



Reducing Gambling Harm

A Public Health Approach

Contents

Acknowledgements	02
How to Use this Training Manual	03
Background	04
The Learning Outcomes	05
<i>Workshop One - About Gambling</i>	<i>06</i>
Contents	07
Introduction to the Workshop	08
Section 1: About Gambling	09
<i>Workshop Two - Gambling as a Public Health Issue</i>	<i>20</i>
Contents	21
Introduction to the Workshop	22
Section 1: The Social Model of Health	23
Section 2: Preventive Approaches in Public Health	33
<i>Workshop Three - Community Development and Advocacy</i>	<i>35</i>
Contents	36
Introduction to the Workshop	37
Section 1: Asset-based Community Development	38
Section 2: Asset-based Community Development and Gambling Prevention	43
<i>Appendices</i>	<i>45</i>
<i>References</i>	<i>50</i>

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Developed by Borderlands Co-operative.

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How to Use this Training Manual

PURPOSE OF THE MANUAL

This training manual is designed to raise awareness and reduce the frequency of gambling in culturally and linguistically diverse (CALD) communities in Victoria. It has been developed to support communities to take action to reduce harm caused by gambling.

The manual is designed to be interactive and participatory, with outcomes specified and developed by communities and the groups with which they work.

FOUR KEY MESSAGES

The manual aims to communicate four key messages to communities:

1. Gambling can be harmful to your friends and family.
2. Visiting a gaming venue for social activities is not always as cheap as it seems.
3. Groups can take control of the activities they undertake and don't have to rely on gambling as their only form of entertainment.
4. Gambling might be okay for some, but not safe for others and your group needs to be safe for all.

Workers will not necessarily use this manual as a textbook or follow all of its suggestions as directives. They may pick and choose activities to prompt discussion or read the manual and undertake actions as required with their community.

STRUCTURE OF THE MANUAL

In addition to the participatory information and training sessions, the manual includes facilitator tips, discussion starters, interactive group activities, useful resources and a bibliography for further study and reference.

Each session outlines the purpose and learning outcomes, as well as providing information relevant to the topic.

Workshop One

About Gambling explores some of the systemic social issues which arise from the design and marketing of gambling products, in particular, Electronic Gambling Machines or EGMs. The penetration of gambling into society is explored through statistical data which shows clear links between those areas indicated as most disadvantaged by the SEIFA index and those which experience the greatest losses through EGMs.

Workshop Two

Gambling as a Public Health Issue assists participants to reframe their thinking about gambling-related harm. The focus is shifted from blaming individuals for their difficulties, to explaining how the industry itself creates addiction through the methods that it uses to design and market its products. The workshop also explores the means by which marginalised, isolated and vulnerable people come to experience the greatest harm from gambling. Participants will explore how our cultural recreational activities and marketing of this industry work together to create an environment conducive to gambling-related harm.

Workshop Three

Community Development and Advocacy seeks to outline knowledge, skills and practice grounded in the Asset-based Community Development (ABCD) framework.

Background

Research undertaken by the Victorian Local Government Association (2011) indicates that people from CALD backgrounds are significantly more 'at-risk' from engaging in frequent and excessive gambling.

Following a review of its services and programs in 2014, the Victorian Responsible Gambling Foundation (VRGF) tripled its investment in local prevention activities, recognising the important role of prevention in reducing gambling-related harm in the community, especially amongst high-risk groups. Grants totalling \$2.2 million were approved for 15 health and community initiatives. These initiatives will be evaluated to identify effective strategies for future prevention projects.

HealthWest, a Primary Care Partnership, which works across sectors to improve the health outcomes of local communities, received some of the new funding.

HealthWest's *Reducing Gambling Frequency with CALD Communities* project, is a collaboration between key ethnic organisations and primary care partnerships.

The project aims to raise awareness in seniors groups from CALD communities of the harmful effects of electronic gambling and to reduce access to gambling products and visits to venues with EGMs.

The project's objectives are:

1. To raise awareness in six culturally and linguistically diverse (CALD) communities and groups regarding the cost of gambling losses on EGMs within their communities.
2. To work with key communities to survey social groups attending gambling venues as a recreational activity.
3. To co-design with group leaders responses unique to their CALD communities, in order to reduce gambling as a social and recreational activity.

4. To build CALD community leaders' expertise, enabling them to take sustainable actions around gambling within their community.

HealthWest seeks to replicate the success and extend the impact across the North and West regions of the *Casino Bus Trip Project* developed by North East Primary Care Partnership and Gamblers' Help Northern. The original project was designed to reduce the frequency of attendance by seniors groups from CALD backgrounds at Crown Casino.

The project uses the concepts of health and financial literacy and personal and community empowerment, to resource and support CALD groups and community leaders to make informed decisions about EGM venues and alternative recreational activities.

The *Casino Bus Trip Project* conducted research with six CALD senior social groups, which were using trips to the Casino as a regular form of recreational activity. After survey information revealed that the groups were spending far more than anticipated (in some cases, up to \$3,500) on what the Casino had promoted as a 'cheap day out', some groups decided to modify or cease their Casino visits in response to the harm caused to their members. Thus, armed with accurate information about their members' spending and gambling patterns, groups became better able to make informed decisions about whether such activities were safe and represented value for money.

The community education worker/researcher subsequently worked with the groups to explore and support alternative social and recreation opportunities, as well as running awareness-raising sessions focused on gambling risks and ways to obtain help.

This current project also builds upon previous community-driven work to reduce gambling harm, undertaken with newly arrived communities by HealthWest. Between 2010 and 2013, HealthWest partnered with members

The Learning Outcomes

of the Karen community in Wyndham to raise awareness about the risks of gambling and avenues of support that were available. The project was led by community members and resulted in the development of the *Karen Gambling Story* film, which was written by the community and distributed widely within Victoria, and to Karen communities across Australia.

This experience highlighted the importance of community ownership of public health projects and the success that projects can enjoy, when communities are empowered to make decisions and undertake actions that have meaning to them. The learnings also helped to shape HealthWest's approach to the *Reducing Gambling Frequency with CALD Communities* project.

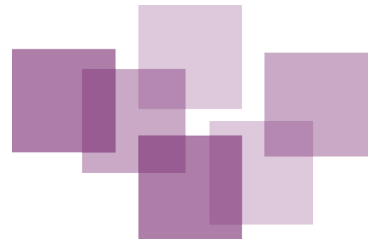
HealthWest established an Advisory Group, comprising professionals and a community member from each of six diverse CALD groups, together with the Ethnic Communities Council, to resource and support its *Reducing Gambling Frequency with CALD Communities* project. The first phase of this project engaged groups from the Macedonian, Greek, Italian, Maltese, Arabic and Turkish communities.

Members of the Advisory Group were involved in: promoting the project to older, affiliated CALD community organisations; nominating bilingual workers to be trained and to engage their respective communities; reviewing project materials, and working with community leaders to co-design effective actions to reduce visits to EGM venues.

This training manual and associated workshops form part of the bilingual workers' training package.

At completion of these training sessions, bilingual workers will be able to:

1. Demonstrate an understanding of the gambling industry, particularly product design and marketing strategies.
2. Demonstrate an understanding of gambling as a public health issue.
3. Demonstrate a clear understanding of the financial and social costs of gambling in their CALD communities.
4. Work with their communities to raise awareness of the costs of gambling on EGMs and the incidence of gambling-related harm.
5. Engage CALD communities in implementing a questionnaire which will assist their members to reflect upon and compare their intended and actual gambling habits and behaviour.
6. Collaborate with CALD community leaders, to co-design messaging and responses unique to their CALD communities, in order to reduce gambling as a social and recreational activity.
7. Facilitate community members to develop sustainable actions and social and recreational alternatives, and so reduce the incidence of gambling as a social and recreational activity.
8. Explain the principles and apply the practice of a strengths-based approach to community development.



WORKSHOP ONE
About Gambling

Contents

<i>Introduction to the Workshop</i>	08
Group introductions	08
Working as a group	08
Purpose and learning outcomes	08
<i>Section 1: About Gambling</i>	09
What is gambling?	09
Gambling: a snapshot	10
Gambling statistics in the Western and Northern Metropolitan regions	10
Local government areas of North West Melbourne: the impact of EGMs	12
Local government areas and location of Electronic Gambling Machines	13
The gambling industry	14
The industry and gambling-related harm	15
Gambling and government	17
Myths and facts about gambling	18

Introduction to the Workshop

GROUP INTRODUCTIONS

Ask participants to introduce themselves and their organisations in turn.

WORKING AS A GROUP

Develop group guidelines for working together.

EXPLAIN

1. The objectives of the HealthWest *Reducing Gambling Frequency with CALD Communities* project.
2. The four key messages that the HealthWest *Reducing Gambling Frequency with CALD Communities* project aims to communicate to communities (refer to page 3).
3. The Training Program Learning Outcomes.
4. The Purpose and Learning Outcomes of this workshop (see definitions below).

Purpose

This workshop encourages discussion about what gambling is and different types of gambling. Statistics are provided to clarify the extent of gambling losses in Melbourne's North and West regions. The information provided shows that the highest number of EGM machines are sited in the most disadvantaged areas of Melbourne, and that this is also where the greatest EGM gambling losses occur.

Learning Outcomes

At the completion of Workshop One, through engaging with the various conversations and suggested reflections, participants will be able to:

- Demonstrate an understanding of the design and marketing of EGMs
- Discuss how EGMs are distributed in the most disadvantaged areas and explain why this is so
- Discuss how losses on EGMs affect individuals, their families, communities and society in general, and
- Demonstrate an understanding of the myths surrounding the use of EGMs.

Section 1: About Gambling

ACTIVITY (25 MINS TOTAL)

Brainstorm (25 mins)

1. What does gambling mean to you? (5 mins)
2. How many types of gambling can you identify? (5 mins)
3. What do you think attracts people to gambling? (5 mins)
4. What might be some problems associated with gambling, especially on EGMs? (10 mins)

Note: Follow each brainstorm question with discussion, filling any gaps in participants' knowledge, using information from the Manual.



WHAT IS GAMBLING?

Gambling is 'any activity that involves spending money in return for a chance of winning money or a prize' (Gamblers Help 2010). Gambling-related harm occurs when people are persuaded to spend more money on gambling than they or their household can afford.

"Many people see gambling as a social night out, or as a cheap dream of transforming their lives with a big prize... many people have trouble understanding the nature of the gambling product and its likely 'price'." (Banks 2011)

Legal gambling includes:

- Games like cards and mah-jong when played for money;
- Online gambling and telephone betting, where the gambling provider is based overseas;
- Casino 'table' gambling such as blackjack, roulette, baccarat, poker games/three card poker, pontoon and pai gow;

- Playing Electronic Gambling Machines (EGMs – also known as 'pokies');
- Betting on sports or events (such as football, soccer, tennis or even elections);
- Betting on dog-racing and all forms of horse-racing and jumping;
- Lotteries like Tattsлото, Powerball and Pools, Keno, scratch tickets and Bingo;
- Competitions/raffles/sweeps;
- Stock market speculation, and
- Competitions that cost money to enter by telephone or by sending an SMS message.

(Gamblers Help 2010)

GAMBLING: A SNAPSHOT

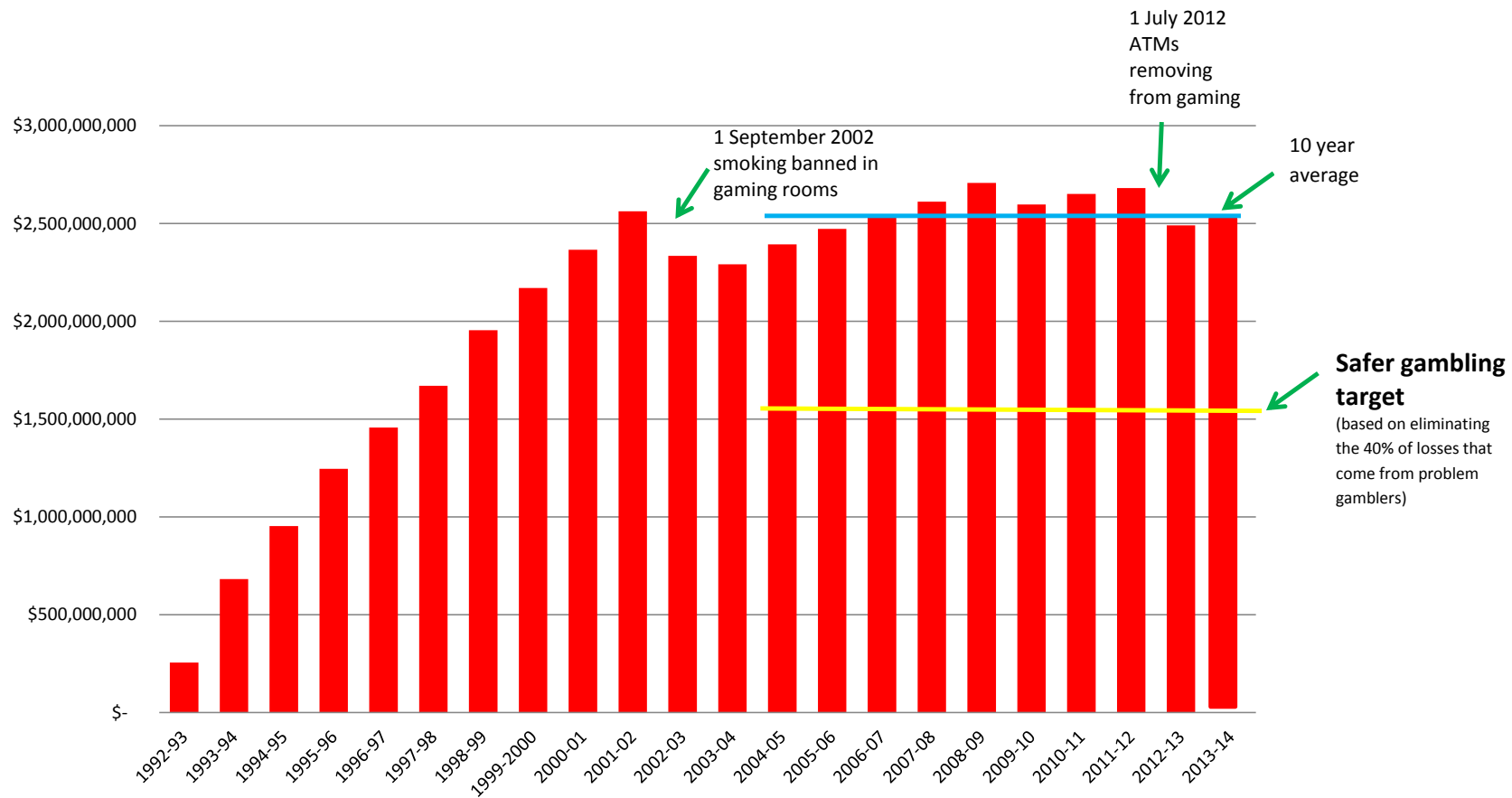
- \$12 billion is spent nationally on EGMs per year: the preferred method of gambling for 75%-80% of frequent gamblers (Roberts 2014).
- Victoria's 541 venues host a total of 27,820 licensed EGMS: an average of 6.1 EGMs per 1,000 adults (Brown 2014).
- In the year 2012 – 2013 Victoria received \$1.82 billion in gambling taxation, 60% of which came from EGMs. Tax raised from EGMs comprises 3.8% of Victoria's annual state budget (Livingstone 2015).
- Only 21% of Victorians use EGMs once a year or more. A much lower proportion use them weekly. This is thought to be around 4-5%. However, amongst that group, Problem Gambling rates are around 15%, with another 15% at moderate risk. Thus, about a third of regular EGM users have some degree of problem gambling. Note that amongst those who use poker machines, the problem gambling rate will be around 3% (Livingstone 2015).
- Victorians lost \$2.5 billion on EGMs in 2013-14 and a total of \$57 billion, since EGMs were introduced to Victoria in 1992/3 (Brown 2014).
- Around 15% of people who gamble weekly, are categorised as frequent or excessive gamblers (those the industry identifies as 'problem gamblers'), while another 15% are considered to be at moderate risk (Roberts 2014).
- 80% of those seeking counselling assistance for excessive gambling, have been harmed by EGMs (Gambler's Help 2010).

GAMBLING STATISTICS IN THE WESTERN AND NORTHERN METROPOLITAN REGIONS

The highest concentration of EGMs is found in the most disadvantaged municipalities (such as Brimbank), reflecting a trend which has continued over many years. The Northern and Western regions of Melbourne housed 9061 EGMs in 157 venues, where gamblers lost a total of \$1.9 billion dollars, in the 2013-2014 financial year – the equivalent of over \$5.2 million each day or \$216,000 per hour.

Gambling losses since 1992 (when EGMs were introduced), through to 2014, total \$21 billion – or an average of \$14,200 per adult - in the Western and Northern metropolitan regions alone. Obviously, not everyone gambles, so some would have lost nothing, some would have lost small amounts and others would have lost much more than the average (Brown 2015).

21 Years of EGM losses in Victoria 1992-2013



Data from www.vcglr.vic.gov.au



The figure above shows the increasing EGM loses since their introduction in 1992 (Whittlesea Interagency Taskforce on Gambling 2015).

LOCAL GOVERNMENT AREAS OF NORTH WEST
MELBOURNE: THE IMPACT OF EGMS

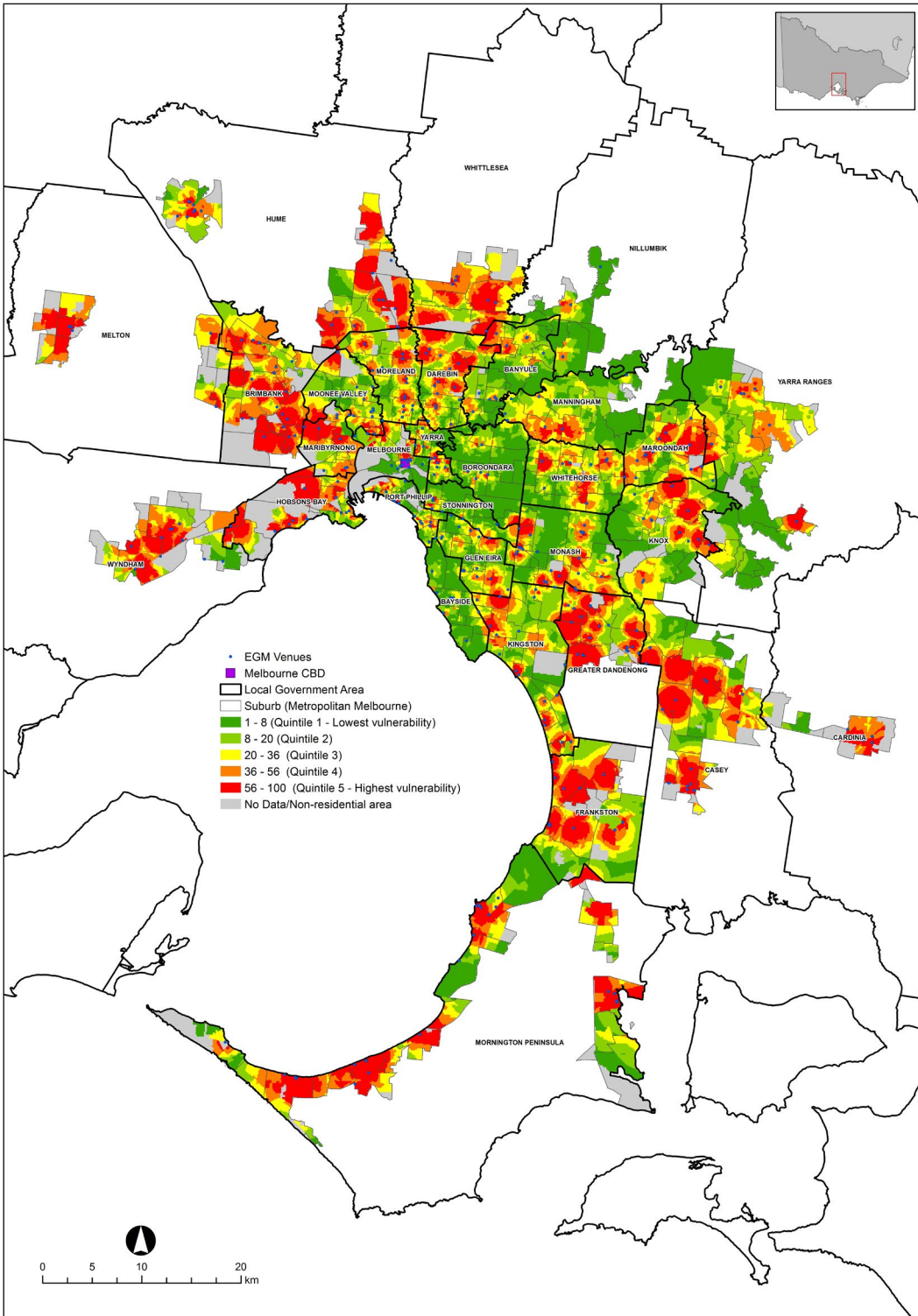
	Venues	Licensed EGM'S	Licensed EGM per 1000 adults	EGM losses 2013/14 (\$ Million)	Losses per adult 2013/14
Brimbank	15	976	6.4	138.5	\$906
Hobsons Bay	10	596	8.4	47.2	\$662
Maribyrnong	9	232	3.5	52.9	\$797
Melbourne	12	779	702	72.7	\$676
Melton	7	493	5.4	54.2	\$594
Moonee Valley	11	746	7.9	72.1	\$768
Moreland	15	763	5.7	63.6	\$475
Wyndham	14	893	6.2	92.3	\$629
Yarra	10	338	4.6	30.1	\$407
Banyule	11	657	6.6	55	\$556
Darebin	15	963	8	82.4	\$682
Hume	15	837	6	101.8	\$733
Nillumbik	3	97	2	7.3	\$152
Whittlesea	10	691	4.9	96.2	\$682

Number of venues and gambling machines including the average number of machines per 1,000 adults in the Northern and Westerns regions of Melbourne in the year 2013-2014. Also shown are the losses per municipality and the losses per adult in the year 2013-2014. (Brown 2015)

Municipalities in the Northern and Western regions of Melbourne include Nillumbik, which is the least disadvantaged municipality in the region according to the SEIFA index, and Brimbank, which ranks as the third most disadvantaged in Victoria. As illustrated by the chart, areas with the most EGMS tend to experience the greatest gambling losses and these are primarily located in the areas of greatest disadvantage.

LOCAL GOVERNMENT AREAS AND LOCATION OF ELECTRONIC GAMBLING MACHINES

Hot spots – areas with the highest concentration of EGMs are coloured red.



THE GAMBLING INDUSTRY

ACTIVITY (15 MINS TOTAL)

Quiz (15 mins)

Note: Distribute a Quiz Sheet to each participant. Explain that participants have five minutes to fill out their own quiz sheet. (5 mins)



Read the first question, and ask participants to shout out their answers (this is meant to be fun!) before revealing the answer to the question. Proceed in the same manner through each question on the quiz. (10 mins)

Multiple Choice Quiz Questions

1. How much is spent on EGM gambling in Australia every year?
A. \$50 million B. \$5 billion C. \$12 billion
2. How much is spent on all forms of gambling in Australia per year?
A. \$14 billion B. \$16 billion C. \$19 billion
3. What percentage of people counselled for gambling have problems related to EGMs?
A. 20% B. 40% C. 80%
4. Which state government collected the most taxes from gambling 2013-2014?
A. NSW B. VIC C. QLD
5. True or False: EGMs are more likely to pay out at certain times of day.
6. True or False: You can influence the outcome of an EGM 'spin' by pushing the buttons in a certain way.

Note: The quiz leads on to a discussion of 'The Industry' as per the manual.

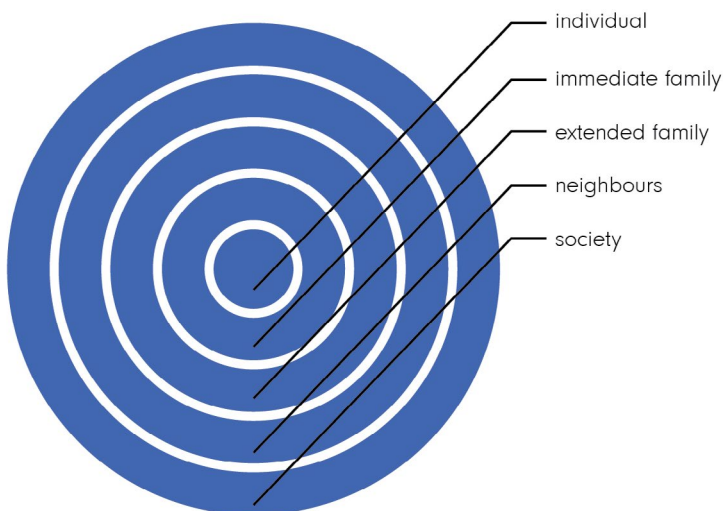
THE INDUSTRY AND GAMBLING-RELATED HARM

Clear evidence shows that gambling is a commercial product with the potential to cause harm. Attempts to regulate the industry meet powerful resistance and demands that it be allowed to self-regulate (Productivity Commission, 2010).

The gambling industry uses similar arguments to those traditionally used by the tobacco lobby, claiming that regulation would lead to job losses. The Productivity Commission's report (2010) however, shows that jobs would be created in other areas like hospitality and tourism, if funds were directed away from gambling.

While all population groups engage in gambling, the biggest losers are people on low incomes, in manual employment (so-called 'blue collar' workers) and the elderly. EGMs are concentrated in the most socially and economically disadvantaged areas and account for the highest gambling losses.

"The gambling Industry does not exist to provide social or philanthropic benefits. Its duty to its shareholders is essentially to promote as much gambling as possible, and as much expenditure as possible by gamblers." (Daube 2014)



On the [Enough Pokies Facebook page](#), a personal story about the harm that EGMs ('pokies') cause, was recounted as follows:

1. You become more cut off, isolated from former friends and distanced from your family. You don't enjoy the things that used to give you pleasure and relaxation.
2. You become more stressed and anxious, which affects every aspect of life - work, sleep, leisure. Stress arises from the loss of money, inability to pay bills, need to cover up, hide what is happening. Your performance at work may drop off and this creates problems.
3. You are less concerned about your physical health and well-being. You may not eat well or you may start drinking or using drugs as a way to cope with the stress. You feel increasing shame.
4. Your family may become stressed and anxious in a parallel process with you. This can result in guilt, fear, arguments, and occasionally violence. Your family may suffer financially and this compounds the stress.
5. You may become suicidal. If you do, talk about it with your doctor, or ring Gamblers Help or Lifeline 13 11 14. You are not alone. There are people who can help. There are others who have walked the same path and can help as well. Just one phone call can change things for you.



EGMs are designed to induce gamblers to gamble (Borderlands 2015).

GAMBLING AND GOVERNMENT

The Victorian Government regulates and raises taxes from the gambling industry. The *Gambling Regulation Act 2003* provides the legislative framework for gambling and identifies the responsible authorities and the extent of their powers to control and manage gambling.

Under the Act, the Victorian Commission for Gambling and Liquor Regulation (VCGLR) is the statutory authority that administers both liquor and gambling laws in Victoria. The VCGLR is responsible for assessing applications for EGMs, issuing the licences for their operation and ensuring that the management of EGM venues complies with Victorian regulations.

Gambling is now an important income stream for governments around Australia. The Victorian Government (2013) reported that \$1.8 billion (almost 12 percent of the state's total tax of \$15.6 billion in 2012-2013) came from all forms of gambling. EGMs contributed \$1.1 billion of tax raised from gambling.

The VCGLR's Annual Report for the financial year 2012-2013 showed \$5.4 billion dollars was lost on gambling, with EGMs accounting for almost (46 per cent) of that figure (Hobsons Bay City Council 2015).

Tax revenue from gambling is allocated to the Community Support Fund (CSF). The majority of the CSF is directed towards:

- hospitals and charities in the health sector;
- the Victorian Government's drug strategy, and
- the Victorian Veterans Fund.

The State Government allocates the remaining funding to provide community grants for the following purposes:

- programs to tackle problem gambling;
- drug education, treatment and rehabilitation programs;
- financial counselling and support for families in crisis, and
- youth, sport, recreation, arts and tourism programs.

Clubs with EGMs are required to provide an annual Community Support Benefit Statement. Clubs can only claim contributions as outlined in the *Ministerial Declaration*.

Clubs with EGMs are required to provide at least 8.33% of their net gaming machine revenue back to the community. They are required to lodge an annual Community Benefit Statement with the VCGLR to verify their claimed community benefits. Clubs can claim a range of contributions made to the community including those made to charities, sporting clubs and volunteers. They can also claim for the operating costs such as the upkeep of sporting facilities, purchases such as TVs for club users, community buses to bring customers to the club, and subsidised meals for patrons.

Crown Casino is legally required to contribute 1% of its gross profit in the form of a community benefit levy (Casino (Management Agreement) Act 1993).

In 2014, the \$273 million declared by 246 clubs for community purposes included: staff wages, bonuses and Christmas parties, loans, club renovations, rent, money stolen in robberies, 'bad debts', and \$65,329 in beer, wine and spirits. Death notices were a common claim. Moonee Valley Racing Club alone, declared more than \$43 million in community benefits, covering its new website and domain name, plasma TVs, HD digital cameras, travel and accommodation (Moonee Valley Racing Club 2013-2014).

In 2011, The *Victorian Responsible Gambling Foundation Act* was passed and in 2012 The Victorian Responsible Gambling Foundation was established to provide funding for a range of services, supports and research aimed at minimising the impact of 'problem' gambling. One such program that the Foundation administers is Gambler's Help that provides counselling, education and workers to assist venues to meet the legislative requirements of the *Responsible Gambling Codes of Conduct*, to train venue staff to identify problem gamblers, and to encourage referrals to Gambler's Help and other community support services.

MYTHS AND FACTS ABOUT GAMBLING

MYTH

EGMs* (or pokies) pay out more when a lot of people are in the venue.

OR

EGMs are more likely to pay out at certain times of the day.

FACT

The result of each gamble is entirely random and is not affected by anything going on around you.

Winning or losing combinations don't depend on the number of people gambling or the time of day; they are fully built-into the electronic system of the EGMs and controlled centrally by the provider.

You can confuse EGMs into paying out by altering 'play' patterns.

No matter what you do, the computer program controlling the result does not change. The machine responds only to you pushing the button – nothing you do can increase your chance of winning.

You can influence the outcome of a gamble by touching the machine or pushing buttons in a certain way.

Gambling machines use a Random Number Generator (RNG) which continuously cycles through numbers. When a 'play' button is hit, the RNG stops randomly at a combination of numbers in the cycle, at that given micro-second. No difference in the manner of pushing the buttons will yield different results.

You can influence the outcome of a gamble through concentration or positive thought.

The machine will always remain random, it cannot be convinced otherwise. The machine responds only to you pushing the button and nothing else.

You're a winner when you get a winning combination of numbers

Imagine you invest \$1.50 in a spin and the machine announces a win of 30 cents. In fact, you've lost \$1.20, although the machine tells you that you're 'a winner'. This is termed 'loss disguised as a win' and is a deliberate tactic to keep people at the machine.

*EGM (Electronic Gambling Machines) labelled by the industry as 'Gaming Machines' or 'pokies'

You can make up for past losses by continuing to gamble.

The result of your last gamble has no bearing on the result of your next attempt. It is illegal for EGMs in Victoria to base outcomes of gambles on previous outcomes. Thus, EGMs cannot react to the frequency of wins or losses; they operate randomly at all times, no matter how many wins or losses have occurred.

Certain machines are 'hotter' or 'luckier' than others.

EGMs are simply computers programmed to randomly select outcomes. While the odds may change depending on the 'game' being played, individual machines are never 'hot' or 'lucky'.

A 'near miss' is an indication of an upcoming win.

Every event or 'spin' is random and a separate event. A near-miss means as much as any other loss.

If you put enough money into an EGM you will eventually win.

OR

When an EGM pays out, it's less likely to pay out on the next game.

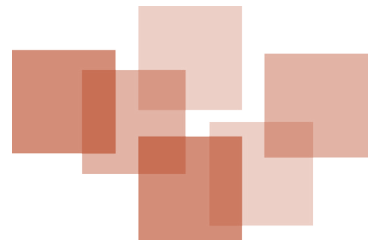
EGMs are programmed to pay out less money than is paid into them. As the machines are linked, the payout could happen at any machine or to any passer-by who drops their last dollar in.

If I'm a skilled enough gambler, I can beat the odds.

Skill has no bearing on the outcome of playing EGMs. Your chances of winning are the same as those of the person next to you.

A bus trip to the Casino is a 'cheap day out'.

Research shows that groups spend more than they actually plan or expect, with some spending a combined \$3,500, for what they thought was a virtually free day out.



WORKSHOP TWO

Gambling as a Public Health Issue

Contents

<i>Introduction to the Workshop</i>	22
Group introductions	22
Working as a group	22
Purpose and learning outcomes	22
<i>Section 1: The Social Model of Health</i>	23
Understanding gambling as a public health issue	26
Impacts of gambling harm on people and their communities	29
Factors that influence gambling behaviour (risk factors)	30
Gambling, migration and culture	31
Elders and gambling	32
<i>Section 2: Preventive Approaches in Public Health</i>	33
Preventive health occurs across a continuum of primary, secondary and tertiary actions	34

Introduction to the Workshop

GROUP INTRODUCTIONS

Ask participants to introduce themselves and their organisations in turn (as necessary).

WORKING AS A GROUP

Explain the group guidelines for working together (as necessary).

Purpose

This workshop will attempt to reframe participants' thinking about gambling-related harm; we shift the focus from individuals who experience harm from gambling, to explaining how the industry uses methods of advertising and EGM design which create addiction. We will also explore why and how marginalised, isolated and vulnerable people experience the greatest harm from gambling and how an environment conducive to gambling-related harm is created.

Learning Outcomes

At the completion of Workshop Two, through engaging with the various conversations and suggested reflections, participants will be able to:

- Explain the relationship between the social determinants of health and gambling behaviour;
- Describe gambling as a public health issue;
- Understand the financial and social costs of gambling in their CALD communities;
- Explain how gambling products, services and marketing strategies cause gambling-related harm;
- Identify risk factors and indicators of frequent gambling, and
- Discuss the effects of culture on gambling and associated behaviours.

ACTIVITY (20 MINS TOTAL)

Reflection (20 mins)

What especially stood out for you from the last workshop? What would you like more reflection about? (*Prompt: What questions are still open?*) (20 mins)

Note: Gather feedback from the last session and discuss.



Section 1: The Social Model of Health

ACTIVITY (25 MINS TOTAL)

Brainstorm (10 mins)

- What does health mean to you?

Note: Following the brainstorm, ensure that participants understand that health can be viewed as: a personal, social, economic, cultural and environmental issue.

Brainstorm (15 mins)

- What factors contribute to good health?

Note: Following the brainstorm, explore the Social Model of Health.



“The most widely accepted definition of health was set out in the Preamble to the Constitution of the World Health Organization (WHO) in 1946. WHO encourages an holistic concept of health, defining health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO 1946). This definition includes mental and social dimensions and moves the focus beyond individual physical abilities or dysfunction.” (Australian Institute of Health and Welfare 2014).

Other factors which affect human health include:

- gender
- effective systems of preventing and treating ill-health
- ethnicity and culture
- early life experiences
- education
- work and employment
- economic and social status

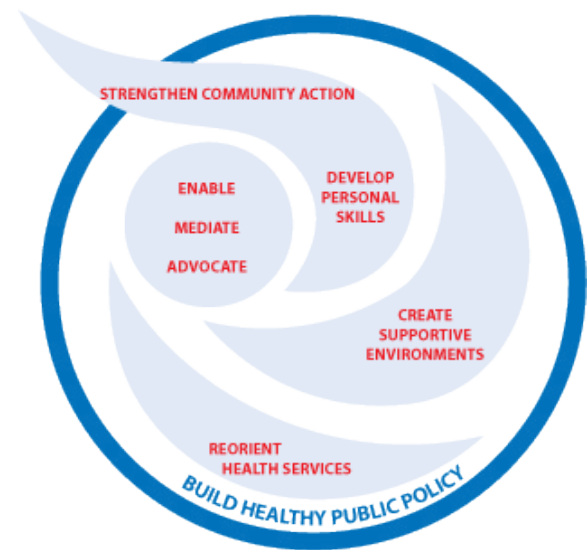
- housing and environment
- food and nutrition
- transport access
- coping skills, and
- social networks and supports (Wilkinson and Marmot 2003).

Poverty and inequality are the greatest threat to health.

‘Individuals (and their ill-health) cannot be understood solely by looking inside their bodies and brains; one must also look inside people’s communities and networks, their workplaces and their families’ (Lomas 1997) and in their playgrounds and parks, in the air they breathe, the water they drink and in their recreation activities. According to WHO, taking action on the social determinants of health is essential to creating inclusive, fair, equal, healthy, prosperous societies and personal well-being.

"... it is far more efficient and effective, and more humane, to fix the source of a problem than to deal with its consequences" (Livingstone 2015)

A strength (or asset) -based, community development approach to gambling recognises that building and mobilising community awareness, capability and resilience by addressing the social determinants of health, can assist in preventing gambling-related harm. Such an approach re-positions gambling from an individual problem to a public health issue.



This logo was created for the First International Conference on Health Promotion held in Ottawa, Canada, in 1986. It illustrates the importance of empowering people and their communities.

ACTIVITY (30 MINS TOTAL)

Brainstorm (20 mins)

- Based upon your experience and knowledge, how do the social factors we have identified, influence people's health? (10 mins)
- What do you think about these responses? Could you think about alternative ways of addressing them? (10 mins)



Note: Following the brainstorm, explore the notion of public health and preventive health. First, ask the participants:

- Has anyone heard of the public health approach/what is your understanding of public health approach? (5 mins)
- Has anyone encountered the health promotion or preventive approach to public health? (5 mins)

<http://healthwest.org.au/projects/health-promotion-prevention/>

ACTIVITY (60 MINS TOTAL)



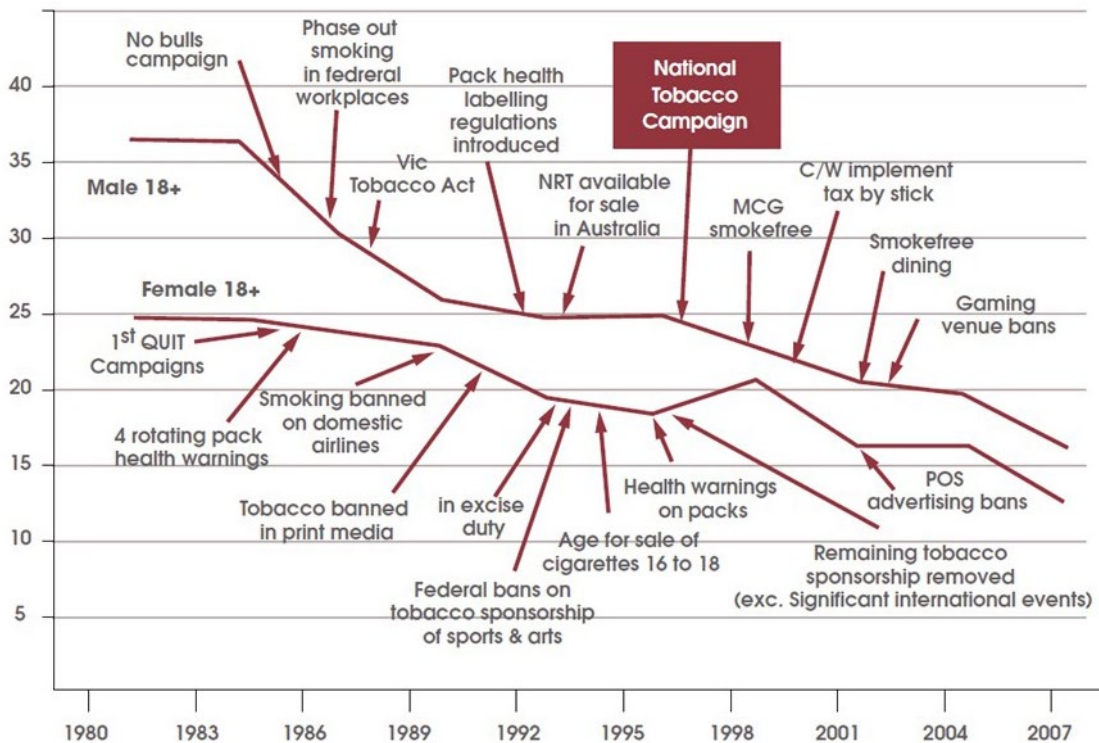
Guest speaker

Speaker will introduce the topic of public health, including examples of successful public health campaigns, linking methods used, to potential campaigns designed to regulate the gambling industry. (30-40 mins)

Note: Expert speakers include: Dr. Charles Livingstone Health Social Science Unit, School of Public Health and Preventive Medicine, Monash University; Dr Susan Rennie, North East Primary Care Partnership; Dr Angela Rintoul, Research Fellow, Australian Gambling Research Centre, Australian Institute of Family Studies; Professor John McDonald Executive Dean Faculty of Education and Arts Federation University Australia

PLENARY DISCUSSION (20 MINS)

Milestones in reducing smoking in Australia 1980–2007



(Cancer Council of Victoria 2009)

UNDERSTANDING GAMBLING AS A PUBLIC HEALTH ISSUE

Gambling-related harm is similar to that caused by sun beds, tobacco and alcohol. Community campaigns are essential to inform people of the risks to their health and well-being and to activate communities to work on preventative measures.

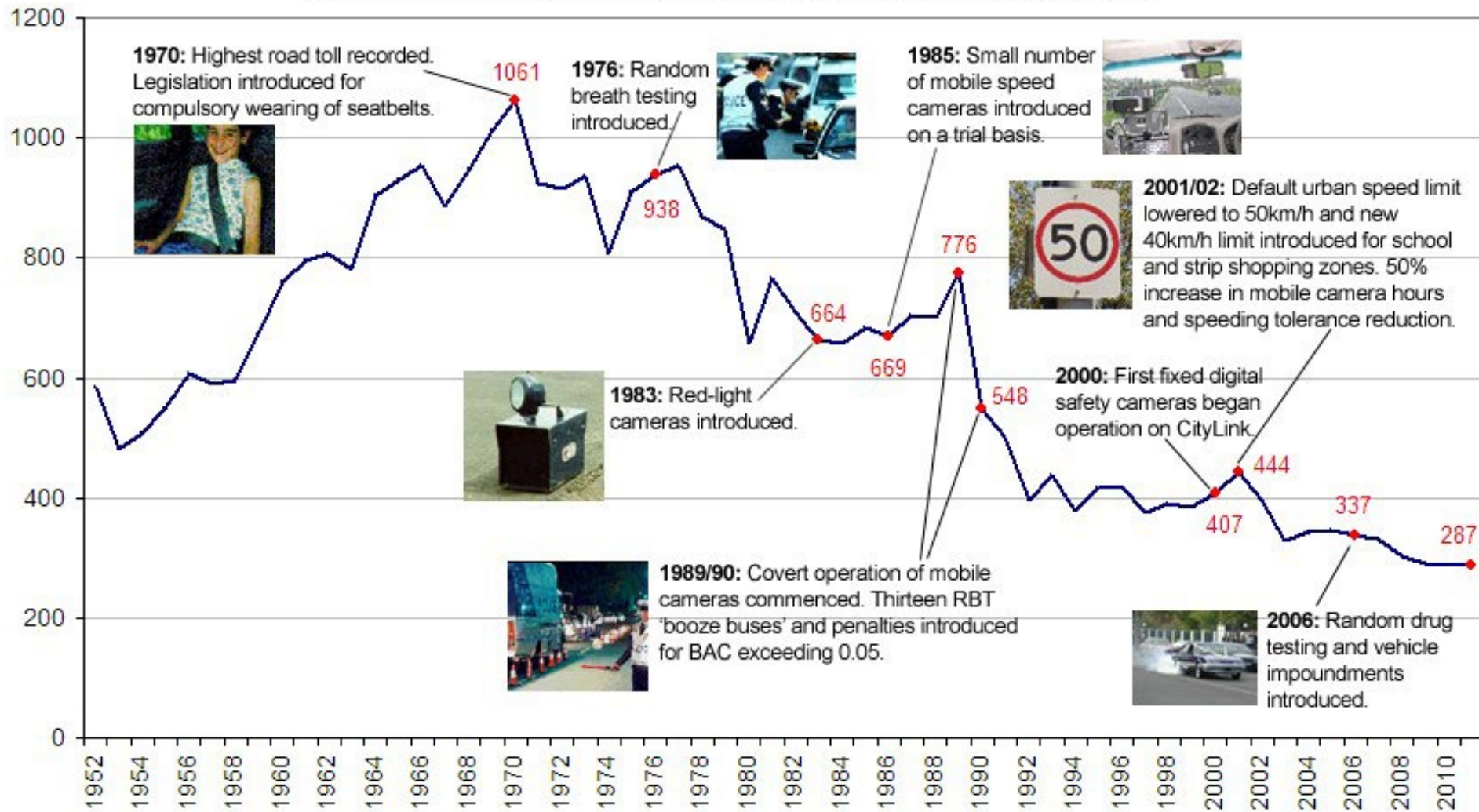
Understanding gambling as a public health issue rather than something for which individual can be blamed, requires a shift in our thinking and attitudes.

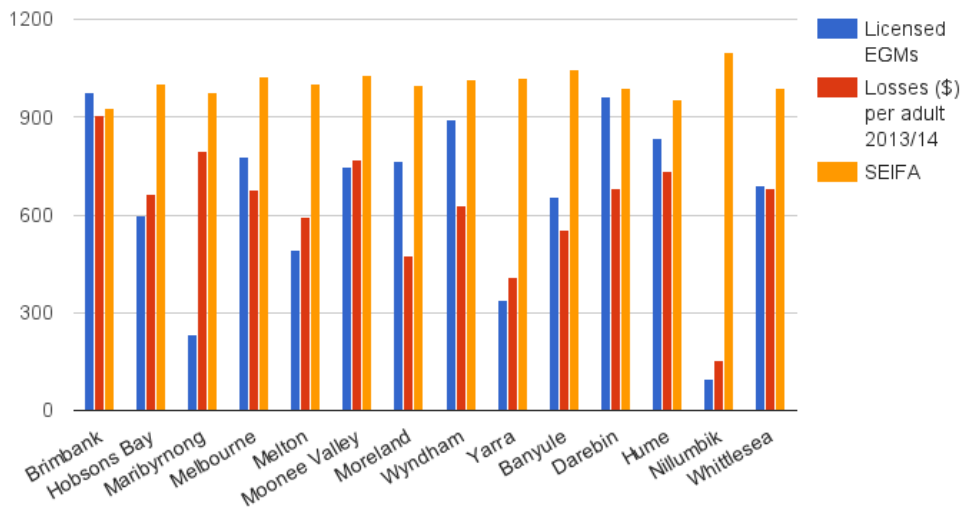
A public health approach recognises that:

- People are encouraged to venues and EGMs through sophisticated marketing approaches; the gambling industry, like many others, engages the services of skilled psychologists to assist them in persuading individuals and groups of people to gamble.
- Gambling is 'normalised' in our society and is marketed and perceived as 'entertainment.' Clearly, the industry's prime motive is to have people gambling as often as possible, for as long as possible, with as much money as possible, in order to extract maximum profit.
- Gambling venues are carefully designed to attract and keep people within their venue and at their machines. EGMs use well-established psychological principles of operant and classical conditioning (where rewards are associated with sounds or are unpredictably intermittent).
- EGMs are designed to mislead and addict. Losses are frequently presented as near misses, for the sole purpose of keeping people at the machine in the hope of a win; users are not informed that they cannot possibly have any effect on the workings of the machine. Take another look at the map depicting the locations of EGMs (page 13) as well as the *Myths and Facts about Gambling* (page 18-19).

"Decades of public health evidence shows that modest education, social marketing and similar activity do not reduce harm ... The reduction in the road toll had nothing to do with education, it was reduced through regulation: increased detection and punishment for infringements, safer cars, seat belts, airbags, improved roads". Similarly, "there is very little evidence to support the effectiveness of Codes of Practice". (Livingstone 2015)

Victorian Road Toll and Road Safety Enforcement Initiatives





Number of electronic gambling machines, losses per adult and SEIFA index for all municipalities in the North West region.

Gambling not only affects the gambler, but their family, friends, neighbourhood, employer and often society in general; exposure to opportunities to gamble is a huge risk factor. The number of EGMs in disadvantaged areas is much greater than in areas which are more affluent and secure. This is clearly illustrated by the chart above, which shows the SEIFA Index (a measure of an area's disadvantage) and the number of EGMs in the North West region by municipality, related to EGM losses per adult.

As with much disease and ill-health, disadvantaged communities often lack the resources to deal with financial, emotional, social and political problems, so the impact of gambling is magnified and the problems are transmitted between generations.

In summary, a public health perspective on gambling recognises that:

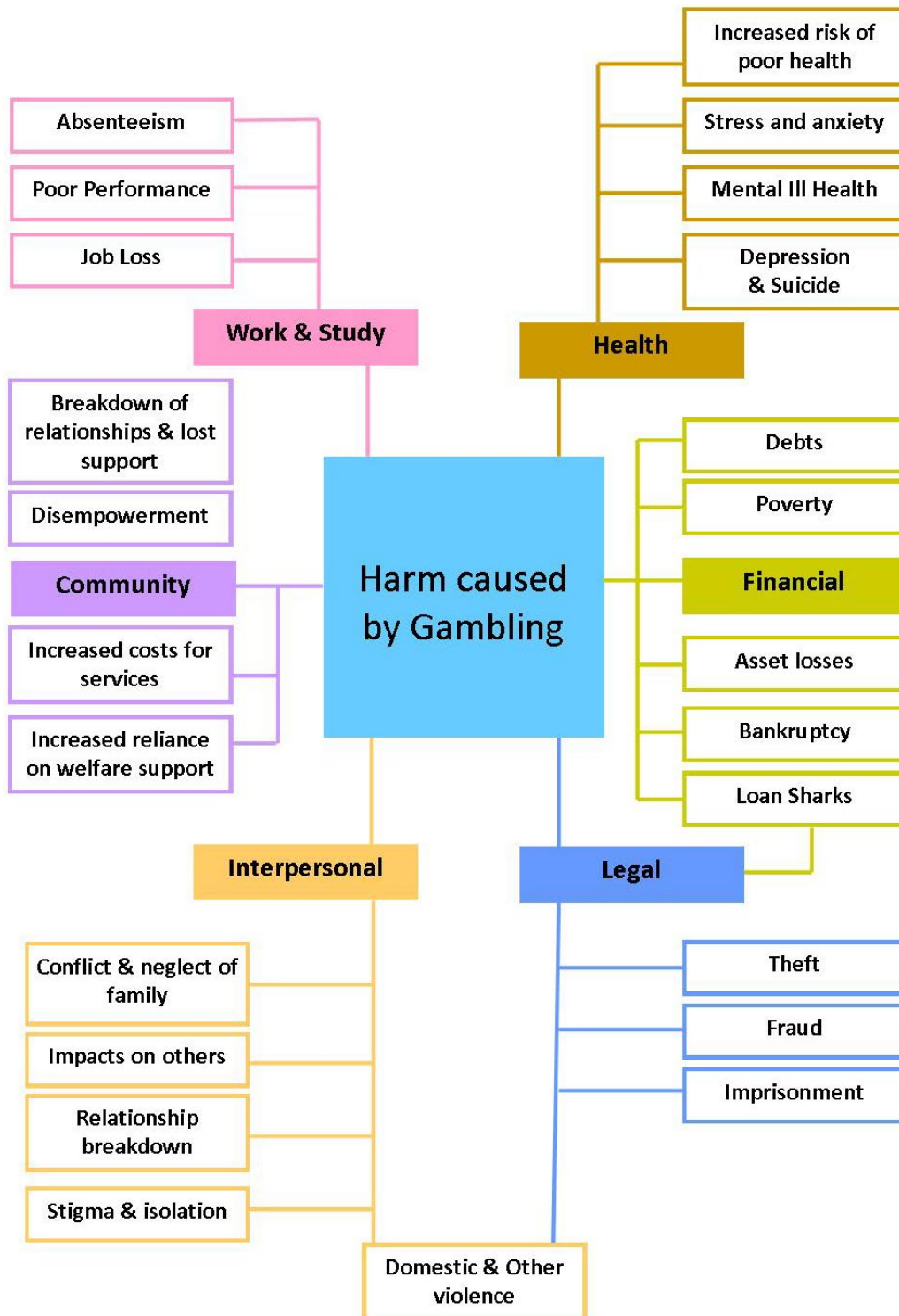
- The function of EGMs is to generate maximum profit; EGMs are designed in a manner which encourages gamblers to play for as long as possible and to continue to spend while amassing losses.
- The industry's marketing strategies are designed to maximise profit and to manipulate an individual's hope of winning lots of money and improving their life.

Once we understand how all of these factors interact, it becomes clear that this is an issue which affects whole communities and where solutions can no longer simply rest with individuals.

Gambling creates a ripple effect: for every person who develops a problem with gambling, approximately five to 10 others are affected: spouses, parents, grandparents and other relatives, friends, colleagues, siblings and significant others (Gamblers Help 2010).

A public health perspective on gambling recognises the importance of community involvement as a critical part of developing appropriate and relevant responses at a local level. Communities need to be included in public health efforts that will affect them, so that approaches are meaningful and responses are place-based. CALD communities may have particular aspects of culture that influence their choices, and particular ways of communicating (including varying levels of English language skills), so that messages need to be appropriately transmitted, in ways that can be heard and understood by them.

IMPACTS OF GAMBLING HARM ON PEOPLE AND THEIR COMMUNITIES



(Adapted from Productivity Commission 2010).

FACTORS THAT INFLUENCE GAMBLING BEHAVIOUR (RISK FACTORS)

The many factors which cause people to gamble to excess, work together in complex ways. Health promotion work needs to consider all of the factors that contribute to excessive gambling and how individuals and communities may be influenced to reduce the harm being caused. This diagram illustrates some of the factors that can cause excessive gambling.

Excessive gamblers were significantly more likely to report having experienced (in the past year): the death of someone close to them; divorce; a major injury or illness (their own or someone close to them); troubles at work; a major change in their financial situation, and/or increasing arguments with someone close to them.

Risk factors for excessive gambling include:

- unresolved grief;
- recent loss – death, divorce, retirement or unemployment;
- lack of direction or limited hobbies;
- a pattern of risky and impulsive behaviour;
- experience of abuse or trauma;
- ease of access to the preferred form of gambling;
- boredom, social isolation and other emotional disturbances or personal distress;
- pre-existing depression, alcohol abuse or excessive drug use;
- biologically-based conditions such as attention deficit or impulse control disorders;
- financial disadvantage, and
- family violence.



(Adapted from Victorian Local Government Association 2011).

GAMBLING, MIGRATION AND CULTURE

Migrants often view gambling venues as unthreatening places where they can relax and socialise. Venues are welcoming and customers from CALD backgrounds can gamble in anonymity and are not under pressure to speak English well.

Other risk factors particularly relevant to CALD communities include:

- marginalisation, exclusion from the wider community and lack of social networks
- lack of culturally appropriate and accessible alternative activities
- changing values and a perception of gambling as an 'Australian' activity
- financial insecurity
- distress related to pre-immigration, migration and settlement, including unemployment and lower socio-economic status
- poor English language skills, resulting in reduced access to information regarding gambling, problem gambling and services available
- shame and stigma associated with frequent gambling
- lack of familiarity with the concept of professional counselling
- past experience of torture, trauma and grief
- concerns about confidentiality and interpreters
- difficulty in finding long-term housing or appropriate work
- difficulty in adjusting to new social norms
- financial obligations to family in their country of origin
- weakened social and familial relationships due to migration, and
- cultural factors that shape beliefs about money.

(Gambler's Help 2010, Tira C, Jackson A.C. and Tomnay J 2013, Ethnic Communities Council of Victoria 2014)

People are attracted to, and have a sense of safety in, the brightly lit and well-supervised settings provided by gambling venues, which are designed to feel welcoming and friendly. Older people are often offered so-called 'special' promotional offers, including cheap transport, a 'free' lunch and 'memberships' in gambling venues and clubs. Promotional offers are designed to encourage gambling and are offset by venues as tax deductible business expenses.

ACTIVITY (40 MINS TOTAL)

Break into small groups of 3-4 participants (20 mins)

Reflecting upon the nature of the gambling industry and the social and cultural factors that draw individuals to gamble (above), what is the most significant cultural element relating to gambling within your community? (20 mins)



PLENARY DISCUSSION (20 MINS)

In Australia, gambling operates within a multicultural context. This means that communities may experience particular influences that play a role in encouraging their members to gamble or alternatively, may protect them. One notable suggestion is that the longer people are exposed to gambling, the more their chances of gambling increase. Thus, the longer a migrant lives in Australia, the more likely it is that they will gamble. This fact may be extremely relevant for migrants from countries where gambling is illegal or highly regulated.

In the early stages of settlement, difficulties with language, social dislocation and isolation may be compounded by financial difficulties, which in turn, produces high levels of stress.

Research indicates that while the gambling participation rates for some CALD communities may be significantly lower than average, the rates of excessive gambling and related harm may be significantly higher. (Yamine & Thomas 2000)

Aside from merely examining the unique cultural factors that might influence gambling patterns, CALD communities also need to look to the broader social influences that impact on the wider Australian community, as these are also likely contributors to gambling-related harm in their own communities.

“Culture is not so much a causal factor in gambling as such, but in the type of gambling and community attitudes towards it.” (Rule 2001)

ELDERS AND GAMBLING

For some, gambling only becomes part of life in retirement after a busy working life. One study identifies a ‘grief pathway’ (Tira, Jackson & Tomnay 2013) associated with late-life gambling and the harm it can cause. The authors note that the most significant predictors for gambling difficulties in later life, are “unresolved losses and/or mismanagement of life’s stresses.” Such observations, are worthy of consideration when working with migrant communities.

ACTIVITY (40 MINS TOTAL)

Break into small groups of 3-4 participants (20 mins)

1. How can we understand gambling as a public health issue?
2. What can we do in our respective communities so they learn about the dangers of EGM gambling?

PLENARY DISCUSSION (20 MINS)



Section 2: Preventive Approaches in Public Health

What do we mean when we talk about ‘prevention’?

Prevention is action taken to reduce or eliminate the causes, occurrence and negative outcomes of poor health. A preventive view of health recognises that health is broader than visiting the GP or going to hospital. Health is created in strong loving families and in safe, connected neighbourhoods. It is created in workplaces free of discrimination and in communities free from violence and other issues that cause harm, such as gambling.

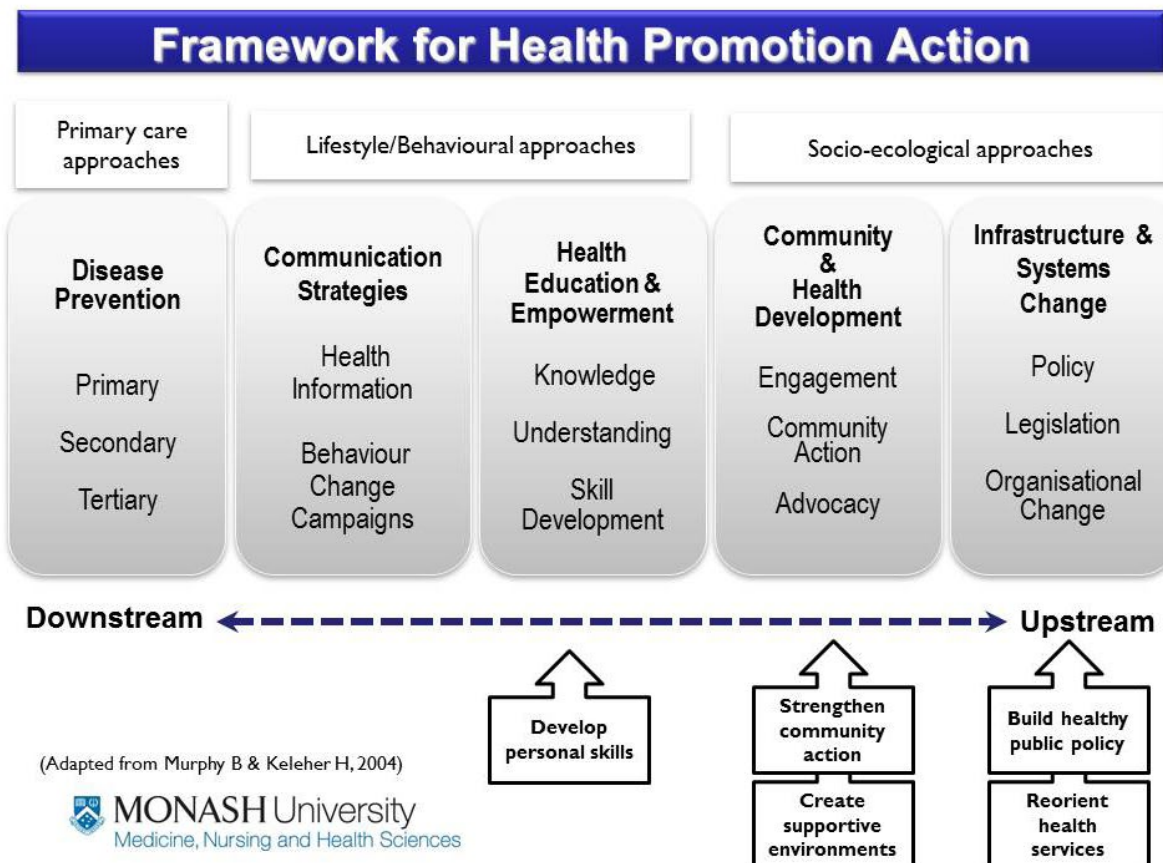
Health is everyone’s business, so establishing partnerships with non-health sectors is critical to create change and improve our community’s health. Most importantly, the knowledge and participation of community members is essential to understand the factors that contribute to poor health and to decide the most appropriate actions for prevention.

Upstream interventions prevent harm and include: legislation, regulation and policy-making as occurred with smoking and road safety, as well as measures to assist individuals, for example, pre-commitment is like wearing a safety belt.

Midstream interventions focus on vulnerable communities at risk of gambling related harm.

Downstream measures treat the consequences of harm and include: counselling, self-exclusion etc.

Road safety developments have taught us that “modifying machines is much easier than modifying people” (Livingstone 2015)



PREVENTIVE HEALTH OCCURS ACROSS A CONTINUUM OF PRIMARY, SECONDARY AND TERTIARY ACTIONS

What do gambling preventive health responses look like?

TERTIARY ACTIONS

Short term, problem specific, individual based interventions – individual responsibility

Gamblers Help counselling

SECONDARY ACTIONS

Aim to reduce the harm from gambling – often targets at risk communities

Education - understand how Electronic Gambling Machines (pokies) work and the harm they can cause to communities

PRIMARY ACTIONS

Support factors that create health not just treat illness.

Action at this level focuses on the community, not the individual

Maintain social inclusion irrespective of race or gender, employment, education and housing choices

Behavioural risk-factor approaches (e.g. self-exclusion and individual limits)

Work with broad vulnerable communities at risk (e.g. elderly, migrants, refugees, students, tradesmen)

Develop recreational and educational activities that are accessible and equitable, related to ability and life stage within local communities

Financial counselling

Promote alternative low cost recreational activities

Legislate to contain the EGM industry; maximum bet levels; number of machines; gambling venues, hours of trade

Victorian Responsible Gambling Foundation Campaigns, BetRegret & Safer Gambling App

Media that reports harmful effects of gambling on the community

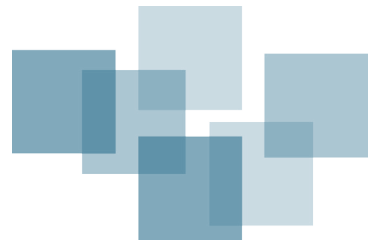
(HealthWest Partnership 2015)

HOMEWORK ACTIVITY

Next session, we'll be looking at the communities that you're working with and that you're a part of, so in preparation for that session, think about:

1. What do you value/admire/appreciate about your communities, what makes it special?
2. How might the strengths of your communities be applied to prevent gambling harm?





WORKSHOP THREE

Community Development and Advocacy

Contents

<i>Introduction to the Workshop</i>	37
Group introductions	37
Working as a group	37
Purpose and learning outcomes	37
<i>Section 1: Asset-based Community Development</i>	38
Types of community	38
What is community?	40
A community development approach	41
<i>Section 2: Asset-based Community Development and Gambling Prevention</i>	43

Introduction to the Workshop

GROUP INTRODUCTIONS

Ask participants to introduce themselves and their organisations in turn (as necessary).

WORKING AS A GROUP

Explain the group guidelines for working together (as necessary).

Purpose

This Workshop seeks to demonstrate how the knowledge, skills and practice of the Asset-Based Community Development (ABCD) framework can be used to assist a preventative approach to public health.

Participants will explore a range of community development and strength-based principles, tools and approaches including: Appreciative Inquiry; Information Collection; Awareness-raising; Advocacy; Self-Help; Networking; Service Provision; Participation; Resource Provision, and Strategic (strength-based) Questioning techniques.

Learning Outcomes

At the end of this workshop, participants will be able to:

- Explain the notion of community as a dynamic process;
- Describe the causes and consequences of disempowerment;
- Work with the conception of empowerment and understand the meaning of participatory process;
- Explain the difference between an asset-based approach and a deficit or needs-based approach;
- Identify and describe personal and community strengths/assets/resources/capabilities;
- Explain the basic principles and apply the practice of a strengths-based approach to community development, and
- Demonstrate strategic, strength-based questioning/enquiry techniques.

ACTIVITY (20 MINS TOTAL)

Reflection (20 mins)

What especially stood out for you from the last workshop? What would you like more reflection about? (*Prompt: What questions are still open?*) (20 mins)

Note: Gather feedback from the last session and discuss.



Section 1: Asset-based Community Development

TYPES OF COMMUNITY

Defining 'community' can seem like a tricky exercise and there are probably a hundred definitions. What we can agree, is that many people have a limited view of 'community': community workers, members in the helping professions or boards of management often identify the groups with whom they work - for example Public Housing tenants or users of Community Health Centres - as the 'community' or they imagine residents of a particular town or neighbourhood are their community, while others speak of the Aboriginal 'community' and the 'online community'. Yet, tenants or user groups no more consider themselves a 'community' of residents or service users, than those who live in a suburb or belong to a particular ethnic group, believe themselves to be part of a local or ethnic 'community'. Such groupings of people are likely to have little inter-connectedness, apart from using a common address or sharing a sense of identity.

In fact, if we think about our own lives and connections, the communities with which we generally associate ourselves are far smaller than a tower of flats, a suburb, a neighbourhood or a broad cultural group. Rather, our (extended) families, friendship networks, co-workers and the people with whom we share important aspects of our lives, are the real communities to which we belong.

A natural functioning community is a small, interacting group of people who share something in common and who identify themselves as belonging to that community.

'Natural' communities (or groups) can be differentiated into:

Kinship communities

Including family and extended family and their friends.

Centre-based communities

Students, teachers, parents and local residents involved with a school or the staff and users of a recreation centre or club.

Issue-based communities

An environment group or people sharing a particular environmental concern; people with a common disability and their carers; people facing a particular discrimination or problem, etc.

Interest-based communities

A sporting club, choir or activity group.

Geographic communities

Friends living in a particular street or neighbourhood or resident in an identifiable rural district.

Electronic or virtual communities

Even if some would question this addition, the omnipresence and pervasiveness of the social media should be included here, if only because of the time spent by many on 'chatting' or 'texting' communicative activities.

ACTIVITY (60 MINS TOTAL)



Break into small groups

Choosing from the five categories above, briefly share with others in your group the types of communities with which you work. Workers in CALD communities may find that as members of, and workers in, their communities, some of the categories may overlap. (15 mins)

Now ask:

Who are the key and/or influential individuals/groups/institutions in your community? (30 mins)

Note: Give each participant a few sheets of butcher's paper and ask them to graphically 'map' these key 'constituents', by placing each in a circle, at various distances from the centre of the paper, depending upon their importance/influence in the community, with the most influential closer to the centre. (Prompt using a few of the following examples: churches, politicians, bureaucrats, media, business people, educational institutions, local government (representatives and staff), financial institutions, legal professionals, community and human rights activists, community leaders, club presidents, health professionals, public figures, philanthropists, volunteers and/or people with significant spare time at their disposal, knowledge experts or individuals with special skills, etc).

Note: Encourage group members to discuss their personal choices with others in the group as they work.



Strength in identity carries you through (Making Two Worlds Work 2008)

WHAT IS COMMUNITY?

While it is possible to identify different 'types' of community, community is not an entity which simply exists: community happens. Community involves interactions and relationships between people; communities are alive and functioning processes.

Many descriptions of community now incorporate the notion of flourishing.

A flourishing community is one in which members have high levels of well-being, which are sustained over time, and which builds upon its strengths and assets, to maximise opportunities to increase well-being and social and economic development. Features of flourishing communities include:

- Reciprocity and interaction between people and their environment;
- The ability to generate and use resources and assets;
- Overall 'healthiness';
- The ability to extend its capabilities and the fair allocation of resources and opportunities;
- Resilience in addressing adversity, and
- A community in which health is seen as a basic human right.

A flourishing community can be thought of as continually creating, promoting and improving its physical, economic and social environments and expanding on the community skills and resources which enable its members to be the best they can be (Public Health Information Development Unit 2014).

Thus, a strong vibrant community involves regular/daily interactions: dropping in on each other; planning and carrying out arrangements; providing practical assistance such as childcare or moving furniture and 'living' a shared world view. The process of community is continuously happening around us, although the rate of interaction varies from one community to the next and many factors in our modern, fast-paced, highly-mobile, individualised, and (as many would argue) alienating society, work against it.

One of the purposes of community development is to promote and utilise interactive and communicative processes and focus them on the task of tackling issues of concern to community members. Community development can help re-awaken processes and strengths and capabilities which can assist communities to function more effectively and tackle issues of concern to their members. The question is: "What issues?"

One of the central foci of community development work is to address the disempowerment of communities and to facilitate processes to re-empower them.

Empowerment is a process through which decisions are made by the people who will be affected by them.

Most people feel that they have lost control and are disempowered in some aspect of their lives; disempowerment generally stems from lack of choice, which in turn, can often be traced back to being increasingly distant to, and removed from, the decision-making processes of society, resulting in a sense of marginalisation. Such distance, isolation and disempowerment can also be accompanied by or result from fear, guilt or shame, such as that felt by gamblers and those within the gamblers' circle of influence, who are affected by the system that directly and indirectly perpetuates gambling behaviour and its negative outcomes.

An individual's disempowerment (or limited choices) may be due to both structural social inequalities – such as poverty, prejudice, lack of access to information and resources, isolation and the like – as well as to personally disabling myths, beliefs, attitudes, opinions and traditions. Community development is an intervention which seeks to empower individuals and the communities of which they are part, in the decisions that affect them.

A COMMUNITY DEVELOPMENT APPROACH

Community development is about facilitating individuals and their communities to shape their own futures.

Community development is about creating an environment in which people and communities can shape their own lives, determine their own futures, and participate in the decisions that affect them. A community development approach thus views individuals as active participants - stakeholders, partners and choice-makers rather than victims or people with a 'problem' - who fully and democratically participate in the decision-making that shapes their personal and community affairs. The approach is sustainable, because it is based upon community participation, building capability, and the development of ongoing structures that enable communities to address personal and social issues on their own terms.

The success of community development rests upon emphasising assets or capabilities (as opposed to deficits or needs) of individuals, groups, organisations and communities. A community development 'strength-based' approach, therefore, starts by recognising, appreciating and building upon the skills, strengths, assets and capacities that are present in communities or to which they have access, thus 'empowering' communities with the conviction that they truly are capable of driving their own development. Although gaps in knowledge and assets need to be acknowledged, the 'needs-based' approaches of the past - which emphasised a community's weaknesses and the things it was lacking - were invariably disempowering and a de-motivating place from which to begin any action or process or to encourage others to participate!

Working according to the strength-based approach assists people to focus on their personal and their communities' strengths and to apply them to overcome problems, change lives and celebrate achievements: it generates action!

"The strength-based approach ... views situations realistically and looks for opportunities to complement and support existing strengths and capacities as opposed to focusing on and staying with the problem or concern. The problem and the person are separate; however, the problem is never minimised." (Glass 2014)

A strength-based approach, therefore, "does not focus on the past or place blame on individuals. Instead, it asks what strategies and resources individuals, families and 'communities' currently use to solve problems and seeks to build capabilities in order to resolve current problems and minimise future ones". It moves people away from focusing on what they lack to what they 'have' and to appreciating the knowledge, skills, resources, networks and capabilities already present in their communities, with the aim of building further personal and community resilience.

The strength-based approach has always been an integral part of community development and has lately been labelled ABCD: Asset-Based Community Development with a strong emphasis on developing and maintaining community and personal resilience. Resilience is the ability to 'bounce back', to recover from adverse life experiences.

ACTIVITY (55 MINS TOTAL)



Break into small groups

What are the strengths in your own community? (Prompts: What do you value?
What makes your community unique and strong?)

Note: Give each small group a few sheets of butcher's paper and some post-it notes and explain:

First, working individually, write your responses on post-it notes and stick them to your group's butcher's paper. When everyone is finished, discuss the responses in your small groups. (20 mins)

Note: After the group discussion, ask groups to stick their butcher's paper on a wall, so that everyone can wander around reading all small group responses, before a plenary discussion. (15 mins)

PLENARY DISCUSSION (20 MINS)

Note: In a Plenary draw out the commonalities in the strengths identified by the different small groups.



Project Advisory Group Victorian Archives Centre North Melbourne (HealthWest 2015)

Section 2: Asset-based Community Development and Gambling Prevention

ACTIVITY (20 MINS TOTAL)

1. How did your community recreate before gambling was legal in this state?
2. What cultural or community practices have helped your community to flourish?
3. What alternative forms of recreation does your community enjoy that doesn't create harm?

Note: Participants may be assisted by the resources listed below.

Social Outings Guide: Don't Gamble With Your Group is a resource that has been developed for social, senior and ethnic groups in Melbourne's inner and northern suburbs. The aim of the resource is to provide groups that go on outings with appropriate non-gambling related options that can be undertaken at low to moderate cost.

A Social Outings Guide Summary is now also available in the following languages: Arabic, Assyrian, Chinese, Croatian, English, Greek, Hindi, Italian, Macedonian, Maltese, Sinhalese, Somali, Spanish, Tagalog, Turkish, Urdu and Vietnamese.

<http://www.nepcp.org.au/resources/social-outings-guide-don't-gamble-your-group>

Community and Planned Activity Group-An Activity Guide for the West is a guide that aims to support Planned Activity Group and community group coordinators in providing cost-effective and innovative activities that meet the diverse needs of people who attend planned activity and community groups.

http://healthwest.org.au/wp-content/uploads/2014/10/Activity_Guide.pdf



Italians seniors picnicking at Croxton (CO.AS.IT 2015)



Turkish women with walnuts from Nagambie (MRCNWR 2014)

ACTIVITY (75 MINS TOTAL)

Note: Break into small groups of the same ethnic background (if possible) and ask:

- First, returning to the different individuals/groups/institutions that you identified in the earlier mapping exercise: draw solid lines to those with whom you have connections and dotted lines to those with whom you think you will need to link or network. (15 mins)



Note: Ask participants to return to their butcher's paper 'map' for this exercise. Then ask:

- Now, using your community's strengths that you listed, how might you and your community, engage these different constituents in addressing both the risks of gambling and gambling as a public health issue?

Prompt: What messages/approaches would be the most effective to use with the different groups you've identified? For example:

- club and community leaders may respond to reminders of their 'duty of care' to their club and communities by working with club/community members to explore recreational alternatives
- local councils might assist by providing funding for a community bus to be used for alternative leisure outings
- health promotion workers may be willing to assist in devising health messages for media releases, powerpoint presentations and posters in public spaces; health researchers can assist with evidence-based research, etc.

Prompt: What existing connections can you use and how?

Prompt: What kind of partnerships might be possible with each of the groups in your map?

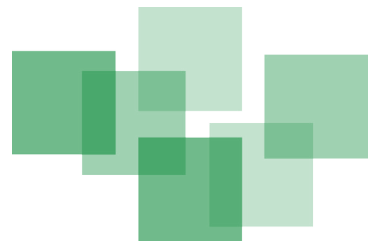
Note: Distribute post-it notes to tables. Asking participants to work individually and collaboratively, direct them to write their personal responses to the questions above, on post-it notes and to stick them to their own map. (30 mins)

Ask participants to stick their butcher's paper on a wall, so that everyone can wander around reading all the individual responses. (15 mins)

PLENARY DISCUSSION (15 MINS)

Note: Explain that participants now have the beginnings of an Action Plan that can be used as a basis for developing potential strategies to prevent frequent EGM gambling. The plan can be worked on outside the workshop; the action plan needs to include: Who (to involve), in What activity, Where, When and How?

Note: Draw out the commonalities in the approaches.



Appendices

Appendix A

QUESTIONNAIRE

Increasing your group's knowledge about the total cost of attending a recreation activity at a gaming venue with electronic gaming machines/pokies.

This survey is voluntary, anonymous and confidential. Your answers will not be shown or discussed with anyone else in your group.



1. How much money have you spent today at the pokies venue?

Food	\$	<input type="text"/>
Drink	\$	<input type="text"/>
Shopping	\$	<input type="text"/>
Gambling	\$	<input type="text"/>
Other	\$	<input type="text"/>

2. Is this more than you planned?

- Yes
 No

3. How much did you expect to spend?

\$

4. How much time did you spend today playing the pokies?

- None
 Less than 1 hour
 1-2 hours
 2-3 hours
 3+ hours

5. Is this your first trip to a pokies venue?

- Yes
 No

6. Will you come back to a pokies venue?

- By yourself? Yes No
With friends/family? Yes No
On another group tour? Yes No

7. If yes, why will you return?

- For the nice meal
 To gamble
 For non-gambling entertainment
 To spend time with the group
 To win back money

8. If not, why not?

- Didn't enjoy it
 Lost too much money
 Nothing to do except gamble

9. What was the main reason for you coming on the trip today?

- Recreation
- Socialising with group
- Good value/cheap
- Opportunity to gamble

10. Did you use the ATM machines at the venue today?

- Yes
- No

If yes, how much did you withdraw? \$

11. Please tick your preference of a group outing

- Venues with pokies
- Picnics
- Movies/cinema
- Shopping
- Other trips/outings

ABOUT YOU

Gender

- Male
- Female

Age

- under 45
- 45 - 55
- 55 - 65
- 65 +

Are you

- On pension/benefit
- Employed full time
- Employed part time
- Self employed
- Other

What language do you prefer to speak?

Which municipality do you reside in?



Appendix B

GAMBLING RESOURCES AND SUPPORT SERVICES

Australian Bureau of Statistics website offers this 'sign-up' online service for access to an unlimited range of Census statistics.

www.abs.gov.au/CDDataOnline

Australian Gambling Research Centre (AGRC) provides high quality, evidence-based publications and resources for policy-makers, researchers and professionals in the area of gambling. <https://aifs.gov.au/agrc/>

BreakEven Western ISIS Primary Care (multicultural workers) (03) 9360 5407

Chinese Telephone Counselling Network (03) 9653 3241 counselling appointments are available in the City, Ringwood and Springvale

Chrysalis Insight Incorporated is a not-for-profit organisation that is committed to rebuilding and connecting community to lessen the destructive effects of problem gambling.

<http://www.chrysalisinsight.org.au/>

Culture Ethnicity and Health provides training, information and support on a range of issues www.ceh.org.au

Gambling Research Australia (GRA) – an initiative of the Ministerial Council on Gambling – this website includes an extensive database of gambling related publications and research. www.gamblingresearch.org.au

Gambler's Help 1800 858 858
www.gamblershelp.com.au

Face-to-face counselling at Gambler's Help locations across Victoria

Online support is available 24/7
www.gamblershelp.com.au or
www.fightforyou.com.au

Gambling Help Online
www.gamblinghelponline.org.au

HealthWest Partnership, *Community and Planned Activity Group-An Activity Guide for the West*
http://healthwest.org.au/wp-content/uploads/2014/10/Activity_Guide.pdf

In-language counselling:

Five ethno specific agencies have been funded by the VRGF to support members of the Chinese, Vietnamese and Arabic speaking communities who are affected by gambling issues with in-language counselling and community education activities.

- Australian Vietnamese Women's Welfare Association (03) 9396 1923
<http://www.avwa.org.au/>
- Arabic Welfare Incorporated (03) 9380 9346
<http://www.arabicwelfare.org.au/>
- Chinese Gambling Concern Inc.
<http://cgci.org.au/>
- Multicultural Centre for Women's Health 03 9418 0999 <http://www.mcwh.com.au/>
- Springvale Indo-Chinese Mutual Assistance Association Incorporated 03 9547 6161
- Victorian Arabic Social Services (03) 9359 2651
<http://vass.org.au/>

North East Primary Care Partnership, *Social Outings, Don't Gamble with your Group*
<http://www.nepcp.org.au/resources/social-outings-guide-don%E2%80%99t-gamble-your-group>

Peer Connection is a confidential, anonymous, telephone program staffed by volunteers who have themselves experienced problems with gambling or worked through the impact of someone else's gambling.
<http://peerconnection.org.au/>

ReSPIN Gambling Awareness Speakers Bureau (03) 9450 2633 www.nepcp.org.au/news-and-events/respin-gambling-awareness-speakers-bureau

Responsible Gambling Awareness Week Available from www.rgaw.com.au

Safer Gambling App; download free for iPhones and Android

www.responsiblegambling.vic.gov.au

Statistical data for Victorian Communities; this website provides social statistics including gambling statistics for the whole of Victoria
www.greaterdandenong.com/document/18464/statistical-data-for-victorian-communities

Victorian Local Governance Association share knowledge on how to implement responsible gambling policies across local communities.
http://www.vlga.org.au/Projects__Campaigns/Responsible_Gambling.aspx

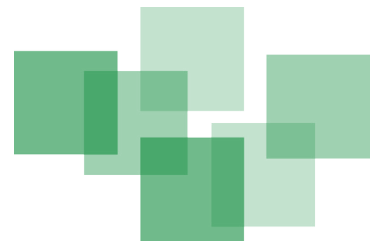
Victorian Government's website for health promotion.
www.health.vic.gov.au/healthpromotion

Victorian Multicultural Commission has a range of useful resources including a multicultural directory of services and organisations and census data on CALD communities.
www.multicultural.vic.gov.au

Victorian Commission for Gambling Regulation (VCGR) regulates gambling in Victoria and this website provides a range of EGM expenditure statistics for regions via the 'statistics' section of the site. www.vcgr.vic.gov.au

VicHealth (Victorian Health Promotion Foundation) website provide information about health promotion priorities, evidence-based resources, workforce development and funding opportunities. www.vichealth.vic.gov.au

Victorian Responsible Gambling Foundation
www.responsiblegambling.vic.gov.au



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