Contents

Who Picks Up The Tab? Issues and dilemmas for services providing mainstream support to women affected by gambling in Melbourne's Western Metropolitan Region.

1. Project Background

Healthy, Wealthy and Wise Women is a two year action research project funded by the Victorian Health Promotion Foundation (VicHealth). It commenced in February 1998 and is being conducted by Women's Health West in conjunction with the University of Melbourne and Deakin University. A pilot project, *Who Wins?* was conducted by Women's Health West in 1996/1997 in response to a needs mapping study funded by the Department of Human Services. This revealed gambling to be an emerging health issue for women living in the Western Metropolitan Region of Melbourne (WMRM). Consequently, funding for the *Healthy, Wealthy and Wise Women* project was sought to develop health interventions which will enable women and services to reduce the negative impact of gambling on women's health.

The project encompasses three phases.

1998

RESEARCH: PHASE 1

- Service Providers

RESEARCH: PHASE 2

- Various Cultural Groups:
  - *Arabic Speaking*
  - *Horn of Africa Communities*
  - *Former Yugoslavia*
  - *Greek Speaking*
  - *Spanish Speaking*
  - *Vietnamese*
- Older Women
- Young Women including Year 10 Students
- Women from Different Parts of the Western Metropolitan Region

9

1999

POSSIBILITIES FOR ACTION: PHASE 3

- Peer Education?
  - *To Newly Arrived Communities*
    - About services
    - About potential harm of gambling
- Education & Training of Service Providers
  - *Referral & Assessment Protocols*
- Developing Culturally Appropriate Social & Recreational Alternatives to Gambling

During the first year, the project is conducting research phases with service providers and women from different communities and backgrounds. The research is examining how mainstream support services respond to women affected by their own gambling or that of someone close to them. Given the diverse backgrounds of women living in the Region, the project works closely with culturally and linguistically diverse groups as determined by the community themselves. These groups are women from the former Yugoslavia, Spanish speaking communities and Horn of Africa communities. Arabic, Vietnamese and Greek

speaking communities are participating in the project on a smaller scale. Whilst it is recognised that there is a large proportion of residents from Asian backgrounds living in the West, a number of services are already working with these communities on gambling-related issues. Rather than duplicate this work, the project will assist those groups (amongst others) by sharing information and providing support to examine the place of gambling in women's lives.

Phase three, the second year of the project (1999) is devoted to developing and implementing intervention strategies. That is, the changes which will inevitably result from the research process (whether intended or unintended, visible or unnoticed) which have been built into the research design. This approach is known as "action research" (Wadsworth 1987).

The project has already put into practice strategies which were identified in the first phase of the research. A workshop to assist mainstream support services to respond to women who presented with gambling-related problems was delivered in September 1998. It is envisaged that community targeted responses may include peer education projects, developing social and recreational alternatives to gambling, alerting health service providers to gambling-related cues and developing other types of health interventions with service providers.

2. About this Report

The research component with service providers is now complete. This paper is an analysis of the findings of a survey, questionnaires, focus groups and interviews conducted with service providers (Phase One) across the Western Metropolitan Region of Melbourne. It documents the views of service providers only. The views of women in the community will be reported separately. The aim of this paper is to report:

- on the issues faced by mainstream support services
- the perceived health impacts of gambling on the women using mainstream services
- on the interventions used and suggested by participating services

The data collection methods are outlined in the following section.

To set the context, a regional perspective on gambling as it relates to the Western Metropolitan Region of Melbourne is given. This is followed by a review of existing literature published in the United States and Australia which details how services respond to clients presenting with gambling-related issues[*]. Literature relating to the impacts of gambling on women, cultures and health will be reported in a later paper.

The component of the study presented in this report is unique, in that action research into gambling-related issues for mainstream service providers has not, to our knowledge, been conducted either in Australia or other nations. It should be noted, however, that the *Who Wins* pilot study *did* conduct small scale focus groups with some workers in this region and that the resultant action from that process is this project! The *Queen of Hearts* study (Brown and Coventry 1997) also reports on the gambling-related clients of Victorian financial counsellors but these data are limited with regard to the impact of gambling in terms of service delivery. A working group of financial counsellors and problem gambling

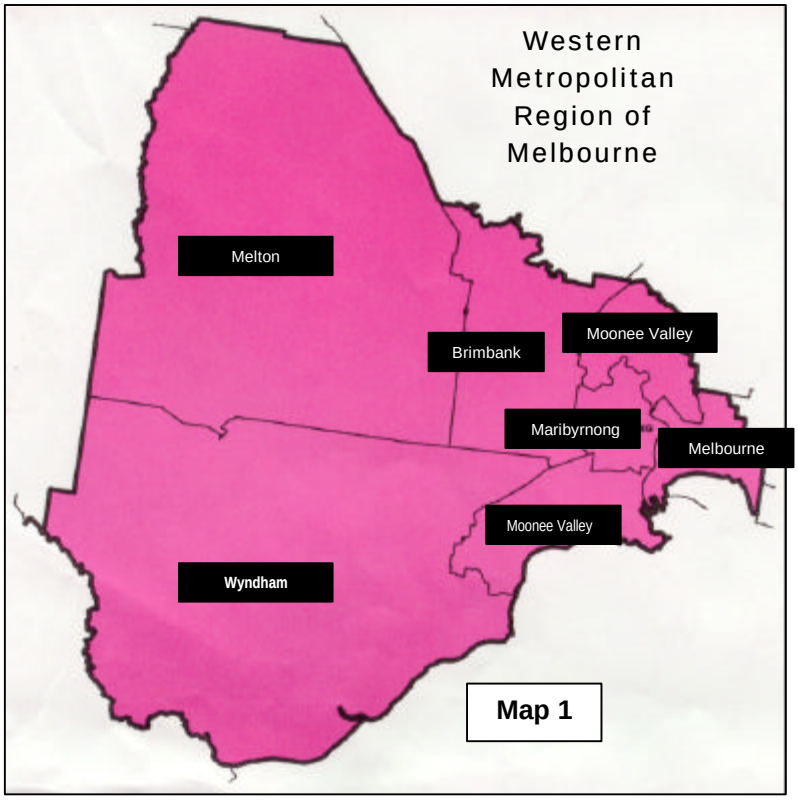
[*] An annotated bibliography, *Women, Gambling, Culture, Health*, which contains articles collected for the literature review, has been published by Women's Health West, University of Melbourne and VicHealth. The aim is to provide some background into the associated issues for those coming into contact with service users with gambling-related problems.

counsellors was established by the Financial and Consumer Rights Council to implement the recommendations from this research.

The research findings are then presented and the paper concludes with an analysis of the findings, conclusion and a series of recommendations which are intended as a framework for the development of intervention strategies.

3. The Regional Context

Melbourne's Western Metropolitan Region, as defined by the Department of Human Services, constitutes the seven municipalities as shown on Map 1. It comprises inner urban suburbs such as Carlton and Moonee Ponds extending to semi-rural Melton some fifty kilometres away. The Region varies from other regions in terms of multiculturalism, infrastructure and gambling facilities.

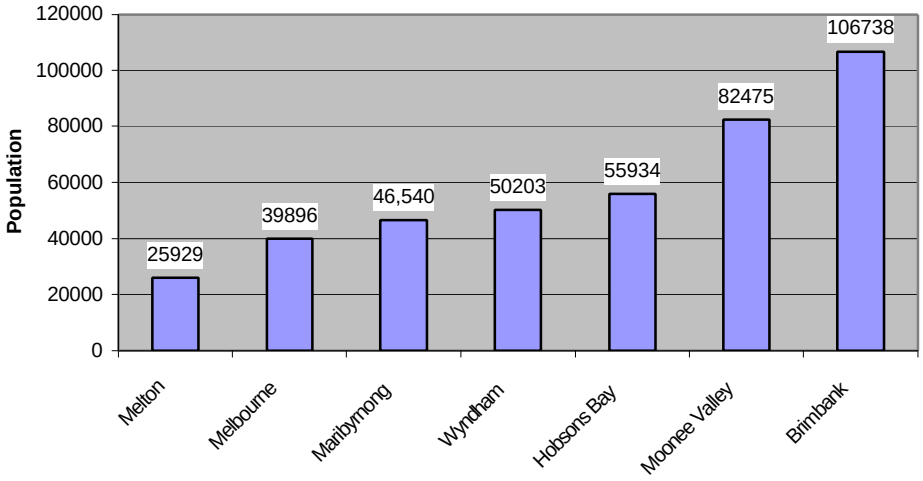


Public transport and road routes are largely radial with inter-regional transport routes being poor. Once strong traditional manufacturing industries are now in decline (Webster and Taylor 1997).

Each municipality has roughly equal proportions of men and women with the exception of Hobsons Bay and Moonee Valley where there are more women than men. This is attributed to the fact that these municipalities have an older population and women, on average, live longer than men (Webster and Taylor 1997).

Chart 1 shows the adult population by municipality.

Western Metropolitan Region of Melbourne - Adult Population by Municipality *Chart 1*



Compared with the Melbourne Statistical Division (metropolitan area) women in the Region are less likely to hold a formal qualification. A significant number of women in most of the municipalities work as operatives, drivers and labourers, however in general, the region has a gender segregated workforce (Webster and Taylor 1997). At the time of the 1996 Census, the overall unemployment rate in the Region was 11.5 per cent compared with 9.1 per cent for the Melbourne Statistical Division (MSD). For women in the Region the unemployment rate was 11.1 per cent compared with 8.6 per cent in the MSD.

The Region is unique in terms of cultural and linguistic diversity. For instance, 22 per cent of all Victorians are born overseas. The figure for the WMRM is a much higher 34.6 per cent and a relatively high proportion of these people are from culturally and linguistically diverse backgrounds (CALDB). Regional settlement demographics for the last six years are shown in Table 1. More than one third of residents living in the West speak a language other than English at home. Alcorso and Schofield (cited in Webster and Taylor 1997) argue that women of CALDB are less likely than their male counterparts to acquire English language proficiency owing to their isolation in the home or to the demands of the double day of paid and unpaid work..

REGIONAL SETTLEMENT DEMOGRAPHICS *Table 1*

	Brimbank	Hobsons Bay	Maribyrnong	Melton	Moonee Valley	Wyndham	Melbourne
Vietnam	198	33	183	0	73	0	1084
Former Yugoslavia	147	35	34	0	59	3	839
China	35	25	89	0	95	10	2396
Philippines	69	22	33	4	21	25	537
Turkey	19	0	13	1	12	1	409
Iraq	4	0	8	0	38	2	530
Bosnia/Herzegovina	45	11	31	0	48	0	365
Sri Lanka	27	5	12	0	21	12	754
India	44	4	13	0	18	15	695
Lebanon	20	31	0	0	1	1	267
Somalia	0	0	6	0	56	1	246
Hong Kong	8	9	10	0	26	8	671
England	7	16	6	4	12	8	821
Sudan	0	0	25	0	18	2	75
Other	254	106	150	20	152	86	7103
Total Arrivals	884	300	661	29	679	181	15986

Source: Bureau of Immigration, Multicultural and Population Research 1998 in Grace and Shield, The Western Region Social Profile 1998 Outer Urban Research and Policy Unit, Victoria University of Technology

In terms of income, the Western Region, in comparison to other regions, has a large proportion of the population on low incomes who are dependent upon social security payments. Among the family types identified as particularly adversely affected by poverty are one parent families, mostly headed by a woman, who live more frequently in rented accommodation and have limited access to paid employment. Women aged 25-34 in the inner municipalities have lower rates of participation in paid work compared to the Melbourne Statistical Division. This suggests there are a large number of single income families in which women are likely to be primarily involved in home based activities. Given the large proportion of families purchasing their own homes, such families may have little disposal income (Grace and Shield 1998).

Mental health is an important women's health issue for the Western Region. Women in the Region are particularly exposed to factors which the National Women's Health Policy attributes to a higher incidence of mental illness among women. These factors include women on low incomes, low paid work participation rates by women and women as sole parents (Webster and Taylor 1997). These issues are compounded for the large number of women immigrants (some of whom have refugee status) living in the Region who are especially disadvantaged in terms of poor mental health because of their living and working environments while settling into their newly adopted country. Indeed the stresses associated with the migration experience, cultural conflict and exposure to traumatic experiences prior to migration all contribute to women of NESB experiencing higher rates of mental illness than their Australian born counterparts (Alcorso and Schofield cited in Webster and Taylor 1997).

It appears that women in the Region have a higher rate of use of psychiatric services and a higher rate of new admissions to psychiatric hospitals than is average for women in Victoria (Health and Community Services Health Indicators cited in Webster and Taylor 1997). Paradoxically, inpatient and community psychiatric services were underutilised by the top five CALDB communities (with the exception of the Former Yugoslavia communities) in the Region. CALDB service users were more likely to be seen by general medical staff suggesting that interventions may be limited to medication (Stolk 1994). Also, the rate of hospital admissions for young womens drug overdose was twice that for their male counterparts in 1992 (Health and Community Services Health Indicators cited in Webster and Taylor 1997).

3.1 Women, Gambling and the Western Region

Gambling provides a cheap means of entertainment, a social outlet for women to escape the home and be with other women. Besides the opportunity to escape the humdrum of daily existence, gambling also offers momentary hope and the possibility of winning (Eadington cited in Brown and Coventry 1997). When gambling offers women choices, an opportunity for monetary gain and fun social experiences, it is hardly surprising that the number of women who become "attached" to gambling is increasing (Thomas cited in Brown and Coventry 1997).

Women have always used the many forms of non-electronic gambling, such as bingo and on-course betting, which have been available in Victoria for decades. Since the introduction of electronic gaming machines (EGMS) in 1992 and the Casino in 1994, however, support services have seen an increase in the number of women accessing assistance for gambling-related problems (Brown and Coventry 1997). Consequently, much of this research relates to electronic gambling.

The seven local government municipal areas in the Region, however, are extremely concerned about the social and economic impact of this type of "convenience" gambling on

their municipalities. They are in the process of establishing a regional Problem Gambling Network with other interested stakeholders. With the exception of Melton, all Councils have developed gaming policies and are working collaboratively with the City of Moreland and the City of Greater Dandenong as these municipalities also have large numbers of gambling outlets. Maribyrnong has recently developed a draft Charter for Responsible Gambling which sets out a framework for responsible action by local gaming venues.

Councils, however, have limited control over the installation of gaming machines because of the Planning and Environment Act 1987 (Section 60(1)(b) which states that in determining planning applications, the local authority *may* consider "any significant social and economic effects of the use or development for which the application is made." Proposals regarding the social and economic effects are often presented to the Administrative Appeals Tribunal (AAT) by objectors but to date the Tribunal has not found in favour of such an objection. The Gambling Machines Control Act 1991 also provides a system for the regulation, supervision and control of gambling machines. Clause 3-9.1 indicates that it is State Government policy for gambling machines to be allowed without a permit in premises if it does not result in a change in the existing use of the land. If a change in the use of land is required, the effects on local amenity are to be considered. A planning permit is only required if there is a change of use to a venue which results in gambling occupying more than 25 per cent of the floor area.

Of critical importance is the density of electronic gaming machines (EGMs) in the Region. In September 1998 there were 4,894 EGMs in the Western Region's seven municipalities whereas in the Eastern Metropolitan Region of Melbourne (which also comprises seven municipalities) there were 4,264 EGMs (see Chart 2). That is, there were 630 more gaming machines in the West than in the East (Victorian Casino and Gaming Authority).

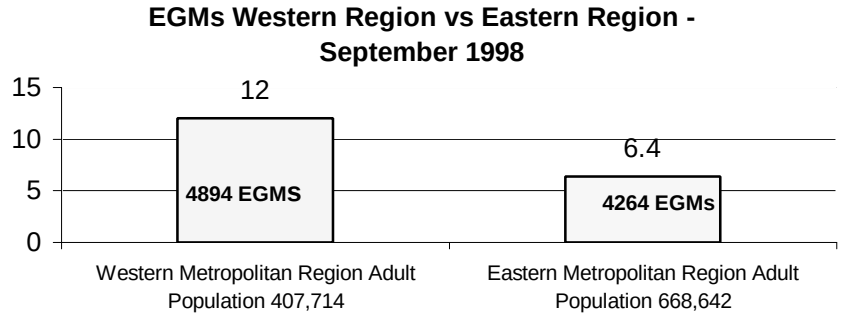


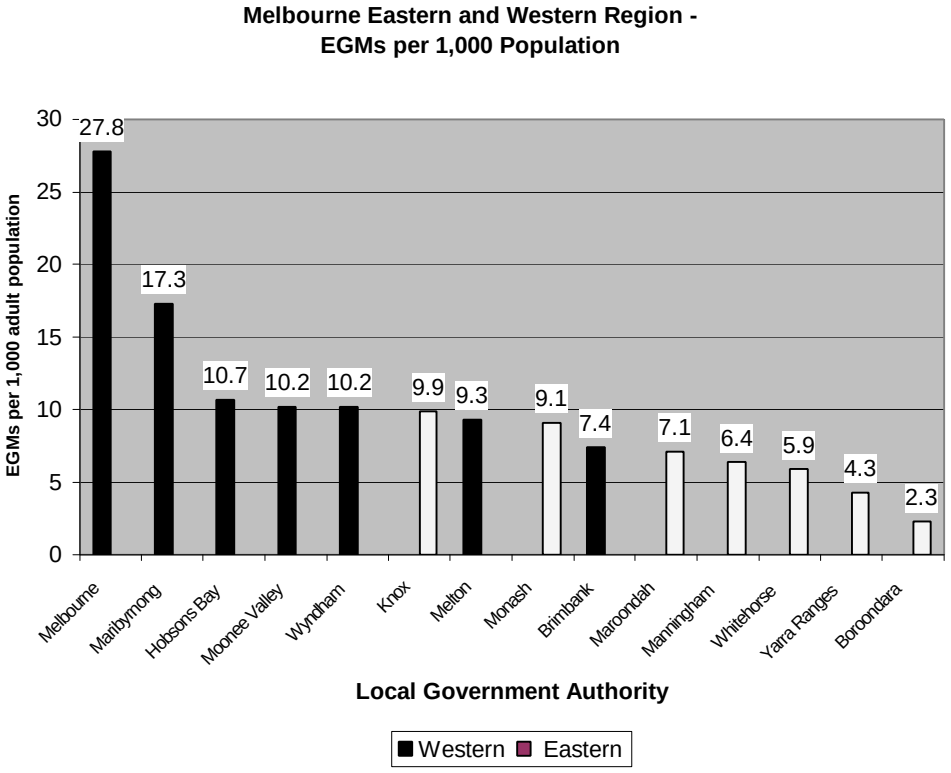
Chart 2

Source: ABS and Victorian Casino & Gaming Authority

The ratio of electronic gaming machines (EGMs) per capita is also significantly different in this Region when compared to others. Chart 3 reveals there are 12 EGMs per 1,000 adults I the WMRM compared to only 6.4 per 1,000 adults in the Eastern Metropolitan Region of Melbourne. Several of the WMRM's municipalities rank high in terms of the EGM densities in the Melbourne metropolitan area. Melbourne was ranked first with 27.8 EGMs per 1,000 adults, Maribyrnong was ranked second, Hobsons Bay was ranked fifth, Moonee Valley ranked seventh and Wyndham ranked joint ninth (Maribyrnong City Council 1998). Yet the suburban average of EGMs per 1,000 adults is 8 (VCGA in Coward 1998). Overall, the Western Region municipalities (excluding City of Melbourne) have about 25 per cent more EGMs than the average for suburban Melbourne (Coward 1998).

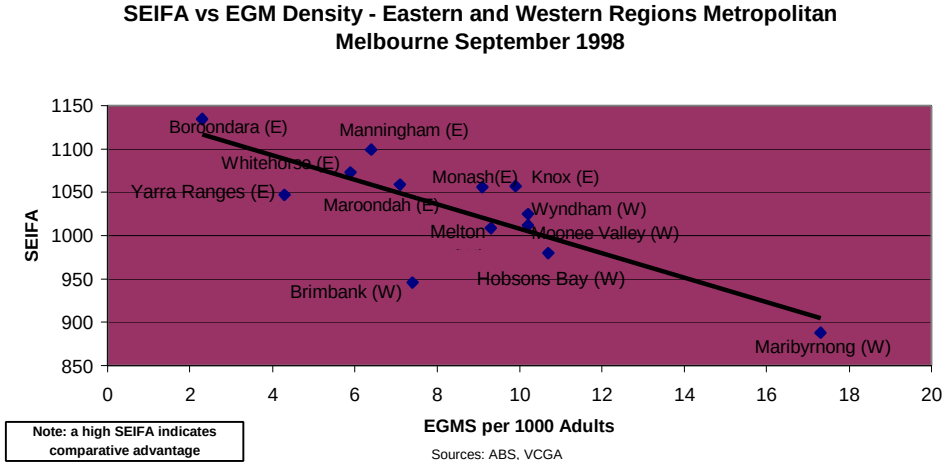
Chart 3 compares the number of EGMs per 1,000 adults in the WMRM with the Eastern Metropolitan Region of Melbourne.

Chart 3



There also exists a strong correlation between the Socio-Economic Indexes for Areas* (SEIFA) and the density of EGMs per 1,000 adults. For example, Maribyrnong is ranked the lowest in terms of social advantage in Victoria *and* metropolitan Melbourne, followed closely by the other regional municipalities. Chart 4 reveals that where a municipality is ranked low on the socio-economic scale, the density of EGMs per 1,000 population is high.

Chart 4



* The Socio-Economic Indexes for Areas (SEIFA) was developed by the Australian Bureau of Statistics using a technique which can summarise a large number of socio-economic variables into a single measure of index. Regions with a higher SEIFA number have high proportions of low income families, unemployed people, people without educational qualifications, households renting public housing and people in low skilled occupations. The least disadvantaged areas have a higher SEIFA.

It is well established that low income earners are likely to spend a much higher proportion of their income on EGM gambling than higher income earners (Melbourne Institute, Deakin Human Services and National Institute 1997). The Western Region has fewer people on very high incomes and a slightly larger proportion on very low incomes compared with the Melbourne Statistical Division. Given that women in the Region (with the exception of Melbourne) are less qualified, experience more unemployment and head up more one parent families, it is probable that women constitute a large number of the very low income earners (Webster and Taylor 1997). Therefore, compared to other regions, more women in this Region are vulnerable to gambling larger proportions of their income.

We know that the major reasons why Victorian women who have developed problems with gambling gamble initially to relieve boredom, loneliness and isolation (Brown and Coventry 1997). This is perhaps because, as women in the Region have suggested, the traditional community settings, which served as an important focus for bringing women together through informal neighbourhood networks and clubs associated with schools and kindergartens have broken down. Women in the Region also believe that there are consequently fewer opportunities for interaction with other women and have reported a lack of social outlets for women such as community and commercial venues eg. coffee shops (Taylor and Johnson 1997).

> *'In Sunshine everything is dull, impoverished and depressing. Everything is closing down. In contrast in the pokie venues everything is bright, clean and attractive.'* Worker quoted in Taylor and Johnson 1997

Generally, in areas that are socially and economically disadvantaged there are high percentages of dwellings without motor vehicles. Apart from the inner Regional suburbs such as Footscray and Braybrook, in the more isolated regional suburbs in Melton, Wyndham and Brimbank there are pockets where the percentage of dwellings with vehicles is low (Crettenden 1998). Therefore, women may find it difficult to move around thus exacerbating isolation. Krupinski (cited in Stolk 1994) has suggested that immigrant women may also become more isolated as their role of wife and mother diminishes, particularly if they are unable to speak English hence the convenience of the local gaming venue may be particularly attractive to women in this Region who are vulnerable to gambling because of a high number of isolation factors.

As previously stated, it appears that women in the Region access psychiatric services more than is average across Victoria (Webster and Taylor 1997). Women of culturally and linguistically diverse backgrounds are also over-represented as clients of some mental health services in the Region. Therefore, large numbers of women in the Region may also be more vulnerable to problem gambling given the links with mental health issues (Lesieur et al 1986; Lesieur and Rosenthal, 1991; Blaszczynksi et al 1996; Brown and Coventry 1997). For example, women have reported using gambling as a way of dealing with depression, anxiety and stress but the gambling in turn exacerbates these conditions and the cycle continues (Brown and Coventry 1997).

Give the aforementioned factors, women of the West may gamble for very different reasons compared to their more affluent Eastern suburban counterparts. Patterns of gambling may also differ given the greater number of gambling facilities in the Western Region.

3.2 What Support Services are available in the Region?

3.2.1. BreakEven Problem Gambling Services

Across Victoria, a network of problem gambling support services, most of which operate under the name "BreakEven" were established in 1995. These services are funded from the Community Support Fund (CSF) via the Department of Human Services and there are four

services operating out of several locations in the Western Region. The services provide free counselling to gamblers, their families, friends and employers. The counselling services are staffed by psychologists and social workers. A gaming venue liaison service and community education activities are also offered.

BreakEven CBD
Salvation Army
69 Bourke Street, Melbourne
Tel: (03) 9653 3250

Chinese Telephone Counselling Network
Tel: (03) 9653 3241
By phone or Chinese counselling appointments are available in Bourke Street, City; Ringwood and Springvale

VicCare
134 Jeffcott Street West Melbourne &
71 Collins Street, Melbourne
Tel: (03) 9329 5480

BreakEven Western
ISIS Primary Care **Multicultural workers at 8 locations**
106 Station Road, Deer Park
Tel: (03) 9360 5407

Australian Vietnamese Women's Welfare Association
160 Nicholson Street, Footscray
Tel: (03) 9396 1923
This service provides problem gambling assistance to the Vietnamese community

People can self-refer or be referred by another practitioner. Some services are available after hours and counsellors work with the client's decision to either give up gambling completely or to try and manage their gambling activities. Multicultural counsellors are available.

3.2.2. Financial Counselling Program

The Department of Human Services also funds a free financial counselling program. Some of these financial counselling services receive extra funding to work specifically with those who have gambling-related financial problems. In the Western Metropolitan Region of Melbourne, financial counselling is available at ten locations. Some are collocated with BreakEven problem gambling services. Financial counselling is a skilled para-legal service which assists people in financial difficulty. Financial counsellors may assist with debt problems, action by creditors, seizure of assets and repossession of goods, unpaid bills or potential bankruptcy (Romeril 1998a). The services offered by financial counsellors also include budgeting assistance, financial management and advocacy (Brown and Coventry 1997).

3.2.3. Accessibility of Gambling and Accessibility of Support Services in the Region

An overview of clients presenting to the above services will be given in a future paper . Reported here is an analysis of the relationship between gambling facilities and access to the BreakEven support services in the Region.

Compared to the state as a whole, data for clients presenting to the three BreakEven Problem Gambling Services*[*] in the Western Metropolitan Region correlate with those presented in the 1996/1997 state-wide analysis of the minimum data set for BreakEven Problem Gambling Services. This is because the City of Melbourne, which has a high number of EGMs, is included in the Western Region and there are also two BreakEven Services in the central business district which skew the data. This is not to say that there is not a correlation between high EGM density and prevalence of people with gambling problems in the community. The Western Metropolitan Region has the highest density of EGMs and the highest number of new client registrations per 1,000 population when compared to other Department of Human Services' Regions. This suggests that the availability of gambling opportunities *may* lead to higher rates of problem gambling however, this correlation does not necessarily indicate a causative association. It may well

[*] The Australian Vietnamese Women's Welfare Association provides problem gambling counselling and community education to the Vietnamese community. However, as this services has been in existence since the end of 1997, the data for its first year of operation has not yet been made available.

be that services have been planned according to EGM density and this correlation might then be an artefact of access to services (Jackson et al 1997).

3.3. Summary

In summary, the WMRM is characterised as a socially and economically disadvantaged Region, with a culturally and linguistically diverse population. The ratio of EGMs per 1,000 adults across the Region is the highest in the Melbourne Metropolitan area. The social infrastructure combined with the aforementioned characteristics may expose larger numbers of women in the Region to become involved in gambling. There are a number of support services available to those seeking assistance for gambling related problems.

4. Methods

The project's methodology was developed by four principal researchers from the University of Melbourne and Deakin University (see Appendix A). A regional reference group was also established (Appendix B).

In gathering data for this report the following methods were used:

- Literature Review
- Surveys
- Focus Groups
- Interviews

In preparation for the research, an extensive review of Australian and international literature was undertaken. The libraries of the Financial and Consumer Rights Council, Women's Health West and University of Melbourne were searched. Previous research which relates to support services is limited to articles from the United States and Australia.

In order to establish the impact, if any, of gambling on service providers and community based groups, a survey was distributed to 450 mainstream service providers, Divisions of General Practice, secondary schools, social groups, neighbourhood houses and community centres in the Western Metropolitan Region of Melbourne. 72 of these were undelivered and **38 surveys were completed** giving a response rate of approximately 10 per cent (see *Limitations of Methods*). All respondents were asked to participate in a focus group and additional agencies were also asked to participate in focus groups and interviews so as to cover the broadest spectrum of services**. Thirty-two agency representatives participated in six focus groups** and **interviews were conducted with a further 6 service providers**. Participating services ranged from mental health to community law and family support. Details are included in Appendix E.

Throughout this phase of data collection, the project worker participated in a number of gambling and health related forums to promote the research, seek feedback on the project's directions and to provide initial research data to a wider audience. Attendees were requested to complete a "Community Gambling Survey" and **27 were completed**.

The total number of surveys collected and focus group and interview participants in the study was 103 *(six services responded to the survey and also participated in a focus group or interview)***.**

4.1 Aims of Data Collection

The Service Provider Survey, Community Survey, Focus Group and Interview Questions appear in Appendix F. Participants and respondents were questioned about the impacts of gambling generally and particularly on women's health and support services. Participants

were asked to provide suggestions regarding possible interventions which would minimise the health impacts of gambling on women. In addition, focus group participants and interviewees were requested to describe what gambling meant to them, both personally and professionally.

4.2 Limitations of Methods

A wide range of services participated in the research. Overall, the sample was broadly representative of service providers and community groups across the Western Metropolitan Region of Melbourne (See Appendix E). The response rate to the initial Service Provider Survey was, however, low. This was possibly because gambling issues were not problematic for many of the agencies approached or that workers were unaware of the extent of gambling as an issue as service users may be reluctant to disclose gambling for fear of not receiving services or being judged. It may also be that workers were too busy with service delivery to be able to take the time to complete the survey. This was borne out in the next research stage as it was difficult to recruit focus group participants due to agency time constraints. It was much easier for service providers to participate in phone interviews (rather than focus groups) so that in the event of an emergency, the interview could be rescheduled without inconvenience. This method, however, was time consuming for the researcher. The project was unable to engage general practitioners because focus group times conflicted with surgery hours and it is acknowledged that this is a gap in the research. Representatives of the Divisions of General Practice, however, remain on the project's steering group and provide a communication link with general practitioners.

The emphasis placed on the production of qualitative data through focus group interviews has enabled the project to explore the central question of the research: the impact of gambling on women. Because the project aimed to find out how gambling impacts on women from different cultural backgrounds, it was necessary to use a semi-structured approach, allowing for a range of responses to a set of common questions. This technique allowed the researcher to follow the key issues emerging in each focus group. This aspect of the research design is consistent with "generative" approach to research outcomes, in which the aim is to generate new understandings and understand processes.

With this in mind, the project aimed to engage Department of Human Services child protection workers and greater numbers of mental health professionals to give another important facet to the data. Despite some effort, this was unsuccessful. The reasons for the lack of participation by these groups appeared to be due to a lack of time and resources. However, many acknowledged the importance of addressing the impact of gambling on women.

5. Literature Relevant to Services

This literature review reports on issues relating to the provision of services to women affected by gambling. Whilst this paper also reports on workers' perceptions of the impact of gambling on women living in the Western Region, a review of literature relating specifically to the impacts of gambling will be given in a future paper which will deal explicitly with the health impacts of gambling on women.

The literature relating to the provision of services to women who have been affected by gambling either in Australia or overseas is sparse. There is, however, an abundance of research which discusses the treatment of "pathological" (biological disease) gambling within the context of psychiatric service provision, particularly in the United States. This research, however, views "problem" gambling as a public health issue, encompassing the broader socio-environmental factors, and therefore this type of service delivery is not included in the review.

The following information will give the reader an overview of the specialist and generic support services, the issues faced by them and their responses to women affected by gambling.

5.1 Specialist Support Services

There are a range of services established to assist those whose lives have been affected by gambling. These include financial counselling, problem gambling support services, Gamblers Anonymous, Gam-Anon, G-Line and the Crown Assistance Program. Psychiatrists, psychologists and general practitioners are also able to assist people affected by gambling.

5.1.1. Financial Counselling

An overview of the services provided by financial counsellors can be found on page 9.

In 1996, Jan Pentland, a Financial Counsellor with the West Heidelberg Community Health Centre (now Banyule Community Health Centre) undertook a study of 40 of her client caseload who had gambling-related financial problems. At that time, she estimated that about 15 – 25 per cent of financial counselling caseloads were insolvent gamblers. The clients were generally referred from G-Line or BreakEven problem gambling services, however, in some cases problem gambling emerged as an issue with new and existing financial counselling clients (Pentland 1997).

It is difficult, however, to establish precisely how many of the Financial Counselling Program's clients present with gambling related issues. Prior to 1992, no data on financial counselling clients was collected by the Department of Human Services. Since then, the number of financial counselling clients with "compulsive gambling as one cause of financial difficulties" increased from 0.4 per cent in 1992/1993 to 2.8 per cent in 1995/1996. In 1992/1993 0.4 per cent of clients were referred to problem gambling services compared to 1.3 per cent in 1995/1996. These data are not publicly available by region or municipality (Melbourne Institute, Deakin Human Services and National Institute 1997) hence it is difficult to gauge if there is a correlation between the number of clients presenting to financial counsellors with gambling-related issues in this Region and the high density of electronic gaming outlets.

In terms of service delivery, Pentland reported that financial counselling services were unable to meet the demand and that waiting times could be several weeks in some services. Given that clients may be destitute and facing severe financial difficulties it was acknowledged that there was a need to see clients with gambling problems quickly to capitalise on their decision to seek assistance and because of the associated emotional stress, depression or suicidal ideation. Also, a significant proportion of people with gambling problems are in employment hence there exists a need for flexibility in after hours appointments (Pentland 1997).

The requirement for financial counsellors to work effectively with clients with gambling-related issues puts considerable stress on the workers and the services. Dealing with depression, anxiety and suicidal ideation is not part of a Financial Counsellor's role. However, Financial Counsellors do need to be trained to recognise the different levels of client distress, particularly if they are suicidal, so that appropriate referrals can be made (Pentland 1997). Most financial counsellors acknowledge the need for the underlying gambling problem to be addressed. However, financial counsellors reported anecdotally that women who had indicated that they would attend a BreakEven service upon referral

quite often did not present for their appointments. Financial counsellors felt this was either because the crisis had passed or that the woman did not want to start building a relationship of trust with another worker (Brown and Coventry 1997). Others may not want a referral for problem gambling counselling and this presented a dilemma for financial counsellors as it may be difficult to continue with financial counselling if the gambling problem has not been, or is not being addressed (Pentland 1997).

Financial counsellors are still developing service models to work with gambling as a new social issue (Pentland 1997) and the Department of Human Services is trialing a financial stabilisation model for financial counselling clients with gambling-related issues. The Youth and Family Services redevelopment proposes that financial counselling and problem gambling counselling services be "bundled" together when services are tendered out next year. However, the Financial and Consumer Rights Council, the peak body for financial counsellors, has recommended that financial counselling services be exempt from this proposal (Romeril 1998a).

In 1998, the University of Melbourne's Problem Gambling Research Program surveyed 79 financial counselling services and 151 family support program services in Victoria. Fifteen (12.2 per cent) of the 121 respondents were services in the Western Metropolitan Region of Melbourne. Most respondents reported being aware of clients with gambling related issues although over half reported that gambling related problems were not recorded in their data collection system. The majority of services (40.1 per cent) estimated that between 5 – 10 per cent of clients had gambling related problems although a significant proportion (11.7 per cent) estimated that over one quarter of clients presented with gambling related issues. Twenty-seven per cent of all respondents reported that less than 5 per cent had gambling related problems.

The range of programs to which clients with gambling related issues presented varied from emergency relief/material aid to family violence support and housing/accommodation programs. Almost 14 per cent of respondents reported a perceived need for more generalist, holistic services to be resourced to meet the needs of people with gambling issues. Group work, financial counselling and intensive therapeutic support were identified as areas requiring greater resources.

As people with gambling-related problems may present to an agency with other issues as their main concern, training about gambling issues and specialist service provision for non-specialist support workers was identified as an area of need. Co-ordination and cohesion of service delivery between programs was raised as an issue by 11 per cent of respondents and a lack of case management and referral arrangements were also identified as areas requiring attention (Jackson et al, unpublished).

5.1.2. Problem Gambling Support Services

An overview of problem gambling support services is provided on page 8. Issues for these services and the counsellor's perceived health impacts of gambling on women can be found in the Consultation and Survey Findings section.

5.1.3. Problem Gambling Counselling/Financial Counselling Integrated Service Delivery Trials

In 1998, Anglicare Victoria in Gippsland reported on a pilot project it conducted which examined a model of integrated service delivery of financial counselling and problem gambling counselling. Its evaluation highlighted the fact that clients selected not to deal with both the gambling and financial issues simultaneously. Conflicts of interest arose when the aspects usually dealt with in the financial counselling role, such as provision of information to clients, bankruptcy and creditor negotiations interfered with the therapeutic

interventions normally offered in problem gambling counselling (Anglicare Gippsland 1998).

The pilot project recommended that the roles of the counsellors remain separate and that protocols be developed between the Problem Gambling Program and all Financial Counselling Programs which included referral mechanisms across programs, formal case management processes, one clear case manager and formal procedures for working together. It was also deemed to be necessary to inform all programs of each other's methods of operation and underlying service principles (Anglicare Gippsland 1998).

Throughout 1995 the financial counselling program and problem gambling counselling programs at West Heidelberg Community Health Centre (now Banyule Community Health Centre) also trialled a joint casework model of both types of counsellors working together. Similarly, the trial identified the need for efficient referral protocols. Clearly defined casework boundaries and communication were seen to be critical to the effectiveness of such a model. Problem identification, assessment and appropriate referral options were also highlighted as requisites for effectiveness (Pentland and Drosten, 1996).

5.1.4. Crown Assistance Program (CAP)

Crown Casino offers this program to assist patrons to cope with a range of gambing related problems. The service is confidential and offers information and/or independent professional counselling to the gambler and their family. The initial session is free.

5.1.5. Gamblers Anonymous

Gamblers Anonymous is a free self-support group. Meetings occur regularly throughout the Region.

5.1.6. Gam-Anon

Gam-Anon is a free self-support group for the families and friends of those who gamble.

5.1.7. G-Line

G-Line is a free, 24 hour statewide, toll-free telephone crisis counselling and referral service providing assistance and/or referral to local BreakEven Problem Gambling Counselling Services.

5.2 Generic Service Providers

5.2.1. Statistics

Most community agencies who have clients with gambling-related issues do not keep statistics hence it is difficult to estimate the size of gambling-related workloads (Deakin Human Services Australia and Melbourne Institute 1997; Grodsky and Kogan 1985). Agencies suggested that recording this information would require a breach of confidentiality, a degree of specialisation or an intention outside their area of service provision. As the methods of disclosure of gambling problems would complicate record-keeping, Victorian agencies have showed a preference for statistics not to be collected (Melbourne Institute, Deakin Human Services Australia and National Institute 1997). Contrarily, a New York City study involving 40 agencies (including addiction, family and mental health services) recommended that questions about gambling and gambling-related behaviour be incorporated into the intake interview and all other agency forms (Grodsky and Kogan 1985). This reveals that there is no universal understanding about confidentiality nor agreement about the need for gambling-related client statistics.

5.2.2. Increased Demand

A Victorian study on the impact of gambling on non-metropolitan communities found that there was a gambling-related workload which was separate to the specialist gambling support service, BreakEven. Non-government community organisations reported that they had to meet the demands of disclosing and non-disclosing gamblers and their families and this impacted particularly on emergency relief, housing, mental health and family welfare services. It was determined that the caseload of the local BreakEven service was a considerable underestimate of the workload imposed on community agencies by clients with gambling-related issues. This is because the number of clients was only one indicator of the impact of gambling on services. As gambling issues may necessitate intensive work, particularly as clients may have a multiplicity of other issues that in a small number of cases can consume large resources and place extra demands on workers (Deakin Human Services Australia and Melbourne Institute 1997).

Other services reported that there had been increased demand since 1992 (when EGMs were introduced in Victoria) . Twenty-one community agencies who responded to a survey on the impacts of gambling on Melbourne's metropolitan municipalities indicated that gambling was problematic for more of their clients and that there had been an increase in the number of clients who indicated that they or a family member had a gambling problem (Melbourne Institute, Deakin Human Services Australia and National Institute 1997). Similarly, one in four people assisted by the Victorian Relief Committee, a leading charity/ welfare organisation in the Region, seek gambling-related aid (McKay 1998) and the Salvation Army also claim that there is a direct link between gaming facilities and demand for their welfare services (Finlay 1999).

5.2.3. The Nature of Demand

The issues of clients with gambling-related problems presenting to generic services range from material aid for food, debts and overdue bills, relationship/family problems, depression and stress to disclosing gambling behaviour. Agencies were contacted when the essential components of individual, family and social life had collapsed and often, gambling as a contributing factor was not disclosed initially but rather surfaced further down the track. (Melbourne Institute, Deakin Human Services Australia and National Institute 1997). When women disclose their partner's gambling to an agency, the household is usually in a state of financial chaos and only when in absolute crisis will a woman admit to her spouse's gambling problems (Grodksy and Kogan 1985).

Department of Social Security social workers often made referrals to community service agencies for clients who had "cashed-in" social security advances of $500 to gamble on EGMs. These agencies then had to seek material aid or emergency relief resources from the Commonwealth or charitable donations (Deakin Human Services Australia and Melbourne Institute 1997).

A study on the impact of gambling on non-metropolitan communities found that State Government agencies such as the Police and Child Protection Services were minimally impacted or that information about clients which was gambling-related was unrecorded (Deakin Human Services Australia and Melbourne Institute 1997). In another study of the impact of gaming on inner city municipalities (including the Western Region councils Maribyrnong and Moonee Valley), the respondent's said that in their opinion, the introduction of EGMs in Victoria had impacted on the Child Protection Service, although no-one could estimate the number of gambling related notifications or cases (Melbourne Institute, Deakin Human Services and National Institute 1997).

5.2.4. Service Delivery Issues

Gambling is a serious issue for mainstream support services, particularly as large debts and the associated anxiety and stress may lead to client suicide (Brown and Coventry 1997). Workers participating in a 1997 Victorian study indicated that as problem gambling is an emerging issue, services were inadequately skilled to assist people with problems relating to gambling. They felt that the specialist attention required fell outside their staff and resource allocations (Melbourne Institute, Deakin Human Services and National Institute 1997). A study of 40 New York City social support agencies found that questions about gambling behaviour were rarely a routine part of the intake interview and even if the nature of the client's problems seemed to suggest a gambling problem, the client often did not admit to a gambling problem (Grodsky and Kogan 1985). Often, mainstream services were the first port of call for people seeking help and after developing some trust the worker had to "convince" the client to seek help elsewhere through a referral (Melbourne Institute, Deakin Human Services and National Institute 1997). Similarly, the above mentioned New York study revealed that clients rarely spontaneously mentioned gambling as a problem and it was more likely to be the wife of the gambler who brought the issue to the attention of the agency (Grodsky and Kogan 1985). Workers were frustrated by resource limitations that meant they were often unable to assist families monetarily. The scope of their role further inhibited service provision (Melbourne Institute, Deakin Human Services and National Institute 1997).

5.2.5. Drug and Alcohol Support and Other Service Connections

Drinking, drug use and gambling are frequently engaged in together or in sequence. There is evidence that those who experience problems with drinking and who also gamble are more likely to relapse. For some, gambling replaces alcohol abuse, for others, it joins it. When the drinker refrains from drinking the tension of gambling, combined with depression and a lowered self-esteem when losing, increases the risk of loss of sobriety. A similar loss is also possible with drug users. In the United States, clinicians have argued for combined treatment programs for alcohol and drug-using populations because of the increasing frequency of multiple abuse (Lesieur et al 1986; Linden et al in Ciarrocchi and Richardson 1989). Gambling is also used as a substitute for drugs and alcohol and therefore, treatment cannot be separated out Similarly, just as sexual abuse and domestic violence can lead to alcohol and drug use, there is also evidence that it can lead to problematic gambling (McLean 1996; Women's Health West 1999). These factors suggest that support for those experiencing problems with gambling, substances, abuse and domestic vioelnce, cannot be separated out. Therefore services must give due regard to the possibility that these factors may be part of the presenting issue and that service provision must be multi-faceted.

5.2.6. General Practitioners

Research about how Australian general practitioners (GPs) assist those affected by gambling has not, to this project's knowledge, been conducted. Research undertaken by the Compulsive Gambling Society of New Zealand (Incorporated) found that patients in New Zealand saw their doctor as an appropriate person to approach when they or their family were affected by problem gambling. However, patients were more likely to present for depression or anxiety without mentioning gambling and often saw their gambling only in financial terms until the connection was suggested by the GP (Sullivan et al in Sullivan, date unknown) .

A recent national survey of the general public conducted by the Australian Medical Association (AMA) (1998) also found that half the respondents agreed doctors were well placed to assist people experiencing difficulties with either their own gambling or that of someone close to them. In New South Wales (NSW), the Casino Community Benefit Fund

assisted the AMA (NSW) to conduct a project to raise GP awareness of gambling and health problems. The aims were to encourage GPs to start '"thinking" about gambling as they would with other lifestyle risks and to provide information to enable them to counsel patients themselves or refer to specialist counsellors. Seminars were held around the state and a national interactive satellite broadcast will be held on 2 February 1999 for the benefit of GPs in rural and remote areas. The Victorian AMA branch has conducted a similar, but less comprehensive, awareness campaign in 1997 which provided an information kit to GPs across the state to assist in identifying people with gambling problems and those at risk of developing gambling-related difficulties (AMA NSW 1998).

5.3. Culturally-Specific Services

A number of studies suggest that there are severe shortcomings in the nature of health service provision, and in some cases, marked under-utilisation of services by women of culturally and linguistically diverse background (CALDB). The main causes appear to be communication barriers, ethnocentric cultural practices and alienating and inhospitable structures of service delivery (National NESB Women's Health Strategy 1991; Ziguras in Minas et al 1995). As previously discussed, the Western Region has a culturally diverse population including many small ethnic and/or newly arrived communities. It is easier, however, to deliver specialised transcultural services to large NESB communities than to smaller ones. To counter this, it has been suggested that the establishment of a confederation of organisations representing smaller ethnic communities be established to provide a structure for those occasions and issues when collective action is necessary (Ziguras 1997).

The overriding issue, however, is that services need to orient themselves so that they can work with *all* members of the community (Wellington 1997). One solution is to pool bilingual workers to work across the Region with clients whose language they speak and with whose culture they are familiar. Such a project is currently being undertaken by the Western Health Care Network Department of Psychiatry in conjunction with the Victorian Transcultural Psychiatry Unit (Ziguras 1997). The need to develop information about local services, develop locally appropriate referral and treatment practices involving general practitioners and allied health services has already been identified (Minas et al 1995). It is therefore necessary to develop service responses to problem gambling within these identified frameworks.

Some stakeholders in the Region have commented on service needs for those working with people affected by gambling from CALDB. Given that 31 per cent of the Western Region's residents are from non-English speaking backgrounds, the Inner Western Migrant Resource Centre (IWMRC) believes that all gambling counsellors in the Western Region should be multicultural and that community-based migrant service agencies and ethnic communities should be involved in the planning of all services which address gambling issues). The IWMRC has also identified a need to train their case workers in problem gambling counselling and to include gambling as a settlement issue in case data (Marginson 1997). It is important that migrant resource centres are well resourced given that newly arrived immigrants, tend to access migrant resource centres for assistance.

This is particularly important as attempts to have information about gambling included in the Department of Immigration's "Welcome to Victoria" booklet, a publication available for new migrants to introduce services have so far been unsuccessful (BreakEven Multicultural Interest Group 1998a). Likewise, the "orientation" of refugees focuses on practical aspects, such as banking and shopping and the material is in English (BreakEven Multicultural Interest Group 1998b) yet it is vital that newly arrived immigrants are aware of Victoria's gambling culture.

In the interim, however, ethnic workers must refer on to specialist gambling services. For instance, the Federation of Chinese Associations offers assistance to those experiencing gambling problems but its main function is to give referrals to the Chinese Telephone Counselling Network operated by BreakEven This service was established when the Chinese Community Problem Gambling Action Group became aware that many Chinese people do not know where to go for advice or help if they or their relatives get into serious financial or domestic difficulties as a result of gambling (Chinese Telephone Counselling Network pamphlet, no date).

The BreakEven problem gambling services recognise the importance of working with culturally and linguistically diverse communities, particularly as some people prefer not to use ethno specific agencies and use mainstream services to ensure anonymity. The BreakEven services in the region *are* able to offer some multicultural counsellors. However, some people do not like working with interpreters because of the fear of breaches of confidentiality, fear of appearing ignorant and mistrust. Currently, BreakEven are working with the Victorian Interpreters and Translating Service to address these issues (BreakEven Multicultural Interest Group 1998). The Australian Vietnamese Women's Welfare Agency, funded by the Department of Human Services, also addresses problem gambling within the Vietnamese community (Dinh 1997

Student research, in conjunction with BreakEven Western, conducted in the Western Metropolitan Region of Melbourne revealed that ethnic workers lacked general knowledge and awareness of gambling support services. Ethnic workers did not know how to approach their clients about gambling issues and reported that the lack of community resources and case funding to run services and programs for the community on problem gambling was an issue. Funding constraints meant that short term counselling was available but did not address the real issues behind people's problems. This research recommended that a network between BreakEven and individual ethnic community workers, including religious leaders, be established (Canbolat, Guarsh, Yalcin 1997).

5.4. Primary Health and Community Support (PHACS) Redevelopment

A further consideration for service provision is the current redevelopment of Primary Health and Community Support (PHACS) Redevelopment which recognises that often, service users present with multiple issues. Some aspects of this new focus relevant to the provision of services to women affected by gambling are:

- Greater electronic sharing of information between providers
- Clearer delineation of consumer entry to the system and the gatekeeping roles of various providers
- Services will be "packaged" around consumer needs allowing for substitution, choice and targeting.
- Assessment (possibly at a single entry point) will be streamlined and outcome focused

However, the problem gambling services and financial counselling program will operate under the Youth and Family Services (YAFS) program (which is also being restructured), unlike other support services (such as drug and alcohol counselling) which sit under PHACS. It remains to be seen how the different types of services will be integrated given that the two redevelopments have differing timelines.

5.5. Summary

In summary, it is difficult to gauge the extent to which those affected by gambling access both specialist and generic services as statistics are either not collected (in the case of generic services) or are not available by region or service (for specialist services, including

financial counselling). Culturally-specific and mainstream support services in Victoria, whilst not equipped with knowledge about problem gambling, see a proportion of clients who are affected by gambling but whose presenting problems may on the surface be seemingly unrelated. Clients are generally in crisis when they present. Victorian State Government funded agencies often had to "pass the buck" to non-government community services to assist with financial and material aid and this had a flow-on effect to the Commonwealth or charities for resources.

Overall, there has been increased demand for services since the introduction of electronic gambling. In particular, financial counselling services are unable to meet the general demand for their services and this impacts on gambling clients who need to move quickly once the decision to seek assistance has been made.

6. Consultation and Survey Findings

This section reports the findings from the consultations and surveys with service providers. The focus groups, surveys and interviews covered a wide range of issues. The meaning of the term "gambling" to service providers was examined and the impacts of gambling on services and the perceived health impact of gambling on women were discussed.

6.1. Worker Perceptions of Gambling

6.1.1. The meaning of gambling

'Life's a gamble. That's why people are going out to those places." Social Worker

Workers were asked what gambling meant to them, both personally and professionally. Strong themes about societal changes which facilitated gambling opportunities and the accessibility and acceptability of gambling emerged.

6.1.1.1. Personally

Some workers gambled socially themselves and could appreciate its benefits as a recreational activity. Gambling was also seen to be so stigmatised that one worker was reported to have felt uncomfortable when she gambled which

"... is another reflection on how people feel even though they gamble themselves." Problem Gambling Counsellor

Others reported that they had themselves considered gambling to make up a gap in their budget and could empathise with their clients.

"I rarely go to the pokies but if I do I really have to make myself leave." Social Worker

"There was one particular situation when my cash-flow was right down and I thought 'oh God, how am I going to last to the next pay' and I actually thought 'well perhaps I should go' (laughter). Perhaps I should go and see whether I can make something on it' which I didn't do but it was interesting that the thought actually entered my head and really made me realise that for people who are on the breadline and haven't got enough to pay the bills, it's very tempting." Family Support Worker

Gambling had also impacted personally on some workers' lives.

'Gambling enables women to escape reality. My friend lost a son and husband to cancer. She used gambling to self-medicate. She hadn't sought therapy even though she worked in the field so she knew it was there." Social Worker

Other workers were keen to point out that they did not gamble themselves and revealed a lack of knowledge about some forms of gambling.

6.1.1.2 As Professionals

As professionals, workers did not define "gambling", preferring, rather, to talk of its consequences. "Family breakdown" was the comment made by most workers in terms of their work with gambling related issues. Generally, workers felt that gambling meant working intensively with women.

> *'Gambling means problems… family breakdown. Most of my clients are on Benefits and they gamble that away and their family structures are in crisis. They've encountered a lot of problems with domestic violence issues as well as problems with children, especially if there's no money for food and things like that."* Social Worker

Problem gambling counsellors said it was important for workers in their line of work not to see gambling as sinful or negative but to acknowledge that

> *'It's just something people do that they need to be responsible about."*Problem Gambling Counsellor

At the same time, it was difficult not to have a tainted view of gambling given the negative impacts they saw on a daily basis.

> *It's easy to become angry at the gambling industry and maybe it's true that the marketing of winning as opposed to losing is very skewed but maybe if there was no gambling industry, these people may still have problems."*Problem Gambling Counsellor

During the research process, workers from different cultural and language backgrounds often felt the need to speak on behalf of their own communities as it was acknowledged that often gambling was not understood from a particular cultural perspective. Workers felt that their communities had been misrepresented and stigmatised and they used the research process as an opportunity to defend their community against allegations about gambling.

Most workers viewed gambling as an addiction, similar to substance addiction. One spoke about the similarity with drugs:

> *"… the constant chase to win at gambling is like the chase to score… [drugs]"*Social Worker

but it was felt that gambling as an addiction was not nearly as well recognised as alcoholism or smoking.

> *'We've got a long way to go before gambling is seen as a really social issue."* Social Worker

However, it is more complex than this. Workers made distinctions between some gambling forms such as Tattslotto and others such as electronic gaming machines even though all of them potentially posed problems. It seems that forms of gambling such as lottos, bingo and raffles, which have been available longer, are more acceptable. The newer gambling forms of electronic gaming and the Casino are not as acceptable.

> *'I live in the Western Region and because of all the statistics related to the number of poker machines there I think it's hugely problematic."*Family Support Worker

Tattslotto, "needy society" raffles and Readers Digest mail had posed problems for workers in terms of their own gambling and for elderly women known to them. These types of gambling were deemed to be acceptable because of the sense of contributing to society even though they were potentially hazardous.

> *"You take a gamble when you help these needy societies. I saw this car in a raffle and I thought 'no, I'm not going to do it this time' because I have literally spent $80 on those tickets because I need a new car* [lots of laughter and agreement]"Maternal and Child Health Nurse

On a structural level, comments were made that gambling exploited the most vulnerable in the community and was used as a "quick fix" for the family experiencing financial problems.

6.1.1.3 Societal Changes Which Facilitate Gambling

Workers perceived that it was not just the fact that gambling had become more accessible that posed problems for women. The way society had evolved was seen to facilitate gambling opportunities. Workers saw gambling as fitting into the broader context of societal change in relation to women. They believed that feminism and technological advancements had given women choices outside of the home and the chance to participate in a once male-only domain.

'It's now more culturally acceptable for women to gamble." Social Worker

> *'If you go back fifty years ago... you'd be too busy washing your clothes [to gamble]. And I think too, you know, that years ago it wasn't acceptable for women to go into hotels"* Family Support Worker

Also, the types of recreation open to varying age groups had changed and thus gambling had become an available and attractive social outlet.

> *"I've worked on the other side. I've worked for about four or five years in a gambling facility. At that stage the population of those people gambling were older people, more senior citizen type people who had retired and used it as a recreational, vocational type thing. Whereas I think now there's a lot more younger people gambling and I think that's because there were other activities that young people used to get engaged in. Now those sort of recreational facilities in some areas have decreased and there are more opportunities for gambling"* Maternal & Child Health Nurse

Workers commented that another societal change which influenced gambling was the diminution of close friendships due to the "pressures of life".

> *'We're here, there and everywhere and no-one has the time to maintain close relationships."* Family Support Worker.

6.1.1.4 Accessibility of Gambling

Workers believed that the proliferation of gaming venues across the Region had led to the easy accessibility of gambling for women.

"One girl's mother could walk in her 'moccies' [slippers] to two venues in their street... . prior to that she'd been housebound... ." **Community Centre Co-ordinator**

> *'One woman I've seen in prison for fraud-related gambling addiction went broke. She had a permit to go out on day release to the hospital. She said she had to walk very quickly because she could see Tabarets and bingo and we see how pervasive it is ... it's not just the Casino... "* Community Lawyer

> *'On every corner you've got your Tabarets and the pokies are in every pub. You hear women constantly say 'How do I escape that? How am I supposed to give up yet it's in my face the whole time?'. I know Melbourne Counselling Services in Bourke Street have got a gambling counsellor yet right across the road there's this new gaming venue. It's just so tempting for my client each time she goes to get help yet she comes out and it's in her face. It's just everywhere now. So it's even more difficult."* Social Worker

> *'One of my clients with gambling problems told me that she looked out of the lounge room window and there it was, right at the end of the road. So it was constantly in her view and it was very easy for her to just lock the door and go over. And that was something that she found really difficult."* Family Support Worker

6.2. Use of Services By Women

It is impossible to gauge the extent to which women access mainstream services for gambling-related problems because data is not formally collected. Many of the participating support services who responded to the Service Provider Survey had *estimated* the number of gambling-related clients. With the exception of one Financial Counsellor, none of the participating mainstream services recorded gambling in their statistics, even if it

was the presenting issue because "gambling" as a category was not listed and would generally be recorded under "financial".

Thirty-six agencies completed the Service Provider and Community Gambling Surveys. Of those services, one (women-only) perceived that 90 per cent of its clients presented with gambling-related problems but most services estimated around 25 per cent to 30 per cent. This is not to say that gambling-related clients typically constitute one quarter of mainstream support service clients as

a) there is no "hard data" as services *estimated* the number of clients with gambling-related problems
b) it is likely that survey respondents may have had larger numbers of gambling clients than those who did not respond to the survey.

The remaining 18 services did not have clients who presented with identifiable gambling issues and 11 of these services explicitly stated that they did not keep statistics (a further 7 agencies did not respond to the question regarding collection of statistics). Many of the services without identifiable gambling-related clients simultaneously stated that they believed that gambling may be contributing to the presenting issue but was not disclosed by the client.

Even the specialist problem gambling services do not have ready access to data by region or service, despite the sophisticated Department of Human Services data collection system, hence it is difficult for services to plan and respond to client needs.

> *'Individual regions do not have access to their own data. We collate our statistics on paper but we need a computerised collection method. We are asked by our Regional Office (Department of Human Services) to provide data to them which we have to do manually yet they have contracted the University of Melbourne to collect our data."* Problem Gambling Counsellor

To assist in the research process, however, the Western Region Department of Human Services *did* provide a statistical breakdown of data pertaining to clients attending problem gambling services in the Western Region of Melbourne. These data (supplied by the University of Melbourne upon the request of the Department) will be reported in a future paper which relates to women's experience of gambling.

6.2.1 Who are the women seen by mainstream services?

6.2.1.1 Client Profile

Workers were asked if their client base had changed since the introduction of legalised gambling into Victoria and found this difficult to answer. However, one worker commented

> *'Most of the people who come to see me are people who are employed*. They have jobs. They're just starting to get deeper and deeper in debt and they want to stop gambling."* Financial Counsellor

Note: It is unclear if the worker meant that previously, clients were not employed.

Problem Gambling Counsellors estimated that approximately half of their clients were employed and just under half were women with self-identified gambling problems. It was also estimated that about 3 per cent of those affected by gambling sought help.

> *'We don't have a lot of very poor people coming to us. We've got a lot of middle class people that you would never pick had a problem."* Problem Gambling Counsellor

This is also evidenced at the problem gambling support service that sees clients in a Collins Street office.

'Our clients are quite functional, predominantly business people who have all sorts of things at their disposal. So this idea that gambling just affects the working class is really not the case." Problem Gambling Counsellor

"Often, it's not called gambling… .." Social Worker

6.2.1.2 Presenting Issues

Sometimes, the presenting issue was not, in the eyes of the client, gambling, however, the worker may have felt it to be a factor contributing to the problem. Consequently, there was a gap between what the client saw as important and what the worker saw as important. In the following example, unlike the client, the worker perceived the gambling to be the problem.

'I once had a couple who came in with budgetary situations and they spent $127 on their Tattslotto tickets. So when you've done your budget and asked what they can bring in line, they didn't touch their Tattslotto ticket and I found it remarkable that they didn't see it as a problem. Yet it stood out to me like the proverbial neon light."
Financial Counsellor

In the current climate of down-sizing and redundancy packages, supposedly benign gambling activities such as Tattslotto, which is an ingrained part of Australia's gambling culture and a household name, were acknowledged to be problematic for clients of other services, particularly where a family member had received a "pay-out" from work.

*'I'm just thinking of one particular client who's having so much trouble financially because their package has gone on Tattslotto and poker machines."*Family Support Worker

Workers also reported that redundancy packages had been spent on the newer forms of gambling.

'We've had a few cases where people have got large pay-outs and they sort of blow money at the Casino much quicker and much more attractively than on the horses or Tattslotto… . It's the new form of gambling that's very attractive to people who get large pay-outs in redundancy packages and it's a big risk. They're not entitled to benefits for a certain period of time after a pay-out" Social Worker

Service Provider Story

"A thirty year old pregnant and homeless woman came to our service after being evicted. She was sleeping on the floor of her grandmother's retirement village unit. She wanted to cease gambling. Her defacto had broken off their relationship because she had stolen electrical goods from him to feed her gambling activities. There were so many issues our agency alone was not equipped to deal with it all. We referred our client to BreakEven for counselling and whilst they are also able to counsel the family and friends of gamblers, the woman's former partner did not attend any of these sessions. They both, however, attended relationship counselling. We also involved a Financial Counsellor to assist with the debts.

"Our own agency provided several other services 'in-house'. We were able to house the woman in our emergency accommodation. This was difficult because she defaulted on her rent payments on three occasions. We waived one of the defaulted payments as she had a police report verifying that her handbag had been stolen. The usual story that happens for people seeking housing. On the second occasion a warning was issued and on the third occasion we served a notice to vacate. By this time, however the woman had vacated the property before we confronted her about the written notice. We discovered that she had returned to her grandmother who rang our agency very distraught at her grand-daughter's behaviour.

"We had also worked on family budgeting on a weekly basis. This failed three times within two months because our client had recommenced gambling. With the knowledge of the BreakEven counsellor the woman gave our agency permission to keep her Bankcard for a one month trial. On each occasion that money was required from her living allowance, a worker would accompany her to the bank. The trial was extended for a further two month period and continued for a total of six months.

"It took twelve months for the woman to stabilise in which time she had given birth. This, I believe, was the turning point for the woman. I think that in the end, it was the possibility that Protective Services would be notified that brought about the change."

Social Worker

In this case, fear of the consequence was seen by the worker to be the final factor which motivated the client to cease gambling.

6.3. Impacts of Gambling

6.3.1 On Services

6.3.1.1. Problems in Identifying Gambling Issues & Responding to Disclosure

Some workers indicated that initially, following the introduction of the Casino, people presented directly with gambling-related problems. In the last year, however, some workers felt there was more indirect evidence of gambling problems and this was attributed to the shame and stigma attached to gambling problems due to adverse publicity. Workers believed this was inhibiting people from accessing services. Generally, workers reported that gambling was often not disclosed because it was not seen by the client to be the main issue.

Women were more apt to present with seemingly unrelated problems.

"The problems might be happening on a much wider scale but we don't know how to get disclosures. It can take four or five appointments to get to first base with Vietnamese people so unless it's obvious that the offence is gambling-related, you can be missing the whole thing. I've had women who have placed bets when the bets are closed or stolen chips from people. A woman might have stolen someone's bag in the Casino to support their gambling habit. I had a young Vietnamese boy who was working at a pokie venue. He knew how to manipulate the machines to win so he kept playing without money. Indirectly, people steal things and when you look into it, they're stealing because they've got no money because of gambling." Community Lawyer

'Often, they'll say 'how am I going to pay the electricity bill before the electricity is cut?''
Social Worker

'It's a cultural thing too, you know. There's the broad 'women culture' which prevents women from talking about gambling. This is compounded for some women of non-English speaking background (NESB) because women are supposed to be the strong nurturers that keep the family together, particularly in some cultures . Women are too embarrassed to talk about it because they know that the culture won't accept it and that's why they are keeping quiet." Migrant Resource Centre Worker

If gambling *was* disclosed, it was often much later, posing dilemmas for the worker. These centred around women having developed a relationship with that particular worker and not wanting to take up a referral to specialist services.

"They usually come along with something else and at some point gambling comes out. I had been working with a woman for a year before she disclosed the gambling. It's not realistic to expect a woman to take up a referral to BreakEven when she's spent a year counselling with me." Social Worker/Domestic Violence Worker

'Not often does it present as a problem by the person directly, it's only occasionally that a person will admit that they actually have a problem with gambling. You're more likely to get the 'partner' who'll say the other one's got the problem with gambling. Then they'll ask if the family payment can be diverted to them." Social Worker

Often workers were concerned with aspects of the client's life other than gambling and time constraints did not permit them to further explore factors which might be contributing to the presenting issue.

"You can talk about day to day issues but you never think about discussing issues relating to gambling… .. it's about priorities I guess. You're there for helping them with problems with skill development and helping the family to cope. Gambling just isn't part of the psyche." Family Support Worker

One drug and alcohol agency, however, were able to take a holistic approach to ensure that all facets of the client's life were addressed. *"You can't separate out the gambling from the substance stuff."* Drug and Alcohol Agency Worker

It seems that women will approach the type of service which relates to the immediate crisis, even if gambling is the cause of the crisis. Therefore, few women who are experiencing gambling-related domestic violence or stress approach specialist gambling services. They present at other types of services first.

Workers suggested that it was harder for women to disclose gambling-related issues compared with men, particularly when the following beliefs [brainstormed at a women's domestic violence support group] were revealed by a social worker.

- Women do the nurturing
- Women should always love
- Women have to give
- Women are the minders
- Women are responsible for harmony and wellbeing of the home
- Men are not responsible for the home
- Women blame themselves "because he was retrenched"… "because he was drinking"

6.3.1.2. Increased Intensity of Work with Clients

In terms of numbers, some services were not severely affected but when gambling was disclosed as a factor contributing to the presenting problem, it often meant working more intensively. Some services said that gambling had not emerged outright but there was a suspicion that gambling had contributed to their caseload.

Workers felt that they did not have the multitude of skills required to deal with the many facets of gambling-related problems and often required the input of several services. Ultimately, the client paid the price.

> *"A case worker with 40 cases does not have the time or the expertise to work on domestic violence, gambling and/or alcohol issues. It's tedious and tiresome for the client to open up again and again."* Mental Health Worker

One worker identified that there was a lack of crisis support for workers such as herself who were located in the more isolated parts of the region. Crisis Assessment Team (CAT) responses were reported to be inadequate.

> *"The CAT team wants clients to drive from Melton to St Albans! If the client doesn't have a car, they [the CAT team] might pay for a taxi!"* Social Worker

This type of response was felt to be inappropriate when workers in isolated areas were faced with at risk clients.

Workers were also frustrated with clients that presented with gambling-related issues because they were not resourced or skilled to deal with the issues .

Service Provider Story

"At the last minute there's people dropping in when you are on duty. They want a quick fix. There's a gentleman. He had gambled around $900 and had ignored all the Office of Housing letters and the police came to the door and said "OK, you are going to leave next Friday. You are going to be evicted". There was a big panic to try to stop the eviction. At the last minute on Friday afternoon. I stayed until 6.00 pm trying to negotiate with the Office of Housing. The wife is crying with two kids outside. They are so bored because we have got stuck. We got another two weeks reprieve and the man promised he would get counselling. According to his wife he gambled again several times and sold the car in the Casino car park for cash; not a lot of money, just a thousand dollars. That's happening."

Migrant Resource Centre Worker

As the impacts of gambling, particularly on families, were multi-faceted, Family Support Workers felt that specialist gambling services were often inappropriate as families required intensive support to address the range of related issues.

> *'Families may be unable to cope with day to day living because they are unemployed and have got so many issues related to parenting problems they have no self-esteem. So basically just going to the gambling counsellor is not enough because they need a lot of support."* Family Support Worker

6.3.1.3 Increased Numbers of People with Gambling Issues

Several workers reported that the demand for services such as financial aid had increased and workers believed this was due to gambling.

"I estimate that there's one in every three clients that has a gambling problem" **Financial Counsellor**

One women's drug and alcohol agency estimated that 90 per cent of its clients also had gambling problems although the clients themselves did not acknowledge this, rather it was the worker's assessment. Contrarily, a former drug and alcohol worker indicated that in his experience around 2 per cent to 5 per cent of drug and alcohol service clients had problems with gambling although this had risen from virtually nil in the preceding three years. This discrepancy may be attributed to the fact that the former agency was specifically for women and provided residential services or it may be that some workers have not yet made the links between drugs, alcohol and gambling. Again, there is no hard evidence to support these claims.

The nature of assistance sought from services had also changed as a result of gambling. One Financial Counsellor reported that gambling clients may be using the service to assist them in obtaining loans to either gamble more or to pay off gambling-related debts.

6.3.1.4 Decrease in Use of Community Programs

Gambling had affected all of the participating neighbourhood house and community centre programs and was felt to have attracted some women away from other social and community activities, particularly as the programs were now usually more vocationally oriented. There was a sense that gambling was "too big" to compete with.

"Whatever we as community groups do there are restraints that are being placed on us in terms of glamourising it. It's not gambling any more. It's a night out, total enjoyment… . No worries and the fact that you're gonna come home broke perhaps is neither here nor there. The fact that many people who lose the money are those who can least afford doesn't come into it. It's all a game and glamour. That's what you're up against. What we can do in terms of combatting that is to come up with a couple of posters or small publications that show the real story… what's going on." **Financial Counsellor**

Two community centres reported a drop in the use of services such as childcare and adult education programs. Whilst such programs were low-cost, the centres could only surmise that the decrease was attributable to strains on the family budget which *may* be linked to gambling.

A community centre also reported that women were no longer happy to join group activities that did not have a gambling focus.

> *'Women do not want to 'chit-chat', do craft or learn a new skill. They will only come if the group is playing bingo or if there is a Casino bus trip."* Community Centre Co-ordinator

> *"Until this year we've always had waiting lists for childcare but now it's dropped off and you wonder if it because of gambling. Our one and two day relaxation and menopause workshops are what women ask for and are very cheap but again it's dropped off. It could be a combination of a lot reasons."* Community Centre Co-ordinator

6.3.1.5. Discrimination Against Gamblers

The impact of gambling on clients had also forced one agency to restrict access to its services. Clients who had disclosed problems with gambling to a privatised employment agency for people with disabilities were excluded from using that service unless they agreed to attend counselling at BreakEven..

"I had a session with a particular agency. It was good to clarify my role and to let the agency know that I can't make the person stop gambling but I can talk the issues through. We can't put the brakes on [the gambling]. There's a real conflict of interest because this agency were questioning if the client should even be eligible for their service." Problem Gambling Counsellor

6.3.1.6. Bilingual Counsellors

Issues were raised about not having counsellors available who could speak community languages and who knew about various cultures. Workers reported that clients, especially those from small communities, did not want to talk about sensitive issues with an interpreter.

'But when the person [counsellor] speaks their own language it's a bit special. She [the BreakEven counsellor] can speak Croatian, Serbian and Macedonian… .. and people accept her quite easily because of the same language background.' Migrant Resource Centre Worker

One worker reported that BreakEven (and other services including Legal Aid) had requested clients to bring a family member to interpret.

'How can you bring along your family member when all this fighting's happened and also, it's not ethical… ' Migrant Resource Centre Worker

BreakEven have stated that it is not accepted practice to use family members as interpreters as they are funded for interpreters.

Those services that *did* have enough resources and/or access to interpreting services were frustrated by the two week wait and stated that the crisis might be over by then. All six participants in one particular focus group agreed that the length of wait was dependent upon the way the service was funded and Victorian State Government funded services had to wait much longer than federally funded services for interpreters.

6.3.1.7 Lack of Worker Skills and Restrictions on Worker's Role

"With gambling it's more frustrating because you can't win… you just can't win… . We're not getting a handle on what gambling is all about and I suspect that there are several problems all rolled into one."
Financial Counsellor

Workers were emphatic about not being equipped to deal with the broad associated impacts of gambling. Overall, there was a sense of exasperation. Workers had clients with gambling-related problems whom they felt unable to help until the client was ready to make changes. This issue was compounded when women were affected by their partner's gambling activities and workers were at a loss as to how to minimise the impacts.

There are many types of workers who come face-to-face with women who are impacted in some way by gambling. However, the scope of their role may not be broad enough for them to be aware of the spectrum of services that can assist women affected by gambling. Yet these workers are often the ones whom women disclose to. Maternal and Child Health Nurses are a case in point. In one instance, the Nurse referred a woman who had disclosed gambling problems to a Family Support Worker but it was unclear whether this referral was taken up. The Family Support Workers in this particular program were only just starting to familiarise themselves with the specialist support services (such as BreakEven) and were unclear about what they could offer. In other parts of the Region, BreakEven *had* provided education about their role to some of the Maternal and Child Health Nurses but there is obviously a need for this to be extended.

Child care workers were similarly affected.

'One of our centre's management committee had a child who was attending our childcare. She was experiencing difficulty with her child's behaviour and so she talked about the behavioural stuff to the childcare worker. This enabled her to talk about the gambling. The child's behaviour had been affected by her gambling.' Child Care Worker

Community lawyers also often had to make referrals but again, the links between domestic violence and gambling were not understood, nor were the breadth of service options known. School welfare workers were also at a loss as to how to respond to students affected by parental gambling (see 3.2.4).

Other than G-Line, most workers were not fully aware of the spectrum of services available that may be able to assist women affected by gambling. It seems that the role of GamAnon (a self-help group for the family and friends of gamblers) is not understood, indeed its very existence is little known. Workers were also unaware that BreakEven and G-Line could assist the partners and family of the gambler.

For some, the lack of knowledge about the wide range of gambling-related issues also led to clients not being referred on for more specialist help.

6.3.1.8 Limitations of Services

Most of the participating services did not have set time frames for working with clients and were able to offer the service on a long term basis. Some agencies, however, imposed limitations on workers which related to the scope of their role.

> *'I'm not allowed to take a long term counselling client. They want me to just concentrate on newly arrived people coming as refugees and so just to concentrate on more practical things like the housing, our system etc. After 2 or 3 counselling sessions... they're 'established migrants'. We're told you should refer them here or there but we've just started something positive with the client and you've got to try to find other places that can take care of the person and it's starting all over again for the client... "* Migrant Resource Centre Worker

The worker saw the solution to this as having more flexibility in the way she was able to work. Sometimes she bent the rules but

> *"... .in the end when I write my report I have to follow the direction of my 'milestones' and I have to given these details to DIMA, my consultant..."* Migrant Resource Centre Worker

The impact of gambling was viewed to be a mental health issue for some workers however, the scope of community mental health workers' role, such as community education and liaison with other service providers, had diminished. Resource cut-backs now limited the ways in which mental health workers were able to work.

> *'Now they are so overburdened with acute care that they don't have time to do the preventative stuff. Workers also might be working in isolation even though they are working under one roof. They probably still don't have the time to do that fundamental developmental work. They are doing more for less of the time."* Mental Health Worker

Comments were made about the Justice Department not having viewed gambling as a health issue until recently and that BreakEven and psychologists had not been permitted to provide services to the privatised Metropolitan Women's Correctional Centre. There were also issues about workers being judgemental towards incarcerated women who had gambling problems.

> *"The workers were resistive to assisting these [incarcerated] women. As I quote, one said 'If they were normal women, then it may be different.'"* Women's Health Worker

6.3.1.9. What are the issues faced by Problem Gambling Support Services?

Two of the specialist support services in the Region are located in the central business district of Melbourne hence their clients may live anywhere in Victoria.

> *"They use our service because it's anonymous. Some people don't want to go to a service close to where they live."* Problem Gambling Counsellor

This has implications for clients who also need the support of other types services who may only be able to see clients who live in their agency's municipality.

"It's not feasible to develop referral protocols with other types of services. We just make contact with the services as we need them. We try to provide them with as many options as possible" Problem Gambling Counsellor

Counsellors also have to work with other types of agencies that have different models of intervention.

"The mental health worker attended a session I had with her client who had schizophrenia. The worker, and a lot of others in that field, seem to have a far more parental way of working –far more directive, telling people what to do and encouraging them far more strongly than I do. It's a different culture. They're managing the person." Problem Gambling Counsellor

6.3.2 Perceived Impact Of Gambling On Women

"As a lawyer, I've seen more women gamblers than men charged with theft and dishonesty". **Community Lawyer**

Workers had definite views about the impacts of gambling on the women who had used their services. The views of the women themselves will be reported in a future paper.

6.3.2.1. Positive Health Impacts of Gambling

The problem gambling support services reported a number of benefits their clients experienced from gambling.

'Gambling has been an alternative to suicide for a client of mine. The benefits of gambling for her vastly outweigh the disadvantages." Problem Gambling Counsellor

For others, gambling has provided social contact thus reducing isolation. Gambling has also assisted clients to escape from problems.

"A client of mine was frightened he might have epilepsy. I contacted the Epilepsy Foundation because I didn't know whether they were aware that some people will gamble because they are frightened of their epilepsy. Similarly with multiple sclerosis. There would be a lot of diseases that people deal with by gambling.– I don't know whether the specialist disease societies are educated about gambling." Problem Gambling Counsellor

Gambling was contrasted with medication which may reduce stress and anxiety. Several workers felt that gambling may be used in the same way but one commented that

'It [gambling] doesn't take away the after effects of losing everything." Family Support Worker

6.3.2.2 Negative Health Impacts of Gambling

"The worry of what else they can 'hock' to get themselves out of trouble. Often they'll feed their children first because the money's not all there. You know the impacts on their security and housing, basic things, food, transport, no petrol in the car… …" **Social Worker**

Workers indicated that the health impacts of gambling manifested in a number of ways. For instance, clients reported that gambling interfered with eating and sleeping patterns, caused homelessness, suicidal thoughts and depression..

'We have so much depression. So many women coming in really down. They might be suicidal." Problem Gambling Counsellor

The issues were compounded for women of differing cultural and language backgrounds.

'If the women are from small ethnic communities it makes it really hard for them if anyone knows about their problem.. Most of them say 'I can't sleep' or 'I am just worried … and I have palpitations. I don't know what causes it but I'm just not settled". Migrant Resource Centre Worker

Workers also reported that women experienced stress as a result of gambling.

'Gambling relaxes them but they look more stressed. Nervous energy affects everything they do." Migrant Resource Centre Worker

One worker reported that women complained of feeling tired and sick and further down the track it transpired there was an ongoing chronic financial problem that was sometimes gambling related which caused the feeling of malaise.

6.3.2.3 Links with Drug and Alcohol Use

Gambling was used by some women as a substitute for drugs and alcohol according to one worker whose clients had stopped using substances and then increased their gambling activities. Drug use had also been used to deal with gambling-related financial crisis.

> *"She [my client] has found it more difficult to stop gambling than it was to give up heroin." Drug and Alcohol Agency Worker*

Problem Gambling Counsellors reported that when the possibility of drugs and/or alcohol use were broached, clients tended to either deny this or tell the counsellor that they "only wanted the gambling fixing."

> *"It's hard for a client to say they also have a problem with drinking or smoking. They don't see it that way so to ask them a number of questions about their drinking is difficult. They keep it close to their chest because they don't see it as a major concern."* Problem Gambling Counsellor

Likewise, a worker reported that women in drug and alcohol recovery did not see gambling as an issue because it was not a substance, even though sometimes they used it in the same way. One worker reported that women used gambling to

> *"... fill time, feel good, relieve emotional pain and get a rush."* Drug and Alcohol Agency Worker

6.3.2.4 Domestic Violence

Workers reported having had a number of clients who had experienced domestic violence as a result of either their own gambling or that of their mother or partner. The gambler was, however, in most instances, the male partner.

Service Provider Story

"From where I stand in the DV (domestic violence) team we have a lot of clients who lose everything through gambling (the partner's gambling). You have women who get beaten up for their pensions and men will go to the Casino and gamble what they've got and then come home and demand the last little amount of money that is there for the bread and the milk or even the bulk food... rent money... . everything... . The guy will stand over them at the hole in the wall (ATM) and demand the money as it comes through and that's the whole pension gone. Then you've got the woman that's got to try and get food vouchers and I guess there are even women out there who steal food to be able to feed the children. Not so much for them but the children because you've got kids howling for food.

This is a really bad example and I've only ever struck this once. I have a client who came from quite a wealthy background. The woman and her husband owned a restaurant. Then they separated. She gets no maintenance because she was given a settlement through the family court. Most of this went on legal fees. She's been paid off but he now says he has no money and that's where the child support agency comes in. He owns the business yet he files through the tax department that there is nil profit in this restaurant but he can go to the Casino and spend $60,000 in a couple of hours and lose the lot. And yet cannot pay any child support for his only child and they can't obviously do anything about it. So he's got a very good accountant and you've got a woman who's started from scratch again. Bought her own home. Has three jobs to support herself and her daughter and is actually doing really well and you've got this guy out there who's heavily addicted to gambling and drugs. So. I'd like to put a match to the Casino actually. When I see women suffering like that or even women who've only got a few cents and have that removed from them and they have a black eye to boot then I am not in favour of the Casino at all." *Domestic Violence Worker*

In gambling related cases, workers were unsure what commenced first – the gambling or the violence. Comments were made about families where abuse commenced or worsened when gambling-related financial stress occurred. Gambling was also reported as a coping mechanism used by women to deal with domestic violence.

Service Provider Story

"A woman came to our service. Her Chinese husband had been living in Australia and had sent for her. By the time the woman arrived in Australia, her husband was not the man she had known in China as he had developed an addiction to gambling. The woman fell pregnant immediately and had enrolled in tertiary study. However, their car and flat was repossessed due to his gambling debts and she was then unable to pay her fees. At 8 months pregnant, her partner attacked her with a knife at which point she went into our emergency accommodation and eventually into public housing.

"There were so many problems. Her partner had legal issues which I think were debt related. He faced domestic violence charges and had breached three intervention orders all involving physical assault and stalking. There were also custody and supervised access issues.

"The woman was unable to tell her family that she had left her partner for over a year because of cultural expectations and the shame associated with domestic violence, gambling and the fact that they had lost their flat and car. She became more and more isolated from her family and did not see not seek help until she was at crisis point."

Social Worker

Another woman was reported to have suffered abuse from her mother who was gambling.

Service Provider Story

"I have a woman [client] in her thirties from an average middle class background. The presenting issues related to parenting, anxiety and financial problems. She needed a food voucher and assistance to pay bills. I'd been seeing the woman for a while before it transpired that the underlying issue was being unable to say "no" to her mother's repeated requests for money to gamble. If requests were refused the mother became hostile and punished her daughter by withdrawing family support. And then because it's an elderly person who is the mother, in their culture she can abuse her daughter and do whatever she wants. Yes. It's so hard and so she's driving herself into isolation more and more and now the daughter is depending on the machines and gambling because that's all she's got. She had no food for her child and rang DHS (Department of Human Services) because she was desperate and was then put on a "notification" so she now has (Child) Protective Services on her back. DHS sent some food around in a taxi. It cost more for the taxi than the food. This woman is now in the process of selling her body. She's discovered an S and M place. This is how desperate women get."

Domestic Violence Support Worker

Immigrant women were particularly impacted by gambling-related domestic violence. The shame of the violence and gambling inhibited women from seeking help.

Service Provider Story

"I think about immigrant women. Some of them haven't got the language. They don't know the services. They are in worse conditions and also those from a small community try to keep the family together putting a lot of pressure on the woman, try to keep the whole problem inside the family. They don't want to show their neighbours and they suffer quite a lot and they really can't use the services. One thing because of lack of knowledge and a lack of the language and also they feel they disgrace their family just by taking the problem out of the family. So they are really stuck without help and most of the women in the women's group say they are suffering from sleeplessness, they are so nervous… .. she's burdened with a lot of problems and there is nowhere to go. It might be that some of them are experiencing domestic violence but most of the time they keep their mouth shut. Then they are totally isolated."

Migrant Resource Centre Worker

There are cultural issues which also impact on women in relation to gambling-related financial abuse.

Service Provider Story

"I had a guy [client] who was a taxi driver … . His father owned the license and so he's really worried because he'd borrowed some money and he'd used his license as security and he was worried about loan sharks. There were times that he went and gambled. At one stage he went and gambled $5,000 at lunchtime, and he was really proud when they gave him a gold credit card that entitled him to go and get a meal from one of the shops around there and made him feel magnificent. And I say 'what about your wife?' He's Turkish and was just able to give his wife the shopping money and provided he could do that he shouldn't have any problems at all. Never mind that he'd borrowed money, and she didn't know about that. According to him that's not her role. So you need to look at the different cultures as well."

Financial Counsellor

Patriarchal cultures may also inhibit women whose partner's gamble from seeking legal advice in relation to the marital home. In this scenario, women stand to lose virtually everything. Their home, relationship, and possibly their children.

6.3.2.5 Family

Workers reinforced that often, the whole family suffered in some way from the gambling activities of one member. A loss of or reduced income may mean that a family does not have enough money to pay for essentials such as nutritious food and medication.

"I think, just the stress that it places on the family, particularly this family that I'm working with. It was the stress that it put on the woman. She had just spent all her food money gambling and didn't know how she was going to feed her kids for the next week." Family Support Worker

Gambling-related family breakdown was also evidenced in one agency's legal program. Workers reported instances where older children had been left to care for younger siblings whilst parents gambled. Once Child Protective Services became involved this was reported to be extremely damaging for the family, particularly for the mother's self-esteem.

School welfare co-ordinators reported the impacts of parental gambling on their students. In one girls' secondary school two girls were reported to have moved in with other family members because their parents' gambling activities had resulted in their inability to care for their daughters. Another student had had to assume the role of mother and was in turn caring for her own mother. Such family break-down results in emotional and other difficulties for students.

Two support workers reported that in the early 1990s, prior to the introduction of legalised gambling they had been in contact with a significant number of women deserted by partners who had been gambling illegally around Melbourne.

"I remember in 1990 I was in the commission flats and I visited a lady who had just had a baby. Her husband had left her because he'd been out six weeks earlier and he'd gambled everything that they had away. I remember talking about it with her and discussing how many Asians were involved in gambling. At the time there was a great surge in Asians involved in the gambling and this fellow, felt that he was damned if he didn't get more money somehow and he'd be damned if he lost it all. So he just never came home and this was happening a lot. They were just never coming home. They just left or went underground or something and so there were all these deserted women at the time." Maternal & Child Health Nurse

6.3.2.6 Social Networks and Isolation

Workers said that borrowing money from friends had also led to friendships and relationships being destroyed or disrupted, thus bringing further isolation for the woman.

"That women's needs are not reflected in the types of activities available to them continues the cycle of women not being heard."
Drug and Alcohol Agency Worker

Gambling was reported to be one of the few activities that older women with language barriers felt able to do.

> *"I know a lady that is very addicted to gambling and she's been getting food vouchers for a year or so. She says "I'm not going to counselling". There is counselling in Spanish but she won't go, one for embarrassment and second because she feels that it's the only thing that at fifty-three she's got to do. There's nothing else she can do where she doesn't need to speak and she doesn't speak the language. It's hard because they see it as a cultural thing, as an activity, it's recreation."* Social Worker

6.3.2.7 Women Taking All Responsibility (see also 3.1.1)

Workers indicated that they felt women took on the responsibility for "everything", including their partner's gambling and that this placed an enormous burden and stress on them.

A typical scenario for one mainstream support worker was the unemployed husband who gambled and drank.

> *"One particular woman was exhausted when she came to me. She was doing everything – cooking, shopping etc and doing a paid job yet he saw the problem as <u>her</u> being stressed!* Social Worker

6.3.2.8 Legal Repercussions

The ramifications of gambling were seen to negatively impact on women's health when gambling culminated in criminal charges. Workers felt that women may be reluctant to disclose the gambling and/or charges to their family causing further isolation and stress.

> *'People say to me "I don't have a gambling problem. It just happened one day" or "I've been gambling for quite a long time but I'm too embarrassed to disclose it."* Community Lawyer

Gambling is insidious. Women, leading ordinary lives in ordinary homes and families may suddenly be faced with the prospect of jail and find themselves labelled "criminal".

> *'I suppose the health impacts I've seen are prison sentences, sometimes chronic financials and if they've been sacked from the employer involved then they've lost their job … and also there's the debts… quite large debts sometimes in the thousands and the feeling that their punishment lasts. If they've gone to jail for murdering someone, once they've done their sentence they've just been released and can get on with their life. But once they've done their sentence for a fraud or gambling-related offence or theft and then get out they've still got the debt and sometimes … .and there's a caveat. It's virtually impossible to do much with bankruptcy because of the limitations of the debt so they just feel they're continually being punished and it's very hard to move on. "* Community Lawyer

A post-release prisoner may find it difficult to get work. For them, the health impacts are compounded when restitution orders (debt repayment) have not been implemented and outstanding debts continue to rise.

6.3.2.9 Guilt and Shame – Leading to Stress

Workers felt that gamblers were stigmatised and that "victim blaming" was in force when women chose to gamble.

> *"A lot of issues women face in their lives are to do with things that can be seen as them not having control over. Like, if it's domestic violence, it's something done to you, even if you're having hassles looking after kids properly and that. It's all sort of part of life and it's happened and you know how tough it's been. But if people feel that by owning up to gambling they are actually owning up to something they've started themselves that brings a whole new dimension to the problem".* Social Worker

Given that women are more likely than men to be sole parents, and, according to those working the field, more likely to be charged with gambling-related offences, a crucial factor for women is the care of their children.

"If they go to jail then DHS [Child Protective Services] will be brought in and this makes it more stressful for women because of the concern for their children's welfare." Social Worker

"If the woman is predisposed with a gambling addiction and/or is experiencing domestic violence, she does not have quality relaxed time for herself, let alone her children. That means that the whole family may be highly strung, and living in a stressful environment." *Family Support Worker*

In the longer term, it is unknown what the impacts of parental gambling on children will be. One worker felt that because the gambler's energy is consumed with their own problems that

"the impact on the children of parental gamblers will manifest in later life and this hasn't been lost on women with children." Social Worker

This is evident in the following example.

Service Provider Story

"Another one of our female clients from overseas had 4 children and was evicted because of her gambling. She was placed into our agency's emergency accommodation. She was behind with her rent, had no food for the children and kept her eldest son (aged 12) away from school to baby-sit the other three children whilst she gambled. We attempted to link the boy back into school as his school work had been severely disrupted and it was also his third school in a short period of time. Her son had lost his individuality and motivation. It became easier for him to stay at home and he commenced smoking marijuana. The woman would tell workers that she was going to counselling but she didn't go. Protective Services were eventually called in but she left with the children and there has been no follow up with the agency."

Social Worker

6.3.2.10 Self-Esteem

The summation of all these health impacts, irrespective of who the gambler is, is a damaged self-esteem. The humiliation of having to ask for aid, be it financial, material or support, guilt at not being able to care for one's children, the sense of betrayal when a family member is stealing and the lack of trust within the family will ultimately impact on a woman's esteem and well-being.

6.4. What Interventions Do Service Providers Propose?

" What would make a difference? Greater collaboration and consistency, understanding and timely intervention." **Community Lawyer**

Workers made suggestions or had already devised the following interventions for working with women affected by gambling.

6.4.1 Group Work

Group work was suggested for workers with large caseloads who had several specific issues such as gambling and domestic violence.

"If I had a 40 client caseload and 10 had gambling issues I'd look at the structure of my caseload and dedicate say 2 hours per month doing group work with those of my caseload who had particular issues. This is a more integrated way of accessing support and avoids having to refer the client on. Workers in other services feel ill equipped to deal with someone with mental illness so in this way we can deal with the client's problems in a holistic way." Mental Health Worker

Problem gambling counsellors also acknowledged that group work within their own services required further development.

6.4.2 Client Assessment

Pivotal to any intervention is the ability to appropriately assess the client. Given the secrecy and denial surrounding gambling, this is a difficult task.

"The indicators are very much the same as an affair – a lot of time away, a lot of money blown and a lot of secrets." Problem Gambling Counsellor

A need to develop assessment tools and train mainstream support workers in this area was identified. Part of this process may include a "checklist" for clients to complete whilst waiting for their appointment. This strategy has been used successfully in some doctors surgeries and puts gambling on the agenda.

6.4.3 Strategies for Getting Disclosures

Group work was also identified as a useful strategy for assisting women to acknowledge gambling as an issue in their life.

"If a particular woman doesn't see the connections she hears it from other women and then it might register". Drug and Alcohol Agency Worker

Workers identified a need to be trained in how to encourage disclosures, to support clients to talk about their problems and to appropriately refer. Some agencies had already developed several approaches, according to values, ethos and limitations (such as time), in how they broached the possibility that gambling was a factor contributing to the presenting issues. Others felt there was no point in mentioning gambling, that this could frighten off the client and that the client would disclose when they were ready to.

"Usually I find it useful firstly to remove a little bit of embarrassment and to acknowledge that, yes it's addictive and I think that is the main thing… .. to explain that there are services that are especially for gamblers and acknowledgement and recognition that yes, this is a problem and it's not just your problem. But whether they want to go or not [to a problem gambling counsellor]... We've only succeeded with two or three clients"
Social Worker

'It's very hard for them to admit. Now, we mention it all the time. We say 'If you have gambling problems… . 'But you can't say 'you have… [got gambling problems]. We say it's very addictive and so it's an educational role we are taking. I think we have about 55 clients right now and only one we know that has said to the worker 'yes, I have got a gambling problem." The moment this lady admitted, she stopped coming. So it is something… I don't know what it is, embarrassment or they don't want to stop because it's so addictive." Social Worker

"The way we find out if the woman is gambling is we sit and talk about things. We had a lady come about five times in a month for food vouchers/financial aid and we explained to her that we could only help once. Then we also say "did you go to this place?" and we make a list of all the agencies in the area and outside the area and she's been to all of them. They know. So when you have a client that knows all the services and this is the last place to come then it's good because it gives us the chance of allowing us to ask "did you come here last? Are you gambling?". And it's very hard for them. I once had a client who laughed and said "I only gamble, just a little". You can't force people to get help." Social Worker

One agency felt it was imperative to mention gambling as a matter of course.

'Our experience is that Vietnamese people are very reluctant to discuss problems, especially women, given the subordination in their culture. More information in their language would be good telling them that it's not such a taboo to talk about it in Australia." Community Lawyer

"...workers must be mindful that this [gambling] could be an area. Unless you drop the hints, they don't see it." Family Support Worker

Workers suggested that given the complexity of issues relating to gambling, that one key worker be appointed to work intensively with a family until such time they are able to go through more extensive gambling counselling. In some instances, however, related problems such as financial issues, could not be addressed until the gambling is addressed.

Problem Gambling Counsellors believe that workers need to have a willingness to talk about gambling.

"They need to learn a few sentences like 'what part does gambling play in your life?' or 'is gambling a worry to you?' The question ought to be on everyone's minds." Problem Gambling Counsellor

Getting to know other workers was also seen to be important so that referrals could be personalised.

6.4.4 Harm Minimisation and Community Education

Workers commented on the lack of harm minimisation education and that support service advertisements were too focused on where to go ***after*** the problem had occurred.

"They need to know about the dangers well before it becomes a problem." **Social Worker**

*'We have these wonderful ads about wearing your seatbelt, about drink driving, about smoking, but there's no ads that say 'don't gamble because you're playing with fire'. There's an ad I've seen on the television but it's the end result... it's the woman in crisis."*Financial Counsellor

Workers suggested educating the community about the differences between winning and losing and about how poker machines are programmed. There was a sense that such advertisements needed to be "big" like the Grim Reaper (AIDS education) and TAC (Traffic Accident Commission) advertisements. An example advertisement was given showing a man selling his golf clubs at a pawn shop instead of the hard hitting advertisements that had shown people in crisis. Many of the agencies responding to the Community/Service Survey indicated that information sessions for women about gambling-related issues would be a useful tool in this regard and that this could be enhanced by using ethnic radio.

6.4.5 Agency Networking and Service Collaboration

Workers indicated that the whole spectrum of service providers needed to work together. For instance, children's services, mental health, protective services, welfare workers, school nurses and councils needed to join together to do preventive work, particularly with young people. Strategies for dealing with gambling-related issues in day-to-day work also required developing.

*'I write a letter to their doctor and ask if they'll consider if the client has depression. I've had good responses from doctors writing back to me."*Problem Gambling Counsellor

Given the number of impacts that gambling can have on a woman, it was often not possible for two or even three agencies to assist in all matters.

*'I feel there has to be a co-ordination between a lot of supports that enable them [the clients] to feel good enough to go to a gambling counselling service. That is just the end product. You've got to look at the beginning of it and why it has happened before it can be tackled."*Family Support Worker

Workers believed it was important to be fully *au fait* with what other services could provide in terms of assistance so as not to mislead their clients. There was an identified need for education about what problem gambling services can offer.

Importantly, the BreakEven problem gambling counsellors are available to workers from other agencies to work collaboratively with clients. For instance, a person suffering from psychosis may remain the client of a psychiatric service but the worker can work collaboratively with the problem gambling counsellor.

*'Other services can ring us and pick our brains to work with their clients. We offer that to student counsellors, for example. We are able to work with them over the phone with their client group."*Problem Gambling Counsellor

As gambling is tied in with other issues, this approach may be much more helpful for the client.

> *"For one counsellor to deal with some issues then to send the client to another counsellor for the gambling is not necessarily helpful."* Problem Gambling Counsellor

6.4.6. Confidentiality/Information Sharing/Case Management

One worker believed that when an agency is the case manager, it was vital that agencies which clients are referred to were able to at least report whether or not a client had turned up for an appointment. She viewed "client confidentiality" as not disclosing information about the client whereas she felt that merely informing case managers if clients had taken up referrals was not a breach of confidentiality providing the client agreed to this exchange of information.

> *"As a worker, you have to confront the client with facts. You cannot collude with the client or you're reinforcing their pathology - you'd just be going round in circles. Clients can still exercise their rights within this framework."* Drug and Alcohol Agency Worker

Therefore, some services felt that contracting the client to release information to other services was necessary from a therapeutic safety point of view. At the same time, it was important to work with where the client was at and to respect the client's wishes, particularly when there were issues of mistrust of government services. The issue of mistrust is particularly pertinent for women from NESB, particularly those who have suffered government persecution in their former countries.

6.4.7 Training & Awareness

All participants indicated a need for ongoing training of themselves and general awareness of gambling issues amongst the community. There was a sense that everyone was too busy to do the preventive work because of time pressures.

"I work in the obstetrics/gynaecology social work department. We get our referrals from the clinics and in-patient wards. There's a need to raise awareness of the [gambling] problem with nurses so they feel more in tune with women coming in and are able to make appropriate referrals." Social Worker

> *"Everyone needs to be more aware – to be able to pick up the signals so they can refer."* Housing Support Worker

> *"I think we need to train staff specifically in how to get women to talk about gambling...."* Community Lawyer

Getting BreakEven Community Liaison Officers to talk about gambling has assisted some services to "normalise" gambling, particularly when staff had had the problem themselves. It is often said that those working in the community sector do so because of their own life experiences which they have often worked through. Women community workers, as a group, may also experience gambling problems and this has posed dilemmas for one service where committee members have had drug, alcohol and/or gambling issues and have disclosed to their paid workers.

> *"It's tricky when you're a paid worker and it's your committee of management who have the problem and they are the boss. They've been encouraged to talk about it outside of the agency but in fact chose not to do anything about it."* Community Centre Co-ordinator

Workers also needed education about the links between gambling and associated issues, particularly as some clients had a multitude of problems which were compounded by gambling. Awareness of how to assess clients and how to make referrals was also critical.

> *"I wasn't aware of the links between domestic violence and gambling before participating in this research so now I'll look out for it but before I couldn't have made that link."* Community Lawyer

Workers also pointed out that doctors needed to be made aware that problems such as gambling cannot be fixed with medication and other band-aid solutions.

6.4.8 Specialist Services being Located within Mainstream

Despite specialist services such as BreakEven being located within more generalist community settings, often in community health centres, some workers reported that clients had felt shame, stigma and guilt of being told "you're to wait over there where the BreakEven people are" or receiving mail with the BreakEven logo printed on.

'People don't want everybody to have to know. I've actually heard them. I think that's something services can do something about that can have a big impact on people."
Social Worker

6.4.9 Holistic Approaches

As previously mentioned in 3.1.1., workers indicated that a holistic approach was necessary because gambling could not be separated out from other issues such as problematic substance use.

Workers suggested finding out what the early effects of problem gambling were so that they could look out for the "symptoms". It was important to find out from women what strategies could be used to make women feel comfortable to talk about gambling.

*'It would be really useful to know how you can be more accessible... in a non-judgemental way... "*Community Lawyer

Support workers stressed the importance of encouraging women to explore their own responsibilities and to support women to say "no" to repeated demands for money from gambling partners.

When clients disclosed that they were gambling, it was important that the agency assisted the woman to identify the skills and strategies she needed to replace gambling.

*"Our clients walk, do deep breathing, clean the cupboards, perhaps a massage. If they are really stuck, we help them explore other options."*Drug and Alcohol Agency

6.4.10 Multi-Skilling

Workers indicated that case managers needed to know a little about a lot.

*'Mental health and other types of workers need to be trained to work in gambling issues so they can work with clients in a preventative way. The response needs to be program funding to work in a primary care way."*Mental Health Worker

One ethno-specific agency felt that its own workers should be trained in gambling issues so as to be able to provide culturally and linguistically appropriate services for women experiencing problems with gambling.

6.4.11 Referrals and Service Options

Each group and interview identified a need to know who to refer to and how to refer and made comment that giving out a pamphlet is not enough.

*'I think we need to know exactly what they [BreakEven] are doing. You feel you're doing it in the dark. They should know what you do and vice versa so you can work more confidently with the client."*Social Worker

One of the predominant requests from the focus groups was that a regional comprehensive referral list be developed as workers were not necessarily aware of the support services available in their locale. Workers may not realise the role that housing services, financial

"We get 'bdd' brochures but we need one brochure that covers the whole Region and covers all types of services. As lawyers, we are not tuned in to the fact that there's more than one problem, so educate lawyers about all the options as it's critical that we get it right." Community Lawyer

counsellors, domestic violence services et cetera have to play. Workers also requested more information about what BreakEven does, particularly its intervention modes.

> *"More information about referrals by region is required. An overview of what the services do to assist gamblers and the models of intervention would assist workers to make appropriate referrals. We don't know what's out there."* Housing Support Worker

Aside from a basic referral pamphlet workers requested a briefing session to give an overview of referral options. A community lawyer suggested that one similar to that given by BreakEven at the Legal Aid Conference in 1997 would be useful.

There was also an identified need for pre-release incarcerated women to be linked into support services.

6.4.12 Client Strategies for Curbing Gambling Activities

Services reported that clients had set gambling limits and used strategies such as moving back to bingo which was a much more controlled form of gambling.

> *"My client changed [from pokies] to bingo. There was only a certain amount of money she could spend in an afternoon at bingo. She would go and spend her $20 and buy a book or whatever it is they do whereas when she went to the pokies, when her $20 ran out she'd put some more in. When she went to bingo she had to be home for the children and it's more structured. And there's a social element to it..."* Social Worker

Social supports had also been important for women attempting to curb their gambling habits.

> *"A key friend played a really important role in assisting my client and actually supported her by taking care of her money and helping her to make those decisions."* Family Support Worker

6.4.13 Social Alternatives and Safe Places For Women

Workers felt that women needed places where they could meet to talk with other women in similar predicaments such as "safe" community houses where women could get emotional support. Places offering social alternatives to gambling were also thought to be needed. One neighbourhood house had redesigned their excursion program to reduce access to gambling.

6.5 Summary

Gambling has different means for workers as professionals and on a personal level. Some scorn gambling whilst others appreciate its attraction. There is a sense that gambling has filled a gap in community life that has been caused by the fast-pace of living in the nineties. Social alternatives that can compete with gambling are required for women, especially those who want to cease gambling.

It is unclear how many women seek assistance for gambling-related problems as there is no hard data. It is also unclear how many other women are affected who don't seek help although those working in the problem gambling field estimate that only 3 per cent of people seek assistance. Workers believe that gambling contributes more to their workloads even though women do not necessarily disclose that gambling is a factor contributing to the presenting issue. Workers are not skilled to deal with the increasing number of clients with gambling-related problems nor do they necessarily have the resources to be able to work in the intensive way necessitated by gambling.

The multitude of ways in which women are affected by gambling requires a comprehensive and multi-level service response. Services need to work collaboratively and holistically so as to meet the needs of women from culturally and linguistically diverse backgrounds. Workers require training about problem gambling, to be able to assess clients appropriately and refer.

7. Discussion

This discussion draws together the main themes identified in the literature review and research data as impacts of gambling on services and the perceived impacts of gambling on women. Out of this, a summary of the recommendations is given.

7.1. Women's Perceived Needs

7.1.1 Perceived Social Needs

The Western Metropolitan Region of Melbourne is characterised by a culturally diverse population, with a slightly higher proportion of residents on low incomes than is the suburban average. Most regional municipalities are ranked high in terms of socio-economic disadvantage. More importantly, the Region has the highest ratio of electronic gaming machines (EGMs) per adult in Victoria with few other social alternatives for women. Workers who participated in the research highlighted the possibility that gambling has filled a void experienced by women because their social needs were not being met, which they attributed to a breakdown in community structures. The fast pace of life was perceived as having led to a diminution of friendship networks for women which has been filled by the "pop-in, pop-out" local gaming venue. This was reinforced by the pilot study conducted in the Region.

These factors have implications for women living in the West. Women in this Region are vulnerable to gambling larger proportions of their incomes than their counterparts in other regions because of its disadvantaged socio-economic profile. Women, and more particularly women who do not work outside of the home, it seems, are disadvantaged in relation to the accessibility of gambling facilities which have invaded the once private domain of the home. Indeed, few comments were made about the positive aspects of gambling, despite the fact that some workers gambled themselves as a social activity. It may be that gambling is merely a "band-aid" and that social change on a structural level is required.

The decrease in the use of community facilities, for example, neighbourhood houses programs, warrants further investigation. This is because evidence relating to the impact of gambling on services and the interventions suggested to alleviate problem gambling is contradictory. On the one hand, services said that women wanted the kinds of leisure programs neighbourhood houses were once able to offer. The diminution of such activities had led to gambling being cited as filling this gap. Contrarily, community centres which *do* still operate such social activities had seen a decrease in the use of such programs. This poses questions about how community programs and other social alternatives can compete in terms of marketing with gambling. It is beyond the scope of this project to establish what women's "real" social needs are. Local governments, however, are well placed to undertake social and recreational needs analyses at the local level which are relevant to their communities.

(1) RECOMMENDATION: That regional Local Government Authorities across the region undertake social and recreational needs analyses which are culturally sensitive and incorporate alternatives to gambling

7.1.2.The Service Needs of Women

This project has been instrumental in assessing the issues and needs of a broad range of services to which women affected by gambling present. General Practitioners and Mental Health Workers, both critical in terms of their role in assisting women, are aware of some of the gambling-related issues but as yet, effective ways of working with patients and

clients have not been developed. Given the links between mental health and gambling (Lesieur et al 1986; Lesieur and Rosenthal, 1991; Blaszczynksi et al 1996), Stolk's (1994) analysis of psychiatric service use by people of culturally and linguistically diverse background in the Region raises concerns about the provision of support services to women with mental health issues which may also translate for women with gambling-related problems. The lack of participation by mental health workers in this project suggests the need for comprehensive research to establish the gambling-related issues for mental health service clients and for the development of service models for transcultural and English-speaking background clients.

(2) RECOMMENDATION: That the Department of Human Services funds a project to develop a model of best practice for working with mental health services clients who have gambling-related problems.

(3) RECOMMENDATION: That professional associations, such as the Victorian branch of the Australian Medical Association, Royal Australian College of General Practitioners, and Divisions of General Practice seek funding to provide comprehensive education to general practitioners.

7.2. The Family

The negative impact on the wellbeing of the family was perceived by workers to be one of the most significant impacts of problem gambling. Children were reported to be particularly vulnerable when one or both parents gambled. There were incidents of gambling-related domestic violence reported by many types of workers, not only domestic violence workers. Both of these issues warrant a more comprehensive investigation so that strategies for women and service providers can be developed to minimise the harm in the home caused by problem gambling. It should be noted that the Department of Human Services has commissioned the University of Melbourne to undertake research into the impacts of gambling on children and adolescents but a wider range of research methodologies need to be employed to gain ideas about pragmatic interventions for the range of services which come into contact with women and children affected by gambling.

(4) RECOMMENDATION: a) That comprehensive research into the effects of gambling on children and services be conducted and appropriate interventions developed. b) That a project be developed in this Region to explore the links between gambling and domestic violence and to develop strategies for prevention and minimisation of the associated harm.

7.3. Service Issues and Needs

7.3.1 Training

The lack of information, resources, education, support and research available to service providers had culminated in the inability of mainstream services to be able to plan, assess, refer, and work with women who are affected by gambling. A lack of knowledge about gambling meant that workers often did not know how to broach the subject of gambling with a client. These findings are consistent with those of earlier Victorian research. Workers called for comprehensive regional service listings, referral and assessment protocols, training on gambling and the associated links. *SEE ALSO RECOMMENDATION 3.*

A wide range of human service professionals were identified as requiring training, particularly professionals who are more likely to come into contact with women. Women who disclosed gambling problems to child care workers and maternal and child health nurses were often in crisis. There were instances where women had approached services to talk about problems with their children and further down the track it eventuated that the

core issue was gambling. The stigma attached to problem gambling may particularly inhibit women from seeking assistance because of the shame they feel about their gambling (Brown and Coventry). For some women of culturally and linguistically diverse backgrounds, barriers to seeking help may be compounded because

a) there may be cultural expectations that women are the strong nurturers who keep the family together and it may be inappropriate for a woman to seek assistance

b) of previous experiences such as mistrust of government services in their former country means women may be reluctant to seek help.

Yet when a woman is unable to provide nappies and formula her only hope for assistance may be the Maternal and Child Health Nurse. Indeed, the nurse may be the only resource she is aware of. How do these workers deal with the crisis? What if they are unaware of services which may be able to help, particularly given the range of ways in which the woman may be suffering.

(5) RECOMMENDATION: a) That BreakEven conduct an education project to train mainstream support workers to assess clients appropriately when first presenting and to deal with basic gambling issues so as to assist the client in a more holistic way. b) That the Department of Human Services provides additional resources for such a project. c) That regional referral protocols and service mapping be developed.

(6) RECOMMENDATION: That TAFE and University Courses in Child Care, Nursing, Social Work, Community Development, Law, Medicine, Teaching and other related courses incorporate gambling into the curriculum and that an elective be developed

7.3.2 Statistics

Financial counselling and problem gambling support services do not have ready access to their own data by service or region. This issue may relate to government sensitivity about the adverse effects of gambling. It is certain, however, that in order for services to plan appropriate services, such data are necessary. The rationale that regional data would identify clients and inhibit people from accessing services would not be problematic if treated sensitively. Moreover, women have indicated a need to have widespread publication of data about women with gambling problems and the extent of problem gambling to normalise this phenomenon (Brown and Coventry 1997).

Mainstream services are ambivalent about collecting gambling-related statistics. However, it seems that services are affected by gambling with ever increasing demands. Therefore, in order to formally gauge the impact of gambling on generic support services it is imperative that gambling be incorporated into statistics in a meaningful way. That is, included when it is a factor contributing to the presenting issue or is disclosed further down the track. Recording such data would enable trends in service use to be tracked so that additional funding for services who work with clients who have gambling issues may be justified.

(7) RECOMMENDATION: a) That services (particularly Department of Human Services programs) introduce "gambling" as a statistical category for "presenting issue" and that the capacity to record gambling as a "contributing factor" be included in such statistical data. b) That the Department of Human Services regional data for problem gambling and financial counselling clients be made available to service providers, local government and researchers to assist in the development of appropriate interventions and service delivery.

7.3.3. Demand on Resources

It seems that when gambling contributes to the presenting problem, that a great number of resources in terms of time, workers and funding are needed. Agencies may be involved in repetitious work with clients who continue to gamble. For example, non-payment of emergency housing rent and serving notices to vacate. More punitive and paternalistic measures are taken in attempts to "control" the client which further draw on agency resources. Whilst it is difficult to assess anyone in terms of expected outcomes, if workers were trained to assess appropriately and knew about the breadth of service options, this could be minimised. *SEE RECOMMENDATION 3*.

7.3.4. Discrimination & Ignorance

Workers do not know a lot about gambling. Comments made by workers revealed a lack of knowledge about some gambling types. Alongside this, workers viewed problem gambling in a variety of ways including

- Addiction
- Social Problem
- Public Health Issue
- Psychiatric Disorder
- Mental Health Issue
- Caused By Structural Problem

It is probable that the worker's view of gambling determines

- how they deal with clients;
- who they refer to or
- whether to refer or work with the woman themselves.

Given that Victoria has responded to problem gambling as a public health issue (a holistic approach encompassing the physical, social and economic environment in a multidisciplinary way), it is important that workers be educated about the role of specialist support services, develop linkages between services and view problem gambling in a holistic way so as not to ignore the social structures which may impact on a person's gambling activities.

It was not just workers whose views of gambling differed. Organisational responses to clients affected by gambling were found to be discriminatory because of resource cutbacks, privatisation of employment services and a general lack of understanding of problem gambling.

Government departments were also revealed to be ignorant about the potential harm of gambling. Despite repeated requests by workers to the Department of Immigration and Multicultural Affairs, gambling is not seen officially as a settlement issue and migrant resource workers' roles are limited in the way they are able to work with newly arrived migrants. This means that people coming to Australia are unaware of the extent and availability of gambling opportunities in Victoria and its potential for harm. If gambling is not included in immigration material then the practical advice about housing and shopping is meaningless as people have the potential to lose their housing and everything else if they are not aware of the place of gambling in Victoria, its potential to cause hardship and where to access assistance.

(8) RECOMMENDATION: That the Department of Immigration and Multicultural Affairs incorporate gambling into information for new arrivals and that gambling be included in Migrant Resource Centre case data

7.3.5 Service Collaboration and Development

Given the breadth of services and multitude of skills required to assist women who have been affected by gambling, there is a need for a co-ordinated approach between stakeholder services and a more holistic approach to service provision. The Primary Health Care and Community Support (PHACS) redevelopment (and to some extent the Youth and Family Services redevelopment) will not necessarily provide this as the model still revolves around assessment and referral. Given the multitude of issues that women affected by gambling may be experiencing it is doubtful that one practitioner making the initial assessment would be able to make these links. Initial assessment is, however, critical, particularly when women present in crisis as it may be that only the crisis is dealt with and underlying issues remain unresolved. Within the PHACS framework, this project suggests that "key social indicators" be developed to assist workers in the assessment process and that these indicators be used to map out referral protocols across the Region. *SEE ALSO RECOMMENDATION 3*

Promoting the services that BreakEven offer in terms of working with other agencies clients over the phone or in joint interviews also needs to be formalised.

(9) RECOMMENDATION: That key social indicators be developed for use in the assessment process and piloted under a PHACS Demonstration Project.

7.3.6 Frustration

An underlying theme deduced from comments by workers was frustration and ignorance which in some cases manifested as victim blaming. For workers, the reasoned view is that gambling is not a good thing. Workers acknowledged the structural reasons which made some people more vulnerable to problem gambling. It is the client, however, that workers have to deal with on an individual level. Workers were exasperated when they felt gambling was a factor contributing to the presenting issue especially when clients did not disclose. In this sense, gambling is similar to cigarettes, drugs and alcohol in that it may be the client's coping mechanism yet workers perceive it as the demon because they are not adequately skilled or resourced to deal with it.

Not only were workers unaware of service options but they lacked understanding in the process of change in terms of clients recognising and address problems and the role that a worker has in that process.

Workers were frustrated by repeated requests for assistance that they were unable to fill. For instance, requests for Family Payments to be diverted to the non-gambling family member were not able to be actioned. Workers were even more at a loss when approached for assistance by the partner of a gambler. Whilst the cases described in the findings were resolved, responses were generally ad-hoc because a framework to assist workers has not been developed. The conceptualisation of the worker as the rescuer may cause even more frustration, intolerance and ultimately animosity towards the people they are trying to help.

Most of the workers participating in the study were women (which is representative of the community and health service sectors) and there was little empathy evident for the male gambler, particularly when evictions and violence were part of the presenting problem. Consequently, female workers were much more likely to empathise with a woman affected by either her own gambling or that of someone close to her.

Questions arise about the way in which clients who gamble were described by workers. Many of the service provider stories were about "Chinese" or "Asian" gamblers yet people from these cultures are less likely to seek help than Australian born or English speaking

migrants. Is this because workers *are* seeing more immigrants, do they remember more about particular client groups or are they automatically stereotyping gamblers as being of Asian origin because of adverse publicity? The way in which workers told the case stories highlights the disdain some workers have for gambling. They were unsure about what happened in a bingo hall or were keen to point out they did not gamble. How do their perceptions impact on the way in which they work with clients?

These factors suggest there is a need for awareness raising and training (see also Recommendation 5).

(10) RECOMMENDATION: (a) That research into the needs of Victorian men who gamble be conducted b) that the results are used to raise awareness and inform service delivery in the relevant sectors.

7.4 Conclusion

The findings from this research have highlighted several areas which require addressing in order to minimise the negative health impacts of gambling on women in the Western Metropolitan Region of Melbourne. All stakeholders are grappling with gambling as an emerging health issue, which is set to exacerbate as gambling is allowed to proliferate in this Region, more so than elsewhere in Victoria. This factor alone necessitates additional resources being afforded to respond to the increased demand experienced by services who are ill-equipped to pick up the tab.

At the macro level, workers perceive that diminished resources and a changing social fabric have contributed to gambling becoming a problem for some women and the support services which women use. The negative impacts of gambling flow on to the community; to the family of the gambler, schools who are at a loss as to how to assist students affected by gambling, the courts dealing with gambling related housing evictions and domestic violence. The multitude of issues experienced by women affected by gambling are complex and require frameworks such as assessment tools, referral protocols and service linkages to be further developed across the Region. Workers require education and training to be able to respond in a holistic way

It is hoped that the interventions outlined in the recommendations can be modified and developed in other regions around Victoria.

Summary of Recommendations

(1) *RECOMMENDATION: That regional Local Government Authorities across the region undertake social and recreational needs analyses which are culturally sensitive and incorporate alternatives to gambling*

(2) *RECOMMENDATION: That the Department of Human Services funds a project to develop a model of best practice for working with mental health services clients who have gambling-related problems.*

(3) *RECOMMENDATION: That professional associations, such as the Victorian branch of the Australian Medical Association, Royal Australian College of General Practitioners, and Divisions of General Practice seek funding to provide comprehensive education to general practitioners.*

(4) *RECOMMENDATION: a) That comprehensive research into the effects of gambling on children and services be conducted and appropriate interventions developed. b) That a project be developed in this Region to explore the links between gambling and domestic violence and to develop strategies for prevention and minimisation of the associated harm.*

(5) *RECOMMENDATION: a) That BreakEven conduct an education project to train mainstream support workers to assess clients appropriately when first presenting and to deal with basic gambling issues so as to assist the client in a more holistic way. b) That the Department of Human Services provides additional resources for such a project. c) That regional referral protocols and service mapping be developed.*

(6) *RECOMMENDATION: That TAFE and University Courses in Child Care, Nursing, Social Work, Community Development, Law, Medicine, Teaching and other related courses incorporate gambling into the curriculum and that an elective be developed*

(7) *RECOMMENDATION: a) That services (particularly Department of Human Services programs) introduce "gambling" as a statistical category for "presenting issue" and that the capacity to record gambling as a "contributing factor" be included in such statistical data. b) That the Department of Human Services regional data for problem gambling and financial counselling clients be made available to service providers, local government and researchers to assist in the development of appropriate interventions and service delivery.*

(8) *RECOMMENDATION: That the Department of Immigration and Multicultural Affairs incorporate gambling into information for new arrivals and that gambling be included in Migrant Resource Centre case data*

(9) *RECOMMENDATION: That key social indicators be developed for use in the assessment process and piloted under a PHACS Demonstration Project.*

(10) *RECOMMENDATION: (a) That research into the needs of Victorian men who gamble be conducted b) that the results are used to raise awareness and inform service delivery in the relevant sectors.*

Any recommendation must be holistic. It's really simple stuff. We have a video here "How To Make An American Quilt". The women love it. They love doing that sort of stuff, embroidery etc. Women want the opportunity to do the same.". Drug and Alcohol Agency Worker

References

Anglicare Gippsland (1998) Problem Gambling/Financial Counsellor Evaluation of Pilot, Morwell

Australian Medical Association (New South Wales) (1998), *"Gambling – What's the Deal?"* Briefing Note

Australian Institute for Gambling Research (1997) Definition and Incidence of Problem Gambling, including the Socio-Economic Distribution of Gamblers Victorian Casino and Gaming Authority, Melbourne

Blaszczynksi, A., Walker, M., Sagris, A. (1996) Psychological Aspects of Gambling Behaviour: A Discussion Paper Prepared for the Australian Psychological Society Ltd

BreakEven Multicultural Interest Group (1998a) Minutes, August

BreakEven Multicultural Interest Group (1998b) Minutes, June

Brown, S., and Coventry, L. Queen of Hearts: the needs of women with gambling problems, Financial and Consumer Rights Council Inc., Melbourne

Canbolat, A., Guarsh, I., Yalcin, Z. (1996), Gambling and Its Impact on Ethnic Communities, BreakEven Western/Victoria University of Technology, Melbourne

Chinese Telephone Counselling Network Pamphlet (no date), BreakEven CBD, Salvation Army, Melbourne

Ciarrocchi, J., Richardson, R. (1989) *Profile of Compulsive Gamblers in Treatment: Update and Comparisons*, Journal of Gambling Behaviour, Vol. 5 (1) Spring

City of Maribyrnong (1998), Convenience Gambling Forum, 21 September

Coward, Sarah (1998) Convenience Gambling Forum, City of Maribyrnong, 21 September

Crettenden, I. (1998) 1996 Census of Population and Housing: Melbourne… A Social Atlas, Australian Bureau of Statistics, Canberra

Deakin Human Services Australia and Melbourne Institute (1997) Social and Economic Effects of Electronic Gaming Machines on Non-Metropolitan Communities Victorian Casino and Gaming Authority, Melbourne

Department of the Prime Minister and Cabinet Office of the Status of Women (1992) Summary of the National Non-English Speaking Background Women's Health Strategy (1992) Australian Government Publishing Service, Canberra

Dinh, T. (1998) *"In Profile"* Consumer Rights Journal, Vol. 2 (6), September/October

Grace, Marty and Shield, Lachlan (1998), The Western Region Social Profile 1998 Outer Urban Research and Policy Unit, Victoria University of Technology, Melbourne

Grodsky, P.B., Kogan, L.S. (1985) *Does the client have a gambling problem?*, Journal of Gambling Behaviour, Vol. 1(1), 51-58

Jackson, A.C., Thomas, S.A., Crisp, B.R., Smith, S. Ho, W., Borrell, J. (1998) Analysis of Clients Presenting To Problem Gambling Counselling Services from 1 July 1996 to 30 June 1997: Client and Service Analysis Report No. 2, University of Melbourne, School of Social Work/Department of Human Services, Melbourne

Lesieur, H.R., Blume, S.B., Zoppa, R.M. (1986) *Alcoholism, Drug Abuse and Gambling* Alcoholism: Clinical and Experimental Research, Vol. 10 (1) January/February.

Lesieur, H.R., Rosenthal, R.J. (1991) *"Pathological Gambling: A Review of the Literature"* Journal of Gambling Behaviour, Vol. 7(1), Spring 1991: 5-30

Lesieur, H.R., Blume, S.B., Zoppa, R.M. (1996) *"Alcoholism, Drug Abuse and Gambling"*. Alcoholism: Clinical and Experimental Research 10 No. 1 (January/February 1986): 33-38

Marginson, M. (1997), Gambling as a Settlement Issue for Migrants, Western Region Gambling Conference, Melbourne, October

Maribyrnong City Council (1999) Figures derived from Victorian Casino and Gaming Authority

McKay, Sandra (1998), *"Poverty surge linked to gambling"*, The Age, Melbourne, 20 November

McLean, M. (1996) Sexual Abuse Survivors and Compulsive Gambling: Is there a connecting link? BreakEven National Practitioners Conference: Emerging Practices in Working with Gambling Problems, Relationships Australia, Gold Coast, Queensland

Minas, I.H., Ziguras, S., Klimidis, S., Stuart, G.W., Freidin, S.P., (1995) Extending the Framework: A proposal for a Statewide Bilingual Clinical Support and Development Program, Victorian Transcultural Psychiatry Unit, Melbourne

National Non-English Speaking Background (NESB) Women's Health Strategy (1991), The Commonwealth-State Council on Non-English Speaking Background and Women's Issues, AGPS, Canberra

Pentland, J. (1997) Picking Up The Pieces: What is the effect on Financial Counselling Services of Increased Gambling in Victoria?, unpublished thesis, Faculty of Social Science and Communications, Royal Melbourne Institute of Technology, Melbourne

Pentland, J. and Drosten, P. (1996), *Financial Counselling and Problem Gambling Counselling: Exploration of a Service Model*, Australian Journal of Primary Health – Interchange, Vol. 2 (2), 54-62

Romeril, B. (1998a) *"Competitive Tendering – Bundling of Services"* Devil's Advocate, Financial and Consumer Rights Council Inc., Melbourne, August

Romeril, B. (1998b) Essential Elements of an Effective Financial Counselling Service, , public document, Financial and Consumer Rights Council Inc., Melbourne, 3 July

Stolk, Yvonne (1994) Access to Psychiatric Services by People of Non-English Speaking Background in the Western Metropolitan Region of Melbourne: An Analysis of Psychiatric Service Use in 1993/1994 Vol. 1. Victorian Transcultural Psychiatry Unit, Melbourne

Sullivan, S., Arroll, B., Coster, G., Abbott, M., (date unknown), *Problem Gamblers: a challenge for GPs*, New Zealand Family Physician, Vol. 25 (1), 37-42

Taylor, K. and Johnson K. (1997) Who Wins? Women and Gambling in the Western Metropolitan Region of Melbourne (A Pilot Study) Women's Health West, Melbourne

Wadsworth, Yoland (1987) Do It Yourself Social Research, Victorian Council of Social Service, Melbourne Family Care Organisation and Allen and Unwin Australia, Melbourne

Webster, K. and Taylor, K, (1997), Who Counts? A report of the health needs of women in the western region of Melbourne, Women's Health West, Melbourne

Wellington, Peter (1997) *Small Ethnic Communities: The Difficulties of Mental Health Service Provision* Synapse: Bulletin of the Australian Transcultural Mental Health Network, University of Melbourne, Issue 2, May

Ziguras, Stephen (1997) *Bilingual Case Management Project is off the ground!* Synapse: Bulletin of the Australian Transcultural Mental Health Network, University of Melbourne, Issue 2, May

Appendix A – Principal Researchers

Dr Kelley Johnson, Deakin Human Services/Women's Health West

Professor Alun Jackson, Head of School of Social Work, University of Melbourne

Associate Professor Johanna Wyn, Centre for Youth Research, University of Melbourne

Appendix B – Regional Reference Group

Tina Douvos	Australian Greek Welfare Association
Tamara Prosic	Australian Serbian Community Services
Judy Chow	BreakEven CBD
Tania Coppel	BreakEven Western
Wayne Pfeiffer	BreakEven Western
Monica Terbes	Brimbank Community Centre
Chu Tran	Carlton Family Support Services
Lisa Lauchlan	Carlton Family Support Services
Jenny McAffer	City of Brimbank
Sue West	City of Maribyrnong
Linda Burke	City of Moonee Valley
Heather Neilson	Dignity Financial Counselling
Terefe Aborete	Ethiopian Community Association in Victoria
Andrea Crane	North West Division of General Practice
Mona Jabbour	Victorian Arabic Network
Corinna Kahan	Westgate Migrant Resource Centre
Carolyn Rooke	Women's Health West
Elleni Bereded	Women's Health West
Kim Wilson	Women's Health West
Meriem Elhaj	Women's Health West

Note: The views contained in this report are those of Women's Health West and are not necessarily shared by individual Reference Group members nor their respective agencies.

Appendix C – Acknowledgements

The *Healthy, Wealthy & Wise Women* Project gratefully acknowledges

- the funding and in-kind support received from the Victorian Health Promotion Foundation (VicHealth).

- Assistance from Charles Livingstone, Policy and Research, City of Maribyrnong, with the preparation of charts in the Regional Context Section.

Appendix D – Acronyms

WMRM	Western Metropolitan Region of Melbourne which includes the municipalities of: Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley, Wyndhan
CALDB	Culturally and Linguistically Diverse Background
NESB	Non-English Speaking Background
MSD	Melbourne Statistical Division
EGMs	Electronic Gaming Machines
ABS	Australian Bureau of Statistics
VCGA	Victorian Casino and Gaming Authority

Appendix E - Who Participated in the Research?

Focus Groups and Interviews

Community Centre Co-ordinator	1
Family Support Workers	5
Maternal & Child Health Nurses	3
Early Childhood Worker	1
Childcare Workers	3
Women's Drug & Alcohol Worker	1
Ethnic Mental Health Worker	1
Mental Health Worker	1
Social Workers	6
Financial Counsellor	1
Community Lawyer	2
Housing Support Worker	1
Migrant Resource Centre Worker	1
Domestic Violence Worker	3
Problem Gambling Counsellors	8
	38

Services Survey

Neighbourhood Houses	9
Youth	2
Drug and Alcohol	1
Housing	1
Community Centre	3
Secondary College	3
Welfare	5
Ethno-specific	4
Maternal and Child Health	1
Division of General Practice	1
Domestic Violence and Sexual Assault	2
Health	2
Local Government	2
Aged and Disability	1
Migrant Resource Centre	1
	38

Community Gambling Survey

VUT Nursing Students	8
National Women's Expo	3
Royal Women's Hospital Gambling Forum	12
State Women's Health Conference	4
	27
TOTAL PARTICIPANTS	**103**

Appendix F – Survey, Focus Group Questions and Interview Schedule

General Service Provider Focus Group & Interview Questions

I'm Sarah Brown, the gambling project worker ... .Thank you for attending.

The reason we are here today is for me to gain an understanding from you about what it is like out there working with women whose lives have been impacted by gambling. Please say what you really think or feel. If your experiences are different to those expressed here today, I would encourage you to speak out.

Does anyone object to my recording this session? Participating agencies will be identified as a group so it will not be possible to trace back individual comments. If there is something you would particularly like striking from the recording please feel free to request this.

As you will be aware, the *Healthy Wealthy & Wise Women* project is looking at the health implications of gambling on women in this region. Our ultimate aim is to develop appropriate health interventions. The project has adopted a social view of health which recognises the physical, socio-economic and cultural aspects of the environment which impact on the community's health.

Within this context:

1. What does gambling mean to you ? *If say "personal" or as a "service provider" ask "Why? Is there a difference?"*

2. How has gambling impacted generally on your service?

3. Do women present with gambling problems or with problems related to gambling? Are your statistics adequate in this regard? *(It's important that when presenting issue is not gambling that gambling related issues are recorded as the CSF might fund mainstream support services to work with gambling-related issues as in the financial counselling program)*

4. How do you as a worker deal with problem gambling?

5. Do you have enough knowledge to be able to refer or deal with the issue? Are there other limitations that inhibit your response?

6. What health impacts of gambling are you seeing?

7. What would make a difference to the way you are able to offer your service?

8. What sort of interventions do other services need to develop to respond to the health impacts of gambling for women?

9. Is there anything else you would like to say?

Please return to: Sarah Brown, Women's Health West
60 Droop Street, Footscray, VIC 3011

BY 15th MARCH

Community/Service Gambling Survey

Organisation (*you may remain anonymous*).....

Address *(you may remain anonymous)* .....

Type of program/service:

Counselling	Welfare	Social	Youth
Financial	MRC	Health	Disability
D.V.	G.P.	N/hood house	Housing
Support	Aged	Other……	

1. What impact has gambling had on your service/program/community? (continue overleaf if necessary)

.....

.....

.....

2 We are particularly interested in exploring the health implications of gambling for women in the Western Region. What, if any, health implications do you think gambling has for the women who use your service? ("health" is defined broadly to include social, emotional, physical and mental health).

.....

.....

.....

3. Are you aware of any of your programs/services being used by women with gambling related problems or by women who are affected by the gambling behaviour of a significant other ?

☐ ***No*** *go to question 4* ☐ ***Yes*** *go to question 5*

4. If you answered **no** to question **(3)**, what do you believe is the reason for this? *(Please tick **all** answers that apply)*

Service users are not presenting with identifiable gambling related issues ☐

Gambling is not a problem within this community ☐

We do not keep relevant statistics ☐

We refer women with gambling related problems to BreakEven or G-Line ☐

Other (*please elaborate)* .....

.....

5. If you answered **yes** to question **(3)** what percentage of women using your services have gambling related problems *(either **their** gambling or that of a significant other)? (please estimate if you do not collect this data)*

…….. %

6. What information and/or support would assist you to work with the women who use your program/service on gambling related issues?

Training ☐ *BreakEven Pamphlets* ☐ *Referral List* ☐ *Information Session for Women e.g. harm minimisation* ☐

Other ……

……

I am interested in attending the Regional Reference Group ☐
I do not wish/have time to attend the Regional Reference Group ☐
I would like to be kept informed of the project's developments ☐
You may contact me again as I may be able to assist in the following way ☐

Please ensure that you have completed you. correspondence details at the top of the form if you wish to be contacted!

Promoting the project within my service/community ☐ *Participation of my service in focus group* ☐
Accessing women who may wish to participate ☐ Other……

Q1. ***Continued***……What impact has gambling had on your service/program/community?

……

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Q2. .Continued….. health implications of gambling for the women who use your service

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Community Gambling Survey

Healthy, Wealthy & Wise Women

Which municipality do you live in *(please tick)*

Brimbank ☐ City of Melbourne ☐ Hobsons Bay ☐ Maribyrnong ☐

Melton ☐ Moonee Valley ☐ Wyndham ☐

Where were you born?.....

Has gambling impacted positively on you and your community? NO ☐ YES ☐

Increased entertainment ☐ Reduced isolation ☐

Alleviated depression ☐ Other.....

Are there other impacts that you and your community have felt as a result of increased gambling facilities?

Stress/anxiety ☐ Depression ☐ Financial Problems ☐ Relationships ☐

Problems ☐ Domestic Violence ☐ Suicide ☐ Panic ☐

Irritability ☐ Poor nutrition ☐ Insomnia ☐ Self-esteem ☐

Food bingeing ☐ Drugs/alcohol/medication increase ☐

Other .....

.....

Are you aware that services such as BreakEven, G-Line and financial counsellors are available free of charge to assist with problem gambling counselling and community education?

Yes ☐ No ☐

Can you suggest some tips for gambling "safely"? *e.g keep a record of how much is spent on gambling*

.....

Thank you for taking the time to complete this survey.
You may put it in the collection box or mail it to:

Sarah Brown,
Women's Health West

60 Droop Street
Footscray 3011
Phone (03) 9689 9588
Fax (03) 9689 3861
E-mail: whwest@vicnet.net.au