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Assisting problem gamblers in the gaming venue: an assessment of practices and procedures followed by frontline hospitality staff

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Assisting Problem Gamblers in the Gaming Venue: An Assessment of Practices and Procedures Followed by Frontline Hospitality Staff

Abstract

This study examined how frontline hospitality staff respond to patrons with gambling problems in gaming venues. Personal interviews with 48 staff in Queensland Australia yielded rich in-depth data. While overall, staff were confident they could identify signs of problem gambling and procedures to follow if patrons ask for assistance with a gambling problem, uncertainty and unresolved challenges persist over how to respond to problem gamblers who do not request assistance. While better training, systems and processes may improve staff interventions, continued reliance on human judgement and discretion are likely to see the vast majority of problem gamblers in venues ignored.

Key words: problem gambling, indicators, responsible gambling, hospitality staff, interventions.

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1. Introduction

While commercial hospitality traditionally has been viewed as the provision of food, beverage and accommodation in a service context (Lashley 2000), the provision of gambling services now has become a core activity of many hospitality businesses. While gambling at a casino, hotel or club may have some positive health benefits, such as fun, excitement and respite from everyday demands or social isolation, *problem* gambling is recognised as a serious public health issue in many countries (Korn & Shaffer 1999; Shaffer & Korn 2002; Messerlian, Derevensky & Gupta 2005).

Thus, around the world, hospitality providers with gambling services are now grappling with how best to implement responsible gambling measures to minimise the harm from gambling. While measures to prevent or minimise gambling problems vary from one jurisdiction to another, and between gaming venues within the one jurisdiction, they have been broadly classified as either educational initiatives ‘intended to change internal knowledge, attitudes, beliefs, and skills so as to deter an individual from problem gambling’ or policy initiatives ‘intended to prevent problem gambling through the alteration of external environmental controls on the availability and provision of gambling’ (Williams, West & Simpson 2007:4).

Problem gambling has been characterised as ‘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). However, while the consequences of problem gambling have been well documented, its causes are far less

clear. A public health perspective of problem gambling suggests that psychological, behavioural, biological, social, cultural and economic factors may all be influential (Korn & Shaffer 1999; Blaszczynski & Nower 2002; Griffiths, Hayer & Meyer 2009) and that it is the interrelation of the individual with a broad range of environmental factors that together contribute to the development of gambling problems (Reith 2007). Thus, effective prevention of problem gambling is likely to require ‘a sustained, multifaceted, and coordinated approach’, given that numerous internal and external factors contribute to problem gambling (Williams, West & Simpson 2007:5).

Problem and at-risk gamblers clearly spend considerable time in gaming venues, presenting opportunities for hospitality staff to assist them to address their gambling issues. Thus, one initiative in responsible gambling focuses on on-site interventions with patrons considered to be problem or at-risk gamblers, and is the subject of this paper. These interventions may be prompted by gamblers who recognise and seek to address their gambling problem. In these instances, regulations, industry codes of practice and venue policies are usually clear on what staff should do. However, these interventions may also be prompted or expected when patrons show signs of gambling problems or when concerns are raised about their gambling by significant others, even though the gambler him/herself does not ask for help. In these situations, there tends to be far more ambiguity around procedures that hospitality staff should take, and decisions about if and how to intervene are often left to individual staff discretion. Thus, this paper reports on research that examined how, and how appropriately, frontline hospitality staff respond to and assist patrons with gambling problems in gaming venues, as derived from interviews with 48 staff of hotels and clubs with gambling facilities in Queensland, Australia.

2. Background Literature

2.1 Problem Gambling

The spread of gaming venues in many parts of the world has been accompanied by increased prevalence of problem gambling (Dickson-Gillespie et al. 2008). In jurisdictions with ‘mature’ gambling markets, 2-5 per cent of the adult population are estimated to be problem or pathological gamblers (Volberg 2007). However, some gambling forms have a stronger association with gambling problems than others. Volberg (2007) cites several studies that have found these prevalence rates to be as high as 25 per cent amongst regular gaming machine players and racetrack punters.

In Australia, a significant proportion of the adult population has a gambling problem. Of the 15 per cent who gamble regularly, 10 per cent are estimated to be problem gamblers with a further 15 per cent being moderate risk gamblers (Productivity Commission 2009). Most gambling problems are associated with gaming machine play and gaming machine venues, which include casinos, hotels and clubs, derive a substantial proportion of their revenues from problem and at-risk players. Indeed, the Productivity Commission (2009) estimated that over 60 per cent of Australian gaming machine revenue is derived from the 30 per cent of players who face significant gambling risks.

Clearly, problem and at-risk gamblers can comprise a considerable proportion of gaming venue patrons. Thus, responsible gambling measures in some gaming venues include on-site interventions that target these patrons.

2.2 Responsible Gambling

According to Korn (2000), the goals of gambling interventions are to prevent gambling-related problems, promote informed, balanced attitudes and choices, and protect vulnerable groups. Thus, the guiding principles are prevention, health promotion, harm reduction and personal and social responsibility (Griffiths, Hayer & Meyer 2009).

Responsible gambling measures can be considered a subset of gambling interventions, with Blaszczynski, Ladouceur and Shaffer (2004:308) defining it as 'policies and practices designed to prevent and reduce potential harms associated with gambling; these policies and practices often incorporate a diverse range of interventions designed to promote consumer protection, community/consumer awareness and education, and access to efficacious treatment'.

Responsible gambling measures increasingly have become regulated, but had their genesis in early voluntary industry codes of practice, with one of the first developed by the American Gaming Association (1996). Since then, these measures have generally broadened. For example, the Queensland Responsible Gambling Code of Practice (Queensland Treasury 2004) sets out practices in the six areas of: provision of information (e.g. about potential risks associated with gambling, where to get help, and odds of winning major prizes); interaction with customers and community (e.g. links with local gambling support services, having a trained customer liaison officer to assist patrons and staff with gambling-related issues, providing responsible gambling staff training); exclusion provisions (e.g. supporting documentation, providing contact information for gambling support services, cessation of any direct marketing); physical environment (e.g. prohibition of gambling by minors and intoxicated persons, encouraging breaks in play, displaying the time); financial transactions (e.g. ATMs not to be in gaming rooms, limits on cheque

cashing, paying large wins by cheque, prohibiting credit betting); and advertising and promotions (e.g. not to be false, misleading or deceptive).

Responsible gambling measures have generally aimed to provide information and skills to allow informed choice and responsible play. However, this philosophy has been criticised for ‘a continued focus on the individual as the site of gambling problems, as well as their resolution’ (Reith 2007). That is, these measures emphasise the gamblers’ responsibility to arm themselves with information, regulate their behaviour, make appropriate decisions, and limit how much they play (Reith 2007). Similar concerns have been raised by Boxenbaum and Thomas, who argued that, in coining the phrase ‘responsible gaming’, the industry has ‘shifted the responsibility from themselves to the victims’ (2004:2), whereas the ‘onus of the responsibility must be on the provider of the activity’ (2004:7).

However, one recent initiative in responsible gambling – on-site interventions with problem and at-risk gamblers – departs from this philosophy when these interventions target gamblers who have not requested assistance. Meyer and Hayer (2008) have identified two basic approaches to the early detection of problem gamblers. One uses player data on actual gambling behaviour, while the other involves identification of problem gamblers in venues based on observation, as discussed below.

2.3 On-site Identification of Problem and At-Risk Gamblers Using Player Data

Use of real player data to identify problem and at-risk gamblers occurs in a small but increasing number of settings. In noting that casinos routinely collect data on gamblers’ patterns of play and their spend and losses, for their player reward

schemes, Hancock, Schellinck and Schrans (2008) described a system developed by Schellinck and Schrans to identify risk for problem gambling using these data. Subsequent implementation in two Saskatchewan casinos found the system could 'identify high-risk and problem gamblers at the 90+% confidence level as measured by the Problem Gambling Severity Index' (Hancock, Schellinck & Schrans 2008:63). The system was later incorporated into the Saskatchewan Gaming Corporation's iCare Program (Davies 2007:307). It allows data to be captured and interpreted from the casino management system to identify players at risk, can notify operators when players are in the casino, provides staff with information about player behaviours and the appropriate intervention, and enables interactions between staff and gamblers to be documented (Davies 2007).

Other technologies also allow tracking of gambler behaviour and interventions for risky behaviour. For example, Playscan uses smart card technology. Based on information collected on individual gambler behaviour and on known risky gambling patterns of problem gamblers (e.g. chasing losses, increasing average bet size over time), the system assesses individual players' risk, and advises them if they have their gambling under control, if their behaviour has changed in a negative way or if their gambling is a problem. Advice is then given on what the gambler should do based on this risk level (Svenska Spel 2010). Account-based gambling, as used by internet gambling operators and where bets can be placed by telephone, also allow player tracking and interventions. However, no research has been conducted into how frequently these gambling operators have actually intervened with at-risk or problem gamblers.

2.4 On-site Identification of Problem and At-Risk Gamblers Using Observation in Venues

The issue of venue staff interventions when gamblers manifest signs of distress or patterns of play associated with problem gambling has been controversial (Hancock, Schellinck & Schrans 2008). One industry-sponsored review and three field studies have investigated the feasibility of identifying problem gamblers in the gaming venue based on visible cues.

The Australian Gaming Council sought opinions of knowledgeable psychologists and practitioners on 'reliable, observable behaviours associated with problem gambling' (Allcock et al. 2002). The resulting report concluded that, without further research, 'definitive behaviour that reflects harm caused most probably by gambling problems cannot be rigidly and reliably described', although there is a range of behaviours that could 'be used compassionately and sensibly to assist observers to be alert to potential problems, and be ready to assist' (Allcock et al. 2002:4).

The earliest field study was conducted by Schellinck and Schrans (2004) who surveyed 711 regular Video Lottery Terminal players in Nova Scotia. Respondents self-reported how often they exhibited a list of indicators while gambling. Association analysis then derived cue combinations that would identify problem gamblers with a high degree of confidence. The cues included: session length; borrowing money to continue gambling; gambling until the venue closes; sighing and groaning while gambling; and hitting or kicking the poker machine. These are combined with physiological cues, including: feeling nauseous while gambling; shaking while gambling; and having dry eyes. Numerous highly predictive cue combinations were identified. Using combinations of up to three cues, with at least one visible cue and confidence intervals greater than 90 per cent, 86.0 per cent of problem gamblers could

be identified, with the average occurrence of false positives being 6.0 per cent. The authors concluded that problem gamblers *can* be identified on site, but the probability of these cues being observed in conjunction at any particular point in time was low (Schellinck & Schrans 2004). Additionally, the list of cues used was very limited and many cues studied were not visible (Delfabbro et al. 2007).

Based on surveys with a small sample of problem and non-problem gamblers in Switzerland, Hafeli and Schneider (2006) generated a taxonomy of visible cues and identified ways these cues could be recognised by gambling venue staff. Indicators were grouped into : social behaviours (e.g. shunning interactions, rudeness); raising funds (e.g. asking for credit); emotional responses (e.g. anger, crying); and general indicators of excess involvement (e.g. long sessions, gambling when the venue was opening or closing). However, this study was small-scale and limited to a casino environment.

More recently, Delfabbro et al. (2007) examined possible visible indicators of problem gambling for use by Australian venue staff. Based on surveys and consultation with 120 industry staff and 15 gambling counsellors, a survey of almost 700 regular gamblers, and two observational studies within venues, the researchers identified 52 indicators that could beneficially be incorporated into staff training. These included behaviours concerning: frequency, duration and intensity of gambling; impaired control; anti-social behaviours; raising funds and chasing loses; emotional responses; and irrational attributions. The authors concluded ‘that identification of problem gamblers within venues is certainly theoretically possible, and that there are a number of visible indicators that can be used to differentiate problem players in situ from others who gamble.’ (Delfabbro et al. 2007:18). However, they cautioned that the work routines of venue staff rarely allow them to make ongoing observations of

patrons and many staff do not feel they have the training to approach problem gamblers (Delfabbro et al. 2007).

2.5 Staff Interventions with Problem Gamblers in the Venue

As discussed above, it appears possible for venue staff to identify problem gamblers based on observable cues in the gaming venue. In theory, this could lead to earlier interventions which could potentially improve harm minimisation strategies such as referral to counselling services and self-exclusion (Delfabbro et al. 2007).¹ Further, venue staff are generally the first point of contact for people looking for help with gambling problems, as patrons get to know venue staff and see them as worthy of their trust (Productivity Commission 2009). However, the limited prior research conducted, all of it in Australia, has generally found that staff are reticent to intervene, even when confident a patron is a problem gambler.

For example, most staff respondents in the Delfabbro et al. (2007) study felt confident they could identify problem gamblers in situ. Further, 42.4 per cent indicated they see problem gamblers in the venue ‘almost all the time’, with an additional 37.6 per cent seeing problem gamblers at least weekly. However, very few thought that approaching problem gamblers was easy, with most considering it ‘somewhat hard to extremely difficult’, and 71 per cent supporting further associated training (2007:116-117). The authors concluded that staff should be trained in the range of behaviours observed in problem gamblers and how to approach gamblers, including how to deal with conflict and anger, and that expenditure and machine usage data might be more effectively tracked within venues to obtain objective

¹ Self-exclusion allows gamblers to ‘bar themselves from one or more gambling venues to prevent themselves from gambling, with legislation empowering venues to enforce their commitments’ (Productivity Commission 2009:7.6).

information concerning player expenditure and time on machines (Delfabbro et al. 2007).

Also in Australia, a small study by Hing (2007) generally confirmed staff reticence to intervene. Based on interviews with five middle managers, four duty managers, 12 gaming staff and 15 patrons, in a large NSW club, she found that, while staff were generally clear on procedures if a patron requested assistance for a gambling problem, they had no clear direction if a patron merely hinted at a problem or showed observable signs of problem gambling. Lack of prescribed procedures and protocols, no authority or empowerment to act, instruction from management or in their training to not intervene, fear of a negative patron response, concerns about invasion of privacy, and not wanting to be judgmental, were key reasons given for not intervening.

While limited, the above research has revealed several potential barriers to uninvited staff interventions with problem gamblers in the venue. Nevertheless, many codes of practice explicitly promote staff training and awareness of observable problem gambling behaviours, and procedures to assist customers who display them. However, there has been no research into the practices and procedures actually used by hospitality staff in identifying problem gamblers in the venue, approaches to assist them and how appropriate they are. This study set out to help address this gap, at least in the context of Queensland clubs and hotels.

2.6. Expectations for Staff Interventions with Problem Gamblers in Queensland Venues

Interactions amongst four groups of people are critical to providing effective assistance to problem gamblers in a gaming venue – problem gamblers, frontline

hospitality staff, CLOs (customer liaison officers or equivalent management staff) and gambling help services. The voluntary Queensland Responsible Gambling Code of Practice (Queensland Treasury 2004) and Queensland Responsible Gambling Code of Practice Industry Training Kit (Queensland Government 2005) set out particular expectations for these parties, with Table 1 showing those for frontline hospitality staff.

INSERT TABLE 1 ABOUT HERE

The breadth and depth of the roles expected of frontline hospitality staff in assisting problem gamblers (Table 1) appear to present particular challenges with problem gamblers with differing levels of disclosure. Where a patron directly requests assistance, the Code is explicit in the actions staff should take. However, far less direction is given where gamblers just hint at a problem or display some observable signs of problem gambling. While staff are advised to ‘respond with respect and refer’ (Queensland Government 2005), considerable judgement is required to know just how to ‘respond’ when direct help is not requested, what ‘respect’ for a gambler’s preferred course of action constitutes when a person is clearly experiencing and causing harm from their gambling, and specific situations when they should ‘refer’ the case up the chain of command.

Further, the effectiveness of identifying problem gamblers in situ has not been widely researched, despite its potential as a harm minimisation tool. Table 2 shows the problem gambling indicators for use by gambling venue staff, as listed in the Queensland Responsible Gambling Code of Practice Industry Training Kit (Queensland Government 2005:36).

INSERT TABLE 2 ABOUT HERE

Thus, given that Queensland venue staff are expected to recognise indicators of problem gambling and respond appropriately to patrons displaying them (Queensland Government 2005), this study set out to examine actual industry practices as implemented by frontline staff in Queensland hotels and clubs with gambling facilities.

4. Methodology

This paper reports on part of a larger study which examined how, and how appropriately, venue staff respond to and assist patrons with gambling problems in Queensland gaming venues. The larger study involved interviews with frontline staff, CLOs, venue managers and gambling counsellors. It was conducted over 12 months from mid-July 2008 and approved by the Human Research Ethics Committee (HREC) at Southern Cross University.

This paper reports only on the responses from frontline hotel and club staff and specifically the practices and procedures they follow for problem gamblers with different levels of disclosure - when 1) a patron directly requests assistance for a gambling problem, 2) a patron verbally hints at a gambling problem and/or shows observable signs of possible problem gambling but does not request assistance, and 3) a family member or close friend indicates that a patron has a gambling problem.

Qualitative methods were considered most appropriate as the study was exploratory and intended to uncover, rather than quantitatively measure, the issues investigated. Personal interviews were conducted to yield rich in-depth data. Club and hotel staff were sampled from venues in four locations in Queensland to give representation to metropolitan, regional and remote areas.

Reflecting the exploratory, qualitative nature of the research, only a limited sample of frontline staff were interviewed. We asked to interview at least one frontline staff member from each venue where the CLO was interviewed, with a target of 50 interviews. Requests to interview frontline staff were made when organising the CLO interviews and only if the CLO had also agreed to an interview. Thus, the same venues were approached for a staff interview as for a CLO interview in the nominated geographic areas.

These venues were selected from lists of all venues provided by the industry associations, and based on location in one of the nominated geographic areas and representation of large and small venues, independent and chain hotels, clubs of different types, and venues in different socio-economic areas in the larger cities and towns. Each venue was telephoned to request the interviews. If they agreed, we forwarded them the interview schedule and telephoned back to ensure these documents had been received, answer any questions and schedule a site visit and interview(s).

We gained frontline staff participants from 25 hotels and 23 clubs, with the geographic breakdown shown in Table 3. Reasons for refusal included too busy, understaffed, venue renovations, it had no gaming machines or the CLO was unavailable when the researchers would be in the area. The choice of which staff member in each venue to interview depended on the CLO or venue manager, and in reality also on which staff were working at the time of the researchers' visit and their ability to be released from duties. However, not all venues were able to accommodate both a CLO and staff interview. No payment or inducement was provided to participating venues or their frontline staff.

The 25 hotel interviewees were a varied group. Their length of service in their current position ranged from three months to eight years, although 17 had previously worked in gaming venues. The number of gaming machines in their current workplace ranged from 12 to the regulated maximum of 40. Ten of these venues also operated keno facilities, and nine operated off-course betting facilities. Twelve of the 25 hotel staff had done some formal training in responsible gambling, although two of these in another jurisdiction. The length of time since their last training ranged from 'eight months ago' to 'six, seven years ago'. The 23 club staff were also diverse. Their length of service in their current position ranged from six months to 21 years, although 14 had previously worked in other gaming venues. The number of gaming machines in their current workplace ranged from 10 to the regulated maximum of 280, and most of these venues also operated both keno and off-course betting facilities. Seventeen of the club staff had completed a responsible service of gaming course. The recency of this ranged from six months to four years ago at the time of the interview.

INSERT TABLE 3 ABOUT HERE

The interview schedule for frontline staff first explained the interview's purpose, and assured anonymity and confidentiality. The semi-structured, face-to-face interviews were conducted on-site in the employees' venues, lasted 20-35 minutes and focused on six main areas:

- Background information on the employee and the venue.
- Practices and procedures and related challenges and areas for improvement in relation to the three scenarios identified earlier.
- Support provided by the CLO for frontline staff in assisting problem gamblers in the venue.

- Training in assisting problem gamblers in the venue.
- Interaction with gambling help agencies.
- Any other challenges, best practice examples or other ways the venue might assist problem gamblers in the venue, and any other comments.

All interviews were digitally recorded with permission, transcribed by a professional transcription service and analysed using thematic analysis. Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data, by organising and describing the data set in rich detail and by interpreting various aspects or themes relating to the research topic (Braun & Clarke 2006:79).

5. Findings

Key findings are now presented in line with the three scenarios.

5.1 Scenario 1: Staff responses to patrons who ask for assistance for a gambling problem

The experience of Scenario 1 varied amongst the respondents, but overall, was not frequent. In fact, some staff reported never having been approached, and most had only ever had one or two approaches.

By far the most common response when approached was to identify the option of self-exclusion. Some staff were empowered to organise this themselves even though they were not the CLO and had not completed CLO training. One explained ‘I would give them the self-exclusion kit and explain the procedure and phone number ... it has happened once to me’. Similarly, another said ‘first thing we ever do is, once we’ve talked to them, you know straight away they need it and they get a pack which has got all the information for them also’. Conversely, another emphasised the staff

person's role in making the patron comfortable while they waited for the CLO, saying:

'What I'd do is inform them that I'm not allowed to do a self-exclusion; however I can arrange for it to be done. I would offer them a seat and take them somewhere quiet and I'd get them a drink and then I'd go and inform someone who can - my boss or the manager. We've had to call her in twice for a weekend exclusion and she came straight away.'

Other staff also reported referring the patron to a more senior person, either the CLO or duty manager. Some staff noted they would do what the patron felt most comfortable with, for example:

'... she felt comfortable talking to me and felt comfortable with me there and I just said would you like me to stay or would you prefer to just stay with (the CLO/manager) and she said no, I would like you to stay. I was there supporting her.'

Several staff emphasised they would start by engaging the patron in a conversation, offer them advice and outline their options. However, some said they would respond with counselling information only. One related 'I would probably first of all give them a hotline brochure and ... [the local counsellor's] business cards', while another related a previous occurrence where he and the manager had offered to get the patron in touch with a local counselling agency.

Some staff gave examples of active case management of patrons who asked for assistance with gambling issues, such as with a patron who said:

'I put so much money through the poker machines; I can't afford to do it ... but I love my bingo and I can't walk past there. I said how about I walk out every Sunday; it's the only day she came ... we'll walk out to your car with you and she said, will you

do that? And I said yes I will. ... We did it for three months. ... She stills comes in here today and she's good, she's fine. ... and I have done that for a couple of people.'

In most cases, staff seemed reasonably confident they knew what procedures they would use for Scenario 1, although their lack of experience led to some speculative responses. In accordance with the Industry Training Kit, many identified a range of options including: identifying self-exclusion; referring the matter to the CLO or manager; and providing information about counselling. However, only about one-third would refer the matter to the CLO or manager, the correct procedure as outlined in the Industry Training Kit. The remainder said they would handle the situation themselves, even though they may have lacked appropriate training. Also of concern was that some staff who would not refer patrons to a more senior person also neglected to tell patrons about self-exclusion, with a few of these having no knowledge of the procedures at all. There were also variations between venues and staff who placed a high priority on patron care and those who were less committed.

5.2 Scenario 2: Staff approaches to patrons who hint and/or show signs of problem gambling

When the interviewees were asked if they could recognise if someone is a problem or at-risk gambler, the vast majority agreed. When asked how, they collectively identified 22 potential indicators. The most commonly identified was irritability and aggression. Related comments included: 'they get really upset with the machines; they're relying on having a win and that doesn't happen ... they get cranky with us' and 'get agitated, swearing at the machines, hitting the machines if they're not winning'. Some identified being upset as an indicator, 'if someone was getting distressed' and 'people leaving ... in tears because they've lost money'. In addition, a

few staff mentioned patrons being anti-social, where ‘they are in a world of their own. They don’t like socialising, they are glued to their machine’. About one-quarter of staff also identified very regular gambling where the patron is ‘here everyday’ and one-quarter also noted long gambling sessions, such as ‘spending all day here’ and ‘from seven in the morning till we close’. Other indicators mentioned were looking stressed, erroneous and irrational verbalisations, being secretive or lying about their gambling, change in usual behaviour, gambling for longer than intended/chasing losses, spending money put aside for something else, trying to obtain extra money to gamble with, multiple ATM withdrawals, changing a lot of money or changing money often, putting big wins straight back into a machine, being overly attached to a particular machine, waiting for the venue to open/gambling to be available, comments from family or friends, complaining even when winning, and gambling large sums of money.

The staff were asked ‘Of the indicators you have identified, which would prompt you to approach a patron to assist them?’ One-sixth said they definitely would not approach a patron under any circumstances, because ‘I’m not allowed to do that ... there’s nothing you can do unless they approach you, ‘I just don’t think it’s my business’ and ‘even though I may know, what right have I got to tell that person they’ve got that problem?’.

Most others would only approach under extreme circumstances, for example where a patron was outwardly aggressive or very upset. Some related how they had dealt with this situation. This typically involved trying to calm the person down, explaining there is nothing the staff can do to make the machines pay, and asking the person to leave if they were still aggressive. One explained ‘I would just let them know that that sort of thing is beyond my control. I don’t have any buttons that I can

press ... you've got to realise it's just chance'. Notably, none of these staff would see if the person wanted help for a gambling problem. Similarly, one staff member related how the venue deals with patrons 'trying to borrow money, off staff, off other customers. We just tell them you're not allowed to do that and if we catch you once more we will actually get you removed from the club'. Again, no opening to discuss a gambling problem would be given.

Only a few staff were able to relate incidences where they had approached patrons of concern because of other indicators. For example, one explained how she had dealt with a patron who had said:

'I've just put all my grocery money through the pokies ... and I don't know what I'm going to tell my partner. And I knew this girl very, very well. And I said, sweetheart, why would you do that? ... You've got to think of your three children. ... I said there are places you can go if you need help. Please don't ever do that again. ... it's quite a few years ago and ... now she doesn't go near the pokies.'

Other staff members related how they had also given patrons information on help services, such as when 'someone was saying that they've spent too much money and it's like, having a joke with them, oh there're some pamphlets there if you need a hand'. A few staff also noted their venue might monitor patrons who display problem gambling behaviour. One explained 'we just keep an eye on them and say, hi how're you going and have a bit of a chat and that way they know if they want to come and talk to us, they can'.

Staff who had not approached patrons of concern speculated on what they would do. Apart from those who would do nothing, the others reported highly variable responses, including getting to know the patron more, suggesting they 'quit while you're ahead', 'talk to them about it', ask other staff about the patron, pass it onto the CLO', and identify venue options available to assist them but only if they

were very sure the patron had a gambling problem. Further, many staff prefaced their answers that they would ‘probably’, ‘maybe’ and ‘perhaps’ take a particular action. These types of responses reflect a lack of prescribed procedures and staff uncertainty around how to respond in these situations.

In addition, several challenges to approaching patrons of concern were raised. Even though most staff thought they could recognise indicators of a gambling problem, about one-half noted the difficulties of being sure enough to approach patrons. For many, this was because they did not know their financial circumstances, as ‘they may look a little dishevelled and you might take them for a problem gambler but they could be a millionaire’, and ‘unless we know them personally, we don’t know how much money they earn’. A few staff intimated they felt faced with:

‘... a Catch 22; if the establishment wants them here to spend their money, we can’t go and tell them they have a problem, get out of here, you’re wasting your money. You can get into trouble with people themselves or with the establishment. Because you don’t know how they’re going to react. No-one wants to hear they have a problem and tell them what to do. That’s the last thing you can do.’

Some staff felt approaching patrons was a challenge specifically because they would not know what to say. One explained ‘the approach isn’t a problem if I knew how to word it properly and do it’, while others were deterred because they feared an angry reaction. As one noted, ‘if they’re cranky they’re quite likely to turn around and smack me in the mouth if I say something they don’t like. Trying to keep the peace is the best thing’. Some clearly felt that offering assistance to a patron who had not requested it would have no effect, where ‘unless they admit their problem, how can the people help? And a lot of people don’t like to admit that’.

Overall, staff knowledge and skills in relation to Scenario 2 were generally poor, with substantial variations amongst approaches used, ranging from doing nothing to proactive assistance. Despite being confident they could identify signs of problem gambling, staff were extremely reticent to intervene, with some expressing frustration about this when they considered a patron's gambling to be irresponsible. Even aggressive behaviour towards a gaming machine appeared not to prompt assistance for a gambling problem. Yet, the Industry Training Kit notes that staff encountering patrons with observable signs of problem gambling should provide them with information about the CLO's role and self-exclusion services, referring the patron to the CLO with the patron's agreement. However, actual practice as reported by the venue staff appeared quite different.

5.3 Scenario 3: Staff responses to third party concerns

Fewer than half the interviewees indicated they had experienced Scenario 3 or had heard of it happening in their workplace. Of those who had, some recounted what they had done. One recalled:

'The mother and the brother ... thought there was a gambling problem there so I explained to them that really, we can approach her but the only way for her to deal with it was to self-exclude herself and then we can then say, no I'm sorry you can't come into these premises.'

Another story was related thus:

'He was in here all the time ... from the time we open to the time we close. ... His wife's always ringing up and asking is such and such there? Yes he is. Go and tell him your wife's on the phone; she wants to know if you can please go home. She's waiting for you, she's worried, dinner's on the table, etc. ... then we actually had his

wife and his daughter and his granddaughter here. The wife was in tears. He spent their whole life savings, taken out two personal loans and blown all of them and she said she wanted him excluded. He will never admit it himself. ... I got [the manager] ... and we did a venue exclusion.'

The remaining staff commented on what they would do if this situation arose. Their reported responses included: refer up the chain of command; ask to meet with the patron; discuss it with the patron and their family; monitor the patron; approach the patron; and talk to the family member(s) about options. Several staff spoke of how they would discuss the issue with the third party who had raised concerns. For one staff member, this would be to find out more about the patron's gambling, asking 'how much do they play the pokies, do you think they should be playing them? Because they'll understand what their income's like, the type of money they have and so forth and be able to assess the situation a lot better than myself'. Another would discuss with the family member 'what they want me to do about it'.

Others would discuss options available. One said 'I'd explain to them that there's a self-exclusion thing that they can do but they have to nominate themselves though. Or I'd tell them about certain counselling places they can go to, but apart from that, that's about the only thing I can do'. Similarly, another said: 'All you can do is give them the details and suggest they get the other person to come forward with having an issue. You can tell them about the helpline and things like that, but you can't impose anything on the other person.' Another said 'I think that I can give them the information of help lines and if she chooses to hand it over to them ... I can't really do much'. These staff clearly felt they had limited power to force the patron to take action.

Several staff alluded to numerous difficulties in dealing with Scenario 3 including: protection of patron privacy; concern for triggering aggression; concern for losing the patron to another venue; that staff cannot force a patron to not gamble; that the third party's complaint might be vexatious; and if the family member wants confidentiality.

Overall, staff knowledge and skills in relation to Scenario 3 were very poor. The interviewees had limited experience of this situation and their responses were highly variable and speculative, suggesting a lack of prescribed procedures and little knowledge of legal obligations and venue-imposed exclusions. It was surprising that only a minority would refer the matter to the CLO or manager. However, other staff were worried that approaching a patron based on a third party's concern might trigger aggression, either between the patron and the third party or from the patron towards staff. Some staff would tell the patron about the third party approach, with little apparent concern for breaching privacy legislation or fuelling family disputes. Some also felt they have no means to force a patron to stop or curtail their gambling. The situation was considered even more difficult if the third party wanted their approach to remain confidential. Clearly, there was a mismatch between how some frontline hospitality staff would approach Scenario 3 and procedures outlined in the Industry Training Kit .

6. Discussion

Frontline hospitality staff in gaming venues are in a good position to assist patrons as they are often the first point of contact for people seeking help with gambling problems (Productivity Commission 2009). Thus, it is important that staff are competent in appropriate procedures when requests for assistance are made. At a

minimum, venue staff need to be well versed in sources of help for gambling problems, self-exclusion and how to provide a supportive response to patrons who ask for assistance. This was generally the case in the current study

However, this study also found that very few patrons appear to approach staff for assistance. Given that most staff had never or rarely had this experience, it appears only a very small proportion of problem gamblers seek assistance from venue staff. Indeed, the Queensland Household Gambling Survey 2006-07 (Queensland Government, 2008) found that only 28 per cent of problem gamblers surveyed in that state had tried to get *any* sort of help for their gambling. Further, a review of Australasian gambling research concluded that ‘approximately 10 per cent of those identified as problem gamblers in a given 12-month period will seek formal assistance for their problems’ (Delfabbro & Le Couteur 2006:133). Thus, rates of any kind of help-seeking amongst problem gamblers are very low, so it is likely that reactive assistance to patrons who self-identify with having a problem are only going to help a small minority of problem gamblers.

However, a more proactive approach whereby staff intervene with patrons of concern based on visual cues or reports from significant others appears to have substantial barriers to effective implementation. As noted earlier, four groups of people are critical to providing effective assistance to problem gamblers in the venue –frontline staff, senior staff, problem gamblers and gambling help services. Each of these could play a role in improving the current situation.

For frontline staff, a key barrier is staff reticence to intervene, even when they are sure a patron has a gambling problem. Overcoming this reticence may need a requirement for staff to be alert to patrons of concern, increased emphasis in staff training on recognising signs of a possible gambling problem, systems to monitor and

build a case history of patrons of concern, and instruction on how and when to approach these patrons, what to say and how to assist. While this training needs to emphasise appropriate procedures, it could also aim to develop the interpersonal communications skills of staff, both to enhance their confidence in approaching patrons and also to hopefully achieve better outcomes when they do.

To optimise effective interventions, senior staff and managers, would need to embrace an interventionist approach, communicate that staff are expected to monitor patrons' behaviour, and either intervene with or report patrons of concern for management intervention. They would need to provide systems for doing so, rewards and sanctions to encourage appropriate staff responses, provide the necessary training, and ensure they and their staff have the appropriate knowledge and skills to effectively intervene.

Effective interventions would also require a cultural shift amongst problem gamblers. A key barrier to providing a more proactive response to problem gamblers is apprehension about how patrons will respond, with staff having genuine fears about anger, abuse or aggression that might compromise staff safety and/or prompt the patron to go elsewhere. Just as patron education has built awareness that overt intoxication will not be tolerated in venues, similar efforts could educate patrons that overt problem gambling behaviour will prompt a venue intervention. Patrons need to know that venue staff are acting within their rights and responsibilities and are motivated to do so by concern for their welfare.

Gambling help services could also assist more effective interventions in venues. Their input into the training would help to humanise problem gambling and convey its serious impacts on the gambler, significant others and the community. Their input could assist staff to better understand the nature of addictions in general

and problem gambling in particular, and to develop skills in listening, communicating and responding appropriately to problem gamblers and approaching them in non-confrontational, supportive ways. Counsellor involvement in training may also build links between venues and counselling agencies, which may then prompt more patron referrals from venues.

Above all, a major cultural shift would be required. As noted earlier, responsible gambling measures have previously emphasised gamblers' responsibility to regulate their own behaviour (Reith 2007). Thus, shifting the onus of responsibility to gambling operators requires a significant cultural shift, and one that would be difficult given the high reliance of venue revenues on problem gamblers (Productivity Commission 2009). As the Productivity Commission (2009:8.34) noted, 'mere regulation is not sufficient for transforming a venue culture from one that is reactive — based on responding to situations where a gambler self-reports and approaches staff for assistance — into one that is proactive'. While considerable progress has been made in the implementation of reactive responsible gambling measures, the shift to proactive measures is clearly meeting industry and staff resistance.

The inherent difficulties of intervening with problem gamblers in the venue, as revealed in this paper, strengthen the case for using actual player data to identify at-risk and problem gamblers (Meyer & Hayer 2008) and for automated systems which alert patrons if their gambling becomes risky, prompt a response by the venue, and result in an appropriate intervention. Unless technological solutions such as these are adopted, continued reliance on the judgment and discretion of frontline hospitality staff will see the vast majority of problem gamblers in venues ignored.

7. Conclusion

This paper has examined how some hospitality staff respond to and assist patrons with gambling problems in Queensland gaming venues. It analysed procedures followed by the sampled frontline hotel and club staff for problem gamblers with different levels of disclosure and revealed various deficiencies when compared to the industry code of practice.

However, the results of this study need to be considered with the study's limitations in mind. As with most exploratory qualitative research, data were gathered only from small, non-random samples, which were also self-selecting. Thus, the results cannot be generalised beyond the sample of frontline staff interviewed. Selection of a different sample may well have yielded different results. Nevertheless, the research has provided in-depth data on the challenges for some staff associated with assisting problem gamblers in gaming venues. Confirmation of these results and greater insights might be gained in future research using deeper probing of a larger sample of frontline gaming venue staff, as well as of venue patrons with differing levels of at-risk and problem gambling. More innovative methods could also be utilised, such as a grounded theory approach or autodiving, whereby the interview is driven and enriched by informants while they are seeing and hearing their own behavior captured in photographs and recordings (Heisley & Levy, 1991).

Even though results of the current study imply that additional training may better equip staff to meet the challenges documented, variations in venue patrons' willingness to ask for and respond to help and in their outward display of problem gambling behaviours, and in how hospitality staff perceive and act on these indicators, mean that identifying and assisting problem gamblers in the venue will never be an exact science if based solely on human judgement. However, insights from this study

may inform improved practices and outcomes in responsible provision of gambling, and help shift the industry towards more potentially effective technological solutions.

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Table 1: Responsibilities of Frontline Staff in Assisting Problem Gamblers in the Venue

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- Use appropriate ways to provide responsible gambling and problem gambling information to patrons, including clarifying precisely the information that is requested, responding with respect and referring to an appropriate person if necessary, providing information in a timely manner, and treating the request in a confidential way that respects the patron's privacy;
 - Be aware of the responsible gambling information available in the workplace and familiar enough with each piece of information to quickly respond by directing patrons to it (or providing it) and describing what it contains or the processes it outlines;
 - Use their best judgement and sensitivity in deciding to refer a matter to a CLO or supervisor by explaining to the patron the reason for doing so and obtaining their consent;
 - When patron consent for referral is not given, explain the role of the CLO and the advantages for the patron in approaching the CLO;
 - Decide if there are reasonable grounds for believing the patron's wellbeing may be in imminent danger so that the matter should be referred to the CLO, even without the patron's consent;
 - Understand the CLO's role so they can judge when to refer a particular gambling-related matter to them;
 - Consult with the CLO about the venue's responsible gambling materials, policies and practices;
 - Consult with the CLO where staff members are adversely affected by patrons' gambling problems or are experiencing gambling-related problems themselves;
 - Be aware of and able to provide contact details of local Gambling Help services;
 - Provide the Life Line number to a patron displaying a serious and immediate life crisis, such as contemplating suicide;
 - Be familiar with the venue's customer complaint resolution mechanism;
 - Undertake appropriate and ongoing responsible gambling training;
 - Understand how the venue's exclusion process works so they can refer a situation to the CLO;
 - Respond immediately and in a positive and supportive way when a patron requests information on how to self-exclude;
 - Respond appropriately when a family member or close friend of a patron indicates that the patron has a problem with gambling;
 - Recognise the possible signs of problem gambling and respond appropriately by providing the patron with information about the CLO's role and about self-exclusion services, referring the patron to the CLO with the patron's agreement, advising the CLO of the patron's situation, and protecting the patron's rights to privacy; and
 - Refrain from projecting personal beliefs onto gamblers, prying into personal circumstances of gamblers, counselling the patron, persisting with information after it has been declined, and becoming involved in third party scenarios.
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Source: compiled from *Queensland Responsible Gambling Code of Practice Industry Training Kit* (Queensland Government, 2005)

Table 2: Recognising Possible Signs of Problem Gambling

Possible problem gambling risk indicators for use by gambling venue staff	
Risk Factors	Examples of Risk Factors
Faulty cognition	Player reports having a perception of chances of winning which is apparently unrealistic.
Loss of control	Player reports: <ul style="list-style-type: none">• having a problem with gambling;• having tried unsuccessfully to stop gambling; or• spending too much time gambling. Player is observed: <ul style="list-style-type: none">• threatening or causing physical harm to others or self;• selling valuables to gamble; or• behaving in an aggressive manner towards property.
Negative impacts of gambling	Player reports: <ul style="list-style-type: none">• having lost a significant relationship due to gambling;• having lied to others to hide their gambling; or• having lost a job due to gambling. Third party (e.g., a family member or another patron) reports: <ul style="list-style-type: none">• the patron is gambling instead of fulfilling family responsibilities (e.g., picking children up after school); or• trying to borrow or “scam” money for gambling from others (e.g., other patrons).
Use of alcohol or drugs while gambling	Player is observed as being unduly intoxicated or under the influence of drugs while gambling.
Depression or thoughts of suicide	Player reports they are suffering from depression and/or have thoughts of suicide due to gambling.
Involvement in multiple simultaneous gambling activities	Player is observed to be participating in three or more gambling activities simultaneously (e.g., playing three or more gaming machines at a time).
Personal remorse	Player reports: <ul style="list-style-type: none">• losing household money on gambling (e.g., money that was to be used to buy groceries, pay the rent, or pay rates or electricity bill);• selling valuables to gamble;• borrowing money to live due to gambling;• being unable to meet loan repayments due to gambling;

-
- depending on others to repay their gambling debts;
or
 - having committed illegal acts due to gambling (e.g., stealing or fraud or domestic violence).
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Source: *Queensland Responsible Gambling Code of Practice Industry Training Kit*, (Queensland Government, 2005:36).

Table 3: Summary of Interview Participants

	Hotel Staff	Club Staff	Total
Brisbane	6	6	12
Cairns	6	10	16
Mt Isa/Cloncurry	2	3	5
Toowoomba/Dalby	11	4	15
Total	25	23	48