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A study of homelessness and gambling in the Northern Rivers region, New South Wales, Australia: perspectives of people experiencing homelessness and gambling, and the service providers supporting them

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FINAL REPORT

A Study of Homelessness and Gambling in the Northern Rivers Region, New South Wales, Australia

The Perspectives of

People Experiencing Homelessness and Gambling,

and the

Service Providers Supporting Them

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Summary

While gambling problems and housing problems are both serious concerns, there have been relatively few studies that have explored the relationship between these problems. Yet, this is an important topic to research. Some people experiencing homelessness gamble and while prevalence is uncertain, anecdotally it has been estimated that between 15 per cent and 20 per cent of the homeless population may have gambling problems (Hoare, 2008). People who are homeless and who gamble often also experience high rates of co-occurring, complex issues which can include health and mental health issues, financial and legal problems, relationship breakdown, domestic violence, unemployment, social exclusion, and alcohol and substance misuse (Cultural Perspectives, 2005; Mental Health Council of Australia [MHCA], 2009; Taylor & Sharpe, 2008). However, understanding and untangling these complex issues can be difficult.

This report focuses on the findings of a qualitative study that explored the experiences and perspectives of people experiencing homelessness and gambling, and the service providers that support them. The study took place in the Northern Rivers region of New South Wales [NSW], Australia, in 2011. In-depth interviews were conducted with 17 participants who were homeless and gambled, and 18 housing, gambling and related service providers.

Key themes were:
- Most participants recognised a relationship between homelessness and gambling;
- The complex interplay of associated issues makes assisting people experiencing homelessness and gambling challenging;
- Gambling problems are often hidden due to stigma and shame; and
- People experiencing homelessness and gambling are frequently socially excluded from their communities and society in general.

Service providers identified the need for:
- More affordable housing;
- Early intervention strategies;
- Integrated services;
- Availability of information;
- Effective community awareness campaigns; and
- Improved government funding for housing and services.

More research into homelessness and gambling is needed across a wide range of regions. Greater understanding of the complex and often compounding issues related to homelessness and gambling will enhance understanding and further assist support services and governments to extend policy and strategies to address these issues in an effective way.

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Chapter One: Introduction

Introducing the topic

While gambling problems and housing problems are both serious concerns, there have been relatively few studies that have investigated the relationship between these problems. Rogers, Button and Hume (2005:6) have asserted that, while there has been little research concerning the link between gambling and homelessness, there is 'wide-spread anecdotal information indicating that one of the consequences of problem gambling is housing stress, which sometimes extends to homelessness'. They identified links between housing and gambling problems as a research gap. Lipmann, Mirabelli and Rota-Bartelink (2004:47) similarly noted that the relationship between gambling-related problems and homelessness is an area needing further research 'if an effective preventative model is to be developed'.

One reason for this gap in research may be because both these social issues are complicated to research. People experiencing homelessness and/or gambling problems are often reluctant to be identified and are difficult to access, largely due to the stigma and shame attached to these problems (Banyard, 1995; Rogers et al., 2005). Both these social problems tend to be hidden.

Another complication is related to the nature of homelessness itself which has altered substantially over recent years, both in Australia and internationally. While homelessness has traditionally been experienced by a relatively small and distinct sub-group, most commonly older single men, more recently a broad and expanding range of disadvantaged social groups, including youth, the elderly, single women, sole parent families, those with mental illness and those with a variety of substance use disorders, have come to experience housing risk and homelessness (Australian Institute of Health and Welfare [AIHW] 2009; Lipmann, 2009; McFerran, 2010). Today, those with gambling problems have also been added to this expanding list (Department of Family, Housing, Community Services and Indigenous Affairs [FaCHSIA], 2009; Rogers et al., 2005). Indeed, commentators such as Hoare (2008) have suggested that as many as 15 to 20 per cent of the homeless population may have a gambling problem.

Defining problem gambling and homelessness

While gambling is generally considered to be a recreational activity, gambling can result in considerable problems for some vulnerable people. An Australian definition for problem gambling is '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: 125).

While people from all socio-economic backgrounds can develop gambling problems, people on low incomes experience losses that are disproportionately borne (Brown & Coventry, 1997). As Thomas and Jackson (2004:47) point out:

> If a person has low financial resources to meet the requirements of their gambling activities, this is a risk factor for negative consequences of gambling. On the other hand, if the resources are substantial then this may be a protective factor.

They note that unemployed people present at twice the expected rate to problem gambling services and explain that 'unemployed people do not have major resources to fall back upon to service their gambling requirements' (Thomas & Jackson, 2004:47). Clearly, there is less of a financial buffer for those already economically disadvantaged.

In Australia, definitions of homelessness are the focus of ongoing debate (Forell, McCarron & Schetzer, 2005). However, a definition involving three tiers of primary, secondary and tertiary homelessness is commonly used (Chamberlain & MacKenzie, 2008). Primary homelessness is when people are without conventional accommodation, as is the case with those who sleep rough, or use derelict buildings, cars, railway stations and so forth for shelter. Secondary homelessness is when people move frequently between temporary forms of accommodation, such as emergency and temporary shelters. Tertiary homelessness is when people live in rooming houses or boarding houses on a medium or long-term basis, where they do not have their own bathroom and kitchen facilities, and tenure is not secured by a lease (Chamberlain & MacKenzie, 2008). This three tiered model is a cultural definition based on accepted societal standards of housing. Thus, while the definition of homelessness varies, there is a growing consensus that, at least within Australia, cultural standards of adequacy and acceptability are important to consider when defining homelessness (Chamberlain & MacKenzie, 2008).

These definitions highlight that problem gambling and homelessness can each be seen to exist along a continuum of time and place. Conditions of homelessness vary and comprise progression of circumstances from being in severe housing related stress to being without housing. For instance, housing related stress (generally defined as when households in the lowest 40 per cent of the income distribution range spend more than 30 per cent of the household's income on housing costs) is a key risk factor (Yates & Milligan, 2007). Thus becoming homeless is usually part of a process. A person passes through various stages before becoming homeless and developing a self-identity as a homeless person (Chamberlain & MacKenzie, 2008).

With gambling, Shaffer and Korn (2002) note that people engage in a range of gambling activity from no gambling to a great deal of gambling, or problem gambling. Shaffer and Korn (2002) argue that considering gambling as a continuum is important for identifying treatment strategies and interventions for people with gambling problems, as well as brief or intensive treatments and harm reduction measures for those at risk of gambling

problems. Similarly, the Productivity Commission (2010) developed a problem gambling scale of increasing severity, from no risk or harm (recreational gamblers), to significant risk or harm (such as poverty, family breakdown and suicide). 'Between these two extremes, there are people facing either heightened risks of future problems or varying levels of harm' (Productivity Commission, 2010: 5.8).

The aim of conceptualising homelessness and gambling on a continuum is to identify opportunities for early intervention. Chronic homelessness may be prevented if people are assisted before they lose their accommodation, such as through financial counselling or the provision of social or community housing (Chamberlain & MacKenzie, 2008), while gambling problems, if identified early, may be supported through harm reduction strategies, including counselling and assistance (Shaffer & Korn, 2002). Viewing gambling on a continuum also recognises that recreational gambling may provide leisure and social benefits, and present fewer risks and harms than problem gambling.

Research aim and objectives

The aim of this research was to explore the experiences and perspectives of people who are homeless and gamble, and the service providers who support them.

The specific objectives were to:
- Determine if there is a link between people's experiences of homelessness and their gambling activity.
- Investigate people's experiences of homelessness and the role of gambling in their everyday lives.
- Understand the impacts of interrelated issues and complex needs.
- Explore the relationship between service providers and people accessing assistance.

Context of the study

The study focused on the Northern Rivers region of NSW which includes the Shires of Lismore, Ballina, Byron and Richmond Valley. This region is one of the most disadvantaged in Australia as it contains a high number of households with incomes significantly below the Australian average, along with higher than average unemployment rates (Australian Bureau of Statistics [ABS], 2008; Scholfield, 2005). In addition, this region has one of the highest percentages of households faced with housing related stress in Australia, with the situation progressively worsening over recent years (Northern Rivers Social Development Council [NRSDC], 2011; Geary, 2010; Regional Homelessness Action Plan 2010-2014). Rents in the region are the highest in NSW outside of Sydney and there is a notable lack of affordable housing (NRSDC, 2011). As noted in the Regional Homelessness Action Plan 2010–2014, the rate of homelessness in this region in 2006 was 62 persons per 10,000 persons compared to 42 per 10,000 persons for NSW as a whole. According to 2006 census data, 15 per cent of

NSW rough sleepers are in the Northern Rivers region which has 4 per cent of the State's total population (ABS, 2008).

Outline of the following chapters

The next chapter, Chapter 2, provides background discussion concerning homelessness and problem gambling and the relationship between these issues. Chapter 3 addresses the methodology used for the study, while Chapter 4 reports and discusses the findings. Chapter 5 outlines a number of recommendations made by service providers. Chapter 6 then sums up the main findings and conclusions.

Chapter Two: Background to the Study

Introduction

Causes of homelessness can usually be identified either as concerns that directly impact on a person becoming homeless, or underlying risk factors that contribute to a person's vulnerability to homelessness (Lipmann, Mirabelli & Rota-Bartelink, 2004). Becoming homeless is not always due to a single risk factor but is more commonly the result of several compounding issues and concerns (Lipmann, 2009; Robinson, 2005). For instance, high rates of mental illness, substance abuse and a range of personal risk factors at various stages of the life course, such as disruptive childhood experiences, domestic violence, and past and current health status, have been identified as impacting significantly on housing risk (Mental Health Council of Australia [MHCA], 2009; Sullivan, Burnam & Koegel, 2000). Cohen (1999) developed a model of homelessness which proposed that the risk of homelessness accrues over a person's life and that becoming homeless occurs when several risk factors interconnect. This interconnectedness between housing and other issues, including gambling-related problems, heightens risk factors (Cohen, 1999; Rogers et al., 2005).

Housing risks include structural factors such as poverty, structural unemployment and a lack of affordable housing, as well as personal mitigating life circumstances such as domestic violence, ill health, loss of employment, financial difficulties, and separation and/or divorce (Dalton, 2002; Gould & Williams, 2010; Morris, 2010; Pleace, 1998). Lipmann et al. (2004:5) emphasised that 'homelessness is a function of structural and policy factors, health and welfare service organisation and delivery factors, and personal problems and incapacities' (Morrell-Bellai, Goering & Boydell, 2000; Morris, 2010).

An Australian study of homelessness amongst the veteran community (Thompson Goodall Associates, 1998) highlighted the interaction between structural and individual personal factors. Structural factors included failure in the labour and housing markets to provide adequate employment and affordable housing, and failure in policy and government programs such as inadequate services and support programs (Dalton, 2002; Gould & Williams, 2010; Morris, 2010; Pleace, 1998). Alongside the range of personal needs and issues people may have, perceptions of previous experiences with services can also play a role in experiences of homelessness (Hoffman & Coffey, 2008; Thompson Goodall Associates, 1998; Zufferey, 2008). Gambling can also be a risk factor. Rogers et al. (2005) note that gambling can be seen as a personal problem that can also impact on others, such as family, as well as on the wider community.

Co-occurring problems and complex needs

People who are homeless and who gamble often experience high rates of co-occurring problems (commonly termed complex needs) which can include mental health issues,

financial and legal problems, relationship breakdown, domestic violence, unemployment, social exclusion, incarceration, and alcohol and substance misuse (Baldry, McDonnell, Maplestone & Peeters, 2006; Cultural Perspectives, 2005; FaHCSIA, 2009; MHCA, 2009; Taylor & Sharpe, 2008). In their submission to the Productivity Commission (2010:7.17), Relationships Australia South Australia noted that:

> … clients present with mental health, housing, relationship, financial, parenting, drug and alcohol and grief issues that are significantly entwined with their gambling habits, and require attention as part of an holistic (successful) intervention (sub. 203:18).

However, understanding and untangling these complex issues can be challenging (Holdsworth, Haw & Hing, 2011; Rogers et al., 2005; Lipmann et al., 2004). Furthermore, the interrelatedness between these complex and compounding factors means interventions are not clear-cut (Robinson, 2005; Shaffer & Korn, 2002).

Consequently, service providers regularly focus on particular issues rather than across the multiple and complex issues people face (MHCA, 2009). For example, in research for the Victorian Department of Justice, Cultural Perspectives (2005:42) revealed that gambling problems commonly accompany homelessness, yet gambling and its 'devastating impact' is rarely addressed. Indeed, they note that social workers commonly overlook gambling as a critical issue, especially when dealing with competing and complex needs. Gambling may appear to be 'the least of their problems', yet they also note the critical importance of addressing gambling problems in order to resolve housing issues in the long term (Cultural Perspectives, 2005:42).

The hidden nature of gambling

Socially, it is quite common for gambling, financial and housing problems to be hidden. Negative social attitudes that accompany both gambling and housing problems create stigma, feelings of shame and social isolation (Banyard, 1995; Lipmann et al., 2004). Research shows that due to the shame and stigma, many people are unwilling to seek help when faced with life difficulties, and attempt to solve their housing and/or gambling problems on their own (Hurwitz & Hurwitz, 1997; Lipmann et al., 2004; Pulford, Bellringer & Abbott, 2009; Tavares, Martins, Zilberman & el-Guebaly, 2002). Additionally, research has shown that when they do seek assistance, people experiencing homelessness are often reluctant to disclose the multiple issues they frequently face, including gambling problems, in part at least due to the shame and stigma they experience (Antonetti & Horn, 2001; Lipmann et al., 2004; Rogers et al., 2005).

The negative consequences of labels such as 'homeless person' or 'problem gambler' reverberate in the everyday lives of those affected (Holstein & Gubrium, 2000). Research confirms that stigmatised identities exacerbate problems and issues, adding to peoples'

suffering and disempowerment, producing feelings of failure and low self-worth, and creating disconnection and alienation from community and society. Consequently, in seeking to avoid further shame, their sharing of information with service providers is frequently partial, at best (Antonetti & Horn, 2001; Rogers et al., 2005; Zufferey & Kerr, 2004). Thus, additional problems such as gambling problems often remain hidden.

In addition, relationships between service providers and people accessing services are also inevitably constrained by their limited time and interactions, and it can take months to build the kind of rapport and trust between service provider and service user that encourages disclosure of more private or difficult information (Judd, Kavanagh, Morris & Naidoo, 2004). Nevertheless, Naufal (2007) and Antonetti and Horn (2001) maintain that it is important for community workers to build relationships, trust and rapport before asking service users to disclose more difficult information, such as gambling or financial problems. Antonetti and Horn (2001) assert that:

> The significant association between problem gambling and homelessness indicates the need for targeted strategies within the homeless service system to encourage early disclosure by clients … including communication strategies [such as building trust and rapport], and assessment procedures which include problem gambling (Antonetti & Horn, 2001:37).

Effective communication strategies, especially trust and rapport, are particularly important for people accessing services to share certain information, like gambling problems (Antonetti & Horn, 2001). Thus, greater recognition by service providers that some people experiencing homelessness can have hidden co-occurring gambling problems is important for effective communication strategies that encourage early disclosure (Antonetti & Horn, 2001).

Social exclusion

People experiencing homelessness can feel disempowered, disconnected and excluded from community and society. According to Walker and Walker (1999, in Byrne, 1999:2) social exclusion involves the 'dynamic process of being shut out, fully or partially from any of the social, economic, political or cultural systems which determine the social integration of a person in society'. Social exclusion may, therefore, be seen as the denial (or non-realisation) of social engagement within one's community.

People experiencing homelessness are often socially excluded, stigmatised, disconnected, unsupported and isolated (Lipmann et al., 2004). Activities like gambling in gaming venues, such as clubs and hotels, may provide a safe place for socialising and being included (Abbott & Volberg, 1996; Productivity Commission, 2010). Rogers et al. (2005) identified gambling in venues as having a number of attractions for homeless people, including companionship and the opportunity to participate in activities with others in a safe, comfortable environment. Brown and Coventry (1997:70), when investigating the needs of women with

gambling problems, found that the 'attention given by friendly staff and gaming venue managers can alleviate feelings of loneliness and isolation'. The researchers concluded that a sense of community and social inclusion, at least to some extent, could be found in gaming venues. Robinson (2005) asserted that it is particularly important for people experiencing homelessness to seek social connections and support despite their alienation, and to find places that are safe and sociable.

Chapter Three: Methodology

The study

This study was conducted between January and May 2011 and used an interpretive, qualitative approach to research which seeks to interpret, understand and describe participant's experiences and their meanings. This approach can be especially useful for understanding people's lived experiences, and processes of seeking and giving help (Charmaz, 2006). Qualitative research is especially appropriate for gaining in-depth understandings of social issues since it focuses on how people interpret and give meaning to their own situations, experiences and lives (Charmaz, 2005; Denzin & Lincoln, 2005; Merriam, 1998). Thus, the research values individual perspectives and understandings of experiences.

A key aspect of this study was acknowledging the importance of including people who have personal experience and knowledge of both gambling and homelessness, along with service providers assisting them. The inclusion of both groups enabled valuable insights and perspectives to be represented and issues exposed, analysed and articulated. It also enabled issues to be considered within the wider contexts of people's life situations and social environments (Charmaz, 2006; Layder, 1998).

Methods

The study methods consisted of:
1) Interviews with housing, gambling and other relevant service providers;
2) A focus group of people with gambling and housing problems; and
3) Interviews with people experiencing gambling and housing problems.

Interviews with service providers

Eighteen face-to-face interviews with service providers (social workers, counsellors and case workers) concerned with assisting people with housing, gambling and related needs. These involved services primarily concerned with assisting people experiencing homelessness or at risk of becoming homeless, services concerned primarily with assisting people with gambling problems, and services concerned with related co-occurring issues, such as financial counselling services.

Relevant service providers were contacted by telephone and were provided with information explaining the nature of the study, the aims and objectives and were invited to participate. In-depth, semi-structured face-to-face 'key informant' interviews were then conducted. As noted in the National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council [NHMRC], 2007), interviews with key

informants with specific knowledge or expertise about the issue being investigated are important in qualitative research methodology. The use of an interview schedule to help guide the discussions was incorporated which is particularly relevant in qualitative interviewing 'where the categories of response are focused but not necessarily pre-determined' (NHMRC, 2007:26). Interviews ran for about an hour each and were digitally recorded (with the consent of participants) and notes taken to ensure accuracy (Puchta & Potter, 2004).

Focus group with people experiencing homelessness and gambling

A focus group with people accessing help for gambling, housing and related issues was conducted. Focus groups are useful to explore the experiences of a particular group or community, and are an effective method of gaining a deep understanding of a situation (Neuman, 2000; Puchta & Potter, 2004). There were five participants in the focus group which ran for around one hour. The focus group discussion was guided by an interview schedule and the issues participants deemed relevant.

Interviews with people accessing services

Face-to-face, in-depth semi-structured interviews were also conducted with 12 people who were homeless and gambled. These interviews averaged one hour and again aimed to allow participants to share perspectives and issues they believed were important. All participants had ongoing support from social workers and counsellors at the time of the research. This was considered important due to the nature of participants' life situations and the issues discussed (Neuman, 2000; NHMRC, 2007; Rubin & Rubin, 1995).

Data analysis

An adaptive theory approach was drawn on to analyse data from the interviews and the focus group. This approach is consistent with grounded theory where the emphasis is on an open-minded approach to the research with willingness to listen to participants' experiences and then grounding the analysis in the research data (Charmaz, 2005; Glaser & Strauss, 1967). A grounded theory approach allows theory and new knowledge to emerge from the research findings (Glaser & Strauss, 1967). Utilising grounded theory, Layder's (1998) adaptive theory approach recognises the importance of understanding and locating participant's experiences within the wider social system and their wider social world.

Throughout the research process, key issues and concepts emerging from the findings were continuously analysed, clarified and developed. This process allowed new insights, questions and ideas to guide further interview discussion and content (Glaser & Strauss, 1967; Rubin & Rubin, 1995). Using this approach to analysis, key themes and categories were identified and explicated, and then related back to individual life situations, social environments and current understandings and theory (Charmaz, 2006; Layder, 1998; Rubin & Rubin, 1995).

Limitations

As with all research, there are limitations with this study. One limitation is that restricting the research to one geographical location restricts who participates in the study. Therefore it is considered important that similar studies are undertaken in various locations - metropolitan, rural and remote - so that the concerns of those living in a wider range of areas and conditions can be articulated and heard.

Another limitation is that the participants in this study, like those in other studies concerned with marginalised groups, are often not the most isolated people in the community. It can be difficult to access those most isolated as they are not likely to access relevant services, be involved in community groups and participate in group activities (Swinbourne, Esson, Cox & Scouler, 2000).

Additionally, people who experience homelessness and who gamble are not a homogeneous group and as such cannot be placed into one category. This is an important point as people who are homeless and who gamble live in diverse circumstances and have various needs; this diversity needs to be clearly acknowledged and understood. That said however, and as highlighted by Merriam (1998):

> In qualitative research, a single case or small non-random sample is selected precisely *because* the researcher wishes to understand the particular in depth, not to find out what is generally true of the many (Merriam, 1998:208).

Therefore, each participant's views and stories have value and add to the understanding of experiences of being homeless and of gambling, and/or providing assistance for these people.

Summary

This chapter outlined the methodology used for the study, in particular, semi-structured in-depth interviews and a focus group, within an adaptive grounded theory approach. This approach falls within an interpretive paradigm which seeks to understand and interpret people's experiences and situations, and place these within the wider societal context. By utilising face-to-face in-depth interviews and a focus group, participants were able to voice their experiences, along with their concerns and insights, in their own words. The next chapter presents key findings from the study.

Chapter Four: Research Findings

In this chapter we present the perspectives of people experiencing homelessness and gambling problems, and the service providers supporting them. Key themes that emerged from the research are outlined with the narratives of participants themselves included.

The relationship between homelessness and gambling

This research found that, for some people, there is an association between their homelessness and their gambling activity. Most of the service providers and people seeking assistance from services recognised a connection between housing and gambling problems. Most participants spoke at length about how, in their experience, housing and gambling problems can be related. Responses from service providers frequently included discussion about finances and relationships:

> If you gamble away your money it's going to financially impact on another part of your life somewhere, that's without a doubt. And that could be housing problems that lead to homelessness (service provider).

> From a purely financial perspective people become homeless because they can't afford to pay the rent, or a real estate agent or the landlord won't give them a chance, or they're been blacklisted. So of course there would be a link between gambling and homelessness. I'd imagine there'd be a lot of people in that position (service provider).

> Definitely there is a relationship between homelessness and problem gambling … Well, just looking at the financial side, if you go spending more money on gambling than you can afford, then you can't pay your rent and therefore your landlord will only take so much of that and the person will be asked to leave. That has happened to some of our clients, yes (service provider).

> … and gambling, it impacts on relationships and families. It's time and money gone on gambling that should have gone on looking after their family. Relationships suffer … partners can only put up with that for so long … and men in particular can find themselves out on the street (service provider).

There was only one service provider who said that because his role almost completely focused on 'the practical role of housing people' he did not see a clear link between the issues. He said:

> We don't get into the other conversations as such. It's more about accommodation and talk about that, so they wouldn't talk about gambling even if it was an issue for them. I wouldn't necessarily be trying to find that out. For this service we concentrate on

housing. … And for my clients, they have so many problems. I don't think the gambling would be a priority for them (service provider).

Participants seeking assistance also suggested links between homelessness and gambling. Comments included:

When there's not enough money to pay the rent and buy food because it's been gambled away, then people have to go to shelters sometimes, or maybe stay on friend's couches (participant seeking assistance).

Like when the money goes on gambling and there's no money for rent, but it's more complicated than that (participant seeking assistance).

Gambling, homelessness and complex needs

Participants discussed how problems do not occur in isolation; people frequently have a range of issues and complex needs. One participant explained the complexity of associated problems that led him to becoming homeless:

I think the main thing is that gambling and drinking go hand-in-hand. One perpetuates the other, and other things are in there too, and that makes it hard to look at one problem and not the others because they're all mixed up together (participant seeking assistance).

Another person seeking assistance spoke about associated 'addictions' they were also dealing with:

If I hadn't had all the addictions, gambling and alcohol and drugs, I would've been able to keep my place. ... At times when I've been homeless, I would gamble rather than paying the bills, the rent. I would go and gamble and I would spend the lot. All my income would go on gambling and alcohol. … I wasn't leaving until I had spent the lot (participant seeking assistance).

Participants suggested the complexity of issues they face makes it difficult to 'know where to begin', as described below:

Having nowhere to live, becoming homeless, it was a real wake up call for me, I lost my job, and then my kids didn't want to see me. I was also very depressed. I just didn't know where to begin with it all (participant seeking assistance).

Service providers identified alcohol and substance use, as well as mental illness, physical illness, domestic violence and unemployment as being part of a range of complex issues experienced by many of their clients. Some comments from service providers in this regard included:

Homelessness and gambling, it's quite complex. Part of the complexity is the many issues related to these problems; the alcohol, the drugs, the mental illnesses … (service provider).

We certainly see a lot of people with complex needs and we know that those needs are generally not just about, say, having bi-polar disorder … it's a whole range of things, self-medication, and all the things that come with that (service provider).

With our clients it's domestic violence, drug use, mental health, financial problems. With the gambling, pretty much anything you can think of can come up with it. There is the loss of housing, there are legal problems, loss of work performance, money, children, relationship issues, and it could be mental health. I suppose that leads into the compounding factors of co-morbidity (service provider).

Some comments from participants seeking assistance about complex needs included:

I think people gamble because they're depressed a lot of the time, so it's mental stuff, stress and anxiety. When I was gambling I didn't think about anything, all my problems, I just gambled and then I didn't have to worry. Then I came back to reality and all my problems were still there (participant seeking assistance).

I wasn't coping, so I was gambling as a way of handling stuff. I was depressed and feeling low and very alone. I knew I'd regret it when the money was gone but just for a little while I could block it all out (participant seeking assistance).

One service provider said that to get people into a position where they can deal with their issues often entails examining underlying reasons:

We have to look at the underlying reasons. There are very complex cases and complex issues. For example, I'm just thinking of one client where there was a domestic violence issue, there was gambling and the person was also behind in their rent and they'd had a number of notices from [the housing service]. So it was about us negotiating with [the housing service] to keep them in that accommodation, but then there was also other things such as domestic violence, mental illness, there were a number of issues. So it was working with that client to address all those issues. … So we needed to come up with a range of strategies to incorporate the range of problems (service provider).

With the wide ranging complexity of issues experienced by the participants seeking assistance, it was noted that it can be difficult to identify, and then untangle, the range of needs people have (Holdsworth, Tiyce & Hing, 2012). Yet, it was seen to be important to do so in order for effective strategies to be used.

This finding aligns with other research that shows people who are homeless and have gambling problems often have a range of comorbid problems, issues and needs which can be difficult to untangle (Cultural Perspectives, 2005; MHCA, 2009; Rogers et al., 2005; Shaffer & Korn, 2002). For the participants in this study, their additional complex issues

added to their day-to-day challenges, compounding their negative impacts and life experiences, and often presenting them with seemingly insurmountable problems and barriers (Holdsworth, Tiyce & Hing, 2012).

Some research has found that while gambling problems frequently go with homelessness, gambling is commonly not identified as an important issue, and sometimes not identified at all (Cultural Perspectives, 2005; Lipmann et al., 2004). One difficulty is the range of competing problems often involved. For some, gambling may not be seen as a priority (Cultural Perspectives, 2005). This was a sentiment expressed by several service providers in our study. While many of the service providers noted that they do specifically ask about gambling problems, others said that gambling is not asked about. Antonetti and Horn (2001) have recommended that services need to put assessment procedures in place concerning the screening of gambling problems so they can be identified rather than remaining hidden.

The hidden nature of gambling problems

Some service providers in this study spoke about gambling being a hidden problem amongst those seeking assistance with their housing. It was noted that to uncover underlying issues - such as a gambling problem - it was necessary to ask about wider circumstances that may be impacting on people's lives. For example, one service provider explained that:

> Problem gambling is hidden. No-one really presents to our service saying they have gambling problems. It's through having conversations things start to come up about gambling. People will say: "I only gamble if I have money left over", but they're behind with their rent most of the time, so it leads to ideas that possibly they're only telling half their story. Once you get into the financial conversation that's when the information starts to slowly come out, but you've got to dig (service provider).

Service users also spoke of the need for personal privacy and the desire to keep some things to themselves. There were many reasons for this, among them being the desire to manage some issues, including gambling problems, 'on their own'. This finding mirrors evidence from other homelessness (Banyard, 1995; Hurwitz & Hurwitz, 1997) and gambling studies (Evans & Delfabbro, 2005) suggesting people experiencing homelessness and gambling in contemporary societies carry a strong sense of personal responsibility for the conduct and maintenance of their own lives (Farrugia, 2009; Reith, 2008; Tiyce & Holdsworth, 2011a).

Nevertheless, another service provider, when explaining the importance of recognising and addressing the range of issues people might be dealing with, also spoke about the need to question and probe to uncover wider issues:

> We find you don't get the honest answer until you get to know the person like six months down the track. You've seen their history of not paying rent, and you start to question. It's not something that anyone comes out and says: "I've got a gambling

problem". They'd admit to a drug problem before they'd admit to a gambling problem. I know one woman, she was 12 months in the housing [service] without me recognising she had a problem with gambling. So the first step is to ask about, and then recognise, the range of problems (service provider).

Several service providers believed that gambling behaviour is often consciously concealed. For instance, the following service provider said:

Often it's a very secretive world that gamblers have and it's not often put on the table and it doesn't become apparent until a few paychecks and you're wondering where the money went. With other clients it's more obvious, they've returned intoxicated or substance affected. But with gambling they're presenting straight and sober (service provider).

Stigma was spoken about as a major reason why gambling problems frequently remain hidden. One service provider said:

Well, with both these issues [homelessness and problem gambling] there is a lot of stigma. But also with the other things that go along with these often, like the drugs, the mental illness, the social issues like relationship breakdown. So that keeps people from talking about the other things like their gambling, and it keeps it hidden (service provider).

Another compared the stigma attached to mental illness and that of gambling:

There's obviously stigma attached to gambling. It's not like getting sick as far as most people are concerned in terms of the perception. Having a mental illness, there's enough stigma around that. But there's at least some semblance that it's not your fault. And I think gambling is not seen like that. I think there needs to be more public awareness about problem gambling to help with the stigma (service provider).

The people accessing services spoke about the shame they felt about their housing and gambling problems. The social stigma attached to homelessness has been noted in other studies as a major reason that issues remain hidden (Antonetti & Horn, 2001; May, Cloke & Johnsen, 2007). Social stigma commonly results in experiences of shame, discrimination and marginalisation for those who are seen to be behaving in socially unacceptable ways (Fopp, 2009; Goffman, 1963; Lipmann et al., 2004).

As well, some participants described how they have been perceived as weak or a failure when identified as having gambling problems, so they tended to hide their gambling. The following participants explained:

I felt ashamed. … Having no control over my gambling, having a problem with gambling. People see you as weak, …a failure (participant seeking assistance).

I would feel such shame around people. I was embarrassed and tried to keep it to myself and deal with it myself (participant seeking assistance).

Several of the participants in the study spoke about how they had initially tried to solve their problems on their own due to the shame they felt about their situation. This finding is also similar to other research which shows that due to shame and stigma many people will not seek professional assistance, concealing problems and attempting to resolve issues themselves (Hing, Nuske & Gainsbury, 2011; Lipmann et al., 2004; Pulford et al., 2009).

Many participants suggested they were looked upon as failures. Participants and service providers alike observed that this made them feel further marginalised and excluded. A range of other research has also revealed how people experiencing homelessness are generally perceived as failures, both personally and socially (Dalton, 2002; Gould & Williams, 2010; Pleace, 1998). The impacts of such conceptualisations on self-esteem and self-worth can be substantial (Horsell, 2006; Zufferey & Kerr, 2004). Gronda (2009) notes that an essential starting point must be treating people who are homeless with respect, focusing on their strengths and capacities, while delivering the assistance they need to overcome their problems.

Nevertheless, people seeking assistance maintained a need to present themselves to services in a positive way. This was believed, by both participants experiencing homelessness and service providers, to be important when seeking assistance, as the following service provider emphasised:

When someone's come in to talk about their rent arrears, would they really want to be telling you they've got a gambling problem? And basically what they're saying is "I don't know when I can pay the money back and I don't think it's going to get any better." I wouldn't be telling my housing officer that. They're wanting to present themselves in a positive light, wanting to show they can take responsibility for their lives … and that they deserve to get help (service provider).

Some service providers identified the need to build rapport and trusting relationships to encourage those seeking help to reveal additional information about themselves:

I have built good rapport with our clients. I work on it. … They will begin to open up and admit to problems when they feel they can trust you, but it takes time to build that rapport (service provider).

This understanding aligns with a wide range of research that shows people rarely share their more private or complex concerns and issues until relationships are well developed, and feelings of trust well established (Antonetti & Horn, 2001; Judd et al., 2004; Naufal, 2007).

Social exclusion, isolation and disconnection

Social exclusion and isolation was identified as a major concern by both participants seeking assistance and service providers. Service providers, in particular, spoke about how people experiencing homelessness are excluded from many aspects of life, and how many no longer feel connected to their communities. One service provider stressed:

> Everywhere homeless people go they are excluded. We're talking about community all of the time but we don't act like a community, and homeless people are certainly not part of that community they talk about. And yet mostly they have ended up in this situation simply because of the roll of the dice; homelessness can happen to anyone. It depends on the hand that has been dealt, the structural stuff, the economy, the lack of affordable housing, people's level of family support … (service provider).

A sense of social isolation and disconnection from others, and from the wider community permeated participants' accounts of homelessness. Loss of relationships, social support networks, and a sense of belonging were repeatedly argued to accompany homelessness. The suffering and vulnerability that accompanied these losses was keenly felt, as these participants' comments suggest:

> When you lose your home you lose your whole life in a way, the life you knew, everything. You get pushed aside, you know. You lose your roots, your support … (participant seeking assistance).

> I had to move out … I just couldn't afford it anymore … and you lose a lot of friends and that support. You're not one of them anymore. … There's nowhere to go and nothing to fall back on. It's just miserable (participant seeking assistance).

By providing comfortable and accessible spaces that not only provide facilities, but also spaces for socialising and connecting with others, gaming venues may play a role in people's lives (Abbott & Volberg, 1996; Livingstone, 2005; Productivity Commission, 2010; Tiyce & Holdsworth, 2011b). For those without a safe and secure home, such spaces may be particularly important. By providing opportunities that fortify, support and comfort, gambling at venues may be perceived as a way of negating at least some of the negative experiences of homelessness (Brown & Coventry, 1997; Lipmann et al., 2004; Tiyce & Holdsworth, 2011b). Some of the participants seeking assistance spoke about how gaming venues not only provided comfort, but alternative spaces where the harsher realities of social exclusion and problematic life situations could be temporarily suspended (Oldenburg, 1999; Tiyce & Holdsworth, 2011a). Participants seeking assistance and service providers alike suggested gambling may provide opportunities and experiences not available in other areas of participants' lives. One service provider said:

> Gambling comes from loneliness and a big part of homelessness is the isolation and the meaningless, especially being told you don't belong in all the normal places people go to. …Gambling venues might help with this to some extent (service provider).

Gambling was viewed as a way, of countering isolation, connecting socially and gaining a sense of being accepted and included. One participant explained:

> Gambling was a way to be with people and not feel left out. There were other players there, other people playing the pokies. You could easily fit in, be part of the group. I think for me it was having somewhere to go (participant seeking assistance).

Service providers and those seeking assistance believed that maintaining and building social networks and some sense of community is especially important for people experiencing homelessness, both to assist their ongoing survival and moves towards stable housing, employment and other needs. One service provider said:

> It's the social connection stuff that is really important for homeless people and that can be hard – not only coping with everyday life, but finding ways to go forward, to improve their situations. Many are extremely isolated and some feel they can only get that sense of community and belonging through gambling (service provider).

Participants in this study spoke about how being homeless contributes to a loss of social support. People often become disconnected from family and others when they are without a home, and this impacts on the support they can access in times of need. While talking about the importance of support that a secure home provides, one homeless participant in Lipmann et al.'s (2004:29) study explained 'I lost my support base and things are inclined to go wrong when you lose that support'. Having a home means being part of an established community and a stable, reliable social network where people can feel safe, secure and comfortable (Holdsworth, 2011; Mallett, 2004; Mallett, Rosenthal & Keys, 2005). For the participants in this study, the loss of home, and the resulting loss of social support added to their vulnerability, and left many feeling alone and isolated.

Despite the opportunities for connecting socially that gambling seemed to offer, it was also recognised that gambling can have its problematic side. Some of the participants who were seeking assistance spoke about how their gambling had also created additional problems, sometimes further exacerbating their housing problems, and isolating them from family, work and community. One participant explained:

> The danger is that gambling is also a way of shutting out the world, of isolating yourself even further. It was just me and the poker machine much of the time. I just wanted to get as far away as I could (participant seeking assistance).

Because of the considerable negative effects problem gambling can have, service providers often viewed gambling as harmful and inappropriate for people who are homeless, even as a way of building social networks and opportunities for greater inclusion. One service provider believed that gambling did not provide a deep level of connection:

> I think with the clubs it's safe, it's got a lot of people; it's got a nice layout. And it's that community there, but it's pseudo-sociability. It's like: "I'm around people but I don't have to deal with people", and especially homeless people, they're being served by people. It's like they're getting some sort of connection and respect that they wouldn't get in their normal social status. It's a level of engagement with others but it's often not at a deep level (service provider).

Participants, however, spoke about how gambling provided a range of social and material benefits often not available in their normal everyday lives – shelter, comfort, enjoyment, social connections, a sense of purpose, belonging and wellbeing. Participation in gambling was also viewed as a way of 'taking a break' from the difficulties and circumstances of their homeless lives and engaging with enjoyable activities. Thus, for participants experiencing homelessness, gambling appeared to provide certain benefits that were considered important in their everyday lives.

Nevertheless, for some participants at least, their gambling activities also placed undue strain on their financial resources, relationships with family and friends, and their interactions in society more generally. This further compromised their ability to secure and maintain appropriate housing. Consequently, the findings from this study suggest that people experiencing homelessness and gambling would benefit from greater access to the kinds of resources and opportunities gaming venues provide, but in less risky environments and situations.

Summary

Most participants believed there is a relationship between gambling and homelessness, however, the relationship is a complex one frequently involving a range of co-occurring problems including mental illness, alcohol and other drug abuse, relationship problems and so forth. The hidden nature of gambling activities and gambling problems was highlighted by service providers and people experiencing homelessness and gambling. Various reasons were given for this including the shame and stigma attached to having a gambling problem, the erosion of self-esteem and identity, and how people accessing services want to present themselves in a positive light. It was noted that social exclusion and isolation are major concerns for people experiencing homelessness. Participants spoke about how some people go to gaming venues as a way to socially connect with others, and as a way to escape problems, even for a short while. However, it was also stressed that gambling frequently has its problematic aspects. People experiencing homelessness may benefit from greater access

to the kinds of resources and material, and social opportunities, that gambling and gaming venues appear to provide.

The following chapter presents and discusses various recommendations suggested from service providers.

Chapter Five: Recommendations by Service Providers

Service providers made various recommendations to provide greater assistance for people experiencing homelessness, gambling problems and a range of co-occurring complex needs. These included the need for more: affordable housing; early intervention strategies; knowledge about available services; integrated service provision; funding and changes to current funding; and community awareness campaigns and community engagement.

Several service providers pointed out that clients need to be asked specifically about gambling problems, which several said did not currently happen within their organisation. Even so, gambling activities and problems may remain hidden. Some service providers said that it can take a great deal of time to build trust and rapport with clients before they will open up about additional concerns and issues. Service providers emphasised that it is important to look at the range of issues that people face, and consequently a range of strategies to assist their clients. Below the specific recommendations identified by service providers are outlined.

Affordable accommodation

All service providers spoke about the need for the provision of more affordable housing. The following participant succinctly noted:

> There's no doubt that access to affordable housing for clients is the biggest issue … It's needed. Our clients are often the most vulnerable people in our communities, and ultimately we all suffer if they are not adequately cared for (service provider).

Some of the service providers, while discussing the need for more affordable housing, considered that it is important that clients are provided with ongoing support:

> We need more affordable accommodation being made available and serviced by case management. … We need more case workers; we need people to look after the tenants that go into this affordable housing. It's no good just providing housing *per se*; they need on-going support (service provider).

> So when our clients leave [the service] they are case managed for a period of time. It's no good sending them out with no support; we'll see them back again. With case management it gives them a chance to succeed when they leave here (service provider).

Several of the service providers spoke about the importance of finding stable housing early on for their clients, and the value of secure housing for fostering social connections. It was noted that more affordable housing is needed to provide stable homes, as many families are

facing housing related stress and are at risk of becoming homeless. It has been noted that when individuals and families are able to access safe and secure housing with security of tenure, they can begin to re-establish the kinds of social networks and social capital resources so essential to health and wellbeing, including access to supportive community services (Gilbert, 2010; Mallett et al., 2005; MHCA, 2009).

Early intervention

Several service providers spoke about the need for more early intervention strategies, before people actually become homeless. One service provider spoke about the effectiveness of using an early intervention approach thus:

> When people get to the stage of actually being homeless then they tend to have all sorts of problems. If we can find people safe and secure accommodation early on then they have a chance of getting well. They then have a chance to settle into their neighbourhoods, feel like it's a home.

There is evidence that the best way to provide welfare is through early intervention strategies (Harvey, Evert, Herrman, Pinzone & Gureje, 2002; South Australian Social Inclusion Board, 2007). People are much less likely to have problems with household activity or severe social withdrawal and social isolation when intervention strategies are utilised early on (Harvey et al., 2002). The South Australian Social Inclusion Board (2007) has asserted that human and economic benefits of early intervention need to be promoted.

Some service providers spoke about funding for early prevention strategies, as highlighted by the following service provider:

> It's better to spend the money on the prevention. Try to help people before it becomes a problem. No matter what the problem is, whether it's housing, gambling or one of the issues that people often have. … More government funding is needed to help in the early stages (service provider).

Knowledge of services

Some participants spoke about not knowing what services are available. One service provider said:

> There's a lack of knowledge about services that people can access. This extends to local services as well and it's hard to know who is out there, what services different groups actually provide, and if they will be appropriate for our clients (service provider).

The following service provider spoke about the need to 'build pathways and connections' and discussed the usefulness of information sharing systems:

We need to work better together, we need more information about what each other does, we need to build pathways and connections. However, being a non-metro area our target groups are much more dispersed than they are in cities. So we need integration of services in areas like this, but through efficient information sharing systems (service provider).

Community awareness campaigns and community engagement

Some service providers also highlighted the need for more community awareness campaigns and community engagement. Such campaigns would assist in raising public awareness and knowledge of services, and perhaps help to address the stigma and isolation associated with homelessness and problem gambling. The following service providers suggested:

I think if there's more community engagement to raise awareness about homelessness. And about what services people can access. … More community awareness campaigns would help with the stigma too … (service provider).

I'm really hoping that the community can see that we need to have campaigns about problem gambling awareness. … The campaigns that were around to help with mental illness, to address the stigma of mental illness, they have helped. We need a similar type of campaign to help with problem gambling and how it hurts everyone (service provider).

Integrated services and services working together

Like other service providers, the following service providers similarly spoke about the value of an integrated service approach, of the benefits of services working together:

There is a need for greater integration of housing services with other services out there to assist tenants to sustain tenancy and have some sort of independent living. … Mental health services would be the key one I would think, and drug and alcohol [services]. We do work with different agencies for people with mental health problems, people with intellectual and physical disabilities, women escaping violence, older frail people; particularly people without the living skills to sustain tenancies. But I do think there needs to be better integration of services (service provider).

There's a sense that organisations don't necessarily work well together. I think some people will tell you that it's quite a fractured sector. We need to work better together (service provider).

We just try and maintain a philosophy of optimism; that we can make a difference in what we're doing, and it's providing tools for people to make the changes for themselves. We provide a support service where we look at trying to help people with a wide range of issues such as housing, but also looking at if they have debts through fines and all of that. Getting their debt recovery in place and then looking at employment

issues, training issues. So we have a number of things here that are all connected together that are addressed in a holistic way. We work together and try to complement one another; we could do with more of it … (service provider).

Service providers specifically spoke about an integrated approach within community and health services dealing with people experiencing homelessness and people with gambling-related problems, as well as services for mental illness, substance abuse, unemployment, legal issues, financial counselling and so forth. Effective collaboration between problem gambling services and other health and community services is believed important when providing intervention and treatment options for people with gambling problems (Productivity Commission, 2010). This is because people with gambling problems often present to help services with multiple and complex needs, including housing needs.

Participants in this study noted that, because of the complexity of the problems, services need to work better together. Effective intervention strategies are argued to be more achievable with an integrated approach between service providers (Fuller et al., 2011). Similarly, the South Australian Social Inclusion Board (2007) recommended the need for a range of recovery-focussed community based linkages including services that provide follow-up and case management services as part of an integrated approach.

Government funding options

Many participants spoke about the need for more government funding for housing, especially affordable, stable housing, as noted earlier. Others spoke about how the current funding system creates competition between services. The following service providers discussed the present tendering funding process and how this impacts on 'better service integration':

> The funding process is very competitive. … Services are competing for government funding; it's not always conducive to collaborative partnerships. … We're working and working well and producing really good outcomes, and I think if there was a way to fund groups on the basis of the work we're already doing, real outcomes, that might be a better option. But now it's all about tendering … (service provider).

> Competing for resources is a key barrier to better service integration. There needs to be a better way for funding services (service provider).

One service provider reflected how funding is not targeted to specific areas and local needs:

> The same funding system being used everywhere across the state doesn't reflect necessarily the local needs. I would think the stuff around drug and alcohol abuse would be important around here. And needs would be completely different in say Liverpool,

Western Sydney. So that's one of the weaknesses with the funding system, targeting the local needs … (service provider).

The need for targeted funding and 'flexible funding options appropriate to local circumstances' is clearly outlined in the Family and Community Services (2011:4) Community Services Funding Policy.

Finally, some service providers argued there needs to be a greater commitment by governments at all levels to addressing the issue of homelessness. For example, the following service provider spoke about housing as a basic need and right:

Governments at all levels should be funding housing. There is no reason that everyone cannot have a secure place to live. There is no need for homelessness to exist in a country like Australia. Housing is a basic need and a basic right … (service provider).

Summary

Service providers gave various recommendations to assist people experiencing homelessness, gambling problems, and co-occurring complex issues and needs. These included the need for more affordable housing, knowledge of services and what these services provide, integrated services to enable services to 'work better together', government funding options, and more awareness campaigns and community engagement.

Chapter Six: Conclusions

This research report discussed key findings of a study conducted by the Centre for Gambling Education and Research exploring the experiences and perspectives of people experiencing homelessness and gambling, and the service providers assisting them. The study was conducted in the Northern Rivers region of NSW using a qualitative approach and in-depth interviews and sought to understand the link between homelessness and gambling, the experience of homelessness and the role of gambling, the affect of interrelated issues and complex needs, and the service provider service user interaction.

The study findings revealed most participants recognised a relationship between homelessness and gambling. Several key themes emerged including the complex interplay of associated issues that makes experiencing homelessness and assisting people who are homeless especially challenging. In particular, gambling activities and gambling problems often remain hidden through the affects of shame and stigma. People experiencing homelessness and gambling often have a complex range of accompanying needs and issues, including gambling problems. These need to be understood and addressed alongside housing needs. Because of the stigma and shame attached to being homeless, people are often reluctant to disclose additional problems and needs. Thus, additional problems, such as gambling, are often concealed and remain hidden.

The study also revealed how people experiencing homelessness and gambling are frequently socially excluded from their communities and society in general. People experiencing homelessness are often excluded from many places and activities in society which leads to social isolation, and leaves people feeling disconnected and alienated. Homelessness often involves a loss of support networks, and sense of security and belonging. People experiencing homelessness spoke about how gambling provided a range of social and material benefits often not available in their regular daily lives – shelter, comfort, enjoyment, social connections, a sense of purpose, belonging and wellbeing. Participation in gambling was also viewed as a way of 'taking a break' from the difficulties and circumstances of their everyday lives. Participants experiencing homelessness in this study suggested gambling provided certain benefits that were considered important in their everyday lives.

However, participants noted that gambling activities could also place undue strain on finances, employment, relationships with family and friends, health and wellbeing, and interactions in society more generally. This further compromised people's ability to secure and maintain appropriate housing and relationships, employment and other concerns. Consequently, the findings from this study suggest that people experiencing homelessness

and gambling would benefit from greater access to the kinds of resources and opportunities gaming venues provide, but in less risky environments and situations.

Recommendations from service providers included the need for additional affordable accommodation, more early intervention strategies, better knowledge of services and community awareness campaigns, greater integration of services, and improved government funding.

The need for further research

The study was limited to a small group of people in one regional location of Australia and therefore we acknowledge that these experiences may not be consistent with those of people in other areas. Consequently, it is important that similar studies are undertaken across a broad range of locations, in cities, regional and remote locations, so that the experiences, concerns and perspectives of people who are homeless and experiencing complex issues such as gambling, and the service providers supporting them are further heard and understood. Greater understanding of the complex, and often compounding, issues related to homelessness and gambling through additional research across a range of locations will add further knowledge to the currently limited research base.

The Centre for Gambling Education and Research

The Centre for Gambling Education and Research [CGER], headed by Professor Nerilee Hing, is the leading gambling research centre in Australia and is one of eight recognised Research Centres at Southern Cross University, Lismore. The CGER aims for excellence in the conduct and dissemination of quality research and research training relating to gambling, its operations, management, policy and impacts. It has a strong focus on problem gambling, the social causes and impacts of gambling problems, and gambling among vulnerable populations.

CGER members have professional roles with the National Association for Gambling Studies, Commonwealth Ministerial Expert Advisory Group on Gambling, Victorian Government Independent Peer Review Panel, International Advisory Board for Singapore Pools, and the International Think Tank on Problem Gambling. CGER members are also represented on editorial and review boards for a range of gambling and social journals. They also conduct and disseminate research to government, industry, and the public health and community services sector to inform and assist policy, management, and service delivery.

The Researchers

Dr Louise Holdsworth, PhD is a Post-doctorial Research Fellow with the CGER. Louise's PhD thesis addressed housing concerns of vulnerable social groups (in particular sole parent families) in a social, economic and political context. She has previously worked on the Australian Rural Mental Health Study (ARMHS) coordinating the study on the Far North Coast of NSW. More recently Louise was part of an investigation team working on a systematic review on service linkages in primary mental health care. Her previous research projects have included social capital, social inclusion and exclusion concerns, and a study identifying key indicators of community cohesion. Louise's key areas of interest include: housing related concerns and policy; gambling issues; mental health issues; feminist research, and research concerning disadvantaged social groups.

Margaret Tiyce is a researcher and PhD candidate with the CGER and School of Tourism and Hospitality Management at Southern Cross University, Lismore. Over the past 15 years, Margaret has been involved in a wide range of research, most recently focusing on the experiences of vulnerable populations. Her work has been presented at national conferences and in academic and industry journals and has been used to inform government, industry and community planning and policy, management strategies and community initiatives. Margaret's areas of research interest include the experiences of disadvantaged groups, homelessness and social exclusion, coping with trauma and change, the self in contemporary society, community wellbeing, health and travel experiences, festival and event management, nature based and special interest tourism, protected area management, ecological and social sustainability and research methodologies.

References

Abbott, M., & Volberg, R. (1996). The New Zealand national survey of problem and pathological gambling. *Journal of Gambling Studies*, *12,* 43-160.

Antonetti, E., & Horn, M. (2001). *Gambling the Home Away: A Study of the Impact of Gambling on Homelessness*, Research Report Commissioned by Hanover Welfare Services, Melbourne: Hanover Welfare Services.

Australian Bureau of Statistics [ABS] (2008). *Yearbook Australia: Australian Social Trends*. Cat. No. 1301.0, Canberra.

Australian Institute of Health and Welfare [AIHW] (2009). *Problem Gambling among those Seeking Homelessness Services* (Cat. no. HOU 215). Canberra: AIHW.

Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. (2006). Ex-prisoners, homelessness and the state in Australia. *The Australian and New Zealand Journal of Criminology, 39*(1), 20-33.

Banyard, V. (1995). Taking another route: Daily survival narratives from mothers who are homeless, *American Journal of Community Psychology, 23*(6), 871-889.

Brown, S., & Coventry, L. (1997). *Queen of Hearts: The Needs of Women with Gambling Problems*. Melbourne: Financial and Consumer Rights Council.

Byrne, D. S. (1999). *Social exclusion*. Philadelphia: Open University Press.

Chamberlain, C., & Mackenzie, D. (2008). *Counting the Homeless: Australia 2006* (ABS Catalogue No. 2050.0). Canberra: Australian Bureau of Statistics.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* London: Sage.

Charmaz, K. (2005). Grounded theory in the 21st century: Applications for advancing social justice studies. In N. Denzin, & Y. Lincoln (Eds.), *The sage handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.

Cohen, C. (1999). Aging and homelessness. *The Gerontologist, 39*(1), 5-14.

Cultural Perspectives (2005). *Research Into Health Promotion And Best Practice Services For Indigenous Communities.* Office of Gaming and Racing. Melbourne: Victorian Government Department of Justice.

Dalton, T. (2002). Which way housing policy? Housing markets and policy agendas, *Just Policy, 25*, 3-12.

Denzin, N., & Lincoln, Y. (2005). *Handbook of qualitative research* (3rd Ed.). Thousand Oaks, CA: Sage.

Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA] (2009). *National Homelessness Research Agenda 2009-2013*. Canberra: FaHCSIA. Retrieved from http://www.fahcsia.gov.au/sa/housing/pubs/homelessness

Family & Community Services (2011). *Community Services Funding Policy.* Sydney: NSW Government.

Family & Community Services (2009). *The Problem Gambling Awareness Campaign.* NSW Government, November, Sydney.

Farrugia, D. (2009). Responsibility, intersubjectivity, and recognition: The case of Australian young people experiencing homelessness, *The Sociological Association of Australia [TASA] Conference: The Future of Sociology*. Australian National University, Canberra, 1-4 December.

Fopp, R. (2009). Metaphors in Homelessness Discourse and Research: Exploring 'Pathways', 'Careers' and 'Safety Nets', *Housing, Theory and Society, 26*(4), 271-291.

Forell, S., McCarron, E., & Schetzer, L. (2005). *No Home, No Justice? The Legal Needs of Homeless People in NSW.* Sydney: Law and Justice Foundation of NSW.

Fuller, J., Perkins, D., Parker, S., Holdsworth, L., Kelly, B., Roberts, R., Martinez, L., & Fragar, L. (2011). Building effective service linkages in primary mental health care: A narrative review part 2. *BMC Health Services Research*, *11*, 66.

Geary, K. (2010). *Social Priorities 2010: A Report on the Results of the Northern Rivers Social Priorities Survey*. Lismore, Australia: Northern Rivers Social Development Council [NRSDC].

Gilbert, T. (2010). *Homelessness and Social Inclusion: Bringing them in from the Margins.* Council to Homeless Persons. Retrieved from http://www.chp.org.au/parity/articles

Glaser, B. & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Chicago: Aldine.

Goffman, E. (1963). *Stigma.* Englewood Cliffs, NJ: Prentice-Hall.

Gould, T., & Williams, A. (2010). Family homelessness: An investigation of structural effects. *Journal of Human Behaviour in the Social Environment, 20*, 170-192.

Gronda, H. (2009). *Evidence to inform NSW homelessness action priorities 2009-10.* Report prepared by Australian Housing and Urban Research Institute [AHURI], Melbourne: AHURI.

Harvey, C., Evert, H., Herrman, H., Pinzone, T., & Gureje, O. (2002). *Disability, Homelessness and Social Relationships among People Living with Psychosis in Australia,* Low Prevalence Disorder Component of the National Study of Mental Health and Wellbeing, Bulletin 5, Department of Health and Ageing, Canberra.

Hoare, D. (2008). Problem gambling a root cause of homelessness. *ABC News,* 29th January 2008. Retrieved from http://www.abc.net.au/news/stories/2008

Hoffman, L., & Coffey, B. (2008). Dignity and indignation: How people experiencing homelessness view services and providers, *The Social Science Journal, 45*, 207-222.

Holdsworth, L. (2011). Sole voices: Experiences of non-home-owning sole mother renters. *Journal of Family Studies, 17(*1), 52-70.

Holdsworth, L., Haw, J., & Hing, N. (2011). The temporal sequencing of problem gambling and comorbid disorders. *International Journal of Mental Health and Addiction*. DOI: 10.1007/s11469-011-9324-7.

Holdsworth, L., & Tiyce, M. (2012). Exploring the hidden nature of gambling problems amongst people who are homeless. *Australian Social Work*. Available online: http://dx.doi.org/10.1080/0312407X.2012.689309

Holdsworth, L., Tiyce, M., & Hing, N. (2011). Exploring the relationship between problem gambling and homelessness: Becoming and being homeless. *Journal of Gambling Studies, 23*(2), 39-54.

Holstein, J., & Gubrium, F. (2000). *The self we live by: Narrative identity in a postmodern world*. New York: Oxford University Press.

Horsell, C., (2006). Homelessness and social exclusion: A Foucauldian perspective for social workers, *Australian Social Work, 59,* 213-225.

Hurwitz, E. & Hurwitz, S. (1997). *Coping with Homelessness*, New York: Rosen Publishing.

Johnson, G., Gronda, H., & Coutts, S. (2008). *On the outside: Pathways in and out of homelessness,* Melbourne: Australian Scholarly Publishing.

Judd, B., Kavanagh, K., Morris, A., & Naidoo, Y., (2004). *Housing Options and Independent Living: Sustainable Outcomes for Older People who are Homeless*. Melbourne: Australian Housing & Urban Research Institute [AHURI].

Layder, D. (1998). *Modern social theory: Key debates and new direction.* London: UCL Press.

Lipmann, B. (2009). Elderly homeless men and women: Aged care's forgotten people, *Australian Social Work, 62*(2), 272-286.

Lipmann, B., Mirabelli, F., & Rota-Bartelink, A. (2004). *Homelessness among Older People: A Comparative Study in Three Countries of Prevention and Alleviation*. Melbourne: Wintringham.

Livingstone, C. (2005). Desire and the consumption of danger: Electronic gaming machines and the commodification of interiority, *Addiction Research and Theory, 13*(6), 523-34.

Mallett, S., Rosenthal, D., & Keys, D. (2005). Young people, drug use and family conflict: Pathways into homelessness', *Journal of Adolescence, 28*(2), 185-199.

Mallett, S. (2004). Understanding home: A critical review of the literature, *Sociological Review, 52*, 62-89.

May, J., Cloke, P., & Johnsen, S. (2007). Alternate cartographies of homelessness: Rendering visible British women's experiences of "visible" homelessness', *Gender Place and Culture, 14*, 121-140.

McFerran, L. (2010). *It Could Be You: Female, Single, Older and Homeless.* Sydney: Homelessness NSW, The Older Women's' Network NSW, and St Vincent de Paul Society.

Mental Health Council of Australia [MHCA] (2009). *Home Truths: Mental Health, Housing and Homelessness in Australia*. Canberra: Mental Health Council of Australia.

Merriam, S. (1998). *Qualitative research and case study applications in education.* San Francisco: Jossey-Bass.

Morrell-Bellai, T., Goering, P., & Boydell, K. (2000). Becoming and remaining homeless: A qualitative investigation, *Issues in Mental Health Nursing, 21,* 581-604.

Morris, A. (2010). The lack of a right to housing and its implications in Australia. *Journal of Australian Political Economy, 65*, 28-57.

National Health and Medical Research Council [NHMRC], Australian Research Council and Australian Vice-Chancellors' Committee. (2007). *National statement on ethical conduct in human research*. Canberra: Australian Government.

Naufal, R. (2007). *A Literature Review of Seniors Housing in Australia*. Sydney: National Shelter.

Neal, P., Delfabbro, P. H., & O'Neil, M. (2005). *Problem Gambling and Harm: Towards a National Definition.* Report prepared for the Research Program Working Party. Melbourne.

Neuman, W. L. (2000). *Social research methods: Qualitative and quantitative approaches*, Allyn & Bacon: London.

Northern Rivers Social Development Council [NRSDC] (2011). *Summary: Housing Information for the Northern Rivers Region, NSW.* Lismore: Northern Rivers Social Development Council. Retrieved from: http://www.nrsdc.org.au/housing-news

Oldenburg, R. (1999) The Great Good Place: Cafes, Coffee Shops, Book Stores, Bars, Hair Salons and Other Hangouts at the Heart of a Community, New York: Marlowe and Co.

Pleace, N. (1998). Single homelessness as social exclusion: The unique and the extreme. *Social Policy and Administration, 32*(1), 46-59.

Productivity Commission (2010). *Gambling.* Report No. 50. Canberra.

Puchta, C., & Potter, J. (2004). *Focus group practices: Studying conversation*. London: Sage.

Pulford, J., Bellringer, M., Abbott, M., Clarke D., Hodgins, D., & Williams J. (2009). Barriers to help-seeking for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies, 25*, 33-48.

Regional Homelessness Action Plan, North Coast (2010) Department of Human Services, Housing NSW. Sydney: NSW Government. Retrieved from
 http://www.housing.nsw.gov.au/NR/rdonlyres

Reith, G. (2008). Reflections on responsibility, *Journal of Gambling Issues, 22*, 148-155.

Robinson, C. (2005). Vulnerable to homelessness: Exclusion and cumulative trauma. *The Sociological Association of Australia [TASA] Conference*, Hobart: University of Tasmania.

Rogers, N., Button, E., & Hume, A. (2005). *Safe as Houses: An Exploration of the Link between Gambling and Homelessness.* Research Report. Adelaide: South Australian Department for Families & Communities.

Rubin, H., & Rubin, I. (1995). *Qualitative interviewing: The art of hearing data.* Thousand Oaks, CA: Sage.

Schofield, M. (2005). *Crisis Accommodation Needs of Homeless People in the Lismore Local Government Area*. Lismore NSW: Northern Rivers Social Development Council.

Shaffer, H. J., & Korn, D. A. (2002). Gambling and related mental disorders: A public health analysis. *Annual Review of Public Health*, *23*, 171-212.

South Australian Social Inclusion Board (2007). *Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007-2012.* Adelaide: Southern Australian Government.

Sullivan G., Burnam A., & Koegel P. (2000). Pathways to homelessness among the mentally ill. *Social Psychiatry and Psychiatric Epidemiology*, *35*(10), 444-450.

Swinbourne, K., Esson, K., Cox, E., & Scouler, B. (2000). *The social economy of sole parenting.* Sydney: University of Technology.

Tavares, H., Martins, S., Zilberman, M. L., & el-Guebaly, N. (2002). Gamblers seeking treatment: Why haven't they come earlier? *Addictive Disorders & Their Treatment, 1*(2), 65-69.

Taylor, K., & Sharpe, L. (2008). Trauma and post-traumatic stress disorder among homeless adults in Sydney. *Australian and New Zealand Journal of Psychiatry, 42*, 206-213.

Thomas, S. A., & Jackson, A. C. (2008). *Risk and Protective Factors, Depression and Co-Morbidities in Problem Gambling.* Report to *beyondblue,* Melbourne. Retrieved from http://www.beyondblue.org.au/index.

Thompson Goodall Associates (1998). *Veterans at Risk Research Project,* Canberra: Commonwealth Department of Veterans' Affairs.

Tiyce, M., & Holdsworth, L. (2011a). Further from home? Homelessness and gambling: exclusion, identity and place. *The Australian Sociological Association (TASA) Conference.* Newcastle, November 29-December 1, 2011.

Tiyce, M., & Holdsworth, L. (2011b). *The Third Place: Gambling, inclusion and place.* Paper presented at the National Association for Gambling Studies (NAGS) Conference. Melbourne, November 23-25.

Walker, H., & Walker, A. (1999). Social exclusion. In D. S. Byrne (Ed.). *Social Exclusion.* Philadelphia: Open University Press.

Yates, J., & Milligan, V. (2007). *Housing Affordability: A 21st Century Problem.* Sydney: Australian Housing and Urban Research Centre.

Zufferey, C. (2008). Responses to homelessness in Australian cities: Social worker perspectives, *Australian Social Work, 61*(4), 357-371.

Zufferey, C., & Kerr, L. (2004). Identity and everyday experiences of homelessness: Some implications for social work. *Australian Social Work, 57*(4), 343-353.