CULTURALLY RESPONSIVE FRAMEWORK TO ADDRESS GAMBLING RELATED HARM

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Western Sydney Community Forum recognises Aboriginal people as the First Nations People of Australia, whose lands we now live and work upon. We pay our respects to Aboriginal Elders past, present and future. We value Aboriginal history, culture and knowledge and the many ways it enriches the life of our communities and our nation.

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Glossary

Culturally and linguistically diverse (CALD)	Refers to the range of different cultures and language groups represented in the population who identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home (Department of Health, Victoria, 2009).
Cultural awareness	Cultural awareness refers to sensitivity to the similarities and differences that exist between two different cultures and the use of this sensitivity in effective communication with members of another cultural group (HETI, n.d).
Cultural change	Relates to the evaluation of interventions and includes embedding new knowledge and sustained improvements in health overtime (Asad & Kay, 2015).
Cultural competency	Cultural competence refers to becoming aware of the cultural differences that exist, appreciating and having an understanding of those differences and accepting them. It also means being prepared to guard against accepting your own behaviours, beliefs, and actions as the norm (HETI, n.d).
Cultural knowledge	Relates to the design of interventions and includes shared ideologies, beliefs, values, meanings, and norms (Asad & Kay, 2015).
Cultural practice	Relates to the implementation of interventions and includes respecting and leveraging cultural knowledge to address structural limitations (Asad & Kay, 2015).
Cultural respect	Cultural respect refers to the recognition, protection and continued advancement of the inherent rights, cultures, and traditions of a particular culture (HETI, n.d).
Cultural responsiveness	Refers to being open to different ways of understanding the world that may be in opposition to one's own cultural ideas, beliefs, and values, while still recognising these differences as equal (Green et al., 2016).
Cultural safety	Cultural safety refers to actions that recognise, respect, and nurture the unique cultural identity of a person and safely meet their needs, expectations and rights. It means working from the cultural perspective of the other person, not from your own perspective (HETI, n.d).
Electronic gaming machines (EGMs)	A generic name for any electronic device that permits gambling on a simulated event generated by a random number generator. Other names include slot machines and poker machines ("pokies") (Livingstone, 2017).

Framework	Refers to the Culturally Responsive Framework to Address Gambling Related Harm developed as part of this research project.
Gambling related harm	Any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community, or population (Langham et al., 2015).
Low-risk gamblers	Likely to have experienced only minor adverse consequences from gambling, if any, and will have answered 'never' to most of the indicators of behavioural problems in the PGSI. Low-risk gamblers have scores of one or two on the PGSI (Central Queensland University, 2019)
Moderate-risk gamblers	Those who have responded 'never' to most of the indicators of behavioural problems in the PGSI, but who are likely to score on one or more 'most of the time' or 'always' responses. This group may or may not have experienced significant adverse consequences from gambling. Moderate-risk gamblers have scores of 3 to 7 on the PGSI (Central Queensland University, 2019)
Problem gamblers	Those who have experienced adverse consequences as a result of their gambling and who may have lost control of their gambling behaviour. Involvement in gambling may be at any level but is likely to be heavy. Problem gamblers have scores of 8 or more on the PGSI (Central Queensland University, 2019)
Problem gambling	Characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community (Neal, Delfabbro & O'Neil, 2005).
Problem gambling Severity Index (PGSI)	The Problem Gambling Severity Index (PGSI) is a standardised measure of at-risk behaviour in problem gambling based on research on the common signs and consequences of problematic gambling (Gambling Help Online, n.d).

1. EXECUTIVE SUMMARY

Gambling and gambling-related harm impacts people in innumerable ways. The stress caused by gambling is not only financial – it threatens to destroy lives and injure entire communities. The determinants for why people become addicted to gambling are many. The focus of the Culturally Responsive Framework to Address Gambling Harm is to support the human services sector to offer the most responsive support for those affected.

Gambling and related harm forms part of a newly emerging policy arena. Gambling related harm can have devastating, far reaching impacts that affect multiple areas of health and community, often going unrecognised until the point of crisis. Responses require holistic, evidence-based approaches and an improved understanding by practitioners and agencies of gambling harm as a public health and social issue. The creation of this Framework was a commitment by the Western Sydney Community Forum, our members, partners, and stakeholders to build this body evidence.

The shift in research from a clinical pathologising of so-called 'problem gambling,' to a broader public health perspective is important to consider when setting the context for this Framework. Clinical and 'problem gambling' approaches can continue to exclusively frame gambling as an individual and not a social and health dilemma. This has been reflected in the predominance of services that exclusively apply intervention models responding at the individual behavioural level, such as counselling services.

Recent research details the level of impact that gambling has on individuals, families, and social networks. The Culturally Responsive Framework to Address Gambling Harm offers evidence-based approaches that supports practitioners to respond in a broad range of community service environments. It has been designed specifically to frame gambling as a social and public health issue and fill a gap in service development.

The lens of this tool was specifically to respond to communities from diverse cultures and language groups. It is critical to note that culture and identifying with a culturally and linguistically diverse community is not the reason why some groups may be more vulnerable to gambling related harm. Culturally and linguistically diverse communities reflect many various population groups. The Framework is intersectional in nature and recognises that individuals identify with multiple markers of identity and not only faith or culture. It is important that our work responding to gambling-harm reflects a person-centred approach, that includes culture and ethnicity as one of many critical supportive factors. Responding in culturally supportive ways means our work must be free of cultural stereotypes and based on respect.

This Framework offers a critical tool for social, community and health professionals working across the community, government and private sectors; as well as other stakeholders seeking to understand this largely unrecognised public health priority that has the potential of significant harm. It offers a tool on the Harms, the Stressors and the Strategies enveloped in the fundamental frames of cultural knowledge, practice and change; so practitioners can respond with a guiding set of principles. It contains a series of learning products, applicable tools, and case studies. The Framework was designed by a community of practice that will continue to test and review the Framework and offer networks of support so that the evidence base grows.

Supporting culturally and linguistically diverse communities impacted by gambling related harm may be considered specialised assistance that goes beyond an agency's core business. Enhancing culturally responsive knowledge, skills, and tools across and within sectors and agencies increases

both accessibility and effectiveness of supports and interventions at any point of the intervention or service spectrum.

Many of us are aware that gambling related harm is linked to a range of socioeconomic indicators and environmental factors that must be considered when designing and implementing effective harm reduction and support initiatives. Locating successful approaches that support people to respond to those affected by gambling form this Framework. The confirmation from the research is evident - individuals and communities can and do recover from gambling-related harm.

It is with great pleasure that we offer this Framework and its guiding set of principles to the human services sector as a landing place in a cultural terrain with very little support systems to respond to gambling related harm.

2. INTRODUCTION

2.1. Purpose

The purpose of this project is to enhance the capacity of the multi-sectorial human service system at the systemic, organisational, professional and individual levels; to provide appropriate and effective responses that support individuals, families, and communities from culturally and linguistically diverse backgrounds who are experiencing gambling related harm.

2.2. Objectives

The project adopts an action research approach to develop a Culturally Responsive Framework to Address Gambling Related Harm, to:

- strengthen practice knowledge and skills,
- increase service accessibility and uptake,
- provide effective and appropriate support and intervention options,
- recommend tools for implementation, and
- contribute to the evidence base of practice.

2.3. Culturally and linguistically diverse communities

The project recognises that culturally and linguistically diverse communities reflect varying population groups and are inclusive of people from a wide range of countries, religions, educational backgrounds, skill levels, geographical experiences, and migratory histories. Accordingly, the Framework reflects a person centred and culturally responsive approach, free of cultural stereotypes. In this way, it encourages and promotes the best outcomes for individuals and families from culturally and linguistically diverse communities who may be experiencing gambling related harm.

2.4. Audience

The Framework is a valuable tool for social, community and health professionals working across the community, government and private sectors; as well as other stakeholders seeking to understand this largely unrecognised public health priority that has the potential of significant harm for some individuals, families and communities. This could include but is not limited to, professionals working as frontline caseworkers or case managers, community workers, and project and senior staff and leaders, across clinical or policy contexts in a range of portfolio areas.

Gambling related harm can have devastating, far reaching impacts that affect multiple areas of health and wellbeing, often going unrecognised until the point of crisis. Responses require a holistic, evidence-based approach and an improved understanding by practitioners and agencies across systems, organisations, professions, and individuals.

Supporting culturally and linguistically diverse communities impacted by gambling related harm may be considered specialised assistance that goes beyond an agency's core business. However, gambling related harm extends beyond an individual. It affects families, friendship groups, workplaces, businesses, and entire communities. It may also initially present as a crisis distinct from gambling related harm, relating to financial, health or other manifestations. Therefore, enhancing culturally responsive knowledge, skills, and tools across and within sectors and agencies increases both accessibility and effectiveness of supports and interventions at any point of the intervention or service spectrum.

2.5. Project background

For several years, service providers across greater Western Sydney have indicated that gambling related harm has become an increasing priority. Anecdotal evidence from practitioners and agencies at local and regional collaborative initiatives emerged, suggesting an increase in demand for service from culturally and linguistically diverse communities and presentations of crisis and vulnerability associated with gambling related harm. Simultaneously, Liquor and Gaming NSW gaming machine data was showing a disproportionate number of venues (including clubs and pubs) who offered gambling related activities across greater Western Sydney relative to population compared to other areas of NSW. As a result, local initiatives emerged primarily in the Fairfield and Blacktown local government areas, bringing agencies and practitioners together to consider and co-design initiatives and responses at the systemic, organisational, professional, and individual levels.

Within this context, there is currently limited practice literature and resources available to support culturally responsive engagement with individuals, families, and communities from culturally and linguistically diverse backgrounds who are experiencing gambling related harm. A preliminary environmental scan across the service system indicated that as a result, agencies were operating on an ad hoc basis at both an individual and community level, rather than through an evidence-based Framework. The need for research to address this gap in practice knowledge emerged as a priority, as did the need for a model that embedded this information in practice.

2.6. Methodology

The project adopted a participatory action research approach to develop the Framework, which was responsive to the current practice context. It involved collaboration of several stakeholders including people with lived experience, practitioners, agencies, and subject matter experts to collect data and information for analysis as a basis for improvements in practice.

Participatory action research is a framework that enables researchers to gather information and data from the perspectives of those being researched, while simultaneously beginning to effect some change relating to the major issues identified (Kemmis and McTaggart, 2005). In practice, this allows the methodology to be framed to interact with practitioners in all aspects of the research project, from gathering and analysing information to testing and delivering a tangible outcome that seeks to directly impact on and align with practice.

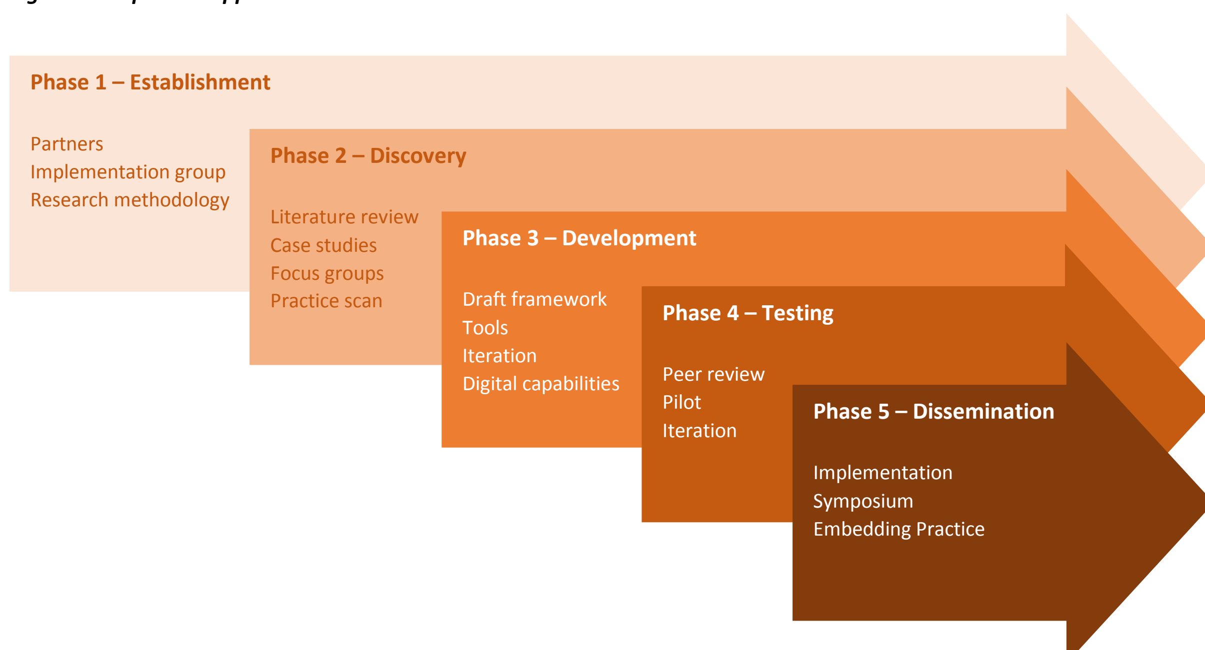
Through a participatory action research approach, research, action, and evaluation are interlinked. The cyclical nature of this methodology generated opportunities to investigate issues, take action, reflect on that action, and then investigate further. It also allowed partners and participants to be invited in and involved at any point in the process. Hart and Bond (1995) distinguish action research as being educative. It is a process that involves a clear change intervention aimed towards improvement and involvement, underpinned by a research relationship in which those involved are participants in the change process. As a result, this approach builds a culture of evidence based, reflective practice and continuous improvement in organisations by integrating research with practice.

Kemmis and McTaggart (2005) observe that the participatory research approach increases the capacity for ongoing and sustainable action at its completion. This is due in part to its ability to engage participants through fostering their control of the research agenda (Wood & Forrest, 2000). Drawing on the experience of the not-for-profit cohort through an action research approach not only generated important insights but provided participating organisations with some control over the research agenda and the Framework that was produced. This aims to increase adoption and consequently the longevity of the project through organisational and partner buy-in.

Furthermore, this project takes a public health approach to its research in recognition that gambling harm is not simply an outcome of biological and behavioural factors, but of broader population and environmental considerations including areas such as education and income levels, access to opportunity, employment, poverty and factors linked to ethnicity or culture (Shaffer, 2003).

A phased establishment and operation model was utilised to build critical relationships and infrastructure to support the success of the project, as shown in Figure 1. Each phase was designed to maximise engagement from a range of stakeholders, leading to the research project having a greater and sustained impact on practice and service delivery. The approach emphasised the co-design nature of the project, as co-creation processes that involve stakeholders in the early stages of product development are more likely to lead to increased impact and engagement (Sanders & Stappers, 2008).

Figure 1 – A phased approach



The research methodology is based on a qualitative approach to data collection. It focused on five key methods for gathering data and information, as summarised in Figure 2, including:

- an implementation group,
- a literature review,
- case studies of lived experience,
- focus groups with practitioners,
- a practice scan, and
- a pilot testing phase.

While the literature review is one of the key elements of the methodology and provides a theoretical lens for the project, the elements of practice scan, case studies, and the overarching mechanism to steer the project by practitioners, was used to embed the research outcomes in practice. A content analysis approach was used to analyse the information collected throughout the project, with de-identified data being recorded, coded, and themed as it was gathered. Themes emerged and re-emerged as new information was introduced.

Figure 2 – Key data collection methods

2.6.1. Framework Implementation Group

A Framework Implementation Group comprising representatives from 19 diverse public and community sector agencies in greater Western Sydney was formed, based on agreed terms of reference. The Implementation Group was a key component of the action research approach, with the group serving as a focal reference point to influence the development and iterations of the Framework. This ensured that the Framework developed was both relevant for service providers and appropriate for people from culturally and linguistically diverse backgrounds experiencing gambling related harm.

The Framework Implementation Group representatives (see Appendix A) included:

- Alliance for Gambling Reform
- Assyrian Resource Centre
- Barnardos Australia
- Blacktown Area Community Centres
- Blacktown City Council
- Canterbury Bankstown Council
- Chinese Australian Services Society
- CORE Community Services
- Fairfield City Council
- Marrin Weejali Aboriginal Corporation
- Mt Druitt Ethnic Communities Agency
- Multicultural Problem Gambling Service NSW
- NSW Department of Communities & Justice
- Settlement Services International
- South Western Sydney Primary Health Network
- SydWest Multicultural Services
- The Multicultural Network
- Western Sydney University
- Woodville Alliance

Insights and feedback provided by the implementation group were captured and recorded to inform the overall research as well as final Framework design. The information collected was themed and coded for data analysis and incorporated into the design of the Framework.

2.6.2. Literature review

A literature review of Australian and international research was completed to provide an evidence base to support analysis of data gathered through other means. Reviews of literature included information focusing on specific culturally and linguistically diverse population groups as well as specific geographic locations with high numbers of culturally and linguistically diverse communities. This combined approach provided valuable insights to the analysis as well as provided a framework for facilitative questions that formed the basis of case study interviews.

2.6.3. Case studies of lived experience

Data from 12 case study interviews was collected. Most case study responses were from people with lived experience who were directly impacted by gambling related harm, with other responses related to people who were impacted by their partner's or family member's gambling.

The case studies represent eight cultural and linguistic backgrounds nominated as Assyrian, Chinese, Iraqi, Jewish, Romanian, Sudanese, Turkish and Vietnamese, with nine languages spoken at home including Arabic, Assyrian, English, Hakka, Indonesian, Mandarin, Romanian, Turkish and Vietnamese. Of those that responded, six people stated that they were from a refugee/asylum seeker background, and four from a migrant background.

The length of time the participants had been living in Australia ranged from three to 50 years, with the majority being less than 14 years. There were five people who identified as female and six who identified as male, and their ages ranged from 24 to 64 years. The average age of females was 49, and males was 39.

As a basis for structuring the case studies, a series of questions were provided (see Appendix B). The question design reflected the literature review findings with particular attention to the Langham et al. (2015) classifications or taxonomy of harms. A qualitative thematic analysis was applied to the responses, which identified a range of themes that were grouped under the categories of attitudes to gambling, motivations for gambling, impacts of gambling, and potential for change.

2.6.4. Focus groups with practitioners

Three focus groups were held with a total of 24 practitioners from diverse agencies across greater Western Sydney. The purpose of the focus groups was to capture knowledge and experiences from within a professional and service delivery context.

The focus groups primarily used a facilitative process for discussion to draw out experiential learning. The facilitative process involved:

- a presentation on gambling related harm and problem gambling
- introduction to the action research project and its purpose and objectives
- discussion questions relating to:
  - attitudes relating to risk factors based on culture and geography
  - service system knowledge
  - help seeking choices and reasons
  - gambling harm manifestations
  - common reasons for becoming involved in gambling
  - culturally responsive practice knowledge

Some questions were posed that required a scaled response or required participants to rank a predetermined list of responses (see Appendix C).

Collectively, this data was qualitative and quantitative in nature. The focus groups discussion and responses were recorded and themed, with the themes being integrated with the findings from other data collection methods.

2.6.5. Practice scan

Savin-Baden & Major (2013) highlight the role of 'negotiated participator' as being a crucial component of an action research model, in which participant groups are both study and solution. Accordingly, the expertise of service providers and stakeholders across greater Western Sydney was sought to ensure localised data is captured to be used alongside best practice identified through the literature.

A practice scan of existing services that deliver gambling harm minimisation initiatives and programs was completed to provide valuable insights into current practice, challenges, and opportunities. A total of 15 responses was received from practitioners across 14 agencies in greater Western Sydney.

As a basis for structuring the practice scan, a series of seven questions (see Appendix D) was provided in the form of an online survey to collect data on:

- factors contributing to effectiveness,
- challenges in delivering the initiative or program,
- service gaps (if any) and suggestions as to how these gaps could be addressed, and
- awareness of local, national or international gambling harm minimisation strategies to support people from culturally and linguistically diverse communities.

Data and key insights generated through the practice scan were recorded, analysed, and thematically grouped in order to ensure that it informed the overall Framework.

2.6.6. Pilot testing phase

Once the Framework and implementation tools were co-designed based on the findings, the project entered a pilot testing phase.

Feedback was sought to shape the model into a resource that is relevant to service providers and benefits the individuals and communities from culturally and linguistically diverse backgrounds. Experts involved in the implementation group as well as relevant stakeholders identified during the project, shared their insights through a peer review process.

In addition to the peer review process, the Framework's effectiveness, application and utility was tested and evaluated by five diverse agencies, including:

- Blacktown Area Community Centres
- Cumberland Council
- Granville Multicultural Community Services
- Parramatta Mission
- Woodville Alliance

The pilots included minimal instruction to test access organically. Scheduled interviews were held post application with each test agency to assess engagement, uptake and effectiveness. A standardised evaluation instrument was used and applied across all pilot agencies to capture both qualitative and quantitative feedback. The outcomes of the pilot testing phase, including the peer review, shaped the final Framework.

2.7. Study location

The project study location is the greater Western Sydney region in NSW. The region includes the 13 local government areas of Blacktown, Blue Mountains, Camden, Campbelltown, Canterbury Bankstown, Cumberland, Fairfield, Hawkesbury, Liverpool, Parramatta, Penrith, The Hills, and Wollondilly.

Greater Western Sydney had a population of approximately 2.4 million people in 2016 and is one of the most culturally and linguistically diverse regions in Australia, with 43.6 percent of residents speaking a language other than English at home (Western Sydney Community Forum and St Vincent de Paul Society, 2018).

According to the most recent Gaming Machine Report by Local Government Area in NSW (Liquor and Gaming NSW, 2020), six of the top 10 local government areas with the highest electronic gaming machine net profit by clubs, and five of the top 10 local government areas with the highest electronic gaming machine net profit by hotels, are located in greater Western Sydney.

This data indicates that greater Western Sydney is a valid and highly relevant study location to use as a basis for developing and piloting a Culturally Responsive Framework to Address Gambling Related Harm.

2.8. Study limitations and risks

As an action research project, the methodological limitations and projects risks were related and inter-dependent.

Input from practitioners and agencies as experts in gambling related harm amongst culturally and linguistically diverse communities may have presented conflicts between the interest of the client and the interests of the agency and its personnel. While this was minimised through adopting diverse data collection methods, including a literature review and case studies of people with lived experience, and coding and theming of data to identify any diversity or conflict in themes, the potential of conflict is of note.

The action research project and specifically the Framework development phase, was completed during the COVID-19 pandemic. As co-design approaches and active stakeholder involvement were key components of the project, the pandemic may have limited participation due to increased service provision demands.

While the project sought to incorporate diversity in cultures, heritage, values, attitudes, practices and circumstances across and within culturally and linguistically diverse communities, it is impossible to create a cultural profile of all the groups that exist throughout greater Western Sydney due to the level of complexity, cultural nuance and variation within and between groups.

The Framework was developed to be accessible, flexible and applicable to a range of practitioners and contexts, using engaging, interactive digital technology in plain English that is adaptable for different service environments ranging from for example, counselling services to neighbourhood centres to playgroups. However, due to the scale and diverse pathways and entry points to the service system, adaptability at some points may be limited.

2.9. Findings

The findings from the research components are integrated and summarised in this Framework. The findings are available in full in a companion resource under separate cover titled *Culturally Responsive Framework to Address Gambling Related Harm Synthesis Report*.

3. FINDINGS IN CONTEXT: CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES AND GAMBLING RELATED HARM

3.1. Moving beyond pathological and problem gambling to gambling related harm

There has been a shift in research frameworks from clinical and problem gambling definitions and descriptions towards more holistic public health perspective and gambling related harm approaches. Despite this shift, the clinical and problem gambling approaches can continue to exclusively frame multi-sectorial intervention models in practice. This is reflected in the predominance of services that exclusively apply intervention models responding at the individual pathological and behavioural level, such as counselling services. It is important to consider this when discussing engagement and working with culturally and linguistically diverse communities.

Pathological gambling was first included as a disorder in the International Classification of Diseases in 1977 and is included in the ICD-10 under impulse disorders (World Health Organization, 1990). The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) incorporated gambling disorder as a new category in the behavioural addictions classification (previously grouped with Disorders of Impulse Control), in line with research findings indicating that gambling disorder is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology and treatment (American Psychiatric Association, 2013). This encompasses behaviours such as:

- gambling with increasing amounts of money to achieve the same level of excitement
- being restless or irritable when attempting to stop gambling
- repeated efforts to stop
- fixation with gambling
- gambling when distressed
- chasing losses
- lying to hide the extent of gambling,
- risking relationships and/or employment due to gambling and
- calling on others to relieve a desperate financial situation.

Within an Australian context, a national definition for problem gambling was recommended following the work of Neal et al. (2005), to support research and policy decision making. This definition continues to be widely referred to in current information, resources, and practice.

> *"Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community."*
>
> *Neal, Delfabbro and O'Neil (2005)*

More recently, Langham et al. (2015) sought to better understand gambling related harm. They argued that current policy and research uses inadequate proxy measures of harm, such as problem gambling symptoms, which impedes efforts to address gambling harm from a public health perspective. Subsequently, they proposed a functional definition for gambling related harm.

> *"[Gambling related harm is] any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population."*
>
> *Langham et al. (2015)*

This definition moved beyond defining problem gambling in terms of its symptoms and contributes to a more comprehensive understanding of gambling related harm.

Langham et al. (2015) also identified the breadth and depth of harms that can manifest from gambling across multiple domains of a person's lives. They developed six classifications, or taxonomy of harms. Importantly, for the purposes of this Framework, further examination of the data concerning people from culturally and linguistically diverse backgrounds, those with strong religious beliefs and people from Indigenous populations, found that these groups often experienced a seventh classification of harm, referred to in the Framework as cultural harm. The seven classifications are:

- financial,
- relationships,
- emotional or psychological,
- health,
- work; study or economic activity, and
- criminal acts, and
- cultural harms.

This action research project found these classifications, or taxonomy of harms, correlated with the experiences of people from culturally and linguistically diverse backgrounds with lived experience as well as observations by practitioners, as illustrated in Table 1. In particular, the following key themes emerged from the case studies of lived experience, which were significant in their detail.

3.1.1. Financial hardship

Hiding financial status, unpayable debt, loss of employment, eviction and homelessness were reported as common experiences of financial hardship due to gambling. In most cases the hardship was a result of the gambling, but in some instances, prior financial distress was given as a reason for beginning to gamble. This regularly led to exacerbating the poor financial situation.

3.1.2. Violence

Participants reported experiences of anger, shouting, threats from partners and debt collectors, physical violence, pressure to have sex and controlling finances as gambling related harms. All reports of violence related to the behaviour of males. In some instances, participants identified their partner's desire to be in control as common to both violence and gambling behaviours.

3.1.3. Intimate relationship breakdown

A small number of participants in the case studies reported experiencing relationship difficulties before the gambling commenced but, without exception, the gambling behaviours resulted in poorer quality of relationships. There were reports of spending less time together, poor or no communication, proliferation of secrets and erosion of trust. There were multiple instances of family separation, which multiplied financial hardship and isolation.

3.1.4. Isolation

Relationship breakdowns subsequently resulted in a higher level of isolation with reports of being cut off from partners and children, both in Australia and in their birth country. There were also reports of loss of friendship networks, with shame and fear of exposure often resulting in further self-isolation. Participants without intimate partner relationships reported predominant friendships with others in gambling environments, leaving limited alternate support to cease gambling. Loss of social connectedness was reported as a significant contributing factor in declining mental health.

3.1.5. Mental health and suicidality

All the case studies reported mental health issues due to gambling, such as loss of sleep, depression, anger, anxiety, and guilt. For those engaged in gambling, these emotions related to their own compulsions but also to the impact on their families. For partners/family members, the experiences related to concern for partner and family safety and ongoing wellbeing. Further, when caught in these cycles, there was a level of hopelessness expressed. Of key concern were the few participants who reported suicidal ideation due to compounding stressors. Despite increasing levels of hopelessness, all participants were able to identify some action or decision that could contribute to potential change in their or their partner's life situations.

Table 1 – Experiences of people from culturally and linguistically diverse backgrounds with lived experience and practitioners relative to the classifications or taxonomy of harms developed by Langham et al. (2015)

Classifications or Taxonomy of Harms	Reported experiences by people from culturally and linguistically diverse backgrounds with lived experience and practitioners who participated in the action research project
1 Financial	*"No money to send home or save… maxed out credit cards [and faced] the possibility of being homeless as I couldn't keep up with repayments of my home loan and had no money to pay rent."* *"Financial hardship, needed help with electricity and other bills."* *"I started off spending $10 a night which was manageable, and it quickly escalated to $1000 in one night in one sitting. If I didn't have money with me, I would go home to get some or borrow some from someone I knew."* *"…he was not able to make ends meet and needed more income to support his family and children [but] has struggled to stop."* *"…constantly thinking about playing poker machines, became addicted to the point where all hard-earned money and savings were lost."*
2 Relationships	*"… my husband was often angry before and after gambling, even though his leaving home to gamble was a way of reducing his stress or anger."* *"If the wife gives them a final warning then they might come for help."* *"My wife left and I was cut off from my family in Turkey, [I] borrowed money from a lot of people in the community and lost many friends."* *"I've heard so many stories from women who think that their husbands or partners are having an affair. Many of them are relieved when they first learn the truth but that doesn't last long."* *"He struggles with interpersonal relationships and has been cut off from his siblings. Marital status is poor and he has lost many friends."* *"…family separation, pressure on family members to give money, divorce, isolation…"*
3 Emotional or psychological	*"Family breakdown and many mental health related issues including self-harm."* *"[I] was worried and anxious and started having bad dreams again."* *"…covering feelings of anxiety due to a situation that was out of control."*

Table 1 – Experiences of people from culturally and linguistically diverse backgrounds with lived experience and practitioners relative to the classifications or taxonomy of harms developed by Langham et al. (2015)

Classifications or Taxonomy of Harms	Reported experiences by people from culturally and linguistically diverse backgrounds with lived experience and practitioners who participated in the action research project
4 Health	*"…[I] felt depressed, deep sense of guilt and self -blame as a result. This led to a lack of sleep…. had nobody to turn to for support because of the shame felt over the losses."* *"She feels her health is deteriorating because of the stress and lack of sleep. She said that she had suicidal thoughts in the past to get out of the situation."*
5 Work, study, or economic activity	*"[I] lost my job as I preferred gambling."* *"There can be a lot of loneliness, you don't need much English. They make you feel welcome [gambling venues]… international students for example struggling to meet stressors of study."*
6 Criminal acts	*"…borrowed some money and committed an illegal act to make the repayments [I] was arrested by police and had to serve a prison sentence."* *"I felt embarrassed and ashamed when the probation and parole officer was on the phone to [the name of agency] asking personal questions."*
7 Cultural harms	*"CALD communities… often have large networks. We come from collectivist cultures and there are different expectations and ways of doing things than with Australian communities. When someone is in trouble, they have a longer period of being able to borrow from the community – money, time, favours etc. That means they can continue gambling for longer because they have access to not only their finances [but an extended communities']...[by the time help is sought] I've destroyed all of my bridges. Not one or two but all 37 of them and become isolated from the community".* *"Stigma drives decisions, keep it to yourself, then [when you're desperate you might approach] people who are anonymous, then a partner, spouse, lastly religious or community leader because you don't want the community to know."*

3.2. The gambling environment

Examining gambling related harm from a public health perspective necessitates consideration of the gambling environment itself. This considers the level of gambling activities available and associated promotion and inducements for gambling.

Australia has a well-established, firmly entrenched gambling culture, having been a part of European Australian society since colonisation. Gambling, predominantly in the form of card games, was common in the gold rushes of the 1850s and the Melbourne Cup has been a national event since the 1860s. Lotteries were first introduced in the early 20th century, in the name of raising public money. Illegal forms of gambling, often linked with organised crime, was common in most capital cities until the 1980s with legalised forms of gambling restricted to a narrow range of settings (Delfabbro and King, 2012). In the contemporary context, studies have shown majority community support for the right to gamble with adequate harm reduction strategies and gambling reform in place, and limited support for an outright ban of gambling (Donaldson et al., 2016). It is important to note that these studies primarily focus on a mainstream perspective without factoring cross cultural representation that reflects the broader population. It is at the local community level that gambling trends, policy impacts, community harm and wellbeing are distinct from one region to another (McMillen, 2009).

Table 2 – Gambling Participation, NSW Gambling Survey 2019

Form of gambling	
Buying lottery ticket	37%
Electronic gaming machines	16%
Betting on horse or greyhound races	13%
Buying instant scratchies	13%
Playing Keno at the club, hotel or casino	9%
Betting on sporting events	6%
Playing table games at casino	5%
Informal private betting	5%
Bet lotteries or Keno via services such as Lottoland or Planet lottery	4%
Playing bingo or housie	1.9%
Bet on non-sporting event	1%
Bet on eSport event	0.6%
Played casino games on the internet	0.5%
Played poker games online	0.3%
Bet on fantasy sports game	0.3%

Source: NSW Gambling Survey 2019 (Central Queensland University, 2019)

The NSW Gambling Survey 2019 recorded a significant decline in gambling participation, from approximately 65 percent in 2011 to 53 percent in 2019, with all forms of gambling declining with

the exception of bingo, betting on non-sporting events and private betting (Central Queensland University, 2019). The survey showed that the most prevalent form of gambling is the purchase of lottery tickets, as shown in Table 2, and notably, that almost one in five respondents reported participating in online gambling. However, the report confirmed that "…despite declining participation rates, the prevalence of moderate to problem gambling has remained relatively constant" (Central Queensland University, 2019, p. iii) and that the risk increases markedly for certain groups in the community including younger men, people who are unemployed and those who speak a language other than English at home.

3.2.1. Electronic gaming machines

Electronic gaming machines, as the most widespread form of gambling behind lottery tickets, is associated with significant gambling related harm (Bestman et al., 2018; Productivity Commission, 2010; Armstrong and Carroll, 2017). The NSW Gambling Survey 2019 corroborates this, by finding that the rate of problem gambling is more than 13 times higher for electronic gaming machine players at 5.4 percent, compared to 0.4 percent for those who do not play electronic gaming machines (Central Queensland University, 2019).

> *"The activity that presents the greatest risk for problems and harm is EGM play, being both far more prevalent, and having almost double the per person impact than the next harmful gambling activity (online poker games)."*
>
> *NSW Gambling Survey 2019 (Central Queensland University, 2019, p iv)*

NSW has a long history of legalised electronic gaming machines, particularly in clubs. This has resulted in a rapid increase in physical access coupled with a rapid decline in social and psychological barriers, augmenting the widespread normalisation of gambling and spreading to groups that previously had low levels of participation (Donaldson et al., 2015). While accessibility is multidimensional and related to self-regulation, studies show links to problem gambling with people attracted to gambling venues which were geographically accessible (Swinburne University of Technology, 2010).

Electronic gaming machines are a lucrative form of revenue with gambling well entrenched in Australian society and culture. Bestman et al. (2018) cite that in 2016 there were just over 195,000 electronic gaming machines in Australia, with over 94,000 or close to half of these being in NSW. A considerable portion of electronic gaming machine net profit across NSW is provided by venues across local government areas in greater Western Sydney. According to the most recent Gaming Machine Report by Local Government Area in NSW (Liquor and Gaming NSW, 2020):

- six of the top 10 local government areas with the highest electronic gaming machine net profit by clubs are located in greater Western Sydney in Fairfield, Canterbury Bankstown, Cumberland, Blacktown, Penrith, and Campbelltown, and

- five of the top 10 local government areas with the highest electronic gaming machine net profit by hotels are located in greater Western Sydney, in Canterbury Bankstown, Cumberland, Fairfield, Blacktown, Parramatta and Liverpool.
- Despite containing only 28 percent of electronic gaming machines in the state, clubs and pubs in greater Western Sydney accounts for 41 percent of gaming machine net profit in NSW.

As an observation, the local government areas with the highest levels of cultural diversity, based on more than 60 percent of the population speaking a language other than English at home, are Fairfield, Cumberland and Canterbury Bankstown (Western Sydney Community Forum & St Vincent de Paul Society, 2018). All three of these areas rate within the top five local government areas with the highest electronic gaming machine net profit in NSW, by both clubs and hotels (Liquor and Gaming NSW, 2020).

3.2.2. Online and other forms of gambling

With technologies providing easier access to diverse platforms, online gambling has rapidly increased in recent years with more products becoming available and popularity increasing. Gainsbury et at. (2013) found that 8 percent of Australian adults engaged with online interactive gambling, a significant increase from 1998 to 1999 that saw less than 1 percent engaging with this type of gambling related activity. More than half of those participating in this type of gambling began to do so after 2008 (Gainsbury et al. 2013). This was the year in which the Australian High Court made the decision to expand the reach of sports providers licenced in one state or territory, to advertise in others (Hing, 2014). With this change, came the growth of race and sports betting online platforms across Australia. Furthermore, those gambling online are more likely to experience problems and risk, with problem gambling being twice as high and moderate-risk being three times as high, compared to risk levels for those who did not gamble online (Central Queensland University, 2019).

In relation to other forms of gambling, the NSW Gambling Survey 2019 (Central Queensland University, 2019) found that prevalent types of gambling such as lottery tickets, continue to be associated with low rates of harm. Conversely, online table games, fantasy sports and eSports continue to have very low rates of participation but are strongly associated with problem gambling.

3.2.3. An environment that entices people to try to their luck

Gambling studies (Tse et al., 2012; Shaffer and Korn, 2002) have described the ways in which the gambling environment entices individuals to try their luck through:

- strategic advertising geared towards specific ethnic or community groups,
- continually highlighting potential to win attractive prizes,
- availability of gambling activities and electronic gaming machines suited to all skill levels,
- accessibility to gambling venues non-stop (24 hours, 7 days a week),
- families initiating and normalising gambling, and
- introduction to gambling by colleagues and friends.

"[There can be a practice of] blaming the victim with people from CALD backgrounds, it's not about individual deficiencies, gambling industries are predatorious"

Focus group practitioner participant

Culturally and linguistically diverse communities, and particularly those from an Asian background have been found to be targeted by gambling advertising disproportionately (Tse et al. 2012). Market researchers and psychologists have analysed what is referred to as different group cultural codes, being a subconscious set of values and beliefs that influence how consumers understand and respond to products and services. Established in early childhood, this code develops as a result of the cultural environment. Because it is subconscious, people are often unaware, despite the code being influential over their choices and behaviours.

The gambling industry undertake sophisticated research to determine how cultural codes can be used to entice people to engage with gambling products. As noted by Latour et al. (2009), "... these codes…help marketers understand the underlying motivations for gambling in each culture and should assist casino operators to market more effectively". Further, gambling products are not portrayed accurately, given the addictive elements and potential harm caused by gambling (Tse et al., 2012).

3.3. Gambling amongst culturally and linguistically diverse communities

There continues to be a limited and mixed evidence base relating to gambling amongst culturally and linguistically diverse communities in Australia, in part due to differences and nuances in culture and environments (Dickens and Thomas, 2016). The case study analysis and focus group discussions were all rich sources of qualitative data offering a combination of first and second-hand insights into some of the key drivers and attitudes of people from culturally and linguistically diverse backgrounds.

3.3.1. Attitudes towards and motivations for gambling

Emerging themes from the case studies of lived experience showed a combination contradiction of attitudes towards gambling as both taboo and normal. In most case studies, across all the cultures represented, the data indicated that gambling behaviours were interpreted negatively, viewing gambling as taboo. However, even with the vehemence of negativity about gambling, there were comments, at times in the same statements, that also implied that people sought to normalise the behaviour and accept gambling as part of their culture. Some responses across the sample indicated that gambling was mostly a pursuit engaged in by men. There did not appear to be a deeper layer of thinking in the stories about why this might be the case, other than to acknowledge gambling by men as a cultural practice.

"… to be addicted to gambling, is looked down upon by the family, friends and the community."

"… has a heavily regulated gambling industry where almost all gambling is illegal. It is also forbidden to those of the Muslim faith."

"… a positive and a common activity."

"… is a culturally accepted past-time. Card games and mah-jong are part of what we do for entertainment, often with family."

Case study participants

Despite contradictions of gambling being seen in some instances as normal and often as taboo, a key theme emerged indicating that enjoyment was a key motivator for gambling. Specifically, as an antidote to loneliness and socialisation, for stress reduction and for the allure or thrill of the win. Although case study participants were able to identify elements that they believed were enjoyable about gambling, a number also identified markers of a compulsion or addiction to gambling. Behaviours such as a preoccupation with certain types of gambling, difficulty stopping despite wanting to, and a judgement that 'gambling is in the blood'. This indicated that there was often a seamless transition between gambling being enjoyable and the activity turning into an addiction.

The final motivator that emerged as a theme from the case studies relates to two destructive cycles associated with gambling. Firstly, the cycle of winning, losing, and the desire to win more to make up for losses, especially where the losses impacted on the family. Secondly, where gambling was seen initially as an opportunity for socialisation, the preferred gambling methods and/or the debts incurred often resulted in isolation from friends and separation from family.

"… socialising and going to the local club that offered social services for the adults in the evenings, it was local and accessible."

"… nothing was more important than gambling – I felt so great, alive and powerful when I was winning."

"… I enjoy the little wins as I am able to provide more for my family. It's the little winnings here and there which make it really difficult to stop. I do it to make my family happy but if they knew I do this a lot more than I say it will cause conflict"

Case study participants

3.3.2. Prevalence of gambling related harm

The most recent and comprehensive data collected in NSW relating to people from culturally and linguistically diverse backgrounds is the NSW Gambling Survey 2019 (Central Queensland University, 2019). The survey conducted 305 interviews with people who speak a language other than English at home, representing 21 language groups, as shown in Table 3. The report notes that those speaking Cantonese Chinese appeared to be at slightly greater risk of reporting gambling related harm, however its validity was not tested statistically.

Table 3 – Gambling related harms count and average per person for people who speak a language other than English at home

Language other than English	Number of respondents	Count of harms (unweighted)	Average harms per person
Arabic	35	23	.680
Cantonese Chinese	28	33	1.163
Chinese	22	1	.045
Croatian	4	0	0.000
French	6	0	0.000
German	7	0	0.000
Greek	15	4	.168
Hindi	32	16	.424
Indonesian	2	0	0.000
Italian	10	12	.961
Korean	8	8	.920
Macedonian	9	0	0.000
Mandarin Chinese	54	39	.785
Polish	5	1	.230
Portuguese	5	7	1.079
Russian	4	2	.254
Serbian	5	1	.113
Spanish	27	5	.207
Tagalog	7	0	0.000
Turkish	5	0	0.000
Vietnamese	15	14	.740

Source: NSW Gambling Survey 2019 (Central Queensland University, 2019)

The Gambling Survey showed important information relating to the prevalence of harm experienced by people from culturally and linguistically diverse backgrounds. People who spoke a language other than English at home had lower participation across the more common forms of gambling. However, moderate-risk and problem gambling was higher compared to gamblers who spoke only English, with over double the number of harms reported.

This supports earlier research that found culturally and linguistically diverse communities within developed nations, including Australia, tend to participate in gambling less than the overall population, but those who do gamble, may be more likely to experience problems (Dickens & Thomas, 2016; Oei et al., 2019). A report released by the Victorian Casino and Gaming Authority (2000) explored the impact of gaming on specific cultural groups. The findings indicated that people from Arabic, Chinese and Greek communities gambled less than a sample of the general Australian population, however, those who did gamble were up to seven times more likely than the general population to develop severe problems with gambling. According to Blaszczynski et al., it is estimated that in the Australian Chinese community, problem gambling rates are up to 8 times higher than the general population (cited in Dickens and Thomas, 2016).

The results of the NSW Gambling Survey 2019 varied notably when based on location. Respondents who spoke a language other than English at home and lived in Greater Sydney, experienced more harms on average than those who spoke English at home. Conversely, respondents who spoke a language other than English at home and lived in the rest of NSW, experienced fewer harms on average than those who spoke English at home. This suggests that living in a less densely populated or non-metropolitan area may be a protective factor for people from culturally and linguistically diverse backgrounds. There were also some notable variations in the NSW Gambling Survey 2019 when based on education. While respondents who spoke a language other than English at home reported slightly higher than average harms across all education levels, they were significantly higher for those with year 12 or trade certificates.

3.4. Contributors to gambling relating harm vulnerability amongst culturally and linguistically diverse communities

"We really need to emphasise that being from a CALD background is not a predeterminant for problem gambling. The socio - economic risk factors surrounding these groups is what makes them more vulnerable."

Focus group practitioner participant

Culture itself and being from a culturally and linguistically diverse background is not the reason why some groups may be more vulnerable to gambling related harm. Rather, it is the socioeconomic factors they experience, and the systems they are part of. Contributing factors to gambling harm vulnerability can be summarised as broadly relating to:

- socioeconomic,
- minority experience,
- migration and acculturation,
- community resources and infrastructure, and
- culturally influenced help seeking behaviours.

3.4.1. Socioeconomic

Socioeconomic indicators such as unemployment and low-income levels have been linked to problem gambling (Raylu and Oei, 2004; Central Queensland University, 2019). These challenges can be commonly experienced by migrants and refugees as part of the settlement process. The Australian Productivity Commission (2010) Inquiry into the gambling industry echoes that some communities face complex problems resulting from poverty, poor health, low social and human capital and rundown or missing local community resources, that can contribute to significant vulnerabilities in developing gambling problems.

"… he began gambling due to the financial pressure at home; he was not able to make ends meet and needed more income to support his family and children [but] has struggled to stop."

"You don't need much English…people are nice to you"

Case study participant

3.4.2. Minority experience

Raylu & Oei (2004) argue that having a "non-Caucasian ethnicity" can be a risk factor for gambling related harm. It is critical to read this statement from an intersectional lens that understands how power operates in a system geared inherently to value whiteness and English language as superior. Crenshaw's (2017) work in intersectionality affords a practical lens to understand operating from privilege. For people of colour, or culturally and linguistically diverse communities, being 'not-white' and especially not-Anglo-Australian can hinder their access to a multitude of privileges. Identifying as culturally and linguistically diverse or experiencing the world as a person of colour can increase the risk of gambling related harm not because there is something culturally or racially inherent that predisposes individuals to addictive or harmful behaviours, but because of the disproportionate experiences of systemic racism, trauma and other disadvantages. It is other socioeconomic circumstances such as earning low incomes and not having English-speaking advantage, that impact on the experiences of belonging and discrimination for culturally and linguistically diverse communities. It is these multitude of social factors that are relevant to gambling discussions among both culturally and linguistically diverse communities and the general population alike (Stevens and Golebiowska, 2013).

"…lower education and lower income, equal higher risk; [we must consider] socio-economic indicators that contribute towards having those risks."

"It's a way of fitting in with local culture"

"They have more pressure and stress in their lives as part of a minority, [they are] lacking knowledge about how to integrate into [the] host community, gambling can easily become a coping mechanism and they gradually become addicted."

Case study and focus group participants

3.4.3. Migration and acculturation

Internationally, a review of adult prevalence studies of problem gambling found a greater frequency of problem gamblers among individuals who had immigrated to another country or had a parent or parents that had immigrated to another country, than among individuals without a personal or family immigration history (Williams et al., 2012). In a separate study, participants with a migration background reported gambling problems more often and were twice as likely to fulfil criteria for problem gambling than study participants without a migration background (Kastirke et al., 2015).

Similar findings have been reported in research conducted in Australia which found that those who adjusted well to the host culture were less likely to develop gambling problems, whereas those people who showed cultural resistance reported higher rates of gambling problems (Raylu and Oei, 2004; Oei and Raylu, 2009).

"Mental health issues, cultural differences, losing social and recreational activities, easily being trapped but difficult to get out, underlying issues not addressed."

"In other parts of the world, gambling is not part of the culture, it can be illegal, [Migrants] learn [that] gambling is part of socialising in Australian culture"

"There can be a lot of loneliness, you don't need much English. They [gambling venue staff] make you feel welcome…"

Case study and focus group participants

Further, many communities who migrate to Australia come from places with more active social and recreational activities that are mostly or wholly separate to any forms of gambling. The combination of the stressors of migration, coupled with an overt and gambling centric culture can leave individuals more vulnerable to developing problems with gambling. Immigration and post-immigration adjustment issues, such as communication problems, are often cited as stressors leading people to gamble as was boredom and the absence of places for migrants to socialise and recreate (Tse et al., 2012; Dickens and Thomas, 2016).

3.4.4. Community resources and infrastructure

Where people have access to community resources, infrastructure, opportunities, and services, they are more likely to be resilient and productive, and vulnerabilities are more likely to be reduced (Cuthill, 2010; Latham and Layton, 2019). Social and psycho-social problems that appear to be rooted in culture are issues that can stem from a lack of access to resources or limitations in local infrastructure and services (Asad and Kay, 2015). There is also evidence to suggest that services tailored more specifically for culturally and linguistically diverse communities are not well resourced (Raylu and Oei, 2004; Asad and Kay, 2015; Dickens and Thomas, 2016).

Agencies providing gambling related harm minimisation services who participated in the practice scan, stated that limited resourcing inevitably placed limitations on their work and the access that communities had to programs, initiatives, and support.

"That they are not culturally sensitive or appropriate. Communication is key and its falling flat when working with diverse communities."

"Languages are numerous, communities can be vastly different from one another, micro-cultures are diverse."

"…in these cases we have no bi-lingual counsellors and so must refer to another services."

Focus group practitioner participant

3.4.5. Help seeking behaviours

There is generally a very low level of help seeking behaviour amongst all people experiencing gambling harm. While less than 1 percent of gamblers in NSW report having sought out help for problems related to their gambling, 11 percent of gamblers classified as current moderate-risk on the Problem Gambling Severity Index had sought help and 26 percent of problem gamblers had sought help (Central Queensland University, 2019). Those who did seek professional help, preferred personal help, such as speaking with friends, family, and colleagues. People from culturally and linguistically diverse communities may be less likely to seek help than the wider population (Raylu and Oei, 2004), despite having a higher likelihood of experiencing gambling related harm.

While culturally and linguistically diverse communities are dynamic and heterogeneous, clear trends emerged relating to help seeking patterns, namely shame and stigma, perceptions and beliefs on service support, and managing expectations. These trends relate to both cultural values and practice as well as limitations within the existing service system to provide support.

> *"[Ethnic minorities often experience] mental health issues that can be related to cultural differences including losing social and recreational activities, connection to community and cultural activities. [They can find themselves] easily being trapped [by gambling addiction but it can be] but difficult to get out... many underlying issues are not addressed."*
>
> *Focus group practitioner participant*

Shame and stigma

Shame and stigma associated with problem gambling is a key driver amongst culturally and linguistically diverse communities in not recognising gambling harm or seeking out help. Shame and stigma are perceived as not only belonging to the individual but extending to their family, and potentially the broader community. This was the most common explanation for low levels of help seeking behaviour amongst culturally and linguistically diverse communities that emerged from this research, across the case studies and focus groups, and which is supported by literature (Raylu and Oei, 2004; Tse et al., 2004, Dickens and Thomas, 2014). As a result, people do not seek out or receive support until their problems with gambling are severe and negative gambling behaviours are firmly established. This can make it challenging for practitioners as not only are people encountering help at a point of complete crisis, they may be coerced to do so. This could be for various factors such as those relating to financial, relationship or legal interventions.

> *"Losing more money than what one can afford and thereby jeopardising the future prospects of one's family in a new country leads a person to experience intense shame, devastating remorse, and the feeling of being a total failure"*
>
> *Tse et al. (2004, p.8)*

Perceptions and beliefs on service support

Perceptions and beliefs about gambling help services and programs, which consist primarily of counselling and psychotherapy interventions, may also influence the level of service access and use. This is particularly true for communities whose home countries or cultures provide alternate service

system models or rely on family kindship or network models of support. Additionally, gambling treatment programs are based on Western models of service and may lack the cultural sensitivity required to support culturally and linguistically diverse communities (Raylu and Oei, 2004).

"Communities' [don't have an] understanding of the concept of counselling, help seeking outside of family"

"...for many communities the counselling structure we use is too "quick" i.e. straight to the issues without getting to know the person for a very long time."

"Must invest a lot of time in community engagement to continue to be visible and establish rapport with community groups."

"Not enough promotion of Gambling Help counselling services in community."

Case study and focus group participants

Managing expectations

Once engaged in support programs, it can be challenging to manage expectations in minimising gambling related harm and entrenched gambling habits and behaviour. For some this equates to an expectation that change will occur quickly and will be permanent. For others, the counselling process can progress too quickly with more time desired for rapport and trust building between the individual and clinician.

"clients drop out when they don't see [a] quick fix"

"The biggest challenge is from clients' determination of behavioural change with holistic gambling-related issues... needs and problems that they desire to fix in one set."

"...their consistent engagement and commitment to the service is quite challenging to them and easy for them to disengage with the service."

Focus group practitioner participants

4. FINDINGS IN CONTEXT: CULTURALLY RESPONSIVE PRACTICE AND GAMBLING RELATED HARM

4.1. Culture

Culture is the lens through which the world is interpreted, and goals and values are created. Culture is mental programming that shapes how people define themselves and others. It influences whether certain behaviours are viewed as acceptable and is the basis of interpersonal interactions and responses.

Culture is not ethnicity, nor is it monolithic. Instead, culture is individual, even within a defined group such as an ethno-specific or language group where there may be significant variations. People identify and respond to relevant cultural factors within the context of each situation. It is ever changing, evolving over time through exposure to different situations and experiences. There is as much difference within cultures as there are between cultures, with people influenced by many factors, such as gender, religion, ethnicity, socioeconomic status, education, upbringing, sexual orientation, migration, trauma and lived experience.

This central understanding of culture is fundamental to culturally responsive practice, as it influences the quality of service provision that is provided by practitioners in an increasingly diverse community.

"The need for culturally appropriate services is key…. Cultural competency is a continuum. You don't have to be an expert in a culture, but you do need to be able to provide support in a completely non - judgmental and respectful way."

Focus group participant

4.2. Cultural responsiveness

Cultural competency, cultural safety, cultural respect, cultural awareness and cultural sensitivity are terms that have (at times, interchangeably) been used to describe practitioner training and development opportunities and or attributes required by service providers to effectively engage with Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse communities (HETI, n.d). It can also include a component of cultural profiling that has the potential to lead to stereotyping and or a neglect in recognising the complexity of individuals and community culture.

Cultural responsiveness is a more contemporary approach to culture that draws on and extends on earlier concepts. It puts as much emphasis on providers of service as it does on understanding others. It means being open to different ways of understanding the world that may be in opposition to a practitioner's own cultural ideas, beliefs, and values, while still recognising these differences as equal (Green et al., 2016).

A culturally responsive approach facilitates practice that respects the backgrounds, beliefs, values, customs, knowledge, lifestyles, and social behaviours of others. This approach frames the provision

of appropriate support and services, where people are empowered to manage their own lives and wellbeing. Culturally responsive practice improves access to services and reduces inequitable outcomes for marginalised and vulnerable groups (Green et al., 2016).

Becoming culturally responsive is an ongoing, reflective practice. Over time, it can include the following skills and knowledge (Agency for Clinical Innovation, n.d):

- understanding vulnerabilities and risk factors and taking steps to improve access and service outcomes,
- an awareness and understanding of different cultures – including own - with the ability to accept differences without judgements on who or what is 'right' or 'wrong',
- the ability to identify vulnerability or risk factors of specific groups without stereotyping people,
- an awareness of and understanding of own inherent biases towards own cultural values and behaviours,
- the ability to work effectively with people from different cultures in a way that is safe and supportive, and is not discriminatory or harmful,
- the ability to respond appropriately to diverse attitudes, feelings and circumstances of people, and
- an understanding of the structures and services that are necessary to deliver cultural support and bring about systemic change.

4.3. A culturally responsive framework

Culture is a multidimensional, ever evolving phenomenon that changes as people and communities change. Culturally and linguistically diverse communities across greater Western Sydney have some shared experience of knowledge and its application that relates to their cultural heritage. However, the uniqueness that exists in the lives and experiences of individuals must be acknowledged.

"Not all CALD communities operate in the same way."

"There's a lot of variation within communities as well. Even within collective communities. You have to recognise that."

"Languages are numerous, communities can be vastly different from one another, micro-cultures are diverse."

Case study and focus group participants

It is impossible to create a cultural profile of all the groups that exist throughout greater Western Sydney and to apply a rigid framework to each. There is too much complexity, cultural nuance and variation within and between these groups. It is possible however, to ground a culturally responsive approach around key principles.

Asad and Kay (2015) developed a model for a multidimensional understanding of culture specifically for health interventions. To develop the model, they explored practitioner's understanding of culture and how this influenced interventions across design, implementation, and evaluation.

> *"In short, there is a need to define culture in a way that not only accounts for local variation, but that also provides a concrete framework for those interested in implementing health interventions across diverse geographic, ethno-racial, and political settings."*
>
> *Asad & Kay (2015, p. 80)*

The model developed by Asad and Kay (2105) focuses on the dimensions of cultural knowledge, cultural practice, and cultural change, as described in Table 4. Asad and Kay (2015) argue the conceptualisation of these dimensions in practice, are linked to the success and failure of interventions to achieve improvements in health outcomes.

Table 4 – A multidimensional model of how culture matters for health interventions (Asad and Kay, 2015, p 84-85)

Dimension	Description
Cultural knowledge	• *Relates to the design of interventions* • *Includes the shared ideologies, beliefs, values, meanings, and norms*
Cultural practice	• *Relates to the implementation of interventions* • *Includes respecting and leveraging cultural knowledge to address structural limitations*
Cultural change	• *Relates to the evaluation of interventions* • *Includes embedding new knowledge and sustained improvements in health overtime*

The concepts of cultural knowledge, practice and change provide a framework for designing responses to address gambling related harm and for implementing strategies to improve the likelihood of long-term effectiveness.

4.4. Effective ways of working with people from culturally and linguistically diverse backgrounds

Gambling related harm should be understood holistically for support and prevention initiatives for culturally and linguistically diverse communities to be effective. It is linked to a range of socioeconomic indicators and environmental factors that need to be considered when designing and implementing effective harm reduction and support initiatives. Individuals and communities

generally have a low awareness of the professional gambling support services available (Langham et al, 2017). This is more so amongst culturally and linguistically diverse communities who are generally less familiar with local support systems and services according to the findings of this research.

Both culturally specific and culturally appropriate mainstream gambling support services are needed to support people from culturally and linguistically diverse backgrounds and their families. The below outlines the emerging themes from this research on effective ways of working with people from culturally and linguistically diverse backgrounds.

4.4.1. Effective community engagement

Effective community engagement is a valuable contributor to gambling harm minimisation and support programs being successful. Workers needed to be able to understand and connect with community in order to ensure awareness and take up of the program or service amongst those who require it. In collaborative or partnership projects, workers with direct knowledge of, and links to community or clients were viewed as integral to the success of the initiative. Utilising traditional community development and engagement approaches to have non-threatening conversations with community members as a soft entry point to gambling education was seen as valuable and effective. Additionally, the correlation between gambling problems and social breakdown or transgression indicates that gambling-related harm could potentially be reduced through community engagement initiatives intended to promote social cohesion and wellbeing more broadly.

"Information about gambling, its impact on the community and support services available is directly communicated to CALD clients, groups and communities."

"We have great community connections and rapport."

"The effectiveness of the group is in its membership which includes service providers who work directly with CALD communities."

"Must invest a lot of time in community engagement to continue to be visible and establish rapport with community groups."

"The Group has applied traditional methods of community education and awareness raising including pop up stalls and participating in forums. The outcome has been engaging with over 200 residents directly and distributing flyers in multiple languages."

"Soft entry programs… [that] initiate conversations about gambling that result in referrals are very good. "

Practice scan participants

4.4.2. Accessibility

The accessibility of an initiative, taking into consideration a community or individual's unique personal requirements, was the most cited contributor to successful gambling harm minimisation for people from culturally and linguistically diverse communities. This related in most instances to bilingual and bi cultural knowledge and skills, and was cited by most respondents in the practice scan. Other accessibility considerations included location and times during which a service or program was available.

"All clinicians are multi-lingual, service is offered in the client's first language. If language is not a barrier to services, understanding the client's cultural background greatly assists in establishing a strong therapeutic alliance. Cultural aspects, migration history often play a significant role in the reasons behind the person engaging in problem levels of gambling. It also assists in understanding various levels of stigma the client and his/her family might face and the community and family members' ability/inability to engage with and support the client in recovery"

"My bilingual communication in the service delivery to both Vietnamese and English-speaking community members or clients is considered as one of the service advantages for clients in making [a] choice when seeking help within the South Western Sydney area."

"…team includes some presenters from culturally diverse backgrounds, and this has been an advantage with audiences from similar backgrounds."

"Multi-cultural team and extensive cultural training. This makes our team more effective as our counsellors have a deeper understanding and appreciation for differing cultures and heritages, allowing us to empathise better and deliver a more truly tailored experience with realistic solutions."

"[We] offer at night sessions on a Wednesday, and this works well for those who work. This later night sessions have been made flexible during COIVD-19 as they are not face to face and employees have more flexible working arrangements."

"Missing some of the new and emerging community languages. Mental health clinicians are not yet available in many of those. Robust central referral system that recognises and promotes appropriate services to culturally and linguistically diverse community members"

Practice scan participants

4.4.3. Tailored and bespoke initiatives

As a sub theme of accessibility, tailored and bespoke initiatives were viewed as paramount, particularly when working directly with individuals in a counselling or support setting. This was identified as challenging at times to provide accessible, tailored, person centred services that people from culturally and linguistically diverse backgrounds require.

"As part of the Program, the counsellor conducts home visits to elderly clients who are unable to come to Co.As.It. In this way, we are able to reach out to disadvantaged people."

"Services extend to supporting the family and friends to understand what the individual is going through."

"No fee to attend…no referral from GP required…discreet… weekend hours available for appointments…no limit on number of appointments."

"Clients working fulltime means sometimes we have long waitlists for Saturday appointments, if there is too long of a gap between the intake (them contacting the service) and offering them an appointment sometimes the initial motivation is gone. gamblers may not have money to travel/ drive."

"…for many communities the counselling structure we use is too "quick" i.e. straight to the issues without getting to know the person for a very long time."

Practice scan participants

4.4.4. Evidence based practice

Ensuring that initiatives that were grounded in evidence-based practice with clearly identified benchmarks for successful outcomes, was also considered integral. Where possible, existing culturally and linguistically diverse focused gambling harm minimisation services should be better resourced in order to increase their reach and effectiveness. Mainstream services should receive sophisticated culturally responsiveness training in the context of gambling harm to increase their capabilities and effectiveness.

"Effectiveness of the program can be seen through clients' evidence-based progress with their expected outcomes met and satisfaction level on problem recovery. It proves clients' goals can be achieved by the service provider clear understanding of their needs providing appropriate information, integrated skills and necessary lived experience in right direction."

"Use of data and research to demonstrate that the legal benchmarks have been met or not"

"…research and development of a screening tool to identify and quantify people experiencing harm from gambling either as a gambler or someone in a relationship with a gambler."

"Some people don't want to see someone in their own community but find mainstream interventions ineffective."

Practice Scan Respondents

4.4.5. Specialist subject matter knowledge

Specialist subject matter knowledge was also recognised as key, though not identified as often as cultural responsiveness. This was perhaps assumed, given that the practice scan was specifically seeking to learn more about gambling harm minimisation. Specialist subject matter knowledge was noted as a gap and key requirement for some organisations. This was identified as a key factor to support not only outcomes for the participants, but also to be able to make well informed and considered contributions to social and public policy decisions. Ensuring strategic training and placement of skilled staff with specialised knowledge and cultural awareness was perceived to be the solution to this gap.

"Access to counselling who have knowledge and background and training."

"When clients resistant to change for example because of family ultimatums."

" Current effective engagement in the assessment and consultation process of proposed increases in EGMs is limited to specialists with understanding of the complex legislative environment as well as ability to resource data sourcing, analysis and impact assessment"

"I think the program requires the service provider integrated skills of therapeutic approaches, good relevant knowledge and experience in understanding and assessing clients' causes & effects of problem gambling that they are stuck to help not only for harm reduction by problem-solving but prevent gambling relapse and other possible gambling-related influences in the future"

"Placement of additional community workers who are skilled in culturally sensitive counselling and support for gambling into community organisations would enhance treatment outcomes and reduce the harms."

"running a concurrent DBT (dialectical behaviour therapy) program that allows gamblers with other psychological issues that need to be addressed to attend simultaneously has been a great asset. It means that we can keep people within the service and help them build skills that will prevent relapse / create better health outcomes than we could provide with only gambling treatment"

Case study and focus group participants

4.4.6. Community education

Amongst non-counselling specific initiatives, community education was considered one of the most effective methods of working towards gambling harm minimisation amongst culturally and linguistically diverse communities. Community leaders and elders were identified as potential champions for gambling harm minimisation messaging. Community education is also a key strategy to address the lack of familiarity by many individuals with western interventions such as counselling and lack of widespread understanding of the services available to help.

“There was a very low level of understanding amongst local community sector workers and the local community about gambling harm and the specific high vulnerabilities around EGMs and local clubs in Fairfield. Vital to increase community knowledge and understanding to empower workers and residents to use new understandings in work and their communities.”

“Sometimes [its] good to educate community leaders so that information can filter through. Seek out allies. Utilise people within the community who already have standing and power”

“Not enough promotion of Gambling Help counselling services in community.”

“Communities' understanding of the concept of counselling, help seeking outside of family.”

Case study and focus group participants

4.4.7. Lived experience

Initiatives that are peer led and inclusive of individuals with lived experience, or at the very least informed by those with lived experience were highly valued. This approach was both engaging as a narrative and had the capacity to resonate with the experience of others, ultimately facilitating hope, optimism and possibility.

Peer & professionally led peak body on gambling harms (only service of this type in the Country). Providing a range of information, community education and professional development services including peer led community education programs."

"Experience….draws on the power of the individual narrative as an educative tool for health promotion. GIS trained peer educators go out into the community in the company of a local… gambling counsellor to tell their personal story of negotiating gambling harm and recovery either as a gambler themselves or an affected family member. Feedback is overwhelmingly positive - people respond to first person accounts of real lived experience of gambling harm. What matters is that the person themselves has lived through gambling harm and is back on track with their life, and is able to talk about their journey in a way that is helpful for others. Audience members are able to grasp that people can overcome gambling harm, can bring about change in their lives, can be empowered to use their experience to help others."

Practice Scan Respondent

5. THE FRAMEWORK

The Culturally Responsive Framework to Address Gambling Related Harm is an integrated approach to support practice based on the findings of this action research project.

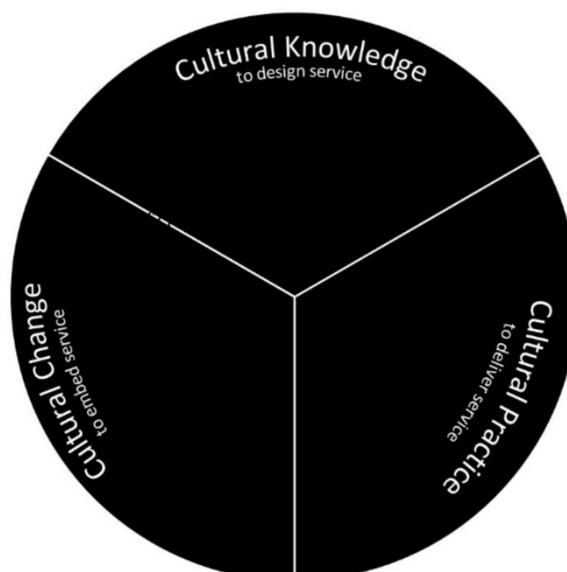
The Framework is enveloped by fundamental frames as a foundation for the three key dimensions that inform practice, being the harms, the stressors, and the strategies, as shown in Figure 3.

Figure 3 – The Culturally Responsive Framework to Address Gambling Related Harm

5.1. The fundamental frames

The Framework is encased by the concepts of cultural knowledge, cultural practice, and cultural change, as described in Section 4.3 and shown in Figure 4. This is based on the model developed by Asad and Kay (2015) that links the success and failure of interventions to achieve improvements in health outcomes.

Figure 4 – The fundamental frames



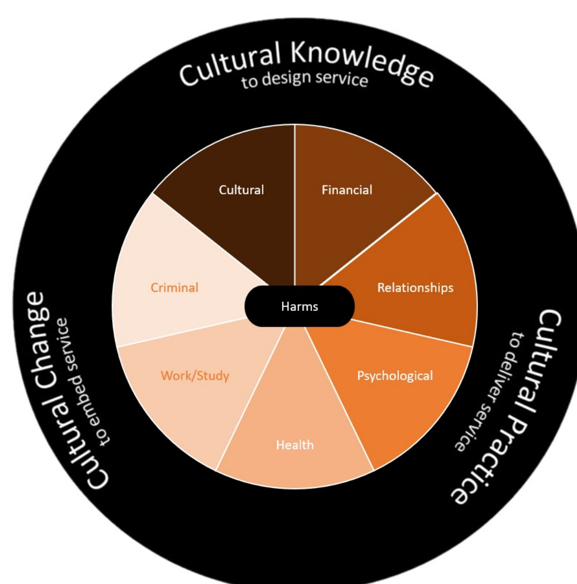
These framing concepts of cultural knowledge, practice and change are interrelated and interdependent when effectively responding to addressing gambling related harm with culturally and linguistically diverse communities. They are applied as an integrated model that frames and informs across and within effective approaches, not as isolated elements.

Within these fundamental frames are the three key dimensions that inform practice, being harms, stressors and strategies.

5.2. The harms

The harms dimension, as shown in Figure 5, represents the breadth and depth of harms that can manifest from gambling across multiple domains of a person's lives, as developed by Langham et al. (2015).

Figure 5 – The harms in frame



This dimension includes the seven classifications, or taxonomy of harms (outlined in Section 3.1), which correlate with the experiences of people from culturally and linguistically diverse backgrounds with lived experience and practitioners according to the findings of this action research project.

A culturally responsive approach to addressing these gambling related harms is enveloped by the fundamental frames, as shown in Figure 5. In this way, the harms are considered from each of these perspectives in order to effectively design, deliver and embed service.

5.3. The stressors

According to the findings of this action research project, there are five key stressors or contributors to gambling related harm vulnerability amongst culturally and linguistically diverse communities, as identified in Section 3.4 and shown in Figure 6. An understanding of these stressors and how their inter-relationship with gambling related harms and potential strategies is key to effective culturally responsive practice according to the findings of this action research project.

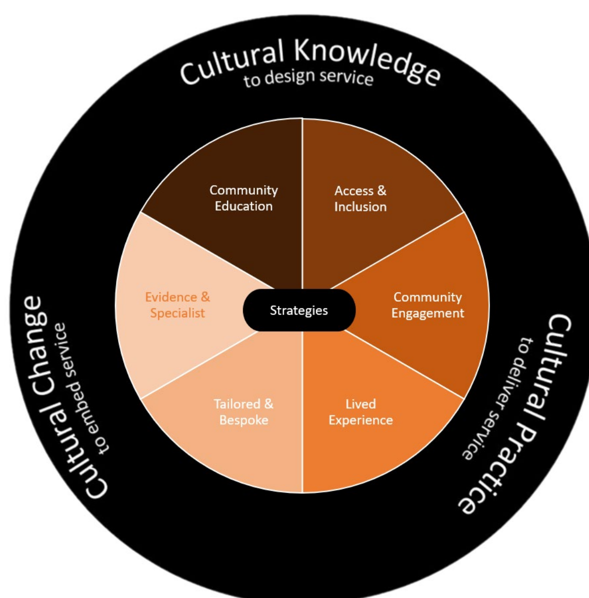
Figure 6 – The stressors in frame

A culturally responsive approach to addressing gambling related harm ought to consider and integrate these factors into interventions and engagement strategies to improve effectiveness. To do so, the stressors are enveloped by the fundamental frames, as shown in Figure 6. In this way, the stressors are considered and actioned from each of these perspectives in order to effectively design, deliver and embed service.

5.4. The strategies

According to the findings of this action research project, there are six key strategies that form the basis for effectively working with culturally and linguistically diverse communities to address gambling related harm, as shown in Figure 7.

Figure 7 – The strategies in frame



The six key strategies identified by this action research project to effectively work with people and communities from culturally and linguistically diverse backgrounds to address gambling related harm are summarised in Section 4.4.

These strategies, like the harms and stressors, are enveloped by the fundamental frames, as shown in Figure 7. In this way, the strategies are considered and actioned from each of these perspectives in order to effectively design, deliver and embed service.

6. APPLYING THE FRAMEWORK IN PRACTICE

The purpose of the project was to enhance the capacity of the multi-sectorial human service system to provide appropriate and effective responses at the systemic, organisational, professional, and individual levels.

Through an action research methodology, it specifically sought to not only strengthen practice knowledge, but also to provide tools for implementation. The iterative nature of the action research approach engaged with the human service system to improve as well as shape knowledge and practice as part of the process. In doing so, it provided practical methods and solutions for immediate implementation of learning and action. Therefore, developing a platform of implementation tools to apply the Framework in practice was a key part of the project, designed to bring the outcomes of the research to life, assist in embedding in practice, and completing the action research cycle to shape the application of the research.

The implementation tools were developed and tested in collaboration with project stakeholders, through both a peer review and pilot process. They were intentionally designed to be diverse, with the capability to be utilised as isolated and independent resources and tools or as a complete package. This reflects that individuals, agencies and collaborative networks who work with culturally and linguistically diverse communities, are responsible for different roles and functions and may be at different phases of learning and development in responding to gambling related harm. Providing a range of complementary but varied tools responds to the diversity of contexts and learning and information needs.

The implementation tools include an e-learning hub, readiness self-assessment score, lived experience storybooks, practice case studies, practice e-template, clearinghouse, and e-symposium.

6.1. eLearning hub

The eLearning hub comprises a set of four interactive modules to introduce and facilitate engagement with the Culturally Responsive Framework to Address Gambling Related Harm.

The modules summarise information from the research findings and the Framework. They also provide pre and post quiz platforms, with a tailored report provided upon completion for sharing with colleagues and supervisors.

The modules can be completed independently as isolated learning opportunities or as a complete package to accommodate practitioners and agency staff at all levels of the organisation. They can be used as an introductory learning exercise for staff and volunteers with diverse backgrounds and training as well as specialist staff who are seeking professional development opportunities. Finally, the modules can be used by supervisors and managers to assist staff and volunteers in their training and development journeys, using the quiz results to assess completion and progress.

The four modules are:

- Module 1 – Culturally Responsive Practice Rapid Refresher
- Module 2 – Culturally Responsive Practice Gambling Related Harm
- Module 3 – Culturally Responsive Practice Gambling Related Harm Framework
- Module 4 – Culturally Responsive Practice Implementation Tools

6.2. Readiness self-assessment score

The readiness self-assessment score is a tool to gauge progress over time in working towards culturally responsive practice to address gambling related harm. It can be applied to an individual program or service, or to an entire organisation or service system collaborative network.

Like the eLearning modules, the self-assessment score can be used independently as a stand-alone resource or as part of the larger package of implementation tools that are available.

The tool is based on 10 indicators that directly relate to the Culturally Responsive Framework to Address Gambling Related Harm and incorporate the framework dimensions, including:

- the fundamental frames of cultural knowledge, practice, and change,
- the harms,
- the stressors, and
- the strategies.

The self-assessment score provides a report that highlights areas for future focus and the self-assessment can be taken multiple times or at strategic points in an operational planning cycle.

6.3. Lived experience storybook

The lived experience storybook is a compilation of diverse case studies collected as part of this action research project. They are presented as an interactive simulation, sharing the personal experiences of people from culturally and linguistically diverse backgrounds who live in Western Sydney and have experienced gambling related harm.

The storybook includes the experiences of:

- Layah who was born in Iraq and speaks Assyrian at home
- Mihai who was born in Romania and speaks Romanian at home
- Mei who was born in China and speaks Mandarin at home
- Emir who was born in Turkey and speaks Turkish at home

While the stories are genuine and reported directly by case study participants, the storybook names are fictitious and stock images are used to protect privacy and maintain anonymity of research participants.

6.4. Practice case studies

Four practice case studies are provided to assist in translating the Culturally Responsive Framework to Address Gambling Related Harm into practice.

The practice case studies include:

- Engaging Cambodian Buddhist Temples Partnerships in Springvale, Victoria
- Mapu Maia Gamblefree Day in Auckland, New Zealand
- The Consumer Voices Project in Nowra, NSW
- Fairfield Coffee Cart in Fairfield, NSW

A summary of each practice case study is provided, with the framework principles and dimensions overlaid to exemplify application in practice. As an interpretive learning tool, it directly integrates theory with exemplars of practice.

6.5. Practice etemplate – review and design

The practice eTemplate is a tool to review and or design actions for building culturally responsive practice to address gambling related harm. Like the other implementation tools, the eTemplate can be used as an isolated resource or as part of the larger package of tools available.

The practice eTemplate is a store of questions that are based on the Culturally Responsive Framework to Address Gambling Related Harm. It can be used by an individual practitioner, a service or program arm, a network or collaborative group, or by an entire organisation. In particular, it facilitates and encourages a group or team co-design process. Furthermore, it can be completed multiple times to align with a groups' strategic or service planning cycle.

The etemplate is designed to be flexible, enabling user choice in the number of answers considered and the depth of consideration. A Vault of Possibilities, being the composition of activities drawn from case studies of lived experience and service delivery, is available to use as a resource for formulating ideas for actions and interventions. A custom report is provided with responses, which forms the basis of an action plan to build or expand culturally responsive practice to address gambling related harm.

6.6. The framework clearinghouse

The Framework clearinghouse is a central portal for information that can be updated from time to time as new resources, information, links and tools become available.

As a starting point, the clearinghouse includes:

- The Vault of Possibilities being a composition of effective activities drawn from case studies of lived experience and service delivery
- Interactive Livestreams that unpack and discuss priorities and perspectives on gambling related harm as it impacts on Western Sydney
- Podcast interviews that share short stories of success and challenge in experience and practice
- Sample policy templates to support agencies and networks who wish to develop formal plans or positions for culturally responsive practice to address gambling related harm

- A language guide to assist individuals and organisations in embedding a Culturally Responsive Framework to Address Gambling Related Harm
- Further research and links for additional information relating to a Culturally Responsive Framework to Address Gambling Related Harm

6.7. The framework eSymposium

The Framework eSymposium is a digital event that will be held live through an online platform.

The purpose of the eSymposium is to interactively introduce and launch the Culturally Responsive Framework to Address Gambling Related Harm and to engage a broad cross section of community groups, agencies, and services.

The eSymposium will present and integrate:

- lived experience,
- practice experience, and
- research experience.

It will also facilitate multiple simulation rooms that event participants can visit to learn and interact with the Framework and its implementation tools.

While the event will be held digitally, it will be available into perpetuity for future reference and viewing as part of the Framework clearinghouse. In effect, it becomes an additional resource and tool to assist in implementation.

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APPENDICES

Appendix A – Framework Implementation Group

Alliance for Gambling Reform	Dr. Kate da Costa, NSW Campaigner
Assyrian Resource Centre	Carmen Lazar OAM, Community Settlement Manager
Barnardos Australia	Mary Haiek, Auburn Centre Manager
Blacktown Area Community Centres	Nafiye Mind, Executive Officer
Blacktown City Council	Tony Barnden, Manager Community Development
Canterbury Bankstown Council	Joanna Stobinski, Capacity Development Officer Diversity
Chinese Australian Services Society	Ernest Yung, Team Leader
CORE Community Services	Shama Pande, Manager Multicultural Communities
Fairfield City Council	Susan Gibbeson, Manager Social Development
Marrin Weejali Aboriginal Corporation	Tony Hunter, Chief Executive Officer
Mt Druitt Ethnic Communities Agency	Amie Hope, Manager
Multicultural Problem Gambling Service for NSW	Maria-Lujza Ghyczy, Service Manager
NSW Department of Communities & Justice	Natasha Mann, Executive Director – Justice Strategy and Programs
Settlement Services International	Sanjalin Krishnan
South Western Sydney Primary Health Network	Courtney Whittaker, Project Manager Gambling Nick McGhie, Health Promotion Project Manager Michelle Roberts, Integrated Health Manager
SydWest Multicultural Services	Elfa Moritakis, Chief Executive Officer
The Multicultural Network	Fatmata Bangura, Multicultural Community Development Worker
Western Sydney Community Forum	Stephanie Adam, Senior Policy & Programs Annukina Warda, Senior Policy & Programs Tom Nance, Manager Policy & Programs
Western Sydney University	Dr. Neil Hall, Director Academic Programs Social Work, School of Social Sciences
Woodville Alliance	Pam Batkin, Chief Executive Officer

Appendix B – Lived experience case study interview questions

1. Profile Questions

1.1. Gender
1.2. Age
1.3. Aboriginal and or Torres Strait Islander Background
1.4. Ethnicity
1.5. Language spoken at home
1.6. Years in Australia (if applicable)
1.7. Person from a migrant/refugee/asylum seeker background (if applicable)
1.8. Reason for accessing service

2. Interview Questions

2.1. What does 'gambling' look like in your culture?
2.2. How did the gambling start and why did you/person close to you, start gambling?
2.3. What do you/person close to you, enjoy about gambling?
2.4. What is the favourite method of gambling?
2.5. When did you/person close to you, realise that the gambling was a problem?
2.6. How has gambling impacted you/your family/your community?
2.7. What can cause you/person close to you to gamble more?
2.8. What helps you/person close to you to gamble less?
2.9. What gambling harm support have you accessed, if any? Was it helpful? If yes, why? If not, why not?
2.10. What do you believe would help you/person close to you/your community to be less impacted by gambling harm?
2.11. Any other comments?

Appendix C – Focus groups facilitative questions

1. Being from a culturally and linguistically diverse background is a risk factor for gambling related harm (scaled – 1 strongly disagree to 5 strongly agree)

2. Living in Western Sydney is a risk factor for gambling related harm (scaled – 1 strongly disagree to 5 strongly agree)

3. A person from a culturally and linguistically diverse background seeking help in relation to gambling harm is most likely to turn to:
   - Gambling helpline
   - Family or friends
   - Self-help (eg. online tools, manuals)
   - Doctor
   - Spouse or partner
   - Religious or cultural leader/figure
   - Professional (counselling or social worker)
   - Other, please specify

4. A person from a culturally and linguistically diverse background is most likely to seek help due to:
   - Someone urging them to
   - Financial problems
   - Recognising that they have a problem
   - Feeling depressed or worried
   - Relationship problems
   - Other, please specify

5. The most harmful form of gambling amongst culturally and linguistically diverse communities is?

6. What services and/or programs do you know about to support people from a culturally and linguistically diverse background experiencing gambling related harm?

7. What in your professional opinion are the most common reasons for culturally and linguistically diverse communities to become involved in problem gambling?

8. When working in a culturally responsive way to minimise gambling harm, what are some of the key considerations?

Appendix D – Practice scan survey questions

1. Profile Questions

1.1. Position
1.2. Organisation
1.3. Location

2. Survey Questions

2.1. What is the gambling harm support program/project/service provided?
2.2. What makes the program/project or service effective and why?
2.3. What are the 3 biggest challenges in delivering the program/project/service effectively?
2.4. What are the gaps (if any) in the program/project or service?
2.5. How do you think these gaps could be filled?
2.6. What innovative or creative approaches have been taken to deliver the program/project or service, and what has been the outcome of this innovation?
2.7. Do you know of any other innovative local, national or international programs/projects or services that are achieving outcomes to minimise gambling harm amongst culturally and linguistically diverse communities? Please describe them and why you believe them to be effective.

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