: Gambling Help Service counsellors

This group was conducted in a conference room on a university campus. The group was facilitated by a PhD candidate with experience with focus groups. The group observer was a senior research fellow of the Flinders Centre for Gambling Research. With participants'

consent, the group interview was digitally recorded. The focus group was semi-structured and focused on the following four areas:

- Counsellors' experience of their clients talking about their interactions with hotel staff
- Counsellors' experience with the available support and help materials in the venues
- Counsellors' experience regarding their relationship with gambling hotels and clubs
- Counsellors' experience regarding their clients' use of RG material in venues
- CALD clients (Vietnamese, aboriginal, Cambodian)
- Clients' experience of help-seeking

Target population and sampling techniques: Data collection phase two

The target group for the post-focus group individual in-depth interviews were those with lived experience of problem gambling who had accessed GHS. Five participants of Aboriginal background were purposely selected. A counsellor from a GHS specialising in providing services to Aboriginal consumers was also interviewed. A further six participants were recruited from two metropolitan based GHS via counsellors. The semi-structured questions for the in-depth interviews focused on the following four areas:

- Participants' journey to help-seeking
- The influence of important people in the participant's decision to seek help
- The influence of participants' cultural background on their decision to seek help
- Participant's experience with responsible gambling messaging, particularly concerning their journey to help-seeking
- The role of gambling help materials/support and staff in gaming venues concerning help-seeking
- General preferences for accessing gambling help materials/support

Data collection methods and apparatus: Data collection phase two

Interview participants were recruited via a number of pathways. In order to obtain heterogeneity in the lived experience of problem gambling, two metropolitan based GHS (one mainstream, one specialist) and one inner rural Aboriginal GHS service were

approached to assist with recruitment. Participants were recruited directly through counsellors in the two specialist services, whereas in the mainstream service a poster detailing the project was distributed to counsellors to disseminate and discuss with appropriate clients, who were then invited to directly contact the researchers. The metropolitan specialist service was approached for assistance when the recruitment quota could not be met via the mainstream service.

In total 12 interviews were scheduled, 11 with individuals with lived experience of problem gambling and one with a counsellor specialising in Aboriginal GHS provision (see Table 5 in results chapter). Nine interviews were conducted as two individuals with lived problem gambling experience did not attend their scheduled interview. These individuals were subsequently followed up and, in order to accommodate their work schedules, offered phone interviews but they declined to participate. The interviews were conducted by the PhD candidates who collected the data in phase one. The interviews were semi-structured in nature.

With participant consent, all interviews were digitally recorded and the transcripts were professionally transcribed. Due to a technical failure one audio recording was not made and thus a transcript was not produced. This failure was detected immediately after the interview was complete and thus the researcher was able to make detailed field notes about the specific content of the interview, including verbatim quotes.

The interviews were carried out at locations convenient for the participants, and included a university office, the office of the mainstream GHS and the two specialist services.

Data Analyses

All digital audio recordings were professionally transcribed and then checked for accuracy by two researchers. Transcripts were uploaded into NVivo 11 qualitative data software tool. In line with the two phases of data collection there were two corresponding phases of data analyses. Thematic Analysis (TA) was chosen as the analytic technique because it is an empirically driven systematic approach for identifying and reporting the most salient patterns of content in a data set [51] and can provide a “rich and detailed, yet complex, account of data” (Braun and Clark, 2006, p.78) [52]. This was deemed necessary in producing practical

recommendations underpinned by scientific rigor. TA involves 1) familiarisation with the data by reading, re-reading and recording initial ideas; 2) coding important subject matters along with the identification of data relevant to each code; 3) generating emerging themes based on the codes identified across the entire data set; 4) reviewing the themes to ensure they fit the codes identified at phase one; 5) ongoing analyses to refine the specifics of each theme, re-naming if necessary; 6) perusal of important extract examples and relating these back to the research question and literature to produce a scholarly report of the analysis (Braun and Clark, 2006, p.87) [52]. To improve rigor, all transcripts were read by two researchers who both carried out coding independently before meeting to cross check the results.

In the first instance TA was applied to the phase one data set (i.e. the four focus group transcripts). Given the heterogeneity present across the four focus groups, it was deemed important to first make sense of the complexity inherent in each individual data item (i.e. focus group transcript), before searching for key themes across the entire data set. Emerging themes were identified after analysis of each focus group and discussed at multi-disciplinary team meetings. Next TA was applied to the phase two data set. Following the thematic analyses of the focus group and in-depth interview data, findings were combined to enhance data richness. This methodological triangulation provided diverse ways of looking at the same phenomena, and enhanced credibility by strengthening confidence in conclusions derived [53, 54].

Participatory workshop

Following the data analyses a set of recommendations were derived by the research team based on the findings of the study. The recommendations were then circulated by email among the GAC for feedback ahead of a planned participatory workshop. A two hour participatory workshop was conducted involving the research team and the GAC. Through the workshop a number of revisions were made and a consensus was reached as to the final recommendations of this project.

Ethics Approval

This research project received approval by the Southern Adelaide Clinical Human Research Ethics Committee, approval reference number: 402.13 – HREC/13/SAC/258.

Chapter 4: Results

Focus Group 1: Problem gamblers in treatment

This chapter presents the emerging themes that resulted from analysis of the first focus group comprising eight individuals who were actively involved in formal treatment for their gambling problem (see table 1 for participant demographic information). The main topics of discussion were participants': (1) journey to help-seeking; (2) experience with venue staff interacting with them around referring to GHS; (3) experiences with the Gambling Helpline; (4) experience with promoted gambling help support and help materials in the venue.

Table 1. Participant demographic information for Focus Group 1.

Focus Group 1: Problem Gamblers	Number of Participants	8
Gender	Male	4
	Female	4
Age	18-29	0
	30-39	3
	40-49	3
	50-59	2
	60+	0
How long has gambling been an issue for you?	less than 12 months	0
	1-2 yrs	0
	2-5yrs	1
	5-7 yrs	1
	7-10yrs	1
	10 yrs or more	5
Marital Status	Married/defacto	2
	In a relationship	1
	Separated or divorced	2
	Widowed	0
	Single	3
Are you from a CALD background. Which?	Yes	2
	No	6
	Aboriginal	2
Employment Status	Employed full-time	2
	Employed part-time	1
	Unemployed	1
	Retired	0
	Home duties	2
	Disability pension	2
	Student	0

Journey to help-seeking

- *Rock bottom*

The majority of participants revealed they sought help only when they had reached rock bottom or a point of crisis, such as a divorce, exhausting their available funds, loss of employment and disclosure of their problem (getting ‘caught’). Although a number of participants reported they were in self-denial about their problem prior to reaching a point of crisis, they indicated that they were aware that they had a problem, and took measures to keep it hidden until it was disclosed or they were “caught”. A number of participants explained:

P: I'm just dealing with it but I think sometimes we've really got hit rock bottom or something bad has got to happen to you until you start really wanting to change what you're doing. Or consequences for some action or something.

P: Oh yeah. Like we said, rock bottom and that's when you need help or you get caught.

Perceived stigma around having a gambling problem was a shared experience among the group, and a common reason for delaying help-seeking.

I think a lot of people, there is a stigma around gambling and to say you've got a problem is something they don't want to tell other people so they don't really – I think a lot of people don't know who to talk to”.

Though the majority of participants indicated they had reached a point of crisis before they sought help, another trigger for seeking help was encouragement by family, as explained by the following response:

I wouldn't say I was forced into it but after my divorce, my mum noticed that I was going through a lot of money and she was like "yeah, you need to go get some help, just get sorted.

- *Acknowledgement of problem*

There was group consensus that self-denial of the gambling problem discouraged participants from seeking help and also affected how they would respond if confronted about their level of gambling. Several participants indicated that self-denial resulted in them being seemingly unreceptive to any well intended advances towards them concerning their excessive gambling

(including approaches in the venue by gaming staff). However, they explained that although such approaches might be perceived outwardly as unwelcomed, once they were away from the gambling venue, it encouraged them to self-reflect. The following exchange by group members, reveals how multiple approaches by venue staff from different venues, may encourage gamblers to self-reflect and consider seeking help, despite the interactions not being immediately welcomed:

P: Yeah, I wouldn't like it but the one thing is you've got to get off your arse and go somewhere else, that gives you time to think about it or maybe you'll go back to work or just do something better that you should be doing. So at least it's putting something in your head even if they just say it, even if you don't like it.

P: Yeah. I'd get annoyed but I mean I'd be identified as a problem gambler in any venue I walked into within 20 minutes because I'd just change coins in lots of 200 and do it again and again and again until I ran out of money. So if they were doing their job properly everyone should be telling me the same thing pretty quickly.

M: Would that have helped you?

P: Yeah. Because if everyone is telling you you've got an issue – If it continued to happen, eventually you just think shit, there's something wrong here.

Interactions with venue staff

- *Reception of approach*

A good rapport with staff was paramount in any cordially received approach. Participants voiced a variety of attitudes on being approached, with some welcoming, and others less receptive indicating they would just leave and go to another venue. This point is expressed in the following exchange by group members:

P: It would depend. If it was at a regular place that you went to and it was someone that you felt comfortable with, I think you'd welcome it, I really do.

P: You'd feel a bit weird about it but I'd probably just go somewhere else or finish doing what I'm doing there unless you're told to leave which is probably unlikely. Just keep gambling and then I'd go to another venue.

There was agreement among participants that regardless as to how an approach by staff was received at the time, as indicated in a previous group exchange, it did encourage them to reflect on their gambling behaviour after the interaction, when they were away from the venue. This was explained by a respondent who sought help some time after being approached, and expressed a desire to find the staff member who approached her and express her gratitude:

P: I can't remember which hotel but it was down near (Adelaide suburb) or somewhere in that area. I was really appreciative because she said – she was very pleasant about it and she said – there was a little lounge room on the other side and she said "oh look, could you come over here I want to have a bit of a chat to you." She pulled me across and she said "I get the impression you've got a bit of a problem and I'd like you to have a talk to our manager." I think she'd already spoken to the manager. So I took some time out and they made me a cup of coffee or something and I sat there and I had to wait a little while to see the manager. I didn't go back to that hotel, I was so impressed with their professional attitude and caring attitude that I didn't go back. I thought well you know, I took my hat off to these people. It was an exception to the rule though.

Another respondent explained the significant influence that one staff member's approach had on her seeking help. Again, the approach was seemingly unwelcomed at the time, but led the way for this participant to eventually seek help.

Other participants indicated having very little or no contact in relation to concerns about their level of gambling. One participant reported that they felt staff would avoid them if they were perceived to be gambling heavily and or personally struggling:

P: I'm just thinking that my experience is probably avoidance. I found that looking around that – so if I'm in there just losing several thousand dollars, the staff seemed to avoid me. It's just like I'll just let him go and do his own thing while the people, being smaller the staff seem to interact when it's more like they're having a fun time where I'm just losing lots of money. That's the sort of experience I've had.

- *Role conflict*

Participants spoke about a perceived conflict of roles concerning venue staff. A number of them indicated that due to what they described as hypocrisy, where on the one hand staff

were being hospitable and encouraging them to gamble, and on the other hand approaching them if they had spent too much. In this context, they reported any attempt at approaching them with concerns about their level of gambling, would be perceived as insincere, and therefore poorly received, as revealed in the following exchange by group members:

P: They've got a conflict of interest. It doesn't work if its direct staff.

P: Yeah.

M: Can you feel that from them?

P: Yeah.

P: You've got management that – they want to keep people there that spend big money. There is a conflict.

P: Yeah. You know that they don't care.

- *Normalising the responsible gambling approach*

There was group consensus that being singled out as a problem gambler would often lead to embarrassment. The majority of participants were unaware that staff were trained to monitor and document patrons' behaviours, and intervene if they felt a patron was struggling. They indicated that if staff spoke with all patrons about gaming room staff's responsible gambling role and training, and their availability to assist with any excessive gambling issues including facilitation of referral to help services, they would be more receptive to being approached. They also indicated they would be more likely to approach staff themselves. The following response from a participant who had a gambling problem and also worked in a gaming venue, illustrates this point:

Maybe like if I was trained and I went up to every customer and said "I'm the duty manager here, I've been trained, this is my new responsibility to advise everybody of the service available if you ever feel like you have a problem". And if you're doing it to everybody, no one is going to feel singled out. So that could kind of get rid of a bit of that issue where if you go up to somebody.

Experiences with the Gambling Help Line

- *Personal connection*

All of the participants were aware of the Gambling Helpline and had seen it promoted inside gaming venues. For the most part, they described their experiences with the Gambling Helpline as negative due to a perceived lack of personal connection in the help-seeking process, and also having to wait on the line to speak with someone. The perceived impersonal nature of phoning a generic help line, was viewed as unhelpful, as revealed in the following exchange by respondents:

P: I rang and they were useless

P: I got an Indian guy and it was just like...

P: Talking to a robot or something...

P: Yeah. They obviously had scripts or something like that...

P: You can have them anywhere but unless there's the right people at the end of the line – and you don't want to be waiting. If you're ringing that, you want help straightaway.

P: Yeah. It can be frustrating but you know, it's like all those, every day when you call up a business, they always have their "you've got to press this number and you've got to listen" people haven't got the patience for that, especially gamblers that –

Experience with available gambling help support and help material

- *Help-seeking: a private experience in an environment that allows opportunity to self-reflect*

The majority of participants indicated the responsible gambling materials in the gaming rooms were largely ineffective, because they were not in a clear frame of mind whilst gambling. A number of participants spoke of signage they had seen in the bathroom and explained that this particular material had been effective for two reasons. Firstly, they were able to read the information in a private place. Secondly, they were away from the gaming room and in a clearer mindset, which allowed them to be more open and receptive of

responsible gambling information. The following exchange by group members reveals this point:

P: As a positive for me anyway, what has made me think about my gambling when I've been gambling, is if they've had a large advert of seeking help or what are you doing? We were up at a hotel on (Adelaide Road), not far from here, they had a – I'm pretty sure they still got a – I haven't been there for well, over a year at least but the men's toilets had a sign on the door as you go in or as you come out. I think there was even one over the urinal from memory, if I could use that expression, and it did make me think what I was doing. They were fairly big signs, I can't remember what they were saying but I remember –

P: Yeah.

P: When you go sit down on the toilet and shut the door, it's the same as females with pap smears (laughs).

P: Well we weren't sitting down but as you're coming out, washing your hands, over the basin and where you wash your hands is the –

P: You're away from the machine so you've got time to read something.

The previous point was readily agreed with by the group and encouraged further discussion about the types of information that might be helpful. As indicated in the following responses, a number of respondents suggested that positive stories of recovery would be useful:

P: Maybe examples of people stories with it. This is Michael, he was unsure what he – he went through the gambling service, he got a career counselling through this other service and that helped him.

P: And I think steps though. Steps would be good to say if you go to your doctor and he will lead you to the right path whether it's a psychologist or a counsellor and do those things as well. I think there should be steps as well for some people.

Focus Group 2 Venue staff

This chapter presents the emerging themes from the second focus group comprising 10 staff working in metropolitan gaming venues, which included both hotels and clubs (see table 2 for participant demographic information). The major topics of discussion were participants' experiences of: (1) invited and uninvited staff interactions with patrons of concern (with a particular focus on promotion of help-seeking); (2) available gambling support and help materials in the venue (with a particular focus on the role of the gambling helpline as the most promoted and visible source of gambling help); (3) gambling venue and staff relationships with gambling help services; and (4) interacting with patrons of concern from Culturally and Linguistically Diverse (CALD) backgrounds.

Table 2. Participant demographic information for Focus Group 2

Focus Group 2: Gaming Venue Staff	Number of Participants	10
Gender	Male	1
	Female	9
Age	18-29	1
	30-39	5
	40-49	1
	50-59	3
	60+	0
Time working in gaming rooms?	less than 12 months	0
	1-2 yrs	0
	2-5yrs	0
	5-7 yrs	1
	7-10yrs	3
	10 yrs or more	6
Marital Status	Married/defacto	2
	In a relationship	3
	Separated or divorced	1
	Widowed	0
	Single	4
Are you from a CALD background. Which?	Yes	0
	No	10
Employment staus	Employed full-time	7
	Employed part-time	0
	Casual	3
What is your role in the gaming room?	Gaming Manager:	
	Yes	10
	No	0
	Other	0

With respect to this focus group, the intention of the research was to investigate the current lack of effective referrals of patrons of concern from gaming venues to gambling help services. By necessity, therefore, a more general discussion around identifying, approaching and responding to patrons of concern was initiated; however, a particular focus was placed on discussion of staff perspectives and experiences with promoting and/or initiation of help-seeking (i.e. as opposed to more generalised staff responses to patrons of concern). As can be seen in Table 2, all participants were, or had been, employed in a gaming manager role and 90% had seven years or greater experience working in gaming rooms. Participants' level of experience of gaming rooms was reflected in the age ranges represented with 50% of participants aged 30-39 years and 40% aged 40-59 years

Experiences of interacting with responding to and referring patrons of concern in gambling venues

- *Staff approach when patrons problems are overt (role of fear)*

When asked about their experiences of interacting with, responding to and referring patrons of concern, a range of attitudes, experiences, conflicts, expectations and emotions were revealed by participants. At a broad level, however, it was apparent that staff initiated approaches to patrons of concern principally when they appeared to be overtly struggling. One participant stated *"I think it's just more when they're at dire straits, when there's actually – it's time to help people."* A range of factors influenced staff willingness and confidence to approach patrons of concern. In the first instance, participants explained their reticence to approach patrons in the context of *"fear of the unknown"*. Participants discussed a fear of making incorrect assumptions around a patron's ability to support their gambling based on external appearances and other subjective indicators. Moreover, participants were hesitant to approach patrons of concern due to fear of an aggressive response potentially fuelled by drugs, alcohol, patron denial or wrongful identification of a problem, or a combination thereof. Participants discussed various examples of hostile and aggressive patron responses to staff approaches and thus feeling supported by the presence of security at the

venue when approaching potentially hostile patrons. This is revealed in the following participant response:

So I feel that, even though we do record and we do speak to them, you've really got to be careful what you do say and when you do speak to them, because quite often they can be quite aggressive. And you're putting yourself into danger in that reason. I've come up to a few aggressive ones.....you've really got to be careful who you do speak to and who you don't speak to.

With this in mind, participants discussed an unwillingness of younger staff to approach patrons of concern due to lack of training and limited experience in doing so. Gender was also perceived to play an important role in the efficacy of patron approaches. Given the personal safety threat, males were seen as better equipped to deal with a wider range situations and patrons.

Participants also described becoming desensitised to the value of money, extent of patron spending and the prevalence of problem gambling in venues. Given this perception, they explained that it was easier then to identify gamblers who had a significant, clear and visible problem. Participant's explained that on account of the large amounts of money regularly spent by patrons, money had little value in the gaming room context. This is expressed in the following response:

Because we all work very hard to earn our money, but when someone comes up in the space of 25 minutes, cashes in \$1,000, you don't really think that that's a week's wage or whatever the correlation might be. (General murmurs of agreement). It's just money being handed over a counter. It's got no value.

- *Role ambiguity*

Beyond the practical concerns discussed above, participants discussed an inherent tension around seemingly incompatible facets of their role. With respect to understanding how better to facilitate effective referrals to GHS, participants described approaching patrons of concern as “hard” because it required them to operate within a “grey area” and walk a “fine line” with respect to balancing their hospitality and customer-service-based responsibilities alongside their obligations to promote and implement responsible gambling within the venue. Participants acknowledged pressure and stress associated with negotiating these various aspects of their role, as expressed in the following group discussion:

P: There's a very fine line between running a business and caring about your patrons. And I think that's the hardest thing with every person that works in gaming, is that if you remove a big punter and your senior sees that, they go 'what are you doing, you're ruining our income'. Well hang on, I have a duty of care to my patrons, where's the line?

P: Well I've been there for seven years, so I know a lot of the big punters. And at the end of the day yes, we are a business, there to make money, so you know...

P: Sometimes it does feel a bit hypocritical. It feels a bit... We're there to make money for the place, but then –

Participants were also keenly aware of management prioritisation of revenue raising. This was explicitly highlighted by the following participant response:

There's a fine line between, well there's 25 people lining up for our jobs behind us these days, and if we are reporting on every single person, is our manager then going to turn around and go 'oh listen, you're actually killing our business by reporting too much on the heavy gamblers'

When asked why problem gamblers report infrequent staff interaction around their gambling, even when they perceived their problem to be obvious, participants discussed a number of contributing factors. In the first instance, staff suggested that incremental increases in gambling or gradual changes to patron demeanour may go unnoticed due to the fact that their

“job descriptions have stretched out, yet the hours have shrunk”. Participants also referenced the cross-sectional nature of their own reporting (i.e. they only work on certain days at certain times); unless the reporting is consistent over time, changes in individual patron behaviours are difficult to detect. This is expressed clearly by one respondent who reported:

I talk a lot about job description and things like that, it's because when I first started in gaming that's what you did, you were a gaming person.....you picked up cups and you changed the ashtrays back in the day, and you interacted with your customers, and that's all you did for eight hours. But now for us for eight hours, we're doing that, we're polishing cutlery, glasses, serving customers at the bar, reporting....So no longer do you have all the time that you may have 10 years ago to get to know these customers and to go oh hang on, all of a sudden they're smashing the button.

The threat of litigation was omnipresent in the minds of participants for a number of reasons, particularly with respect to satisfying their responsible gambling monitoring and reporting obligations and the extent of information sharing between venues in this context. Patron, and their family's response to any staff approach (or lack thereof), was also discussed within the context of potential litigation. With this in mind, participants felt universally supported by the clubs' and hotels' responsible gambling early intervention agencies, whose staff were seen to be readily available for advice and guidance.

- *Inconsistencies between venues*

The complexity associated with implementing a responsible gambling framework within gaming venues was also attributed to lack of information sharing between venues and across the hotel and club network, particularly with respect to patrons who had been barred from gambling within specific venues. Whilst participants saw the value in monitoring and reporting patrons of concern, they also expressed frustration around the lack of universality of the current barring system and the reality that, as the following respondent explained:

There's so many hotels in a small area that if you do start saying, every time they come in, if they are having a few hitting the machines or something like that, they do go. They'll just go to another hotel because they don't want to be bothered, they don't want you to know what's going on and they don't want you to know their name and what their situation is.

- *Help-seeking as a personal and private experience*

Participants were most comfortable approaching patrons when a personal connection and rapport had been developed over time; this enabled initiation of discussions around what was considered a deeply private and personal issue with a patron. Furthermore, participants demonstrated greater receptivity to providing patrons with general gambling related educational materials and information in the venue, as opposed to initiating a help-based approach which was perceived as a moral judgement around the nature and extent of a patron's gambling. One respondent stated:

You have the information packs that don't have the barring forms in them, because when you give people a barring pack with forms in them, you used to get quite a lot of aggression. "I don't need to be barred, what are you doing?" But now they've got just the gaming packs, here's some information, like a little book about the machines and so on and so forth. That's a lot easier because people don't feel like you're going.....You should bar yourself.

Participants also discussed the importance of timing in patron approaches. There was a general consensus that approaching a patron in the midst of a gambling session may illicit a negative reaction, instead approaching a patron upon their next visit or at later time was favoured. Participants also expressed a desire for follow-up information and feedback regarding the progress of a patron who they had previously assisted to seek help.

Experiences with available gambling help support and help materials in the venue, including experiences with the gambling helpline

- *Help-seeking as a personal and private experience*

Throughout much of the discussion, participants positioned help-seeking as a private experience. As such, discretion and sensitivity were seen as central to effective facilitation of help, both with respect to approaching patrons of concern in the venue and in the provision of help-related materials more generally. Physical location of support materials in the venues was seen as an important factor in patron willingness to engage with it; private locations such as bathroom doors were mentioned as positive examples of how to disseminate help-related information. One respondent stated:

I think it's the location of where it is as well. When they're in the gaming room they're in – that's where they are. Whereas if it was in public bathrooms at the supermarket, that would have a lot bigger impact than having it plastered over every wall in a gaming room. Because it's when they're going to do their weekly shopping that they go "oh hang on a minute, I don't have any money, and where have I spent this money". That's when it really – that's my opinion.

Participants were unsure about the extent to which the help-related materials were accessed by patrons, but did report having to regularly replenish them. That said, they also reported finding gambling help service cards and other materials littered throughout the venue. Whilst participants expressed neutrality toward the content of the help materials, they did feel that patrons do not associate gambling venues with help-seeking. Furthermore, participants reported limited experience of engaging with the gambling helpline in any context.

- *Beyond the rhetoric: informing not judging, help-seeking on a continuum*

Participants expressed concerns that the general public are uneducated about the nature of gambling, including knowledge related to machine payout percentage, odds of winning, and other common misconceptions and fallacies. As such, participants felt that a public health

approach was important way in which problem gambling could be addressed, as expressed by the following participant's response:

I think there needs to be more readily available education on what pokies are and horses and Keno. I think it's an all-round gambling thing.... I think there just needs to be more education. I think if you sat down with a group of 18-year-olds and went do you actually understand the probability of you winning on a pokie machine? It's this, and they'd probably go oh, that's a pointless way of gambling. It would kill the industry but that information is not educated out there. If you talk about the Indian lady, never played pokies before in her life, and you go "no worries, this is how you play. Your top line is what your bet is, the bottom line is the number of lines". Are you supposed to sit there and go "by the way, the probability of this machine, of you actually winning any money is..." But we're not required to do that. It's they play.

Staff relationship with GHS

- *Role of personal connection in facilitating effective GHS referrals*

Whilst there was variability in the experiences of staff working at different gaming venues, overall participants defined their relationship with local GHS as superficial. They noted that currently, GHS staff pay infrequent visits to the gaming venues and that, coupled with the high staff turnover and variability in work hours, meant that not all staff had an opportunity to meet local help service providers. Contact between gaming venue and gambling help service staff was also reported to be facilitated through the clubs and hotels responsible gambling early intervention agencies.

Participants felt that GHS understaffing impacted on their ability to develop a greater presence within gaming venues. One participant recounted a personal experience in which a strong relationship was developed with a staff member at a local GHS, it resulted in the effective referral of patrons of concern:

We used to have a really good guy from [GHS] that would pop in regularly. And even if there was anyone in need, like desperate need – because I find – well I’ve had about three or four people that I’ve actually put on to counselling, and over like 10 years. And this is when he was around, working for [GHS]. And he is brilliant because you’d find a lot of people wouldn’t want to actually go to those places [GHS].

Discussions around patron referral to GHS were primarily described in the context of a patron barring process. Overall, participants reported that very few patrons were open to initiating referral in this context. With this in mind, participants discussed a desire for greater staff education around the help-seeking process and the types and nature of available help more generally. Greater education was linked to a more effective referral process with staff more able to exert their influence on patrons if they are better informed about the help-seeking process and its benefits, as revealed in the following group exchange:

P: Like they said before, the training of knowing what they actually offer would be great.

P: (General murmurs of agreement).

P: I have no idea what the next step is.

P: Yeah.

P: I just know they call them, that’s about it.

P: (General murmurs of agreement).

P: And so it’s hard to recommend that when you don’t know.

Experiences of interacting with patrons from Culturally and Linguistically Diverse (CALD) backgrounds with respect to referring to GHS

- *Cultural challenges: language and cultural sensitives*

Participants discussed an overall lack of training in interacting with patrons of CALD backgrounds. There was, however, appreciation of cultural differences at the gaming manager level, for example always approaching the elder in group of Aboriginal patrons, or attempts to understand the various interpersonal/family dynamics of different cultures. One participant stated:

It is hard with the older Italian demographic, especially females, because they do get quite “you can’t tell me what to do”the females are told what to do by their partners, and I guess so females when they come into gamble, it’s their time to not be told what to do by somebody else. And when you do approach them and say “are you sure your spending’s okay today?” they get their back up very quickly “don’t tell me what to do” and they’ll just keep gambling.

Participants felt that younger and more inexperienced staff frequently experienced difficulties with negotiating language barriers and cultural differences in behaviour. Misinterpretation or misunderstandings were reported, for example incorrectly interpreting tapping by those of Asian descent or brevity of speech (resulting from limited language skills) as rudeness, as revealed by the following participant response:

And there are a lot of mannerisms like that where they – if they don’t have good English they tend to simplify everything they say, and it comes out really quite rude. And that will lead to – we’ve got a girl at the moment, one of our staff members, and she wrote an interaction the other day about how someone was rude to her, and I’m like I know who that person is, they weren’t being rude, they’re just speaking very simply because that’s all they can do. She was like “no, they were so rude to me” and I was like “no they weren’t, they just can’t express themselves completely because they don’t have...”

One participant reported difficulties approaching Aboriginal patrons, particularly when their attendance at the venue was part of a larger group:

I've had a little bit of experience with Aboriginals. I've had a young one lose it and throw something at me and hit me on my arm before, from like being agitated and angry.... and then having like mobs of Aboriginals come in. There's usually one that's underage, but because they all hang around together, sometimes if you approach and ask for ID, they get a little bit upset, and they don't always leave straightaway.

Focus Group 3: Consumer advocates

This chapter presents the emerging themes from the third focus group comprising five members of a local problem gambling consumer advocate program, who had personally experienced problem gambling (see table 3 for participant demographic information). Firstly, key characteristics of participants are presented. The main topics of discussion were the same as focus group one, participants' (1) journey to help-seeking, (2) experience with venue staff interacting with them around referring to Gambling Help Services, (3) experiences with the Gambling Help Line and (4) experience with promoted gambling help support and help materials in the venue.

Table 3 Participant demographic information for Focus Group 3

Focus Group 3: Consumers Advocates	Number of Participants	5
Gender	Male	2
	Female	3
Age	18-29	0
	30-39	0
	40-49	0
	50-59	2
	60+	3
How long has gambling been an issue for you?	less than 12 months	0
	1-2 yrs	0
	2-5yrs	3
	5-7 yrs	1
	7-10yrs	0
	10 yrs or more	1
Marital Status	Married/defacto	0
	In a relationship	0
	Separated or divorced	1
	Widowed	1
	Single	3
Are you from a CALD background. Which?	Yes	2
	No	3
	Romania (Gypsy)	1
	Netherlands	2
Employment Status	Employed full-time	0
	Employed part-time	2
	Unemployed	0
	Retired	3
	Home duties	0
	Disability pension	0
	Student	0

Journey to help seeking

- *Rock bottom*

Similar to participants in focus group one, help seeking was typically motivated by reaching a point of crisis, such as legal issues, loss of employment and or psychological breakdown, as one participant stated:

P: Yep. It had come to a crisis. I had told my children, adults, and my younger son was very helpful and he would say to me, “Mum, when you want to go ring me and tell me but you’re kind of in that denial process”. But once I had made up my mind that I needed to go further with help and I had financial counselling help with (local GHS) as well which was very good, it really helped me, you know, stopping people ringing up and demanding money.

One participant reported they did not know where to go for help even after reaching crisis point, which involved being convicted of offences relating to their gambling problem. The participant was engaged by GHS whilst in prison.

P: I might be the only one in the room that didn't know who to ring or who to contact. So whilst I was in prison, (GHS) gambling counsellor – they must have arranged it through the prison service because I had a (GHS) counsellor come – well, I was just told I had a visitor and it was this (GHS) gambling counsellor. Lovely lady. She saw me for about 10 visits and the beauty of it was her counselling she went into the nitty gritty of the machines and how they work. It's like a very complex computer. And the odds of you winning are virtually like winning the lottery. Once she explained that and over that 10 week period I thought, "What an idiot". And once I started to call myself an idiot then that's saying something.

Interactions with venue staff

- *Lack of awareness of staff responsible gambling training and role*

It became clear among participants, that they were not aware that venue staff are trained and equipped to offer information and referral regarding gambling help services. It was a common perception that the venue staff could only be approached regarding concerns around excessive gambling, if a patron wanted to be formally excluded. That is, they were not aware that venue staff undergo specific training, have an ongoing working relationship with local GHS, and are able to provide information and referral. This point was revealed in the following exchange by group members:

P: I didn't know how staff would be able to help me, and the only way that I thought that they could help me was to bar me, and I didn't want to be barred.

P: Yeah.

P: If I had have known that staff, people, there had other information, they could refer me to other places, then it would be more of a possibility that I would.

M - So you're suggesting that if there was some information, let's just say, for example, you go to the bathroom, there's some information, "Your gaming staff member," so and so, photograph, "has information on all of these things, don't be afraid to ask."

P: Yes.

P: Yes. Good idea.

M: Would that have been helpful?

P: I reckon. Yeah.

P: Exactly. Because all you sort of get is Gambling Helpline.

P: Because it's always just those gambling helpline.

M: So it's barring, or nothing.

P: Mm'hm.

P: Now, nowhere in the gaming venues does it tell you the staff have the information to direct you to the right organisation.

- *Rapport between staff and patrons*

As indicated in focus group one, participants emphasised the importance of good rapport. A positive relationship between staff and patron was crucial, and allowed for effective conversations to take place concerning excessive gambling and available support options. Rapport was generally built over time, as indicated by the following participant response:

P: I wouldn't be here today if it wasn't for one of the people in the venues. She didn't approach me outright. She just kept an eye on me, and she'd come around, just quickly, say, "Oh how are you today?" and slowly I got to know her, and with the problems I had I started to confide in her, and on my own bat, I rung up the help, and that's how the staff, I couldn't thank her enough, because it changed my life. But like I said, the venue people, they try, but all depends how you click with them, I think.

In addition to improving the receptiveness of an approach by venue staff, good rapport enabled gamblers to initiate conversation with staff about their problem, as the following respondent explained:

P: This particular venue around the corner, that's the one I started to go in regularly, because it was on my way home from the nursing home, and this particular lady started to befriend me, slowly, very slowly, she would pop up, and said, "Oh how are you today?"

"Yeah." "No, how are you feeling?" I'd say, "Oh good," and slowly I started to get used to her and I started to confide in her what my problem was...

As with the first focus group there were a number of participants who reported never having been approached, despite displaying what they believed were readily observable problem gambling indicators. The following response by a participant reveals this experience:

I've never been approached by members of the staff. Never. I was never approached. I would be in there at nine o'clock in the morning when they opened, I would go to the bank teller, get my pension out, and it all went – I left enough in my pension to get my animal food. That was it, and all the rest went into the pokies, and not once did a member of staff come up. It didn't matter what pub I went into.

A number of participants indicated that it took several seemingly unwelcomed approaches before they actively sought help, and indicated they would have liked to feedback to venue staff that an outwardly unreceptive response from a patron does not necessarily mean the contact has been ineffective in assisting with the referral process. The following quote from a participant who came across a staff member several months after she was approached in a venue, illustrates this point.

I actually met that lady that like encouraged me, at the swimming pool many months later, when I was already doing this (problem gambling consumer advocate program), and when I told her she was absolutely over the moon. She said, "You've really made my day, because not often we get feedback on what they achieve," and she said, "Often we feel our jobs are worthless".

Feeling embarrassed when approached by staff about their level of gambling was a common experience among participants. A number suggested that if the occurrence of staff interacting with patrons about their level of gambling and available support services could be normalised, then it would go a long way to removing the shame of being approached. In other words, they would feel less like they have been singled out if it was understood that at some point they would likely be approached by staff, not because they have been judged as potentially having a problem, rather, all patrons will be provided with relevant information about support services. This point generated quite a bit of discussion and received a clear group consensus which is revealed in the following exchange by group members:

P: What about if there's – it's almost common knowledge that there's an expectation that patrons who gamble will be asked at some stage about their gambling habit. This is hypothetical, of course. What am I thinking of is that to give them a way that they can ask that – it's okay to ask.

P: And then if there's – if we expect that we're going to get asked some time then it is in our face more.

P: It's normal. Everyone gets asked.

M: Normalising conversations about -

P: Yeah.

P: Gambling.

P: Rather than it being rare or unexpected that someone might approach you.

P: So it becomes a normal thing and therefore it can – it mightn't always work but it is worth a try of someone who could be vulnerable and might be right at that point where they've lost everything and it's their job to come up and ask me are you okay? It gives them permission.

P: Yeah, make people feel that they don't have to be ashamed because they've got an addiction.

M: This is the way the gaming room operates. It's the way staff operates.

P: Take their shame away.

Experiences with the Gambling Help Line

- *Immediate connection to a local gambling help service*

Participants reported receiving the helpline details from information in the gaming room (posters, cards), directly from venue staff and from the telephone book. One participant indicated that if they were provided with details by the helpline rather than being put through to a local counsellor directly, they would unlikely have then phoned the local service. The majority of participants who had used the Gambling Helpline explained that being directly

put through a local gambling help service was pivotal in the referral process. The following response by one participant explains:

P: I think it was lucky for me in that when I rang the helpline and told them what my problem was they transferred me to (GHS) straightaway and I spoke to a counsellor and it was like before I had a chance to think about what was happening I had an appointment. It was very quick. Within a couple of days. I think that's fairly important.

Experience with available gambling help support and help material

- *Lack of awareness of available support services*

The majority of the group re-counted they were largely unaware of existing available help services. Though they acknowledged the Gambling Helpline is widely promoted as the main contact for support, they indicated more direct information about local support services, who works there and what support or treatment entails, would have been helpful and may have encouraged them to seek help sooner. The majority of participants reported they had not seen any material in venues informing them of local services, only the Gambling Helpline. The following group exchange highlights this point:

P: I think there needs to be more publicised for the different groups because I'd never heard of – when I got here and (counsellor) explained all the groups that were available I had never heard of them. Never heard of any of them except there's only one (Gambling Helpline), this one that I contacted, there was no others so even though I think will I or won't I, you know, debating, you only got this one thing that you can go to and then you didn't know who you were going to confront.

P: I want to say something about what (moderator) just said. I think that's a brilliant idea, is to put some form of information in a display case saying, "Feel free," say, "to contact (local GHS), we provide, free of charge –

P: Free of charge. Yeah.

P ... counselling, financial counselling, family members, everyone involved within your personal life will be helped."

P: The only, like I said, the little “Gamble Responsibly”. That's all you see there. That's all you see in the toilets.

Some participants suggested that raising awareness that gambling can become addictive, might be helpful. They explained that their experiences of the responsible gambling messages, were that the messaging is targeting gamblers who already have problems, and that often problem gamblers are in a state of denial and therefore unreceptive to such messages. The following group exchange reveals one suggestion that achieved group consensus and generated good discussion. It referred to the need for positive stories of recovery that include details of the relevant local gambling help service:

P: If they can say that in that part in the venue itself, like, "We can get you back on the road, where you should be," something along that line.

P: Something about hope.

P: Yeah. You know, "Don't give up hope because we're here to help, for free."

I think that there is making more awareness –

P: Well, you could ring up.

M: Of what? What specifically?

P: Of how gambling can become addictive because it kind of switches from I haven't got a problem and then kind of all of a sudden you have for me.

- *Privately accessible information*

Participants emphasised the importance of being able to access information about available support services in a private manner, such as in the foyer of the gaming room or the bathroom. One respondent stated *“the stuff that's in the gaming room, I bet you it's there, but we don't see it, or we didn't see it, because you deny. You're in denial for a long time.”* Another commented that *“you don't want anyone else to see you picking it up.”* Other participants explained that in addition to being private, in the bathroom or the gaming room foyer, they are in a different frame of mind and likely more receptive to such information, as opposed to in the main section of the gaming room. This point was highlighted in the following participant response:

P: But have it in the foyers on the way out, because if you're – that's you're right at a vulnerable time, because more often than not you've left, so you're feeling absolutely dreadful, and you can't wait to sort of sneak out, this is me I'm talking about, and so if it was in the foyer, only a few, not have a range of stuff, because it could be just considered as junk mail...but have specific things in the foyer, with sort of like a poster of Gamble Responsibly brochures, or something, and it's sort of more private, I think, and maybe it's easier for you to sort of like get one.

Focus Group 4: Gambling Help Service counsellors

This chapter presents the results from the fourth focus group comprising eight staff members working at local GHS (see Table 4 for participant demographics). The main topics of discussion were participants': (1) experience of clients discussing their interactions with venue staff around help-seeking/referring to GHS; (2) experience with available gambling help support and help materials in the venue (including the gambling helpline); and (3) relationships with gaming staff and hotels and clubs. Where appropriate, CALD perspectives, which were actively sought, have been integrated throughout this summary of results.

Table 4. Participant demographic information for Focus Group 3

Focus Group 4: GHS providers	Number of Participants	7
Gender	Male	2
	Female	5
Age	18-29	0
	30-39	4
	40-49	2
	50-59	1
	60+	0
How long have you worked at GHS?	less than 12 months	1
	1-2 yrs	1
	2-5yrs	2
	5-7 yrs	1
	7-10yrs	1
	10 yrs or more	1
Marital Status	Married/defacto	6
	In a relationship	1
	Separated or divorced	0
	Widowed	0
	Single	0
Are you from a CALD background. Which?	Yes	3
	No	4
	Vietnamese	1
	Palastinian	1
	European	1
Employment Status	Employed full-time	5
	Employed part-time	2
	Unemployed	0
	Retired	0
	Home duties	0
	Disability pension	0
	Student	0

What has been your experience of clients discussing their interactions with venue staff around help-seeking/referring to GHS?

- *Inconsistencies between venues*

With respect to the frequency and nature of gaming staff approaches to patrons of concern, participants reported variability both within and between venues. These reports were based on participants' own observation of venues, along with patron and staff accounts. Participants discussed training and experience as key factors that influence staff willingness and confidence to approach patrons of concern, as highlighted by one respondent who stated *“when there is more experience, confidence, I’ve seen people interacting, really I would say*

there was quality in their interaction with a patron". Development of a strong rapport to facilitate effective patron approaches was reported as difficult to achieve in the context of high staff turnover. Staff reticence in approaching patrons of concern was linked to patron ambivalence around receptivity to the approach. Multiple participants noted a gradual shift over time in the focus of gaming venue staff, away from a hospitality focus and toward a greater emphasis on safe gambling practices. This point is revealed in the following participant's response:

I agree with what [participant] was saying in terms that the experience can be very different and can be hugely different in terms of what clients share with us. Generally speaking I've been noticing very much more care and more interest as well in terms of being more engaging with the patrons and possibly clients. And also more engaging, understanding what is gambling and the impact on gambling. So that has been a shift I would say quite noticeable in the past years.

- *Role ambiguity*

This shift toward an increasing focus on patron safety was discussed in the context of the competing, and perhaps contradictory demands, associated with the work role of gaming venue employees. Based on their interactions with gaming venue employees, participants reported staff pressure and stress with respect to fulfilling their hospitality role (i.e. facilitating patron needs to keep them satisfied and frequenting the venue), whilst at the same time implementing responsible gambling codes of practice. They also discussed the perception that gaming venue managers/owners are not universally supportive of approaching patrons of concern, as revealed by one participant who stated "*well when I've spoken to some gaming staff they haven't felt that their manager would support them approaching someone...and sometimes they've had words with a manager that's kind of given that understanding*". This perception was derived from the content of both explicit and implicit interactions between managers/owners and staff. For staff and venue managers/owners alike, the underlying fear associated with approaching patrons of concern was linked to driving business to competing venues. One participant described this in the following manner:

I had a few come up and take my card and rang and said that they were quite stressed about the sort of position that they were in around having to have these responsible gambling checks. But also not being able to do a lot of the reporting

in the way like perhaps approaching people for reasons that [participant] said around not feeling that they would get the backing of management. So I think people learn to manage the stress of working in that really conflicting role that they're in by turning a blind eye.

According to participants, this fear manifested in clients questioning the degree of sincerity embedded in their interactions with gaming venue staff. Participants reported that some of their clients reported feeling as though the staffs' level of interest did not extend beyond a superficial concern around retaining their patronage. One participant stated:

I think there's a difference between friendly and caring. I've had clients say to me gaming staff are friendly, but I've also had clients say to me that they don't care...on reflection clients have said "they just want the money, they don't particularly care how I'm going". I've had quite a few clients say that to me over the years.

The perceived conflict of venue staffs' role concerning the motivation to raise revenue for their employer whilst monitoring and patrons who gamble at unsafe levels, was clearly stated by one participant:

We are expecting a lot of the business to cut their own business, and yet they're trained well on how to greet people and welcome them, be friendly, but the caring part actually cuts their business I think [laughing].

Some participants noted a difference between the facilitation of help for patrons of concern within casinos as compared to in clubs and hotels. Host responsibility teams within casinos were seen to be less conflicted in their role as, unlike gaming venue staff in clubs and hotels, their primary responsibility is to minimise the development of problematic gambling in patrons. This targeted role was seen to facilitate more effective patron approaches as explained by one respondent who stated "*exactly, and the host responsibility team, if they notice things, they can come around and have a chat, because that's what their job is. They're not multi-tasking.*"

- *Staff approach when patrons problems are overt*

According to participants, gaming venue staff had disclosed to them difficulties they have experienced in making decisions around which patrons to approach. With this in mind,

gaming venue staff reported feeling most comfortable approaching those patrons exhibiting overt behaviours of concern, as expressed by the following participant's response:

She said "my view is, any regular really has a problem, but if you talked to everyone who had a problem, you'd be talking to everyone"..... so I guess they're only looking for the certain wedge. Others talked about talking to people and said "yeah we mentioned it and they weren't interested".....All I'm saying is like the ones that are getting aggressive with machines or the ones that tick a certain box that we have to have an interaction with.

- *Cultural challenges: language and cultural sensitivities*

For patrons of culturally and linguistically diverse backgrounds (CALD), language was reported as a barrier that limited interactions with gaming venue staff. This reticence to interact which was demonstrated by gaming staff and patrons, was linked to embarrassment associated with misinterpreting social cues and difficulty expressing oneself or understanding others' communication. One participant explained:

Yeah, in terms of clients, I think if the client, like for my own target group, Vietnamese client background, and the majority are not fluent in English. So I can relate to what you're saying, the language barrier is a big issue. So more say "hello", change money, and playing.

Shame was also discussed as a key factor that inhibited CALD gamblers seeking, or positively receiving offers of help, for example, Vietnamese patrons were reported to maintain high dress standards to avoid the appearance of not coping.

One participant discussed an underlying tension between Aboriginal patrons and gaming venue staff, which was described as an "us and them" mentality. As this respondent explained in the following statement, aboriginal clients had reported differential treatment and feeling unwelcome and unwanted venues, unless they are spending money on the pokies:

Apart from older women, maybe well-to-do Aboriginal women, generally most clients complain about not actually feeling very welcome in venues. So a very different experience. And so they see the staff as a them and us thing, the players and them, and they often feel that the system's rigged against them and that the

staff are actually – I’ve heard this so many times – the staff are actually slowing down machines or something. And it’s not one person who’s told me, it’s a consistent message that people feel that way. Basically “they only want our money”, “we’re only welcome in this part of a hotel, in the gaming room, if I go into any other part of a hotel I’m not made to feel welcome”, unless it’s, as I said, a more senior Aboriginal woman generally.

The perceived cultural divide between Aboriginal patrons and gaming venue staff was highlighted in an anecdote shared by one participant in which the wrong patron was paid out for a win:

Or people have had bad experiences where one woman had a big win and it took a while before they arranged things, so she went outside to have a smoke and when she came back in they’d paid it out to another Aboriginal person, who they just assumed was with her because they were both Aboriginal. Eventually that had to be fixed and resolved.

What is your experience with available gambling help support and help materials in the venue (including GHL)?

- Beyond the rhetoric: informing not judging. Help-seeking on a continuum

Overall, participants felt the current public health messaging ‘gamble responsibly’ shifts the blame and responsibility associated with problem gambling away from industry and toward the individual, *And they feel irresponsible. So it’s blaming and judging, which doesn’t work.* For participants, this messaging implies that the individual must remain in control but does not provide any guidance around how this can be achieved or hope for future change. The messaging was seen as problematic in the context of the genuine loss of control many problem gamblers experience. The moral framing inherent in the ‘gamble responsibly’ message was viewed as “*very judgemental*”, stigmatising and unsupported by accessible advice or guidance around the point at which one’s gambling behaviour becomes irresponsible. Direct comparisons were made with the legal limit of 0.05 blood alcohol concentration for responsible driving.

Participants advocated for greater public access to education and materials containing direct messaging around the nature electronic gaming machines and consequences related to this

form of gambling. An example of this type of education included *“the more you play the more you will lose”*. Moreover, participants discussed the need for de-stigmatisation of help-seeking through personal and relatable messaging illustrating how help-seeking can bring about meaningful change for those impacted by problem gambling. For example through accessible stories of recovery from total loss of control. In the context of discussing legally mandated help-seeking, participants challenged the traditional notion that an individual must be ‘ready’ to accept and access help, with one respondent stating *“there is always the potential for change with people who don’t necessarily feel that they’re ready”*. Based on their experiences with clients, participants instead suggested that a focus on ease of access through repeated offers of help, multiple identified entry points, coupled with targeted messaging may encourage self-reflection and, overall, earlier help-seeking. This was stated clearly by one respondent who stated:

I’m focusing on, thinking about four particular women that have gone through from offending and having the charges, right through incarceration and post-release. All of them have said at length “I wish someone had come up to me and talked to me. I don’t know how I would have responded at the time...but I wish it had happened. And even if it hadn’t have worked at that particular point, it may have worked at some point sooner than this.”

- *Help-seeking as a personal and private experience*

Participants also discussed location and content of gambling help materials in the venue as an important factor in patron engagement with them. They questioned the effectiveness of having GHS information stored in a folder behind the staff counter and provided principally in the context of facilitating a barring order, as expressed by one participant who stated *“any agency specific paraphernalia is kept in a folder that’s specifically used for barring purposes, when it gets to that point.”*

Other participants reported their clients had indicated they would not collect GHS information from a dedicated responsible gambling section of a gaming room as it would draw attention towards them as having a problem.

I've had clients tell me that it's too embarrassing to pick up information, that they wouldn't do it, regardless...especially if it's in a corner. Because then you're going to the "I've got a problem" corner.

Participants discussed mixed responses from their clients with respect to the gambling helpline. For some clients the helpline was seen as valuable source of help as one participant reported:

Because I get quite a few, and I've met quite a lot of them [i.e. client referrals from the gambling helpline]. And some of them had some good things to say about the gambling helpline. One or two recently have had less good things to say, but some of them have said "they told me this, they told me this, and this was really helpful, I really like them.

In other cases the Gambling helpline was seen as an anonymous and impersonal way of initiating help-seeking. Overall, the gambling helpline was viewed as ineffective for targeting individuals of multicultural backgrounds who may struggle with language barriers and be reticent to access help in this way: *"It's good for the mainstream stuff, I think for your specific needs it's not – the message isn't being conveyed, the cultural stuff"*. Moreover, the majority of participants, particularly those working at specialist (i.e. non-mainstream services), expressed frustration due to lack of client referrals from the helpline: *"Never had one in my 10 plus years in gambling. Never. That says a lot."*

Personalised referrals facilitated by gaming venue staff, were described as more effective over situations where the help information was given to the individual to follow up at their own discretion. One participant explained:

But as I said, if it's on the spot happening, that connection happens with a staff member when they do the referral, do the phone call, that's when it's most likely the client will come to the service. But to self-initiate and call a helpline, no.

Current help-seeking and promotional materials were seen disconnected from the everyday experience of CALD populations as expressed by one participant who reported *"I would say clients from different backgrounds, they don't relate to any booklets or brochures"*. Another participant suggested community-generated, culturally targeted posters and advertising as a way to engage those of culturally diverse backgrounds in help-seeking. Educating and up-

skilling close social networks and local communities was discussed as another strategy for supporting and intervening with problem gamblers from CALD populations.

Tell us about your relationship with gaming staff and hotels and clubs

- *Role of personal connection in facilitating effective GHS referrals*

Overall, relationships between GHS and gaming venues were perceived to be superficial, perfunctory and thus unsupportive of an effective referral process as revealed by one respondent who stated:

When we come out and visit, the staff are very friendly. They say hello and they might offer a cup of coffee or something, and then we just have a casual chat, and then move on, that kind of thing. And no referral [laughing].

Investment in developing relationships with venue staff, was seen by a number of participants as inconsequential due to a lack of direct referrals in return for their efforts, in other words, “it’s a lot of energy to invest with very little return”. Difficulty establishing strong working relationships was also attributed to high staff turnover at gaming venues along with the shift work nature of hospitality work. This is explained by one participant who reported:

“we do our venue visits, let’s say once every three months or whatever else, unless you’ve been working there for a long time and you’re a well-known face, most of the staff aren’t going to know you. Because they’ve got a lot of staff there, and so you’re going to visit once, so you’ll see one staff every three months. And then given that they shift around”

In one case, where greater connection, beyond the three-monthly visit was established, a more effective referral process was reported:

It has highs and lows, and I found out that since I moved to [particular area] where – again, I go back always to relationships and interactions – somehow I seem to receive more referrals, and they’re quite consistent.

In another case, a close working relationship between GHS and a gaming venue was discussed. Despite this, the impact of stigma and embarrassment on the effectiveness of the referral process was evident:

At the same time we have clients, when we try to work on a shared care model, between [GHS] gambling help service, [GHS] and the casino, to create pathways how we can work together and approach the clients, and how we can better approach them. So we create a weekly couple of hours where they have clients from different backgrounds, and they're finding it so difficult to engage with the client and say "we need to support you" and the client's a bit reluctant. So we've created a couple of hours where one of [GHS staff members] can actually go to the casino and have a conversation with that client. We tried that but it's still a bit hard, it wasn't a successful experience because the client, when they told him that "we need to support you, we have someone to come", I would relate when the client felt embarrassed and loss of face, and he said "no, no, no, I'm fine, I will stop gambling, I quit gambling from this minute", and they will disappear..

- *Role of family in help-seeking*

Common referral sources, particularly with respect to multicultural services, were family members and friends, most especially those who had prior experience with the service or had contacted the service seeking advice and support regarding a family member of concern. Families were perceived to play an important role in client outcomes. Positive outcomes were linked to situations where the family was able to provide additional support and encouragement to the client, whereas unfavourable outcomes were connected with an unstable family life or facilitation of contact with a GHS on behalf of a reticent child or partner. One respondent reported:

I think all my referrals – I mean my main source of referral are probably family. That is my main source of referral. So people get to know me, know what I do, send this person along. But it's usually happened because that person who's got the problem with gambling has gone to an auntie or gone to someone in their family for help, and then they've known about my service and they've linked the person.

There was group consensus around the fact that clients sought help as a last resort. Participants discussed the fact that problem gamblers sought to conceal their gambling problems, particularly from family, friends and gaming venue staff for as long as possible and only sought help when forced to by external circumstances, as one participant expressed:

They come and say “I need help, I’m stuck, I don’t know where to go, I already start to sell everything in my life, no one is talking to me, my family don’t want me, I need some help”. So most of the clients come to us when everything is damaged in their life, and this is when they start to seek support and approach the staff, regardless casino or hotels.

Themes identified from stage 1 data collection: Focus groups

Six themes were identified across the four focus groups. The first theme *personal connection* related to the importance of rapport between: problem gamblers and gaming venue staff; gaming venue staff and GHS staff; problem gamblers and GHS staff. The second theme *role conflict* concerned the perceived divergence of gaming room staffs’ hospitality duties and responsible gambling obligations, a discrepancy experienced from many perspectives across all focus groups. The third theme *rock bottom* was based on the tendency for problem gamblers to seek help at point of crisis, along with the inclination of gaming room staff to initiate engagement with patrons of concern only when displaying overt signs of distress. The fourth theme *discretion and privacy* demonstrated the significant role perceived public stigma played in both inhibiting and fostering help-seeking. The fifth theme, *organisational inconsistencies*, highlighted the frustrations experienced across all focus groups that related to procedural inconsistencies, such as the inability of venues to share information about patrons of concern. Participants described a general “lack of awareness” of available problem gambling supports, the sixth theme, and emphasised the importance of having access to information about local GHS in addition to the generic Gambling Helpline details.

Personal Connection

A genuine and personal connection was paramount between venue staff and patrons for both the staffs’ willingness and confidence in initiating engagement with patrons around their level of gambling, and for acceptance of such interactions by patrons. In addition, a personal

relationship was highlighted as being of principal importance between staff of gaming venues and GHS. A close working relationship between the two parties was viewed as essential for creating an environment in which effective referrals could take place. Such a relationship would also provide support for venue staff and compliment the work of the hotel and club's responsible gambling early intervention agency teams. A close working relationship between gaming venues and GHS would also provide opportunities for feedback for staff regarding outcomes of patrons referred to GHS, which was reported as one factor that might further encourage referrals. The personal connection theme also related to problem gambling participants' negative experiences with the Gambling Helpline and the lack of information about local support services. This was particularly relevant for CALD populations.

Role conflict

Venue staff described experiencing a distinct conflict between expectations to create a comfortable environment for patrons to gamble in, whilst at the same time being mindful of their obligations to monitor patrons' spending and to intervene if necessary. This issue received much attention in the focus groups and was clearly a source of stress for venue staff. Staff described feeling they were being forced to make a moral judgement in identifying patrons who were deemed to be over spending. This influenced their reluctance to approach patrons and at times involved a level of fear concerning how patrons might respond. Staff explained they would feel much more comfortable and willing to provide responsible gambling related educational material (information about the nature of gaming machines, details of available GHS) to all patrons irrespective of their level of gambling, as it removed the need to make a perceived moral judgment. Problem gambling participants also welcomed such an approach. Problem gambling participants described being acutely aware of this role conflict, which led to them feeling that offers of help were disingenuous due to the perceived primary role of venue staff was to keep patrons in the venue and maintain revenue. This conflict was also noted by GHS staff and was, in part attributed to reticence around establishing and maintaining strong working relationships with venues.

Rock bottom

The majority of problem gambling participants indicated their help-seeking was associated with a point of crisis, such as loss of employment, getting 'caught' or the gambling problem becoming disclosed, or going through a divorce. Help-seeking at this point typically involved phoning the Gambling Helpline or approaching venue staff to initiate a self-barring order.

The rock bottom theme was also based on the shared experience among venue staff of the tendency to initiate contact with a patron of concern only if they displayed overt signs of distress. This was, in part, attributed to the pressure staff felt in making a moral judgement, and their concerns about incorrectly approaching a patron who did not have a problem, that is, making a false positive identification.

Discretion and privacy

Across all focus groups, discretion and privacy were considered paramount in the effective facilitation of help. This related to both the timing and location of interaction between venue staff and patrons, and to the physical placement of responsible gambling messaging and GHS information within the gambling establishment. Problem gambling participants indicated a desire to have access to a range of information that they could access discretely, in a way that would allow them to self-reflect. The “discretion and privacy” theme was also based on the perceived social stigma and personal shame surrounding the issue of problem gambling. Problem gambling participants’ indicated that this precluded them from talking to anyone about their problem.

Inconsistencies between organisations

Problem gambling participants expressed frustration that they could self-bar themselves in one venue then walk across the road to another and continue gambling. This was echoed by venue staff who expressed frustration that due to privacy issues, they could not share information about patrons of concern with neighboring venues. Problem gambling participants suggested that multiple and frequent non-threatening approaches by concerned staff across numerous venues, would be more effective in encouraging them to seek help, even if the approaches were not received well at the time, than a penultimate contact initiated by a ‘red flag’ incident when a patron displays overt signs of distress. The “inconsistencies between organisations” theme was also based on the experiences of GHS staff who reported that some agencies were much more active in fostering relationships with local gambling venues than others. Also within this theme was the inconsistency between venues in the type and manner GHS information that was made available to gamblers.

Lack of awareness

Problem gambling participants and gaming venue staff expressed a general lack of awareness of the available support services for individuals struggling with gambling issues. Other than

the Gambling Helpline, participants were largely unaware of the range of available specific services and the nature of the assistance they provided. This theme was also based on problem gambling participants' lack of awareness of the responsible gambling training that venue staff must undertake. In addition, gamblers were unaware of venue staffs' obligations around monitoring patrons' spending habits, and their duty to identify potential patrons of concern and intervene as necessary. In fact, one participant reported their lack of awareness that staff were able to offer a suite of options for patrons experiencing difficulties with their level of gambling, and was of the belief that venue staff could only assist by facilitating a barring order. A number of other participants agreed with this and noted that this attributed to patron reticence to approach staff, unless they wanted to action a self-barring order.

Themes identified from stage 2 data collection: individual in-depth interviews

Table 5 presents the participant demographics for participants of in-depth interviews. All emerging themes from phase one (*personal connection, lack of awareness, discretion and privacy, role conflict, organisational inconsistencies and rock bottom*) were supported by data collected in phase two. Relevant data collected in phase two will be presented in this section, followed by additional themes that emerged along with supporting quotes.

Table 5. Participant demographics for in-depth interviews

Semi-structured interviews	Number of Participants	9
Gender	Male	4
	Female	5
Age	18-29	0
	30-39	1
	40-49	3
	50-59	3
	60+	2
How long has gambling been an issue for you?	less than 12 months	0
	1-2 yrs	1
	2-5yrs	3
	5-7 yrs	2
	7-10yrs	2
	10 yrs or more	1
Marital Status	Married/defacto	3
	In a relationship	1
	Separated or divorced	2
	Widowed	0
	Single	3
Are you from a CALD background. Which?	Yes	6
	No	3
	Cyprian	1
	Aboriginal	5
Employment Status	Employed full-time	1
	Employed part-time	1
	Pension	1
	Unemployed	0
	Retired	0
	Home duties	2
	Disability pension	4
	Student	0

In the in-depth interviews, *personal connection* related to the gambler feeling personally connected to the potential help source and the messaging. For example the majority of Aboriginal participants discussed reticence to seeking help through the Gambling Helpline and desire for information about local and targeted face-to-face GHS. One participant, however, discussed a positive experience with the Gambling Helpline when support was provided immediately. As in phase one *lack of awareness* many participants were not aware of specific and/or local GHS, but were generally familiar with the Gambling Helpline.

Interview participants supported the notion of gambling help messaging that publicises relatable, realistic, and targeted stories of recovery (i.e. messaging that targets distinct demographic groups such as younger males, older retirees and CALD population).

Furthermore, participants were supportive of consequence driven messaging which targets individual choices, allocation of finances and promotes individual reflection e.g. *“have you paid your bills?”*; *“has your phone bill been paid this month?”*; *“have you done your [grocery] shopping?”*.

In the individual interviews, participants described in detail the extreme lengths to which they resorted to conceal their gambling problem and the deep shame they felt at their perceived selfishness and negligence toward their family and community responsibilities. This self-stigma was particularly pronounced among the Aboriginal participants. As in phase one, *discretion and privacy* was viewed as important in how participants accessed help and support information (e.g. private reflection in the bathroom at the gaming venue). In addition, some participants described tension between the potential value of being offered help or information within a gaming venue, and their primary focus on gambling.

The data collected in phase two mirrored that relating to the *“role conflict”* theme described in phase one. Both with respect to perceived business/industry interests and responsible gambling codes, along with the individual role of gaming venue staff. This perceived hypocrisy impacted on some participants’ preference regarding help-seeking, which was best exemplified by the comments of one participant who stated *“well it’s not to the pub’s advantage to tell people to leave and not gamble, is it.....for me I wouldn’t use it [gambling help information and support] if it was in the pub. It seems almost hypocritical, you know what I mean?”*. Non-discriminatory offers of GHS material, responsible gambling information, educational information, along with increased awareness of gaming venue staff’s ability to assist, in venues was welcomed by participants.

The *organisational inconsistencies* theme was supported in phase two. Inconsistent application of barring orders by venues was reported. For example, one participant living in an inner rural city discussed their experience of one venue being highly vigilant in upholding the barring order and refusing entry, and the opposite experience in a another venue close by.

Furthermore, two additional themes emerged from the phase two interview data. Data which supported, but also extended, the *rock bottom* theme led to the renaming of the theme as *rock bottom as continuum*. As in phase one, the *rock bottom* theme emerged as an event that motivated gamblers to seek help. It appeared that the crisis constituting *rock bottom* constituted a significant adverse event through which individuals would inevitably present to

human services (e.g. welfare, criminal justice, GHS). Participants described an experience of self-imposed isolation where very few people (if any) were aware of their gambling addiction and a state in which they had no control over their behaviour.

However, through the in-depth interviews it emerged that what constituted a motivator for help-seeking was different for each person, and that the ‘tipping point’ existed on a continuum. The majority of participants interviewed in phase two of the data collection, described accessing help well before experiencing a significant crisis. One participant reported accessing help when *“I was getting close to my moral line”*. Some participants explained that they were dismissive of GHS and responsible gambling material, as they did not view themselves as problem gamblers. However, some of these same individuals reported accessing help at some point when information was offered, before reaching what might be described as rock bottom. As such, some individuals though not acknowledging they might have a problem, chose to access help when information was offered at various points prior to reaching a state of crisis. Such points included accessing help for co-morbid mental health and substance use issues. All participants who accessed help prior to ‘rock bottom’, had a personal connection to the access and awareness of GHS. For example, recommended by a friend or family member, or a human service provider.

Recovery a straight forward process? This theme emerged as a number of participants explained that although they had accessed help at some point, they were very reluctant to access help again following a relapse of their gambling behaviour: *“I have had the help before and it’s great but I think you sort of feel like you don’t want to go back there because you’ve broken your own sort of rules.”* There was significant shame around relapse, with one participant stating they were surprised when they learned that many problem gamblers relapse. The shame and self-stigma around perceived failure, inhibited appropriate help-seeking. This is highlighted by the following participant’s statement:

“Well, you’ve got to face the person that you’ve sat with for quite a bit of time and discussed it with and you know in your own head that everything you’ve said is right, you know, and no, it’s not comfortable. It doesn’t feel comfortable coming back and saying, “Hey, I played the pokies again. I failed” you know. And I do in my own head I feel like – when I walk out there and I just lost 20 bucks or anything, I think, “Man, you’re an absolute dickhead”, you know. I’m not happy with myself.”

Chapter 5: Discussion and recommendations

This project aimed to address the following three questions:

- How do gaming venue staff currently respond to patrons showing signs of problematic gambling behaviour?
- Are there any barriers or issues which are impacting on the referral of patrons to gambling help services?
- What could be done to improve the rate and effectiveness of referrals of patrons to gambling help services?

Question one: *How do gaming venue staff current respond to patrons showing signs of problematic gambling behaviour?*

In South Australia the Gaming Codes of Practice establish a framework which requires licensees to establish a reporting process in respect of problem gamblers by staff, and the documenting and monitoring of such activity. The responsible gambling early intervention agencies (Gaming Care and Club Safe) play a pivotal role in supporting and assisting gaming venues to fulfil their obligations. This was clear in the data obtained from the venue staff. Reporting figures obtained from both responsible gambling early intervention agencies show considerable activity concerning the number of follow up actions by venue staff in response to identified patrons of concern, with a large proportion of those actions, staff initiated contact with patrons.

The qualitative data from the current project suggests that venue staff approach patrons of concern predominately when they exhibit significant visible overt problem gambling behaviours. This is consistent with findings from previous research [28, 29]. The data suggests three main reasons for this, all which sit within the theme of *role conflict*.

Firstly, despite venue staffs' reported confidence in their ability to identify a potential problem gambler, they are particularly reluctant to overtly make what they perceive to be a moral judgement about a patron. This includes staffs' reservations about making incorrect assumptions about a patron's ability to support their gambling, irrespective of whether they are based on a set of observable indicators. It also includes staffs' fears of a negative response such as anger.

Secondly, the conflict staff experience between their dual roles of facilitating the use of gaming machines in the context of a commercial business, and their obligations to ensure patrons do not gamble excessively, creates a perceived dilemma. This dilemma results in staff directly engaging with patrons of concern, primarily only when they become visibly distressed or disruptive.

Thirdly, venue staff appear to become desensitised to the extent of patron spending and prevalence of problem gambling in venues. Again, this results in them identifying and responding to patrons of concern chiefly only when they display significant, clear and overt problem gambling indicators.

Whilst there has reportedly been an overall increase in the number of patron interactions recorded by venue staff [20], it would be helpful to have a better understanding of how many unique gamblers are approached. An increase in patron interactions by venue staff is encouraging. However, as multiple interactions can be reported for a single patron, an increase in interactions does not necessarily mean a comparable increase in the number of patrons being approached. Given that previous studies [28, 29] along with data from the current project, suggest that venue staff approach patrons predominantly when they are overtly distressed, a greater understanding of how many unique gamblers are approached, and the detail of these interactions would be helpful. In spite of continuing improvements in venue staffs' confidence in identifying problem gamblers, an aversion by staff to target or single out a patron and share their concern (e.g. by providing information and or referral to treatment) appears to be an important barrier to the dissemination of responsible gambling and treatment service information to problem gamblers. More research is needed to investigate what occurs and best practice approaches after the identification of problem gamblers in the venue.

Question two: *Are there barriers or issues which are impacting on the referral of patrons to gambling help services?*

As outlined in the previous results chapter, the following barriers to help-seeking have been identified:

- For a range of reasons gaming room staff described a general reluctance in raising concern with a patron about their gambling.
- Gaming venue staff reported approaching patrons only when they are overtly distressed.

- Perceived conflict for gaming room staff over their dual roles to facilitate use of the gaming machines, and identify patrons who are gambling problematically.
- Overall, patrons currently do not associate gaming rooms with a potential source of help when experiencing problems with their gambling, however they may be more receptive to information provided at a location away from the gaming room which allows quiet reflection.
- Some problem gamblers reported seeking help only as a last resort.
- Relationships between gambling help services and gaming venues are generally superficial in nature.
- Help-seeking was found to be particularly challenging for CALD populations
- Awareness of gambling help services and what they entail was generally low among both gaming venue staff and patrons.
- The appropriateness of current gambling public education and awareness strategies were challenged by gamblers, gaming venue and gambling help service staff.
- Problem gamblers access a range of human services for difficulties related to their gambling problem, before they access GHS.
- Shame around problem gambling relapse inhibits some individuals to access appropriate help.

Role conflict experienced by venue staff, was a key theme in the current data, and has been described in previous research as a source of stress among staff [22]. The current data suggests that not only is role conflict a source of stress for venue staff, it also affects their willingness to directly engage with problem gamblers about their gambling. Furthermore, the findings in the current project that problem gamblers also experience the role conflict described by venue staff, and that this perceived hypocrisy inhibits their receptiveness of staffs' interactions with them around their level of gambling, is new and to our knowledge has not been previously reported. Role conflict as described in this project, both for venue staff and problem gamblers, appears to have an important influence on effective engagement between the two parties concerning the provision of responsible gambling information and referral to GHS. As such, we have taken this along with the other barriers identified, into consideration when developing the recommendations that follow.

Question three: *What could be done to improve the rate and effectiveness of patrons to gambling help services?*

This section presents the recommendations that have emerged from the results of this project. The following recommendations respond to identified barriers to effective referral of problem gamblers to gambling help services summarised in chapter 4.

Practical recommendations

1. Reconceptualise the role of gaming room staff to provide a hospitality approach to all patrons within which identification, support and referral would be seen as non-intrusive or confrontational for both the staff and the patron

Currently gaming venue staff are confused and internally conflicted with respect to their responsible gambling obligations. This perceived dual role limits the nature, quality and frequency of interactions between patrons of concern and staff, and the dissemination of gambling help materials and information.

It is recommended that training for gaming venue staff encourages a greater focus on the provision of general education and information to *all* gamblers, rather than solely engaging with identified patrons of concern. This approach aligns more closely with the hospitality framework that staff feel more comfortable with (i.e. in line with current practices such as discussion with patrons of concern around *problem gambling* rather than *problem gambler* and or disguising patron of concern approaches in amongst engagement with other patrons in the room to limit stigmatisation). Provision of general education and information to *all* gamblers may help to eliminate the current perception that staff are required to make moral judgements about a patron's level of risk to harm, which has been associated with staff reluctance to approach patrons and refer to GHS. Whereas, provision of information and education as matter of course, creates an environment conducive to the non-judgemental and open exchange of responsible gambling education and support. The outcome of adopting this approach across all gaming venues is that all patrons will come to expect a dialogue around responsible gambling practice and available support services at some point.

2. Reconceptualising the relationship between GHS and gaming venues and its respective goals, along with clarification of the roles of relevant stakeholders (Responsible Gambling Early Intervention Agencies, GHSs, gaming venue staff).

Although the South Australian responsible gambling codes stipulate that gaming room managers must form and maintain a relationship with a local gambling help service, currently no guidelines exist to explain what this relationship should entail and how it should be maintained. In the current research, gaming venue and GHS staff referred to three-monthly visits (at best) by service providers to gaming venues and to relationships that were poorly maintained or non-existent.

The results of this research suggest that GHS providers currently attribute little value or importance to visiting gaming venues, and see it as an ancillary part of their role. They currently measure a successful relationship with gaming venues solely by the number of direct and effective referrals received. Gaming venue staff reported little awareness of their local GHS staff and the nature of help-seeking more generally. The provision of outcomes of identification of patrons of concern and individual referrals where appropriate, to gaming venue staff and the Responsible Gambling Early Intervention Agencies, may validate their efforts and encourage them to continue to identify and refer patrons of concern to GHS.

Based on the results of this project, it is recommended that the value of investment in the promotion of close relationships between gaming venues and GHS be re-considered along with the goals of such a relationship. It remains questionable whether further resourcing in this relationship will result in a greater number of referrals over and above what is possible through the current strong relationships between venues and their Responsible Gambling Early Intervention Agencies.

3. Development of clear sequencing and pathways for identification of problem gamblers through to successful entry into a treatment service.

Regarding the referral of problem gamblers into treatment, there is possibly ambiguity and a lack of awareness (principally on the part of GHS) of the extent of the Responsible Gambling Early Intervention Agencies' current and potential involvement in the referral process. This refers to both their current involvement (i.e. acting as first line responders for venue staff concerned about a patron), and the future potential to facilitate referrals to GHS through these

relationships. Clarification is required of the nature and roles of all relevant stakeholders (Responsible Gambling Early Intervention Agencies, GHSs, gaming venue staff), and the development of clear sequencing and pathways for identification of problem gamblers through to successful entry into a treatment service.

4. Investigate the role of the Gambling Helpline in referral pathways and the potential need for an evidence-based and systematic triaging system to underpin referrals

The narrative literature review highlighted a lack of evidence-based processes to inform how gambling helplines manage their referrals both in Australia and internationally. The current practice of the South Australian Gambling Helpline is to triage referrals based on caller location and preference. This problem is not unique to South Australia, but is echoed in the UK, USA and Canada. Given the Gambling Helpline is the most visible and promoted source of help in South Australia, it is important that callers are directed to the most appropriate form of help. This is particularly important given that most problem gamblers seek help when experiencing crisis, psychological breakdown and/or suicidality. Therefore, triaging callers to the most appropriate service based on their presenting situation and symptomatology is clinically essential. The current research revealed consumer ambivalence toward the Gambling Helpline as an initial point of contact for help. It should be noted however, beyond these experiences this report does not contain any evidence that engagement with the Gambling Helpline staff failed to refer appropriately. Investigating this more fully was beyond the scope and resourcing of this project. A systematic, evidence-based and personalised triaging process may contribute to an increased sense of connection to the referral experience, and in turn, increase consumer confidence.

Public health messaging

5. Rethink the ‘Gamble Responsibly’ messaging from a public health perspective: Raising public awareness of problem gambling indicators and the probability of winning on a pokie machine

Low rates of help-seeking for problem gambling may be linked to lack of public awareness around what constitutes *responsible gambling* – a concept that is ill-defined at present. From

a public health perspective, it is important to distinguish between, and educate the public around, degrees of risk associated with specific gambling behaviours. Thus, the population should be provided with clear information, which allows them to assess their own gambling behaviour against recommended safe gambling practices.

Furthermore, it is well-established that problem gamblers are often in denial about their gambling problems, the *Gamble Responsibly* messaging requires a level of insight into one's gambling behaviour and what exactly responsible gambling practices entail. This would be easier to establish with easily accessible information about safe gambling practices.

A Canadian study (2006) examined the relationship between gambling behaviours and risk of gambling related harm in a nationally representative population sample. Their results suggest limits for low risk participation as gambling no more than 2-3 times per month, spending between 500-1000 Canadian dollars per annum and investing no more than 1% gross family income on gambling related activities. When these limits were exceeded, their results found a significant increase in the risk of gambling related harm. This exploratory research is yet to be replicated in Australia, but it does provide a working example of the type of practical detail that could accompany the gamble responsibly message currently in the public domain. This approach would also align more closely with public health campaigns for other behaviours such as alcohol consumption, healthy eating and levels of physical exercise. We recommend further research in this area in an Australian context. Provision of clear guidelines as to what constitutes low risk recreational gambling would seem to be an essential part of any public health campaign concerning responsible gambling. This information would equip the public: (1) to better monitor their own gambling behaviour against recommended guidelines; and (2) make informed decisions around self-regulation and the point at which more formal sources of help may be beneficial.

Sources of help within gaming venues

The following recommendations relate to raising patron awareness of available GHS, types and location of responsible gambling messaging, and the responsible gambling duties of venue staff.

6. Provide responsible gambling information discretely and effectively positioned across all gaming venues

Overall, problem gamblers found the gaming room to be an unsuitable location to engage with help messaging due to their state of mind whilst gambling (e.g. ‘in the zone’). Discrete areas close to, but not within, the gaming room were seen to be appropriate for the display of responsible gambling messaging and help materials. Patrons should be able to access this information privately, and in a context that supports self-reflection and/or personal engagement with the material. For example, bathroom doors, the gaming room foyer, and designated smoking areas of gaming venues.

Help messaging should include:

7. Include materials in venues with information about local and targeted GHS

Currently there is wide variability in the provision of information concerning local and specialist GHS across gambling venues. Some venues choose to visibly display information or materials for specific GHS providers for patrons, whereas others store them in folders along with additional responsible gambling materials, and provide them to patrons only when facilitating an exclusion order, or upon patron request. Provision of information about local and specialist GHS should be made widely available across all venues given that many problem gamblers demonstrated limited awareness of them. Raising awareness of all available GHS, and the treatment they offer, will increase consumer choice. How such information is presented by the GHS, where it is displayed and how often it is renewed needs to be properly considered. Production, distribution and use of GHS promotional materials need to be workshopped with relevant stakeholders. It is not, however, the intention of this recommendation that the production of these materials becomes a marketing exercise and competition between GHS providers. Furthermore, the OPG position on the promotion and distribution of GHS promotional materials needs to be reconsidered, given their current position which limits the display of individual GHS promotional materials in venues. Finally, the implication of this recommendation is not that venue staff will be expected to triage referrals.

8. Specific messaging in gambling help materials that include stories of recovery by problem gamblers from a variety of demographics (e.g. young men, seniors, mothers) and the consequences of problem gambling

Gambling help materials currently visible in gaming venues did not resonate with problem gamblers. Grounding public messaging in the everyday experience and consequences of excessive gambling was deemed to be a more preferable approach to the current Gamble Responsibly message, because it enables gamblers to personally relate to the material. Provision of hope in the face of adversity was seen as an important message to encourage help-seeking. For example, through stories of recovery where problem gamblers have effectively accessed help and turned their lives around from seemingly hopeless situations. Likewise, practical messaging highlighting the consequences of uncontrolled spending, for example ‘Can you afford this week’s groceries?’ or ‘Have you got petrol in your car?’ was also considered to be helpful in promoting reflection around gambling choices. In addition, it is advisable that recovery-based messaging includes realistic examples of typical problem gambling behaviour, particularly around the deceit, secrecy, illegal and perceived immoral choices that can accompany a gambling addiction. This type of messaging is targeted at addressing the extreme shame and isolation that inhibits help-seeking among problem gamblers.

9. Messaging is tailored to different demographics (e.g. a variety of ages, cultural backgrounds, occupations)

In addition to current work being done by CALD and Aboriginal GHS in South Australia, greater consideration of sociodemographic and cultural diversity in current messaging and available support materials is recommended. This can be achieved, for example, through continuing to engage with CALD, and other relevant communities to develop content for materials that acknowledges their unique perspectives, experiences and barriers to help-seeking. CALD and other targeted GHS are in the best place to advise around appropriate messaging for the communities they represent. This may require additional resourcing for the development of targeted messaging for a range of communities.

10. Messaging informs that recovery from problem gambling may take several attempts at stopping

Help-seeking is a journey and relapse rates among problem gamblers are high. For many problem gamblers, recovery is not a linear process. While responsible gambling messaging should provide a sense of hope for consumers, it should also inform that recovery is not always easy, and there may be ‘hiccups’ or lapses along the way. However, over time, full recovery is possible. Some help-seekers may take several attempts at controlling their gambling behaviour and attend a number of separate episodes at GHS before they fully recover. This is akin to the ‘Never Give Up Giving Up’ campaign produced by the Cancer Council of Victoria. That particular campaign takes an empathetic look at a smoker caught up in the cycle of quitting and relapsing, and conveys the message that every time you try to quit smoking, you get closer to quitting permanently. This approach may be helpful promoting help seeking among problem gamblers and increasing referrals to GHS.

As per the production of individual GHS promotional materials, where and how these materials are presented needs to be considered. Furthermore, the production, distribution and use of GHS promotional materials need to be workshopped with relevant stakeholders. Care needs to be exercised to ensure that the signs convey the proper meaning, particularly when presented in different languages. Signage needs to be properly evaluated, as encapsulating the above findings may be difficult to achieve in signage. Exploring online platforms should also be considered.

11. Patrons are informed about venue staff training in responsible gambling

Problem gamblers demonstrated limited awareness of the responsible gambling training gaming venue staff undertake as part of their role. This contributed to their reluctance in engaging with staff around help-seeking as they did not perceive gaming venue staff to be potential sources of help. Increasing patron awareness of gaming venue staff’s responsible gambling training may facilitate patron receptivity to staff approach and/or their own willingness to ask staff for help when necessary. This awareness could be generated through posters in the venue and personal interactions between staff and patrons which outline the ways in which staff are able to assist patrons who are experiencing difficulty. These interactions should occur between staff and *all* patrons in the venue in an effort to normalise the dissemination of help-related information. This is in contrast to targeting, and therefore

stigmatising, specific patrons of concern for provision of help and support. Conveying this message requires careful and considered wording such that *they are just doing it because it they have to* and notions of staff obligation are not perceived in the materials. Messaging should instead convey genuine concern for patrons' wellbeing. Production of more information for staff with material that can be displayed back and front of house should be considered, along with online materials for staff and patrons. Examples of these types of materials can be found at <http://choicenotchance.org.nz/#slider=0> and <http://www.problemgambling.gov.au/resources/>.

12. Investigate initiatives to raise awareness of problem gambling and available GHS among human service providers and the general community

Problem gamblers commonly approach a range of human services for assistance, for example, emergency food relief, financial counselling, alcohol or other drug issues, and mental health support through their GP or public mental health services, before formally accessing GHS. This is largely due to the stigma and shame of having a gambling problem. As such, problem gamblers are very reluctant to raise the issue of problem gambling with these service providers. It is recommended that efforts are made to raise awareness of problem gambling and the range of specific GHS available among human service providers. Establishing relationships with community services and human service providers is reflected in current GHS service agreements. However, ensuring these relationships are maintained and effective, may require further resourcing and the support of a broader government agenda. Human service providers should be encouraged to routinely assess, through direct and non-judgemental questioning, for problem gambling issues among their clients or their clients' family members.

Given that there is no universal marker defining rock bottom and that individuals demonstrated openness to offers of help at any point of the gambling continuum, all human service users, and the community members more generally, should be offered regular opportunities for information about and access to gambling help and support.

Evaluation and measurement

Finally, it is recommended that any initiatives implemented on the basis of the described recommendations be properly evaluated. This should include identification of specific and measurable indicators, and development of a framework to measure longitudinal outcomes across a range of relevant measures.

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