

**RESEARCH  
REPORT**

# Factors that shape the gambling attitudes and behaviours of older adults in Victoria

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# Factors that shape the gambling attitudes and behaviours of older adults in Victoria

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# Executive summary

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## Overview

Research demonstrates that older adults are vulnerable to experiencing gambling harm. However, there is surprisingly limited research that has examined the gambling attitudes and behaviours of this group. Research has predominantly focused on individual motivations for gambling in older adults, with few studies exploring the broader range of socio-cultural, environmental, and industry factors that may contribute to gambling harm in older adults. This includes the range of factors that may create pathways to gambling venues, behaviours within community gambling venues, and how older adults conceptualise gambling harm.

Research suggests that community gambling venues may be positively reinforced as safe places of social acceptance for older adults [Southwell, Boreham & Laffan 2008]. Industry incentives such as cheap meals and transport to venues may encourage older adults to attend community gambling venues and contribute to high risk and problem gambling behaviours [McNeilly & Burke 2002; Southwell, Boreham & Laffan 2008]. Understanding how older adults conceptualise gambling - and how these conceptualisations vary between different sub-groups of older adults - is important in understanding how to reach older adults with public health harm prevention programs and activities, and in understanding how we can better identify harm amongst sub-groups of older adults.

## Study aim and research questions

The aim of this study was to explore the interplay of individual, socio-cultural, commercial, environmental, and political factors that may create pathways for older adults into community gambling venues, and the factors that may influence the range of gambling and non-gambling behaviours within these venues.

## A pragmatic approach

A pragmatic approach was taken for this study. This approach has a focus on providing solutions and knowledge to solve real world problems. It emphasises that the research questions are the most important aspect and research should be designed in a way that will best answer them, instead of focusing heavily on the type of methods that are used [Doyle, Brady & Byrne 2009; Feilzer 2010; Johnson & Onwuegbuzie 2004]. A mixed methods research design was used in this study to understand the activities that are promoted by community gambling venues and to explore the experiences of older adults in these venues. The research involved two components.

## Component One

The first component of this study aimed to understand the nature and extent of non-gambling and gambling activities and products that are promoted by community gambling venues.

Three research questions guided this study:

1. Is there evidence that community gambling venues promote activities that may appeal to older adults?
2. What is the nature and extent of these promotions?
3. Are some products or activities promoted more than others?

## Component Two

The second component aimed to provide detailed qualitative insights into the range of individual, socio-cultural, commercial, environmental and political factors that may shape older adults' pathways to, and engagement in, gambling and non-gambling activities in community gambling venues. Part of this study aimed to understand which of the activities identified in Component One were most attractive to older adults.

Five research questions guided this study:

1. Why do older adults attend community gambling venues? What are their primary and secondary reasons for attending?
2. What are the range of activities they engage in within these venues?
3. What is their level of knowledge about, and attitudes towards, electronic gambling machines (EGMs)?
4. How do older adults conceptualise gambling related harm?
5. What types of strategies may help to prevent and reduce gambling harm in older adults?

## Methods

The study used a pragmatic mixed methods design whereby quantitative and qualitative methodologies were utilised in order to explore the experiences of older adults within local communities and community gambling venues. The research examined the structural mechanisms (for example promotional factors, social isolation and disconnectedness, accessibility, lack of recreational alternatives, third party trips) which may influence older adults, defined as 55 and older, to attend community gambling venues, and strategies to respond.

## Component One

The first component of this study involved a literature review, which was intended to determine the types of activities that may appeal to older adults within gambling venues. We used this information to develop a coding framework, which underpinned a content analysis of websites and Facebook pages of 106 community gambling venues across eight local government areas. We sought to identify the extent and range of non-gambling and gambling activities that were promoted by venues, and how they may specifically appeal to older adults.

## Component Two

This study aimed to explore the pathways of older adults into community gambling venues, and their attitudes towards and participation in various activities within the venues. Parts of this involved identifying which of the activities promoted by community gambling venues (identified in Component One) were of particular appeal for participants. The second component of the research used a focus group approach to engage community members in a discussion about community gambling venues. This involved 20 focus groups and 126 participants, who reported attending these venues either for non-gambling or gambling activities.



## Key Findings

### Component One: Promotions of gambling and non-gambling activities by community gambling venues.

Three quarters (n=79; 75.2%) of community gambling venue websites and one third (n=32; 33.3%) of

Facebook pages promoted non-gambling activities that were likely to appeal to seniors or older adults. Food specials (n=96 of 106 venues; 90.6%), including those specifically designed for seniors, was the most commonly promoted non-gambling activity, followed by club memberships (n=91; 85.8%), and music and entertainment activities (n=56; 52.8%).

A range of gambling related activities were promoted on both websites (n=90; 85.7%) and Facebook (n=72; 75.0%) pages. The most commonly promoted activities were member draws (n=72; 67.9%), competitions (n=58; 54.7%), and raffles (n=43; 40.6%).

### Component Two: Focus groups to explore the range of factors that shape pathways to, and engagement in, community gambling venues.

Five key themes emerged from the focus groups.

1. *Reasons for attending gambling venues:* Reasons for attending venues included loneliness and the need for social connection, social groups, clubs and social occasions, accessibility, affordability, and escape from everyday life stressors.
2. *Participation in non-gambling and gambling activities within the venue:* Older adults participated in a range of non-gambling and gambling activities when attending venues. Non-gambling activities included dining and cheap meals, entertainment, organised sporting activities, and group meetings. While many participants stated that they gambled when they were at the venue, gambling was a secondary activity and was not the primary reason for their attendance. Participants predominantly gambled on EGMs.
3. *Knowledge about and attitudes towards EGMs:* Participants were able to describe features of EGMs including descriptions of what the machines looked like, and the basic functions of the machines. However, there were many misconceptions relating to the specific design of EGMs, with some participants believing that certain machines would 'pay out' more than others, and that the jackpot total amount on the machine influenced when they would win or when machines would 'pay out'. Some participants believed that the location of machines within the gaming room also influenced the possibility of winning money. Winning money was the primary motivation for gambling on EGMs, along with social connection. Participants perceived that a significant amount of money from EGMs went directly back to local communities.
4. *Conceptualisation of gambling related harm:* While most participants perceived that there were significant risks associated with gambling (particularly related to EGMs), there was also a significant focus on personal responsibility. For example, participants often described being 'responsible gamblers', and reported that they made informed choices and were in control of their own gambling. Participants' conceptualisation of gambling harm was often associated with a person's financial security, with a perception that older people could afford to gamble. However, for some individuals their own personal encounters with gambling harm experienced by people they knew (most often family members) led them to avoid gambling.
5. *Harm reduction and prevention strategies:* A number of harm reduction and prevention strategies were discussed by older adults. Participants believed there needed to be a greater emphasis on how EGMs worked, the losses and harm that communities experienced from EGMs and, a focus on the impact on families, and transparency regarding the amount of money from EGMs that went directly back to communities. Specific harm reduction strategies suggested by participants included changing the layout of venues to physically separate gaming rooms from the venue, reducing operating hours, and restricting

access to EFTPOS and ATM machines. A number of product specific strategies were also described. These included limiting the amount of money that could be lost on EGMs, slowing down spin rates, and limiting the number of lines that could be played. Some participants recommended that \$1 maximum bets were the most effective strategy for minimising the amount of money that could be lost on EGMs. Finally, participants perceived that there should be increased investment in alternative community venues and activities, which were safe, affordable, and accessible for older adults. Participants particularly commented on the need for comprehensive transport options that could facilitate attendance at alternative activities for older adults.

## Discussion

There were four key areas of discussion from the findings:

1. There are a range of factors that may influence older adults' attendance at community gambling venues.
2. While the primary reasons of older adults for attending gambling venues are for non-gambling activities, many also engage regularly in EGM gambling at community gambling venues.
3. Older adults have limited understanding of the structural characteristics of EGMs and have misperceptions about the impact of EGMs on local communities. They also have very specific conceptualisations about EGM harm, which may increase their vulnerability.
4. There is a need for targeted strategies that seek to prevent and reduce the potential harms that may be caused from repeat exposure to EGMs in community gambling venues. Providing accessible and affordable alternatives was a key recommendation from participants in this study.

## Background

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Gambling is an important public health issue for Australia [Marshall 2009], with Australians losing more money per capita on gambling than any other country in the world [The Economist 2014]. While gambling is often described as being part of Australia's culture, and a fun and positive activity for the vast majority of Australians [Miller et al. 2016; Thomas & Lewis 2012], research demonstrates that gambling can cause significant harms for individuals, their families and communities [Productivity Commission 2010]. This includes financial problems, addiction, job loss, relationship breakdowns and family violence [Abbott et al. 2015; Dowling et al. 2014; Kalischuk et al. 2006; Productivity Commission 2010; Suomi et al. 2018]. Between 2016 and 2017, Australia's total gambling expenditure (losses) was over \$23.6 billion [Queensland Government 2018], with the social costs of gambling estimated at approximately \$4.7 billion each year [Productivity Commission 2010]. Each year in Australia, \$12 billion is lost on electronic gambling machines (EGMs) which comprises about 50% of Australia's total gambling losses [Alliance for Gambling Reform 2017; Queensland Government 2017]. There are more EGMs per capita in Australia than anywhere in the world, with nearly 200,000 machines in community gambling venues (pubs and clubs), half of which are in New South Wales (NSW) [Queensland Government 2017]. Regular use of EGMs has been found to be significantly associated with problem gambling, with 15% of weekly EGM gamblers in Australia classified as having problems with gambling [Productivity Commission 2010]. Research has also shown the broader community harms associated with EGMs, with researchers arguing that EGMs contribute to social inequality as they are predominantly located in areas of social deprivation [Markham, Doran & Young 2016].

Previous research has focused on the gambling attitudes and behaviours of particular subgroups in the Australian population, such as young men [Deans et al. 2016; Deans et al. 2017], women [McCarthy et al. 2018], problem gamblers [Burge et al. 2004; Ellenbogen, Derevensky & Gupta 2007; Lorains, Cowlshaw & Thomas 2011; McMillen et al. 2004; Potenza et al. 2006] and children [Bestman et al. 2017; Bestman et al. 2016; Bestman et al. 2015; Pitt, Thomas & Bestman 2016; Pitt et al. 2017; Pitt et al. 2016]. However, there has been limited research that investigates the gambling attitudes and behaviours of older adults. While there is broad agreement that older adults are vulnerable to developing gambling harm, there is limited public health research relating to the range of factors that may: (a) create a pathway for older adults into community gambling venues, and (b) how this may influence engagement with gambling products within these venues. Instead, research has focused on quantitative investigations of prevalence rates, social and recreational gambling, comparisons with younger adults, and documenting individualised motivations for gambling [Ariyabuddhiphongs 2012; Clarke 2008; Desai et al. 2004; Potenza et al. 2006; Subramaniam et al. 2015; Tse et al. 2012].

The following section outlines existing literature relating to the gambling behaviours of older adults, including the factors that influence their gambling behaviours and attendance at community gambling venues.

# Gambling behaviours of older adults in Australia

Research suggests that the proportion of older adults who participate in gambling is similar to other age groups [Hare 2015; McCormack, Jackson & Thomas 2003; Sproston, Hing & Palankay 2012]. However, research has found that older adults participate in gambling and some gambling products more regularly than other age groups. A recent study suggested that of those adults aged 55 or older who engage in gambling, about half gamble at least once a month [Wilkins 2017]. Victorian prevalence data shows that lotteries, horse race betting, and gambling on EGMs are the forms of gambling that older adults participate in the most frequently [Hare 2015]. This is consistent across Australia, with NSW prevalence data showing similar results among both men and women aged 55-64 and those aged 65 and over [Sproston, Hing & Palankay 2012]. Other Australian studies have demonstrated that while older adults have a slightly lower overall gambling participation rate than younger age groups, older adults engage with EGMs at slightly higher rates than younger adults (27% of 65+ years and 24% of 25-34 years) [McCormack, Jackson & Thomas 2003].

Research suggests that in addition to high-frequency levels of gambling participation, older adults who gamble may also experience high levels of gambling harm [Clarke et al. 2006; Hare 2015; Ladd et al. 2003; Wiebe & Cox 2005]. For example, Ladd et al. [2003] found that 10.9% of their sample of 492 adults aged 65 and older (recruited from seniors' events and bingo halls), were experiencing problem and pathological gambling. Whilst international research shows younger age groups are most at risk for problem gambling [Ministry of Health 2009; Rossen 2015; Wiebe & Cox 2005], older adults may still indicate high levels of problem gambling [Browne et al. 2017]. Victorian data documented that compared to the general Victorian population, older adults aged 65 and over were experiencing higher rates of harm, particularly in low and moderate risk categories [Hare 2015]. For example, while 8.9% of Victorian adults were classified as low risk gamblers when broken down by age group, 13.4% of Victorian adults aged 65 and over were classified as low risk [Hare 2015]. Victorian figures also indicate increases in the number of older adults at risk of gambling related harm. In 2008, 1.5% of adults aged 65 and over were classified as moderate risk gamblers which increased to 6.1% in 2014, with decreases in older adults classified as non-gamblers and non-problem gamblers in the same time period [Hare 2015]. This may suggest that older adults who were previously not gambling or not experiencing harm from gambling may be categorised as being at low and moderate risk harm categories. Browne and colleagues [2016] found that while other sub-populations may be experiencing high levels of gambling harm (in the problem and moderate risk categories), older women in Victoria made up a large proportion of the people at low level risk of experiencing harm. This is concerning given the unknown nature of how and why people transition between different risk categories. Given research that shows a large proportion of the burden of gambling harm is concentrated in these lower harm level categories [Browne et al. 2016; Productivity Commission 2010], it is important to understand the factors that contribute to these changing behaviours.

## Factors that influence gambling behaviour and gambling harm

Australian studies have attributed the increase in gambling participation among older adults to the deregulation of gambling in community settings [Southwell, Boreham & Laffan 2008], the increased access to and availability of gambling opportunities [Zaraneck & Lichtenberg 2008], and the socio-cultural accommodation of certain forms of gambling [Thomas & Lewis 2012]. However, few studies have investigated the broader range of socio-cultural, environmental, and industry factors that may contribute to gambling harm in older adults, and in particular the range of factors that may create pathways to community gambling venues. There is also a clear gap in the literature relating to why older adults prefer specific gambling products, their expectancies of these products, and their understandings of the risk associated with these products.

There is some evidence that indicates that older adults prefer to gamble on chance-based forms of gambling such as lotteries and EGMs [Grant et al. 2009; Preston, Shapiro & Keene 2007; Wiebe & Cox 2005], and that older adults use these products more regularly than other groups [McCormack, Jackson & Thomas 2003]. For example, an Australian study found that while older adults gambled at a lower rate than most other age groups, older adults gambled on bingo and EGMs at a higher rate compared to other age groups [McCormack, Jackson & Thomas 2003]. Of particular concern, however, is that Australian research shows that older adults are particularly susceptible to the harms associated with EGM use [McCormack, Jackson & Thomas 2003]. McCormack, Jackson and Thomas

[2003] found that three-quarters of their sample of adult problem gamblers over the age of 60 engaged with EGMs and spent more money per gambling session on EGMs than any other product. This is consistent with international research that found that older adults who gambled regularly on EGMs in casinos were 29 times more likely to experience problem gambling compared to older adults in the sample that did not engage with EGMs [McNeilly & Burke 2000].

The majority of previous research has focused on individualised motivations for older adults' engagement in gambling [Ariyabuddhiphongs 2012; Botterill et al. 2016; Martin, Lichtenberg & Templin 2011; McNeilly & Burke 2000]. This research shows that older adults attended community gambling venues in order to relax and have fun, socialise, occupy their time after retirement, and to relieve feelings of boredom [McMillen et al. 2004; McNeilly & Burke 2002]. International studies have also found that older adults are more likely to participate in gambling activities for entertainment and enjoyment rather than for financial gain [Martin, Lichtenberg & Templin 2011]. Alternatively, studies have found that older adults gamble to avoid feeling lonely or to escape negative states following a significant life event or the death of a loved one [Martin, Lichtenberg & Templin 2011; Tira, Jackson & Tomnay 2013]. This is consistent with research from Australia which found that older adults gambled not only to socialise and fill in time, but also to reduce isolation and loneliness, combat depression, and escape from pressures at home [Breen 2009].

Research has determined older adults are particularly vulnerable to developing problems from gambling due to a combination of individual and socio-cultural factors [McKay 2005; Southwell, Boreham & Laffan 2008; Tira, Jackson & Tomnay 2013]. These include social isolation, loneliness, lack of leisure alternatives and declining physical health [McKay 2005]. Further, studies have found that being without a partner, having a disability that interferes with everyday activities, and being out of the workforce increases motivation to engage with EGMs in order to meet social, recreational and mental health needs [Southwell, Boreham & Laffan 2008]. Additionally, research has shown that older adults may have increased vulnerability to experiencing gambling harm due to their greater likelihood of smaller, fixed incomes, and are more likely to draw on personal savings to finance gambling activities [Clarke 2008; Southwell, Boreham & Laffan 2008]. Comparisons of older adults with younger gamblers have found that whilst the two age groups spend similar amounts of money on gambling, the authors conclude that older adults with limited income may develop financial problems more quickly as a result of their gambling [Clarke 2008]. Other research has found that older adults, aged 55 and over, spend more on gambling activities than younger adults, as well as spend a higher percentage of their household income [McCready et al. 2005]. This is of particular concern given research that shows increased expenditures on gambling activities among older adults is associated with an increased likelihood of experiencing gambling-related harm [McCready et al. 2008].

Research suggests that there are three key pathways to problem gambling in older adults, which are all associated with becoming isolated later in life [Tira, Jackson & Tomnay 2013]. The first pathway, labelled 'The Grief Pathway', relates to increased vulnerabilities to gambling harm following a substantial loss [Tira, Jackson & Tomnay 2013]. In this pathway, older adults gamble as a way to avoid negative emotions or to cope with life pressures, temporarily escaping reality and easing emotional pain [Tira, Jackson & Tomnay 2013]. This is evident in other research which concluded that loneliness was a predictor for problem gambling among older adults, who engage with gambling products to meet social and emotional needs [Botterill et al. 2016]. The second pathway, 'The Habit Pathway', is associated with gambling to meet relatively minor needs such as to occupy one's time or a desire to try something

new [Tira, Jackson & Tomnay 2013]. In this pathway, problems with gambling are said to arise as gambling enables positive feelings to continue and as such are motivated by wins until a gambling habit is formed [Tira, Jackson & Tomnay 2013]. The final pathway, 'The Dormant Pathway', is associated with the existence of comorbidities, pre-existing compulsive or addictive behaviours, or a family history of addictions [Tira, Jackson & Tomnay 2013]. In this pathway, older adults are instantly hooked with gambling later in life and experience more enjoyment when taking bigger risks [Tira, Jackson & Tomnay 2013]. This is consistent with other international research that shows older adults who experience harm from gambling are more likely to experience other mental and physical health conditions, compared to non-problem gamblers [Erickson et al. 2005; Kerber, Black & Buckwalter 2008; Pietrzak et al. 2005]. What remains unclear, however, is the range of environmental and industry factors that may assist in creating these pathways to experiencing gambling harm.

## Factors that influence attendance at community gambling venues and pathways to community gambling venues

Older adults' motivations to gamble highlight the role that community gambling venues may play in providing places of social inclusion and activity for older adults [Thomas and Lewis, 2012]. However, very few Australian studies have investigated how motivations to attend community gambling venues may influence engagement with gambling products, and whether older adults attend these venues for non-gambling activities and transition into the use of gambling products. This is an important area of investigation given that Australian researchers suggest that the presence of non-gambling activities may lead to increased exposure to and engagement with gambling products [Bestman et al. 2016]. Research also indicates that the gambling environment influences older adults' gambling behaviours. For example, Australian research found that older adults' engagement with EGMs at local clubs was significantly higher than engagement with EGMs at casinos [McCormack, Jackson & Thomas 2003].

Researchers have determined several reasons for this.

First, is the extent to which community gambling venues are perceived to be safe, accessible and comfortable. Researchers have hypothesised that the inherent need for safety is met through community gambling venues which provide a safe and secure environment [Breen 2009]. This is supported by other Australian studies which found that the "*comfortable, local and ostensibly safe environment*" that community gambling venues provided were a preferred context for older people to participate in gambling [Southwell, Boreham & Laffan 2008, p. 153]. Community gambling venues have also been described as a place of social acceptance for older adults, as these venues are depicted as 'ageless', where age makes little difference to one's inclusion and participation [McNeilly & Burke 2001]. International researchers have concluded that gambling environments that are safe, friendly and anonymous may serve as positive reinforcement and are a socially accepted environment for older adults who are often marginalised in society [McNeilly & Burke 2001].

Second, is the accessibility of community gambling venues to older adults. Research suggests that older people are at increased risk of engaging with gambling products and developing problems when community gambling venues are in close proximity [Marshall 2005; Moore et al. 2011]. Along with this, community gambling venues have been found to facilitate older adults' attendance by providing accessible transportation and all-day bus trips catering to their physical limitations [McNeilly & Burke 2001]. This includes ensuring that community gambling venues are accessible for people with disabilities [Desai et al. 2004; Surface 2009]. International and Australian research has found that older adults attended gambling environments because they were one of the few social environments available to older adults within their local area. They also gambled because they were physically unable to participate in other social activities outside of the venue [Pattinson & Parke 2017b; Thomas & Lewis

2012]. Further, the use of incentives, such as bus trips has been found to significantly increase the risk of problem gambling [van der Maas et al. 2017].

Third, is the perception of community gambling venues as social spaces. Australian and international research has found that among older adults, community gambling venues are seen as places that bring people together [Hope & Havir 2002; Southwell, Boreham & Laffan 2008; Vander Bilt et al. 2004]. Older adults are motivated to attend community gambling venues for the company of others which reduces feelings of loneliness, with clubs providing a social and recreational outlet [Breen 2009; Southwell, Boreham & Laffan 2008]. For example, a study from Pennsylvania found that gambling behaviour among older adults was associated with social support, with participants believing they had people to talk to and meet within community gambling venues [Vander Bilt et al. 2004]. However, while community gambling venues have been described as places to meet up with friends and socialise, little is understood about how these factors may create a pathway to gambling [Nuske, Holdsworth & Breen 2016; Thomas, Allen & Phillips 2009].

Last, are the incentives and promotions that draw older adults into gambling environments.

Researchers have documented several strategies used to support older adults in attending community gambling venues, such as inducements associated with discounted drinks and meals and age-specific entertainment [McNeilly & Burke 2002]. These strategies are effective in drawing older adults into community gambling venues, with an Australian study finding that 72% of their sample of older adult gamblers had previously participated in a promotion associated with discounted meals [Southwell, Boreham & Laffan 2008]. In addition to this, the study found that of those who had participated in venue promotions, 18% reported spending more time engaging with EGMs and 14% reported spending more money on EGMs than they would have without promotions [Southwell, Boreham & Laffan 2008]. This suggests that promotions and incentives may influence older adults' gambling behaviours [Southwell, Boreham & Laffan 2008].

## Older adults' conceptualisation of gambling harm

Very little is known about how older adults conceptualise gambling harm and the risks associated with the gambling products that they engage with [Thomas and Lewis, 2012]. Older adults who gamble and attend community gambling venues may underestimate the harms associated with a range of gambling products. For example, in the United States, older adults who visited community gambling venues considered some forms of gambling, including casino gambling, as harmless forms of entertainment [McNeilly & Burke 2000]. Australian research found evidence that older adults had a lower perception of harm associated with their own gambling in community gambling venues because they felt that there was a trade-off between the non-gambling incentives (e.g. cheap meals) and the social benefits that they perceived were associated with attending venues, and the money that they lost on EGMs [Thomas & Lewis 2012]. These participants acknowledged spending significant amounts of money on gambling, however valued the social connection that they experienced outweighed the harm caused by EGM losses [Thomas & Lewis 2012]. This is consistent with prevalence data from NSW which found that in 2011 adults aged 65 and over believed, more than any other age group, that gambling does more good for the community than harm [Sproston, Hing & Palankay 2012]. Thus, different age groups may conceptualise the risks and benefits of gambling in different ways.

International research also suggests that older adults who frequently gamble are particularly at risk of gambling harm due to their age-related vulnerabilities [Pattinson & Parke 2017a]. Community gambling venues provided a safe and social environment, where gambling counteracted a perceived loss of meaning and direction in life following retirement, bereavement, and declining physical health [Pattinson & Parke 2017a]. Further insights into why older adults attend community gambling venues and their behaviours within these venues will develop our understanding of whether older adults conceptualise gambling harm differently to other age groups.

Some researchers have argued that strategies that seek to provide alternative social spaces for older adults are important in minimising the harm this group experiences from gambling. Some have suggested that this can be done by addressing older adults' motivations and pathways to gambling and implement activities and initiatives in the local community that offset this [Pattinson & Parke 2017b]. Researchers from the United Kingdom report that within their sample of older adults, participants would be willing to attend non-gambling environments that provided a social space and were affordable and accessible in their community [Pattinson & Parke 2017b].

## Conclusion

Evidence suggests there is an increased vulnerability for older adults experiencing gambling harm.

The research highlights that rates of gambling participation and problem gambling in older adults in Australia are increasing over time, partly due to the deregulation of gambling in community settings and the increased accessibility of gambling opportunities. Australian and international studies have uncovered several individual and some socio-cultural risk factors that increase older adults' susceptibility to gambling problems and provide a pathway into community gambling venues. This includes small fixed incomes, social isolation and limited physical capabilities. Community gambling venues and the gambling industry also play a key role in facilitating the gambling behaviour of older adults by providing a safe and social space and offering promotions and transport services which draw this group into their facilities. However, there is limited knowledge of how these factors may create and normalise pathways to community gambling venues for older adults and encourage transition into engagement with gambling products. Further research is needed to understand the socio-cultural, environmental and industry factors that may shape pathways to community gambling venues for older adults, and how these may vary across local communities.

While there is some evidence that older adults prefer chance-based gambling products, little is known about why they prefer these products, their expectancies of these products and how they conceptualise the risks associated with these products. Understanding the conceptualisation of gambling harm, and how this varies between different subgroups of the population, is crucial to effectively engage older adults in harm reduction activities, prevention strategies, and early intervention activities.



# Component One: Promotions of gambling and non-gambling activities by community gambling venues

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## METHODS

### Aim

The first component of this study aimed to understand the nature and extent of non-gambling and gambling activities and products that are promoted by community gambling venues.

### Research questions

Three research questions guided this study:

1. Is there evidence that community gambling venues promote activities that may appeal to older adults?
2. What is the nature and extent of these promotions?
3. Are some products or activities promoted more than others?

### Development of a coding framework

A coding framework was developed using both deductive and inductive approaches [Saldaña 2015].

Initial coding categories were identified, based on the literature review presented earlier in this report. These categories were further developed and refined after a preliminary scan of the venues' websites and Facebook pages. At this time, a meeting was held with representatives from local government authorities who provided feedback on the coding categories and how they would be applied. The final coding framework, presented in Table 1, is divided into non-gambling and gambling-related activities.

An explanation of the inclusion of each activity is listed below.

#### Non-gambling activities

##### Food specials

Research suggests that incentives and inducements associated with discounted meals and drinks are effective in drawing older adults into community gambling venues [McNeilly & Burke 2000].

Community gambling venue promotions, such as food specials have also been found to influence the gambling behaviours of older adults, with research finding an increase in expenditure and time spent on EGMs by those who have participated in these promotions [McNeilly & Burke 2000].

## **Music and entertainment**

Previous research has found age-specific entertainment effective in drawing older adults to community gambling venues [McNeilly & Burke 2000]. Through an initial scan of community gambling venue websites and Facebook pages, the researchers determined that some forms of entertainment offered within community gambling venues might appeal specifically to this age demographic.

### **Morning Melodies**

The researchers chose to specifically separate instances of this type of music activity. Morning Melodies is a low-cost morning activity that occurs across Victoria (usually once a month) where individuals listen to music followed by morning tea or lunch.

### **Courtesy bus**

Research has indicated older adults' preferences for social spaces that are located in their local area and that are accessible [Pattinson & Parke 2017b]. Researchers argue that the provision of accessible transport and bus trips as well as catering to physical limitations may enable older adults to gamble [Desai et al. 2004; McNeilly & Burke 2000; Surface 2009].

### **Club memberships**

Patrons are able to sign up to a community gambling venue as a member for a small fee where they are then entitled to a number of member benefits, which often includes discounts on food and beverages, birthday offers, and entry to members' nights. Memberships may appeal to older adults who are socially isolated and lonely, as they may provide patrons with a sense of belonging. Further, the literature suggests that food and drink discounts provided as incentives to members may appeal to older adults who are motivated to attend community gambling venues because of the inexpensive meals [McNeilly & Burke 2000]. The initial scan revealed that hotel and club memberships were indeed promoted as providing discounts to food and beverages and as belonging to a community.

### **Older adults groups**

Research suggests that older adults attend community gambling venues as they view them as social spaces that bring people together [Hope & Havir 2002; Southwell, Boreham & Laffan 2008; Vander Bilt et al. 2004]. Older adult specific groups and activities may encourage this age group to attend gambling environments for a social and recreational outlet and to interact with others [Southwell, Boreham & Laffan 2008]. The initial scan revealed that community gambling venues promoted senior specific groups and activity groups that may appeal to older adults.

### **Events for older adults**

Research suggests that community gambling venues are particularly attractive to individuals who are lonely as they can provide social interaction and social support [Vander Bilt et al. 2004]. Age-specific entertainment has been identified as being effective in drawing older adults into community gambling venues [McNeilly & Burke 2000].

## **Gambling activities**

Previous research suggests that older adults gamble on bingo more than any other age group [McCormack, Jackson & Thomas 2003]. Additionally, Victorian prevalence data found that buying tickets in raffles, sweeps and other competitions were one of the most popular forms of gambling for adults aged 55 and over [Hare 2015].

This research suggests that older adults engage with low risk forms of gambling and therefore the analysis aimed to explore similar gambling activities that occur in clubs and hotels. From the initial scan of community gambling venue websites and Facebook pages, a range of gambling activities were identified that may encourage older adults into attending community gambling venues. This included bingo, member draws, raffles, poker and competitions. These activities may provide a social and recreational outlet for older adults who are otherwise socially isolated, lonely and lack leisure alternatives [McKay 2005; Southwell, Boreham & Laffan 2008]. Activities like these that are held during times available for older adults such as during the middle of the day and are associated with little to no cost may encourage older adults to attend gambling environments, particularly as they do not require any level of mobility or skill [McNeilly & Burke 2001]. Gambling images were also captured in the analysis in order to fully explore all gambling that appeared on websites and Facebook pages, as well as images that contained both gambling and older adults.

**Table 1: Coding framework**

Non-gambling activities	Definition
Food specials	A promotion or deal on food.  Food specials that were senior specific included text that says seniors menu and using a seniors card for discounts.
Morning Melodies	Any mentions of a 'Morning Melodies' event as text or as a flyer were coded as Morning Melodies.
Music	Any mention of live music and entertainment including the promotion of a specific music event, either paid or free.  Music items were further categorised as senior specific where the particular event played music from a particular genre, time period or artist that would particularly appeal to older adults.
Courtesy bus	Any mention of a courtesy bus as text, flyer or as an image were coded into this category.  Senior specific courtesy bus promotions were those that were promoted in conjunction with older adults events
Club memberships	Any mention of membership, either as written text or in an image. Signing up to become a member, rewards, discounted food and beverages for members, events, draws or competitions were coded as promoting club memberships.  Items were further categorised as senior specific where there was a discounted membership price for seniors.
Older adults groups	Groups or clubs that were run at a community gambling venue, including social sporting groups and activity groups.  Items were further categorised as senior specific if the group was for veterans, contained imagery of older adults, were held during the day or specifically designed for older age groups.
Events for older adults	The community gambling venue hosting an event that may appeal to older adults such as events for sporting groups and events for special occasions.  Items were further coded as senior specific events if they were events hosted by specific senior groups or organisations, or contained imagery of older adults

Gambling-related activities	Definition
Bingo	Any mention of bingo in text or images, as well as images of bingo being played. These included both promotions for free and paid bingo activities.
Member draw	Any mention of a members' draw or a cash draw only for members. To be constituted as members draw prizes had to be monetary.
Raffles	Any mention of a raffle in text or images, or when imagery is used to show the winning prize such as hampers or meat trays. Items were further categorised as senior specific if the raffle was only for older adults.
Poker	Imagery and text of poker being promoted including the promotion of poker nights, tournaments or poker being played.
Competitions	A community gambling venue-based event associated with a prize outcome. This included competitions to win a getaway, vouchers or novelty items, paid tipping competitions, joker poker and punters clubs.  Items were further categorised as senior specific if seniors were only eligible to enter.
Gambling images	An image of a gambling product or gambling facilities, gambling company logos, or people participating in gambling activities. Items were further coded as senior specific where there were images of older adults participating in the gambling activities.

## Data collection

Website data were collected between March and April 2018. The Facebook scan included content that was posted in a three-month period (content posted between 1<sup>st</sup> December 2017 and 1<sup>st</sup> March 2018). This more extensive time-frame encompassed a major holiday and Christmas and was chosen to adequately capture and examine the range of related promotions and posts. Screenshots of websites and Facebook posts were taken to keep a permanent record of online content as these may change over time. Websites and Facebook pages were documented to identify if activities were promoted differently across the platforms.

## Data analysis

The research team manually searched for websites and Facebook pages for each of the 106 clubs and hotels located in eight Victorian local government authorities. Next, researchers independently conducted a content analysis across those websites and Facebook pages with the use of the coding framework. Any non-gambling or gambling related activity was also categorised as either specifically targeting older adults, or as potentially appealing to older adults. Some of these activities were specifically coded as 'senior specific' if a seniors card was required. Researchers met regularly to ensure consensus with coding, and any discrepancies were discussed and resolved.

Data were entered into IBM SPSS Software. Frequency counts were performed per coding category for the community gambling venue websites or Facebook pages that may appeal to seniors.

Qualitative data was used to support the quantitative findings.

## RESULTS

The majority of community gambling venues (n=95 out of 106 venues; 89.6%) had a website and a Facebook page. Only one venue did not have a website and ten venues did not have a Facebook page or did not post in the specified time frame. This left a usable sample size of 105 websites and 96 Facebook pages. Results for the content analysis are presented below. Table 2 contains the results of the website analysis and shows the number of venues that posted activities on their website, separated into non-gambling and gambling activities. Table 3 contains the results of the Facebook analysis and shows the number of venues that posted activities on their Facebook page. Table 4 the data are combined, showing data for both community gambling venues' website and Facebook pages.

**Table 2: Activities posted on websites of the community gambling venues (n=105)**

Activity posted on website	Specifically for older adults n (%)	May appeal to older adults n (%)	Total (%)
<b>Non-gambling activity</b>			
Food specials	72 (68.6)	21 (20.0)	93 (88.6)
Club memberships	3 (2.9)	85 (81.0)	88 (83.9)
Music and entertainment	5 (4.8)	40 (38.1)	45 (42.9)
Morning Melodies	31 (29.5)	-	31 (29.5)
Courtesy Bus	1 (1.0)	19 (18.1)	20 (19.1)
Older adult groups or events	11 (10.5)	6 (5.7)	17 (16.2)
<b>Gambling-related activity</b>			
Competitions	-	39 (37.1)	39 (37.1)
Member draw	-	60 (57.1)	60 (57.1)
Poker	-	23 (21.9)	23 (21.9)
Raffles	-	23 (21.9)	23 (21.9)
Bingo	2 (1.9)	22 (21.0)	24 (22.9)
Gambling images	-	65 (61.9)	65 (61.9)

**Table 3: Activities posted on Facebook pages of community gambling venues (n=96)**

Activity posted on website	Specifically for older adults n (%)	May appeal to older adults n (%)	Total (%)
<b>Non-gambling activity</b>			
Food specials	19 (19.8)	47 (49.0)	66 (68.8)
Club memberships	-	30 (31.3)	30 (31.3)
Music and entertainment	7 (7.3)	40 (41.7)	47 (49.0)
Morning Melodies	15 (15.6)	-	15 (15.6)
Courtesy Bus	-	10 (10.4)	10 (10.4)
Older adults groups or events	2 (2.1)	2 (2.1)	4 (4.2)
<b>Gambling-related activity</b>			
Competitions	1 (1.0)	44 (45.8)	45 (46.8)
Member draw	-	36 (37.5)	36 (37.5)
Poker	-	16 (16.7)	16 (16.7)
Raffles	1 (1.0)	28 (29.2)	29 (30.2)
Bingo	-	11 (11.5)	11 (11.5)
Gambling images	3 (3.1)	17 (17.7)	20 (20.8)

**Table 4: Activities posted on Website and Facebook pages (combined) of community gambling venues (n=106)**

Activity posted on website and Facebook	Specifically for older adults n (%)	May appeal to older adults n (%)	Total (%)
<b>Non-gambling activity</b>			
Food specials	74 (69.8)	22 (20.8)	96 (90.6)
Club memberships	3 (2.8)	88 (83.0)	91 (85.8)
Music and entertainment	9 (8.5)	47 (44.3)	56 (52.8)
Morning Melodies	33 (31.1)	-	33 (31.1)
Courtesy Bus	1 (0.9)	19 (17.9)	20 (18.8)
Older adults* groups or events	13 (12.3)	8 (7.5)	21 (19.8)
<b>Gambling-related activity</b>			
Competitions	1 (0.9)	57 (53.8)	58 (54.7)
Member draw	-	72 (67.9)	72 (67.9)
Poker	-	25 (23.6)	25 (23.6)
Raffles	1 (0.9)	42 (39.6)	43 (40.6)
Bingo	2 (1.9)	24 (22.6)	26 (24.5)
Gambling images	3 (2.8)	64 (60.4)	67 (63.2)

# Non-gambling activities for older adults

Three quarters (n=79; 75.2%) of websites and one third (n=32; 33.3%) of Facebook pages contained non-gambling activities specifically for seniors or older adults.

## Food specials

### Website

Food special promotions (n=72; 68.6%) for older people were the most commonly promoted nongambling activity on websites. Promotions typically included a section that specified a cheaper priced special meal for seniors, such as \$12 seniors' meals, or offered discounts on menu items with the presentation of a seniors card. One hotel promoted \$5 senior meals that could be taken up with any drink purchase.

### Facebook

Similar to the website analysis, food specials were the most commonly promoted item across

Facebook pages. More than two-thirds of venues promoted a food special on Facebook (n=66; 68.8%), with about one in five (n=19; 19.8%) promoting a food special specifically for seniors. These promotions included a 'Seniors month' where seniors would get 50% off main meals with their seniors card, and 'VIP meal' deals where seniors' meals were only \$10. Other promotions included discounted senior menus for specific dining events, such as Christmas celebrations.

## Club memberships

### Website

Club membership information was documented as a strategy that may encourage attendance at the venue. Memberships were reported as costing between \$5 and \$20, and in some instances were free. Of the 105 websites analysed, over 80% (n=88; 83.9%) advertised that membership had specific benefits and savings. For example, one club's website stated that "as a member, you'll enjoy a long list of benefits, savings and fantastic experiences!" While only three (2.9%) advertisements specified reduced membership prices for seniors or pensioners, most promoted rewards and benefits that would appeal to older adults. These included discounts on non-gambling activities within the community gambling venue, such as 5-10% off food and beverages, and reduced member prices for shows and events. One venue, for example, charged a discounted rate for Morning Melodies for members. Other rewards for members included access to members' draws, raffles, member-only events, birthday gifts and a chance to earn points to redeem on drinks, meals and shows.

Individuals could also be members of sporting clubs attached to the venue, which also led to benefits within the venue. Club membership was promoted not only for the direct benefit of the individual but also as a way of being part of the 'local community' and creating a sense of belonging. For example, one club's website invited patrons to "Join the community" by signing up as a member, with another club stating that they were a "membership focused Club, with many benefits of becoming a member."

## Facebook

Memberships were also promoted on Facebook pages (n=30, 31.3%). This included posts about deals that were only available to members, or posts that advertised the 'perks' of signing up for membership. For example, one hotel advertised "*VIP meal deals*" for members of the club and encouraged patrons to "*Join our VIP club for exclusive offers & great rewards*". Venues also promoted a reward system where members could earn and redeem points for discounted food and drinks. Venues also promoted members' nights and exclusive members' only events. For example, a hotel hosted a 'Special Members Christmas' and posted photos from the event, which included older adults.

## Music and entertainment

### Website

Clubs and hotels also promoted other forms of live entertainment and music shows specifically aimed at or potentially appealing to older adults. Just under half of venues (n=45; 42.9%) promoted live music, five (4.8%) of which were specifically for older adults. For example, one hotel hosted a party for members at 2 pm on a Thursday that featured live music from the 60s, 70s, and 80s. Similar style entertainment was promoted across a number of websites such as an Elvis Presley tribute show, Disco classics from the 70s & 80s, a swing band and a 'Rewind the 80s' band. Live entertainment was often promoted as free or included a discounted dinner or drinks. For example, a Bee Gees cover band performance at one club included a two-course dinner.

### Facebook

Just under half of Facebook pages (n=47; 49.0%) promoted a live music event. This included seven community gambling venues (7.3%) whose entertainment was specifically for or was likely to appeal to older adults. Many venues offered free live music, discounted drinks specials, and played music that may appeal to an older demographic including a range of cover bands.

## Morning Melodies

### Website

Morning Melodies was promoted on nearly one third of websites (n=31; 29.5%). Morning Melodies were often held during the week and featured music typically popular with older adults. In some instances promotions offered visitors to use the courtesy bus, and/or they allowed carers to attend the event for free.

### Facebook

Morning Melodies was promoted on 15 (15.6%) Facebook pages. Similar to the websites, these events were advertised as being held during the day and included morning tea and lunch. One club offered the event, including the morning tea, for free. Music played at this event was specifically aimed at older adults and encouraged patrons to "*take a trip down memory lane, revive that golden era of forgotten classics*".



## Courtesy bus

### Website

A courtesy bus was advertised on 20 (19.1%) websites. Courtesy buses were promoted as safe ways to travel to and from the community gambling venue. Courtesy buses were offered on demand, up to seven days a week. For example, one club described their courtesy bus service as having “friendly drivers” that would be “happy to drop you home at a range of various times”, was free for those with venue memberships, and was available for seniors groups. Finally, one venue also advertised “welfare bus services” to provide transportation and support aged care residents to food and entertainment events.

### Facebook

Courtesy buses were promoted less often on Facebook pages (n=10; 10.4%). Use of the courtesy bus was promoted as being free for members, and as running at various times during the day, often alongside events. For example, one venue advertised Sunday bingo and mentioned that the courtesy buses would be running from midday to accommodate for those interested to attend.

## Older adults’ groups and events

### Website

Some clubs and hotels had groups and events organised either specifically for older adults (n=11; 10.05%), or that may appeal to older adults (n=6; 5.7%). Many of these events catered for individuals with a range of mobility levels and health issues. For example, one club was home to an all abilities carpet bowls group which promoted an inclusive environment for those “who need some company or an activity during the week”. Other clubs were home to veterans’ groups, bowls clubs, and social golf groups, which all promoted social interaction.

### Facebook

Events and groups for older adults were promoted less frequently on Facebook (n=4; 4.2%). Only two (2.1%) Facebook posts promoted an event or group specifically for older adults. One venue promoted a ‘Pensioner Club’, whereby members would meet on a monthly basis and have lunch together. This venue also promoted other events that may appeal to older adults, such as dancing and cooking classes.

## Gambling-related activities

A range of gambling related activities, specifically for or appealing to older adults, were promoted on 90 (85.7%) websites and 72 (75.0%) Facebook pages. These included bingo, raffles, poker, members’ draws, and competitions. However, only two (1.9%) websites and four (4.2%) Facebook page explicitly targeted older adults.

## Raffles, poker, members draws, competitions

### Website

Member draws were advertised on 60 (57.1%) websites, with some promoting a chance to win “free money”. Often entry into these draws was by swiping a membership card upon entry or after making purchases. For example,

one club encouraged members to swipe their membership card on every visit to receive an entry into their member draw. Other venues specifically stated that while members would receive an entry into draws on every visit, they had to be in the club at the time of the draw to win the prize. For example, one club stated that for their weekly member draw *“you have to be in the club for your chance to win!”*

Some venues promoted giveaways where customers could win a trip away. Customers would receive an entry by spending money within the venue or swiping a members' card each time they visited the community gambling venue. For example, one hotel promoted a 'mystery flight getaway' where patrons would need to spend \$20 in the venue to receive an entry.

Some venues promoted a weekly punters club, where patrons would pay money (often \$5) to enter the competition and *“pick the winners to win the jackpot”*. Other promotions included poker nights and poker tournaments, with some venues hosting free poker games or games where there was a buy-in fee, which would increase the prize pool. For example, one venue hosted a free poker game on Monday nights and a cash game on Wednesday nights with a minimum prize pool of \$1200.

## **Facebook**

Gambling related activities were also promoted on Facebook pages, including raffles and competitions. This included one venue that had a competition exclusively for seniors dining in at the restaurant, whereby patrons who purchased a two-course seniors' meal would be in the running to win a BBQ. Other activities included meat tray raffles, Easter and Christmas hampers and competitions to win a trip away or a cruise.

Member draws were also heavily promoted on Facebook pages with over a third (n=36; 37.5%) promoting these occasions. Member draws were promoted as being weekly or a couple of times a week where members could win a variety of prizes. For example, one club promoted their 'Spin N Win' promotion where members could *“win cash prizes, venue vouchers, show tickets, keno vouchers, free drinks & more”*. Other venues promoted member draws with large jackpots.

Poker was also promoted on Facebook pages (n=16; 16.7%). For example, one club's Facebook page featured several posts promoting their poker night with images of older adults playing poker and winning money. Some poker nights across community gambling venues were advertised as free events, whereas others were promoted as a game for *“high rollers”* with large buy-ins.

## **Bingo**

### **Website**

Bingo was an activity that was promoted on over one fifth of websites (n=24; 22.9%). Many of the promotions for bingo were free to enter and participants could win monetary prizes. For example, one club promoted free bingo twice a week with a \$1500 jackpot. While venues did not specifically promote bingo as an activity for older adults, two (1.9%) contained images of older adults within bingo promotions.

### **Facebook**

Bingo was promoted on (n=11, 11.5%) Facebook pages. The activity was often promoted as being free of charge, which offered you the chance to *“win big”*. In nine out of 11 promotions, bingo was run during the day on weekdays. One venue advertised bingo with photos, which included older adults participating.

## Gambling images

### Website

Images of gambling products, gambling facilities, gambling company logos, or people participating in gambling activities were found on 65 (61.9%) websites, often with specific images. For example, one website displayed images of TAB and Keno logos that promoted their gambling products. Images often contained TAB kiosks and spaces with TV screens where patrons could watch and bet on sports. One club promoted images of their TAB facilities, including individuals placing bets. Finally, some websites contained advertisements that promoted gambling. For example, one venue promoted the availability of TAB gift vouchers to use when you “*run out of cash*”, which were available until 3 am daily, and other venues promoted their punter’s clubs and poker nights.

### Facebook

Images of gambling products, gambling facilities, gambling company logos, or people participating in gambling activities appeared on 20 (20.8%) Facebook pages. This included three (3.1%) Facebook pages that specifically showed older adults participating in gambling activities. For example, one club’s Facebook page featured an older man who had won \$1000 in the members draw. Other gambling images across Facebook pages included images of TAB areas within the community gambling venue, promotions of TAB and KENO facilities and images of patrons participating in poker nights.

# Component Two: Focus groups to explore the range of factors that shape pathways to, and engagement in, community gambling venues

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## Aim

The second component of this study aimed to provide detailed qualitative insights into the range of individual, socio-cultural, commercial, environmental and political factors that may shape older adults' pathways to, and engagement in, gambling and non-gambling activities in community gambling venues. Part of this study aimed to understand which of the activities identified in Component One, were most attractive to older adults.

## Research questions

Five research questions guided this study:

1. Why do older adults attend community gambling venues? What are the primary and secondary reasons for attending?
2. What are the range of activities that they engage in within the venues?
3. What is their level of knowledge about, and attitudes towards, electronic gambling machines (EGMs)?
4. How do older adults conceptualise gambling related harm?
5. What types of strategies may help to prevent and reduce gambling harm in older adults?

## Study approach

### Co-production model

This research adopted a co-production model, with researchers working collaboratively with seven LGAs. We used this approach to ensure that the research that we produced was practically applicable to local contexts and was able to be used at the local level to inform gambling harm reduction and prevention initiatives. LGAs were consulted as they are key decision makers for the provision of activities and services in local areas, understand the dynamic and specific needs within their own council, and can provide insights into the capability of what local council can provide to their community. Previous research has emphasised the effectiveness of co-producing evidence as it ensures that research is conducted that is timely and relevant to the community, and that can be used to inform policy and practice [Lomas 2005; Swinburn, Gill & Kumanyika 2005]. Research has demonstrated that key decision makers are also more likely to consider research findings if they are actively involved in the research process [Grimshaw et al. 2012]. This ensures that findings are valid and relevant to the local context and leads to effective policy change that is evidence based [Grimshaw et al. 2012; Swinburn, Gill & Kumanyika 2005].

For this research we used an integrated approach whereby LGAs were consulted at each step of the research process. This included involvement in the design of the research and the development of key research questions

in collaboration workshops where researchers and members of LGA representatives exchanged knowledge and ideas. This was to ensure that the questions that would be asked in the focus groups were going to have direct relevance and potential practical implications for councils. Additionally, LGAs had a large role in the recruitment of participants, as they had connections to older adults groups and people within the community. They were also invited to be a part of the focus group where some representatives assisted in the facilitation of interviews. The interpretation of research themes, and the development of theoretical models were assisted by LGAs. Findings from the research were presented to the working group, to ensure that the interpretation of the data seemed to be consistent with what the LGAs had also experienced. This resulted in a knowledge translation workshop with LGAs to outline the key results and gain input into the key discussion areas to ensure that findings and recommendations were relevant and could be applied to the local context.

Ethical approval was received from the Deakin University Human Research Ethics Committee (2018073)

## Sample and recruitment

The study aimed to recruit individuals aged 55 years and older that lived in one of seven metropolitan or peri-urban Melbourne LGAs. To participate, individuals had to have attended a community gambling venue for non-gambling or gambling activities in the 12 months prior to being interviewed. To recruit participants for the study, we used convenience and strategic sampling techniques, assisted by the LGAs. A range of different recruitment strategies were used. First individuals were approached from existing social groups that commonly included older adults (e.g. Probus, bowling, knitting, and art therapy groups), and from senior citizen centres. Second, members of ethnic community associations within local councils were approached to increase the diversity in the sample. Finally, to attract a broader group of participants who may not have been reached through social groups, advertisements were placed in seniors' newspapers, and through flyers in libraries and local community centres. Strategic sampling techniques were then used to ensure that the sample was representative of gender. This approach is important, not only because of the lack of gender representation in gambling research, but also to consider gender-specific gambling harm reduction and prevention strategies [McCarthy et al. 2018]. We therefore conducted both gender specific and mixed gender focus groups in each LGA.

Individuals were asked to contact the research team via email or telephone if they were interested in participation. They were then given information about the study and had the opportunity to ask any questions prior to completing a consent form. Written consent was obtained prior to participation. Alternatively, community and senior citizen groups were contacted by a member of the research team and asked if anyone would be interested in participating. Prior to the focus group starting, researchers provided information about the study to ensure full understanding of the requirements of the project. There was also the opportunity to ask any questions, the consent form was fully described, and they were informed that they were free to withdraw from the focus group at any stage. Those who wanted to participate provided written consent prior to their participation. Focus groups were held in community based venues facilitated by the LGA. Morning or afternoon tea was provided, and all participants received a \$30 grocery voucher for their time.

## Data collection

We utilised a focus group approach, as we wanted to provide the opportunity for individuals to share and reflect upon the opinions, ideas and experiences of others. Group interaction is an effective technique to explore and clarify the view of groups on a specific topic, which will result in a deeper understanding compared to other data collection methods [Kitzinger 1995]. Normally, each group involves six to eight participants, last 1-2 hours, and studies vary between six to fifty groups or more, depending on resources and aims. While researchers often

aim for uniformity within each group in order to benefit from shared experiences, non-homogeneous groups can offer more diverse perspectives on a topic [Kitzinger 1995]. Because of their format, focus groups are relatively inexpensive to run, and they provide a 'safe' environment to elicit candid responses of stigmatised topics (such as gambling) through mutual support.

Data were collected between July and November 2018. All focus groups were held in community-based venues facilitated by the relevant LGA. Two researchers attended each focus group, with one facilitating the group, and the other making notes and asking prompts where relevant. Focus group interviews were piloted with the first three focus groups. The researchers facilitated the discussion based around key themes, attempted to elicit equal participation from all members of the focus group and to try to ensure the discussion remained on track.

After the pilot interviews we decided to ask participants to complete brief questions prior to the interview. These questions included socio-demographic characteristics, attendance at community gambling venues, and participation in gambling at these venues. As a result, this meant that not everyone was asked all of these questions. Focus groups were audio-taped with the permission of participants.

The interview was organised around a list of five key themes that aligned with the research questions and was shaped in consultation with the LGA partners:

- 1) Reasons for attending community gambling venues;
- 2) Participation in activities within these venues;
- 3) Knowledge of and attitudes towards EGMs, and the provision of EGMs within communities;
- 4) Conceptualisation of the risks and benefits of gambling 5) Strategies to prevent and reduce gambling harm.

While key themes were determined prior to the focus group, questions were unstructured and open-ended. The researchers then included additional questions to elicit more in-depth answers from the emerging group dialogue and incorporated specific topics that had evolved in previous focus group rounds. Discussions in each focus group were steered by the participants, which meant that every discussion was different and reflected the interests of the local community. For example, in some focus groups, the group, when prompted about EGMs, naturally returned the conversation back to the non-gambling activities they used within venues. Other groups on the other hand, mainly discussed EGMs when describing venues, and these interviews therefore contained more references to gambling. Further, depending on the LGA where the interview took place, specific questions regarding local venues or council practices were asked as well. This approach therefore provided unique, localised data for each LGA. Each focus group contained up to 13 participants, with an average of 6 participants in each, and lasted between 40 and 70 minutes. After 20 focus groups had been completed, no new data were emerging from the interviews, with themes and opinions repeating across the groups. The interviews were transcribed by a professional transcription company prior to data interpretation.

## Data interpretation

Descriptive statistics were used to examine the participants' age, gender, socio-demographic characteristics, frequency of community gambling venues attendance, and EGM engagement in the last 12 months. To interpret the data, we utilised open-coding techniques which involved reading and re-reading the transcripts from the focus groups in order to obtain an understanding of the overall content of the interviews and searching and identifying distinct concepts and categories to form the basic themes of the interpretation [Charmaz 2006]. The research team met regularly to interpret the data, paying particular attention to the language used by participants, using codes to form the building blocks for our theory, constantly taking notes and discussing key differences and similarities between the participants and focus groups [Charmaz 2006]. We also met regularly with the LGAs who were

present within the focus groups to discuss our interpretations of the results and to ensure that they thought their experiences were well represented. The quotes presented within the results section included the gender of the participants to provide more context and quotes were edited for typographical and grammatical clarity.

## RESULTS

### Sample description

A total of 126 adults participated in 20 focus groups. Most participants were female (n=84, 66.7%), with an average age across the group of 73 years (see Table 5). One third of participants (33.3%) attended the venue at least once a week, and nearly two thirds of participants (63.3%) stated that they had gambled on EGMs in the last 12 months.

**Table 5: Age and gender of participants (n=101)**

Age range (years)	Male n (%)	Female n (%)	Total n (%)
<60	4 (12.1)	2 (2.9)	6 (5.9)
60-69	10 (30.3)	26 (38.2)	36 (35.6)
70-79	9 (27.3)	24 (35.3)	33 (32.7)
80-89	7 (21.2)	15 (22.1)	22 (21.8)
90+	3 (9.1)	1 (1.5)	4 (4.0)

## 1. Reasons for attending gambling venues

While participants had many reasons for attending venues, five key themes emerged from the data. These included *loneliness and social connection; the role of social groups and clubs; accessibility; affordability; and the need to escape everyday life stressors*. Many of these themes influenced and overlapped with each other.

### Loneliness and the need for social connection

The most common factor influencing attendance at venues was loneliness. While this was used by older adults to describe both their own reasons for attending venues, and also their perceptions of why others attended venues, this was an influential factor particularly for older women. Women described that attending venues enabled them to remain engaged in the community. Some women described staying at home for extended periods of time and often feeling isolated or alone. They described that the local venue was a place they could go by themselves for company and to feel socially connected to others:

*A couple of times a month. Mainly for company though. You know when you feel a little bit lonely and you just want to get out of the house. – Female*

Women who identified that they had been recently widowed or had limited family support structures that were not geographically close to them, were more likely to discuss the impact of loneliness. Women who had been recently widowed described not knowing where to turn to for companionship and social connection within their community after the death of their husband. They described that venues were a place where they could go by themselves, felt included, and could build social connections:

*When my late husband passed away two years ago... I didn't know where to go. I didn't have any friends. My son encouraged me to go out. So, I learnt about this place, and in this place, I met friends. – Female*

Women often referred to the perceived social stigma felt as an older woman being alone in social spaces. For example, they described that they would not feel comfortable or confident visiting restaurants or other recreational spaces by themselves but perceived that community gambling venues were inclusive and accepting social spaces. They described that in these venues they could 'blend in' and participate in activities without the visibility of being by themselves:

*I've recently become a widow, and there's no way I could go to a restaurant and sit there by myself and do that yet. But, I could go into a bigger place, where I feel I'm not sticking out. – Female*

Men rarely described loneliness as a specific factor for their own attendance at community gambling venues. The few men that did describe loneliness linked this to circumstances of old age, and in particular, restrictions on those who were no longer able to drive. Men perceived that this was a major factor in some individuals losing their independence and becoming isolated:

*You lose your ability to drive, and stuff like that... Not that your licence is taken away, necessarily, but as you get older, a lot of people lose confidence in driving. Whether it's eyesight, health related problems, or... So it's easy to get isolated in your own home, because you can't get out. – Male*

There were specific factors related to loneliness that were directly related to EGMs. Some participants stated that engagement with EGMs helped to address their loneliness. They described that being within gaming rooms made them feel that they were amongst others in a social environment where they were participating in a common activity. This was the case even if there was no direct contact or interaction with others in the gaming room. This passive social connection was particularly important for the following participant:

*That's why [EGMs are] good for lonely people, because you can sit there. It's good for someone on their own. If you go to a restaurant and you sit there on your own you feel strange. If you go there and sit in front of a machine you don't feel strange because everybody else is doing the same thing. – Female*

Some participants commented on the role of venue staff for people who were lonely or socially isolated, in particular commenting that they made them feel welcomed and included. A few participants commented on the impact of venue staff on feelings of connection and belonging:

*I find the staff in all these places are particularly friendly and engaging and that's part of the attraction I think. People might be lonely and they get all this attention. – Female*



Some participants described wanting to create new friendships. They highlighted how they enjoyed attending places that included other people with similar interests and of a similar age. Many discussed the inclusiveness and safety of venues, and directly compared this to other community spaces:

*That ability, just to talk to strangers, and feel okay about doing it, and feel welcome to do it. That's really important for us, especially if we're living by ourselves, I think. So that's... I don't say that I'd ever be talking to strangers on the odd occasion I go to the hotel with my old friend, but it is something about a place where you feel safe. – Female*

## Social groups, clubs, and social occasions

One of the strongest influences for people attending venues was the social groups and activities. Many participants in this study were part of seniors' or special interests groups such as Probus, cultural social groups, and sporting groups. Some of these social activities, in particular bowls, were embedded within the venue:

*So, I go along for the other social aspects of my bowling and meeting people, having a cup of tea and a chat. – Female*

Venues were also perceived as good meeting places for friends and family to get together. Some participants talked about family gatherings that were held at venues, usually for special occasions such as birthdays. Gambling was often incidentally embedded in these occasions, as part of the social rituals associated with the group:

*We go there on special occasions, celebrations and mostly birthdays. After dinner, if they want, let's play pokies for \$20. – Female*

While very few of these participants stated that gambling was a key motivating reason for attending the venue, many ended up participating in gambling as a secondary activity. This was often associated with attending the venue with their friends and using the gambling facilities that were also present within the venue:

*It's because friends will call us for dinner, catch up and most of our families go there for their special birthdays. It's very cheap as well and that's why and it just happens that there is the pokies there. So we're tempted, but really we only set a limit, how much we can spend. – Female*

A few participants stated that outings with their social groups were specifically designed with the intention of gambling. For example, one participant spoke about enjoying the 'pokie trips' she went on:

*I go for a meal or sometimes have a game and entertainment like that. I like my two pokies trips, because we have jokes and everybody is happy, and we forget about everything else. It's just for fun really. – Female*

## Accessibility

The accessibility of the venue was regularly described by participants. For example, many participants described attending venues because they were close to where they lived. This meant that they felt that they could either walk or drive to the venue. For example:

*The sports club is within walking distance. I can walk to [hotel name]. – Male*

Courtesy buses (on demand, free transport operated by the venue) were particularly appreciated by participants. Participants described that courtesy buses provided them with an easy, and 'on demand' way of attending the venue without any additional transport related costs. Participants described the ease of use of the courtesy bus as compared to using public transport or local council transport services to other activities. For example, participants described that these buses ran frequently to the venue from specific pick-up and drop-off points, or that they could call up the venue to send the courtesy bus straight to their door:

*Okay they are running [public] buses every hour or half hour from where I live down to the station, and if I can't get out of my house, I can ring up that club and say 'can I come, I want a cup of coffee, want some company'. They'll send a bus to there no charge. Council won't do that. No one else will do it. – Male*

Accessible car parking, particularly for those with physical mobility issues, was also considered to be a major advantage of visiting a community gambling venue as compared to attending other locally run activities. For example, the following participant commented on how critical parking was for her to attend different places within the community. She described the structural barriers associated with attending activities where there was not available parking:

*... it is because sometimes if you have got nowhere to park [at other venues]. What do you do? You turn around and go home again. – Female*

There were a number of structural characteristics within the venue that participants described as making the venue more appealing and accessible for them. Participants described that the venues were aesthetically appealing and clean. However, the most discussed aspect of the aesthetics of the venue was that it provided air conditioning to escape the heat in summer, and heating in the winter. However, in describing going to the venues, participants regularly reinforced that they were responsible with the money they spent on gambling:

*I used to go to the club. Not all the time, but when I felt bored, and also during summer when it is hot at home. I just sit down in there and enjoy the air conditioning. But, when I go there to play the pokies, I have a limit of \$10 to \$15 or something like that, and that's it. No more, no less. – Female*

Part of the accessibility of the venue was that it was perceived to be a safe space, particularly for women. Safety was a consistent theme that was mentioned by women and was a key factor in creating the feeling that venues were accessible for them. Features of the venues such as security guards and parking reassured women about feeling that they could attend the venue:

*Well, I find where I go, to the hotel, they do have security guys outside that check the carparks out. They're there, and also inside, they're always strolling around. So there's that certain degree of reassurance that you're going to be safe. – Female*

A few participants specifically described that safety was a reason why people used EGMs:

*I think that why people go to the pokies. It's in a safe environment. There's always security people. More senior people, they go there and they know there is security in a safe environment. – Female*

## Affordability

Participants regularly stated that the affordability of the range of activities within the venue was a key reason for their attendance. In particular, participants described that venues offered discounted activities and meals for seniors. This was seen as being a key advantage over other restaurants and cafes. For example, one woman who criticised the expensive meal she had at a local café and discussed why she chose to go to community gambling venues for lunch:

*The exorbitant prices stop you from going into a lot of those [alternative] places. The cheaper prices probably encourage you into the clubs and the pubs. So I guess that has got a lot to do with it, as well. Unfortunately the money tree in my backyard's died. – Female*

Participants also described the additional discounts for meals and activities that participants gained with membership of the venue:

*The benefit of the club is that it's very similar prices to the pubs, but with being a club member, you get a discount. – Male*

There was a range of leisure activities that were considered inexpensive and attractive for participants. These included 'Morning Melodies', age specific live entertainment, music tribute nights, and bingo events. Most of these sessions were free of charge, or inexpensive for members:

*Even our Morning Melodies [at the venue] is free. It's the only one ever. They only started this year. They put on the show and morning tea for free, with a cake or a biscuit. – Female*

While some participants described that they would rather attend these activities outside of a community gambling venue, they perceived that the higher costs of activities provided in other community spaces were a key barrier for older adults. For example, participants described that fees associated with bowls clubs that were not aligned to community gambling venues were more expensive:

*I would like to see some of the bowling clubs and some of these clubs a lot cheaper to join and be in. Especially for older people. You can't afford the fees to go to these things. – Female*

Some participants described the range of benefits that they received when they participated in gambling on EGMs. These were described as "free" benefits, including food and drinks. For example, one participant reported that at a number of venues "if you're playing a machine they [staff] will always give you a coffee, always". One participant described these as enticements to the venues, but that ultimately it was up to the individual to determine whether they engaged in gambling while at the venue:

*The one that I live close to, they provide coffee, don't they? Free cake, everything, biscuits. It's all there, Morning Melodies, a lot of good things. So that entices them to go there. Now it's up to them whether to not they decide to sort of go on the pokies. – Male*

## Escape from everyday life stressors

Finally, participants described that they attended venues to deal with life stressors or personal struggles whereby attending venues and playing EGMs were used by individuals as an escape to keep their mind off personal issues. For some participants this included wanting to escape significant life events such as the passing of a spouse or family member. Others described the role of EGMs in distracting individuals from health, financial, or relationship problems:

*You go there, and there's these nice little bells and whistles. You don't have to think about your debts. You don't think about your relationships. You don't think about any of that stuff. You know, are you going to be able to find another house, or what's going on... – Female*

For a few participants the excitement or thrill of winning motivated them to gamble on EGMs. The following female participant who often gambled, was surprised by another person in the focus group who perceived gambling to be boring:

*You obviously haven't had a big win, because nothing is more exciting than a big win. – Female*

## 2. Participation in non-gambling and gambling activities within the venue

### Participation in non-gambling activities

Older adults participated in a range of activities once inside venues. This included dining/cheap meals, entertainment, organised sporting activities, and group meetings.

#### Dining/cheap meals

Many older adults described going to venues to have a meal. These meals were described as affordable, social, and with a variety of options of food that they enjoyed. Some older adults commented on their enjoyment of themed dining nights, such as “Sunday roast” and “carvery nights” or the buffet options where you weren’t “stuck to one meal”. One perceived advantage of eating at a community gambling venue was that participants could stay there for a significant amount of time, which would not be considered appropriate at other dining venues:

*But if you go to a café, you've got to have some money in your pocket, and there's a limit on how long you can sit there over one long black. – Female*

Dining at community gambling venues was perceived as an activity older adults could do either by themselves or with friends and family. Women perceived that they could attend the venue to have a meal by themselves, without feeling judged or uncomfortable for being by themselves:

*I often go by myself as well. I'm more than happy going there. I have a meal by myself or eat with other people. – Female*

## Entertainment

Many older adults participated in the entertainment activities offered in the venues. One of the most popular activities for participants was Morning Melodies. Participants often attended the venue for Morning Melodies and stayed on within the venue to engage in a range of other activities. Some older adults reported that they enjoyed Morning Melodies and other entertainment, and this was one of the main reasons they attended the venue regularly. For example, one participant demonstrated how the different entertainment options, including Morning Melodies, was how they interacted with the venue on a regular basis:

*But that's where [name friend] and I go for Morning Melodies once a month, the last Wednesday of the month. We just go down there because we enjoy the entertainment. Then we have a meal afterwards and then we go. – Female*

Participants enjoyed a variety of other entertainment options. These including live music and specific music events hosted by the venue. One woman described looking forward to an upcoming tribute night, and specifically described the affordability of the event:

*This one coming up in September, it's a Bon Jovi tribute night. They are fabulous and they're free... The tribute nights, if you're a member, you get in for free, otherwise you pay \$15. But, anyone who pays \$15 is silly, because you only have to pay \$5 to join....The entertainment is excellent that they hire for both Morning Melodies and for the tribute nights. – Female*

Others discussed watching sport on the television screens in the venue. For example, one man recalled seeing many people watching sport on the weekends and interacting with others. This man suggested that while many people were watching sport at community gambling venues not everyone who was there would be using EGMs:

*I said when they go to the sports club, especially the weekends, or Fridays, they got their footy on or the soccer on, it's packed, screaming. – Male*

## Organised sporting activities

Participants also attending venues to participate in sporting activities, including darts, pool, and indoor bowls. Bowls was the most common of these events. Many participants described attending bowls to socialise and meet people. This often involved “having a cup of tea and a chat”. These events became part of the weekly routine for many participants:

*Wednesday's I meet up with [friend's name] and another girl, and whoever comes can sit with us, and we just have a good old talk... And then we have lunch, sometimes, and then we'll have a game of bowls, if the weather is nice. – Female*

Some venues had larger sporting facilities, including sports teams. One man said he often watched the junior football team that was associated with the venue as they had a football ground there:

*It's Saturday, Sunday junior sport and all that. It's an actual sporting club, a football club and they have Under 14s and under 16s...I just go and watch them mostly.... – Male*

## Group meetings

Some older adults attended community venues because a club that they were a part of hosted their meetings or outings there. This was common among participants who were members of Probus clubs who described meeting once a month at a local venue. One participant described attending these meetings in the morning and noticed that people were gambling on EGMs at this time:

*I belong to Probus, and we meet once a month at the [venue]. So consequently... Our meeting starts at 10 o'clock... There are already people in the club, playing the machines, at that hour of the day, which I was aghast when I first found out. – Female*

## Participation in gambling activities

### Gambling on EGMs

While most participants primarily attended venues for non-gambling activities, many described engaging in EGMs as a secondary activity within the venue. There were a range of reasons for gambling on EGMs. Some participants stated that they would use EGMs because they were at the venue for a meal or another activity and then they were tempted to play because “*the pokies are there*”. Some described gambling on EGMs because of boredom or loneliness. These participants felt that playing EGMs gave older adults a reason to get out of the house, have something to do, and to be around people without actively engaging with them.

*The thing is, if you're sitting home on your own for maybe a whole weekend or three or four days with no contact and you just think I've just got to get out. So you go somewhere where there's going to be people. And even while you're playing the pokies you might talk to the lady or the gentleman next to you or whatever and you don't feel isolated when you're in an area where there's other people. – Female*

Participants also described that, unlike alternative activities, gambling on EGMs required little physical or mental capacity. As such, many perceived that it was an activity that anyone could engage in. However, some participants recognised that venue practices played a major role in gambling behaviour. These participants perceived that venues encouraged the extended use of machines through the provision of food and drinks while in the gaming area and attempted to draw older people into gambling venues to play the machines through venue vouchers and rewards.

*I have noticed with the hotels and some of the clubs that when you're playing the machines, they don't want you off that seat. They will come up, they will get you your drinks, they will bring you food, and they're really encouraging. So you've got to be strong to fight against it. – Female*

For a few participants, attending events, such as Morning Melodies or music nights, were often followed by using the EGMs. This was described by one woman as a good night out:

*Sometimes I usually have a drink or two that night, and I might play the pokies before or after, occasionally. That's a really, really good night out. – Female*

Others mentioned gambling as something they did after attending their sporting activities at the venue:

*I only play when I come to bowls club. You know, I'll just have a few games... I might do three games or something, and that about it. Just breaks a bit of boredom. – Male*

On some occasions, participants mentioned that they attended outings with their social group that were specifically designed with the intention of gambling. For example, one participant spoke about enjoying the “pokie trips” she went on. Another woman described attending venues regularly with her partner specifically to gamble:

*My husband and I come for pokies occasionally; probably once a fortnight or month maybe. – Female*

For the participants that attended venues to use EGMs, they often spoke about setting limits before gambling as a way to control how much money they could potentially lose:

*I only go there for entertainment with my friend but we always have a limit. That's all. I go there, if I lost then there's nothing wrong because I know I have the limit and if I won that's good for me. – Female*

### **Participation in other forms of gambling**

Some participants described that they specifically attended community venues to participate in a range of different types of gambling. Bingo was a popular gambling activity for older adults. The venues often hosted free bingo where there was little prize money. Many described attending their local venue's weekly bingo night as part of their weekly routine.

*They have bingo every Wednesday night. That's where I can usually be found Wednesday night. – Female*

Participants recognised bingo as just one of the many activities that they could participate in while at the venue, and often engaged with other aspects of the venue after attending bingo:

*But being there this morning, as a matter of fact, we played bingo, we played the pokies and we're had lunch. – Male*

### 3. Knowledge about and attitudes towards EGMs

Participants were asked to describe how they thought EGMs operated. Some participants described the basic functions of the machines. These included that you pushed buttons to operate the machine and were looking for matching symbols across lines. Some participants described that they had favourite machines, which they perceived were more entertaining, more appealing, or were more likely to give a return to the customer. For example, one woman indicated enjoying one particular machine because “*the pictures are cute*”, while another liked machines with ‘free spins’ and ‘bonuses’, and perceived that these machines would return more money. This participant described in detail the different features of different machines:

*You’ll probably get, say, free spins, or something like that. Because when you get free spins, you often get the bonuses, and they pay well. The ordinary just everyday symbols, three rarely pays very much in a five-line one. All machines differ. They’re all different. – Female*

Many described the attraction of the images, lights and sounds, and how this convinced individuals to think they were winning more money than what they actually received:

*I was so engrossed by the music and the excitement that you saw on the screen and all the money start spinning around and then... big money; but all they got was six or seven dollars. – Female*

However, other participants stated that they chose machines at random, but one participant joked that it was any machine where they could get money:

*Do you know which machine is my favourite? The one who (sic) gives money. – Female*

Many participants described EGMs as a chance rather than a skill based form of gambling. For example, one participant believed that there was no set return rate but that it was “*random*”. Some participants, and predominantly women, perceived that winning on EGMs was associated with how lucky you were:

*If you’re lucky enough to get the \$12,000 (jackpot) you are very lucky. – Female*

Many participants were critical or sceptical about EGMs. Many stated that machines took people’s money, or that EGMs “*tend to play you, instead of you playing them*”. Some participants specifically described the addictive features of the machines, and the role of the product design in encouraging people to spend money and gamble for a long time:

*But, they’re designed to get people in, to keep them playing by what comes up on the machine. – Female*

Some participants specifically stated that EGMs were designed so that individuals could not win money over time.

*Well, they’re set up not to win. That’s for sure. Now and then you might have a little win, but you come back the next time, and you’re going to lose it. – Male*



The possibility of winning money was a key motivating factor for some individuals. Despite knowing they had only a small chance of winning a jackpot, some participants explained that they still had hope because they perceived that eventually someone would have to win. Some participants had a clear emotive connection to the machines, describing that the chance of winning money gave them hope:

*No, because it gives you some hope. That's why we play because it gives you some hope. – Male*

Most participants believed that EGMs operated in a fair manner. Some perceived that venues were individually responsible for determining how much their EGM would pay out, and recalled that they had received information that told them the machines had paid out more than previously:

*The [venue name], in their latest newsletter – I think it was that I read – they're actually paying out more on their machines than they did. The percentage has risen. They were giving more back. – Female*

A few participants believed that venues let some machines pay out more than other machines in the same venue. Some based this on their own personal experiences, or what they had heard from others. For example, one participant had heard that machines located at the entrance of the EGM area paid out more to lure bystanders in. Some participants perceived that it was possible to predict when EGMs would pay out. When talking about payouts, some participants described that EGMs not only gave back to individuals, but also to local communities. While they stated that venues received most of the money from EGMs, these venues provided facilities that could be enjoyed by everyone. Participants perceived that EGM revenue benefited the community through venues' donations, partnerships and sponsorships of sporting and community groups. There was a common perception that a significant amount of money from EGM revenue was returned directly to the local community. For example, one participant stated that *"half of that money [EGM revenue] goes back to the community"*.

## 4. Conceptualisation of gambling related harm

Most participants identified risks associated with EGM gambling. Many had personal experiences with harm or personally knew someone who had been harmed by EGM gambling. Participants predominantly focused on the risks associated with spending more time and more money on EGMs than they intended to. Some participants described that the harms associated with gambling went beyond the individual gambler. Some recounted their own experiences of harm based on the problems that other family members had had with EGMs:

*At one stage we all thought we were going to lose our homes just to keep her [sister in law] out of jail and in the end we bailed her out with almost \$60,000. She lost everything, her family, her immediate family and it was all of these free things and the excitement of all the lights. ... She just could not control herself. – Female*

While many participants knew people who had experienced harms from EGMs, they also thought that they were unlikely to experience harms. These individuals believed that their own behaviour was different from those who were at risk of developing harms. Many described that they were unlikely to experience harm because they spent limited amounts of money on EGMs, set limits, and did not attend venues primarily for gambling:

*You've got to look at it what you go there for. Do you go there just to have the meal? Do you go there to sit in the lounge for four hours and drink yourself silly? Do you go there for the Morning Melodies and have a dance and tea and scones in the morning and a three-course meal at lunch time? Or do you go there to sit there at the poker machines. – Male*

Participants described that they employed 'responsible gambling' practices when gambling, which they perceived would prevent them from experiencing harm. These participants spoke about limiting the amount of time spent in the gaming room and controlling how much they spent. Some employed specific strategies to ensure they did not overspend:

*You limit your money. If I know I'm going, if I've got too much cash in my wallet, I take it out and leave it at home. I often put either a money limit on, or a time limit on when I'm on them. – Female*

Personal responsibility responses were common from participants in this study. Many described that developing a problem with gambling was reflective of personal choices, "a path that you've chosen to go down". For example, some participants stated that if participants could not be responsible with their gambling, they should avoid going to venues.

Some participants disagreed with interventions to prevent gambling harm that they perceived would impact on their own choices to engage in gambling. These participants disagreed with interventions that would prohibit their personal lifestyle choices, and believed that their gambling should not have to be limited due to others experiencing harm:

*I mean, some people have a problem and if they've got a problem it's not necessarily my problem and I think... you need to seek out advice and whatever for your problem. It doesn't mean that I can't go to the pokies because you've got a gambling problem and I think we have to look at that... – Female*

Participants in this study strongly related EGM harm to the individual's ability to afford to gamble. Participants perceived that if individuals were financially secure enough to pay their bills and meet responsibilities, then there was limited harm associated with gambling. Others perceived that older adults had worked hard for their money and should be free to spend it however they chose to.

Some participants in this study weighed up the potential harms associated with EGMs with the potential for money to be given back to the community. While many participants in this study stated that they knew that machines caused harm, and preferred they were not in their local community, they also felt conflicted because the money from EGMs benefited the club.

## 5. Harm reduction and prevention strategies

Participants proposed a range of strategies that they thought would be effective in reducing harm from EGM gambling.

### Accessible information and education

Participants recommended more active dissemination of information about how EGMs work, and the amount of money lost on EGMs in local areas. Participants recommended that this information provision should start at an early age “to sort of make some impact”. This was highlighted by participants who suggested the potential for schools and parents to educate young people so that they grow up understanding the risks. The following participant likened this strategy to strategies used by tobacco control that highlight the risks of smoking.

*If you put those ads out there now and the four and five and six year old's see them, then they'll grow up knowing that. All four and five year old's and six year old's now know that smoking is really bad for them. When they see someone smoking they go that person shouldn't be smoking, that's really bad for them, because it's ingrained into them. So we need to ingrain it into people from a very early age that gambling is bad for them. – Female*

Other participants proposed that there was an opportunity to educate both young people and older adults about the risks of gambling through public education campaigns. These participants suggested that there was a need to improve the current ‘anti-gambling’ messages that highlighted help seeking, towards the negative impact gambling can have on individuals, families and the broader community. Many supported hard-hitting campaigns about the risks associated with products to families and communities.

### Venue specific strategies

Participants supported changes within venues to reduce harm. For example, participants proposed changing the venue lay out to ensure gambling products were kept separate and adding in additional windows, lights and clocks in gaming areas. Participants believed that keeping gambling products separate to other activities in the venue would reduce individual's exposure to the products and would not entice them to go into gaming areas. Some perceived that gaming rooms were designed in a way that made it easy to lose track of time, and therefore money. Many suggested the need for clocks and natural lighting would reduce this from happening.

*I think it's designed to lose track of time. No clocks and no windows. That's a strategic plan. – Female*

Participants strongly supported regulation relating to the operating hours of venues. They recalled noticing venues open early in the morning and note closing until late at night. Some participants highlighted that long operating hours made older adults particularly vulnerable to gambling harm. Many participants also agreed that ATMs and EFTPOS facilities should not be allowed in venues. These participants suggested that having easy access to cash undermined responsible gambling messages to limit and control spending. One participant recalled her experience with access to ATMs within venues:

*Another problem I think is teller machines. Every gambling venue will have a teller machine very close. So you say I'm only going to spend \$20 a day. You go in and you lose your \$20 and it's so easy to pop out to the teller machine and get another 20. – Female*

One participant commented on the legal requirement that venue operators need to pay out accumulated winnings over \$2000 by cheque, instead of cash, or by electronic funds transfer that will not be available for the next 24 hours to ensure that winnings are not put back into EGMs [Victorian Commission for Gambling and Liquor Regulation 2018a]. One participant, however, suggested that this did not go far enough, and the amount should be significantly reduced:

*Another thing they can do is – I think currently it's in [name LGA], if you win a certain amount, if it's over \$1000 you have to have a check, to reduce that – they already have that. Reduce it down to \$100 or \$200, people won't put it back into the machine. – Male*

## Product specific regulatory strategies

Participants specifically described the range of ways EGMs could be altered to reduce harm. In particular, participants described the ability of individuals to lose a large amount of money in a short period of time while playing EGMs. They believed that regulations should be put in place to limit this, including slowing down spins rates, limiting the maximum number of lines allowed for each play, and reducing maximum bets to a dollar:

*They could, with the machines limit it to say, 'A dollar a push', not 'Twenty bucks a push'. Which they can do now. You see it. I've seen them down - whacking them through it's unbelievable. – Male*

Participants also agreed with reducing the number of venues in the community that contained EGMs. Participants believed that these were too prolific in the community and that reducing the number of machines and venues would significantly reduce gambling harm.

## Alternative venues and activities

Finally, participants discussed the need for more alternative, non-gambling venues and activities for older adults to feel socially included and safe. Participants commented on the lack of alternative venues and activities in their community and believed that local councils should be supported in providing more alternatives to limit the number of people going into gambling venues. One of the main factors that participants described as being needed was transport to enable older adults, and in particular older women, to attend activities:

*The council, I personally think that they don't do enough for the elderly ladies, whereas the church group, they have a ladies group once a week and they learn how to do knitting or embroidery or whatever and I think they got to maybe pay minimal amount for lunch and they've got volunteers who will pick them up and take them home and they feel connected because they've got something in common. – Female*

Women constantly reinforced the role of safety in their decision making to attend activities in the community. They repeatedly reinforced the need for transport that was low cost, safe, and could accommodate those with limited mobility and those in wheelchairs. They also commented on the need for transport at night. The following participant expressed her concerns about going to alternative venues.

*I used to go everywhere... But now I'm getting older, it does bother me, you know? Because if there's something down here at night... I used to come for a few things, but I was a bit younger... Travelling at night...You're not safe anymore. That's frightening for older people. – Female*

Participants said they would be happy to use alternative venues if they also provided affordable entertainment and food. However, they also stated that many venues that were offered in local communities for older adults were not appealing to them:

*It's not appealing enough to a lot of people. They don't want to come and sit at a table like that, next to the same old person each week. They want variety. – Female*

Participants made suggestions about the type of venues and activities that they would like to see being offered. Many participants desired activities where they could socialise and feel included and that didn't cost a lot of money. Further, many participants suggested community venues that were comfortable and inviting for older adults, where they could go at any time and “*can sit for as long as you like*”, and also provided affordable meals, tea and coffee.

## Discussion and conclusion

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The aim of this study was to explore the interplay of individual, socio-cultural, commercial, environmental and political factors that may create pathways for older adults into community gambling venues, and the factors that may influence the range of gambling and non-gambling behaviours within these venues.

The findings from this study raise four points for discussion.

### **1. There are a range of factors that may influence older adults' attendance at community gambling venues.**

This study has demonstrated that a range of individual, socio-cultural, environmental and commercial factors determine why older adults are attending community gambling venues. In Component One (the content analysis of websites and Facebook pages) there were a range of non-gambling activities that promoted that older adults may find appealing. This included food discounts, Morning Melodies, live entertainment, and courtesy bus facilities. Component Two confirmed that these types of activities and promotions appealed to many of the participants in this study. There was a significant overlap between what was discussed by participants and the marketing activities identified within the content analysis. Food specials, club memberships, music and live entertainment, Morning Melodies, courtesy bus, and older adults specific groups and events) were discussed by participants in some way in Component Two.

At an individual level, this study is consistent with other research that has demonstrated that social isolation, loneliness, and the need for social connection are drivers of attending venues [Vander Bilt et al. 2004]. These factors were some of the most influential reasons for attending venues, especially for women. Many older adults in this study stated that community gambling venues were an inclusive space for older adults that they could attend by themselves, were accepted without judgement, and could stay for long periods of time without feeling uncomfortable. Participants often commented that they did not want to be engaged in activities per se, but wanted a place where they could sit, have a coffee, and feel that they had an experience of social connection. Research clearly recognises that older adults face significant challenges in maintaining social connectedness, particularly when there are changes in their life circumstances or social roles. These may include changes in their health and wellbeing, mobility, retirement, loss of a spouse or partner, or living in an increasingly mobile world with children moving further away [Ferraro 1984; Weiss 2005]. Researchers suggest that older adults' perceptions of their relationships may not reflect their actual levels of connectedness [Schnittker 2007; Shaw et al. 2007]. For example, some older adults in this study perceived that gambling on EGMs provided them with significant social connection, despite never having spoken to anyone in the EGM room. Similarly, some older adults described that their interactions with staff members and venue workers provided them with meaningful social connection.

Participants regularly described that their decision to attend venues was motivated by a range of structural factors, including accessible parking (with no time restrictions), and 'on demand' transport. These structural factors also contributed to a sense that venues were safe places to visit. This was particularly important for older women who often described the importance of being able to park close to the venue, or have a courtesy bus drop them at the door. This raises important questions about the range of risk factors that older adults, and particularly older women, consider when negotiating their everyday environments. Older adults also conceptualise community gambling venues as safe spaces, despite acknowledging that older adults can be vulnerable to the harms associated with gambling products within these venues. This suggests that the benefits they perceive that they are receiving from attending the club outweigh the perceived risks associated with gambling harm. While there may be a range of activities offered by LGAs, which seem to provide social connection and engagement at a community level, older adults may choose not to participate in these activities if they are concerned about the accessibility of these activities, or their own personal safety in getting to or from these activities. This may be especially the case if there

are more accessible alternatives that they are able to attend. Gambling harm prevention activities, which seek to divert pathways from gambling venues, should consider not only whether activities will appeal to older adults, but also should consider factors such as transport and parking, which are clearly key motivating factors for older adults.

## **2. While the primary reasons of older adults for attending gambling venues are for nongambling activities, many also engage regularly in EGM gambling at clubs and hotels.**

This research shows that most older adults stated that their primary reason for attending the venue was to participate in the non-gambling activities. Most frequently these were for cheap meals, or for seniors activities (such as Morning Melodies, or bowls). Only a few participants in this study stated that they specifically went to venues to gamble. This provides evidence that community gambling venues may still be attractive to older adults as recreational spaces if they divested from EGMs. However, the study also showed that once in the venue, many participants engaged in gambling on EGMs. This is consistent with other research that has demonstrated that the vast majority of people who attend community gambling venues do so for non-gambling activities [Breen 2009; Southwell, Boreham & Laffan 2008; McNeilly & Burke 2002]. However, those who attend regularly are more likely to engage in EGM gambling, and more likely to experience some level of gambling related harm [Bestman et al, 2018]. This research also suggests that non-gambling activities within the venue may soften the perception of risk associated with EGM gambling. For example, participants in this study often downplayed the risks associated with their own gambling, perceiving that it was only a minor part of their overall activities within the venue (for example, only spending \$20 on the pokies), or spending limited time on EGMs compared to the other activities. Participants rarely considered the frequency or regularity with which they gambled. While this provides further support for the need to provide a range of affordable and accessible alternatives for older adults outside of venues, it also raises questions about the range of strategies that may be used within venues to prevent older adults transitioning between non-gambling and gambling activities.

The community venue scan presented in this study reinforces research that venues may use a range of strategies to attract older adults to venues such as inducements associated with discounted drinks and meals, and age-specific entertainment, [McNeilly & Burke 2002], and that these strategies are effective in drawing older adults into venues [Southwell, Boreham & Laffan 2008]. Researchers have identified that about one in five participants who attend venues for promotions report spending more money on EGMs than they would have without promotions [Southwell, Boreham & Laffan 2008]. Further research should examine how older adults (and other population subgroups) transition between non-gambling and gambling activities within venues, and develop comprehensive evidenced based strategies to respond. Given that research shows that older adults are vulnerable to gambling related harm, this also raises questions about the use of community gambling venues as a regular location for seniors programs, associations, and social groups. While these programs may have the intention of engaging older adults in non-gambling activities, this research suggests that the regular exposure to gambling activities in these venues may contribute to increased vulnerability for harm.

## **3. Older adults have limited understanding of the structural characteristics of EGMs, and have misperceptions about the impact of EGMs on local communities. They also have very specific conceptualisations about EGM harm, which may increase their vulnerability of experiencing gambling related harm.**

This study adds to a very limited evidence base about how older adults may conceptualise the harms associated with gambling. This study has demonstrated that regularly using EGMs, many older adults have a very simplistic understanding of how EGMs operated. For example, many had significant misconceptions about the features of machines, how much and how frequently machines paid out, the type of machines that were more likely to pay out, and how much money from EGMs went directly back to local communities. These misconceptions about EGMs may contribute to older adults' vulnerability to EGM harm.

While very little information is known about how older adults conceptualise gambling harm, this research contributes to the evidence base that suggests that older adults may perceive that there is a trade-off between non-gambling activities, social connection, and the amount they spend on gambling [Thomas & Lewis 2012]. Participants in this study clearly perceived that while older adults may be vulnerable to gambling related harm, most believed that they were personally responsible with their gambling and could afford to spend money on gambling. This may also call into question measures that seek to document harm in older populations, and also how we deliver public messages to older adults about gambling related harm. This research suggests that it may be difficult for older adults to recognise gambling harm, and there may be an added level of stigma in seeking help for a gambling problem because they are so focused on individuals taking personal responsibility for controlling their own gambling behaviours.

While gambling related harm was initially framed as an issue of personal responsibility, participants were able to reconsider this perspective when given information about the structural features of EGMs, and the contribution of EGMs back to the local community. While participants initially perceived that significant amounts of money from EGMs went back to their local communities, thus doing some good for the community [Sproston, Hing & Palankay 2012], many changed their minds about harm when given information about the number and losses on machines in LGA areas, and were provided with information that most money from EGMs did not directly flow back to local communities. This suggests that public education campaigns dispelling the myths associated with EGMs and their revenue may be influential in changing older adults' attitudes towards EGMs and venues, particularly if alternatives are available.

#### **4. There is a need for targeted strategies that seek to prevent and reduce the potential harms that may be caused from repeat exposure to EGMs in community gambling venues.**

Despite the initial strong personal responsibility focus of participants, most participants supported increased regulation of EGMs and community venues. There was strong support for changes that would limit the potential harms associated with EGMs for older adults, including the implementations of \$1 bets on EGMs, removing EFTPOS and ATM facilities, and limiting the opening hours of venues. Some participants also supported reducing the numbers of machines in communities. These findings are consistent with other studies which show strong support for the increased regulation of EGMs [Bestman et al. 2018], and questions government approaches which have worked to maintain or increase the numbers of EGMs in local communities rather than working towards decreasing the number of machines. This is the first study to our knowledge that also demonstrates support for a reduction in opening hours specifically designed to protect those who are vulnerable to gambling harm.

Participants also supported clear public education campaigns focusing on losses in local communities, the structural characteristics of EGMs, and educating the community about the imbalance between the benefits and harms associated with EGMs. Participants were also critical of current public education campaigns, noting that there was a place for hard-hitting campaigns particularly in relation to the harm caused to family members.

Finally, participants agreed that further resources should be directed towards activities that provide an alternative to attending EGM venues. However, participants stressed that these activities needed to address the current structural barriers that prevented participants from attending activities (including transport and parking) and recognised the challenges that may be faced in providing alternatives.



### *Limitations*

It is important to recognise the limitations of this study. First, there were some limitations to the generalisability of the findings as this study was limited to seven LGAs in Victoria. These LGAs were predominately located in metropolitan Melbourne. It is therefore important to continue building the evidence within different LGAs to understand the specific needs for those people living in different communities, including culturally and linguistically diverse groups. Second, it is important to acknowledge that the majority of participants were associated with specific social or community groups and clubs (Probus, bowls, seniors groups). This may have resulted in a sample of people who were more socially connected with others in their community. The experiences of those people who may be most vulnerable and who do not have access to the same groups may not have been reached in the same detail.

## References

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- Abbott, M, Binde, P, Clark, L, Hodgins, D, Korn, D, Pereira, A, Quilty, L, Thomas, A, Volberg, R & Walker, D 2015, *Conceptual framework of harmful gambling: An international collaboration (Revised Edition)*, Gambling Research Exchange Ontario (GREO), Guelph, Ontario, Canada.
- Alliance for Gambling Reform 2017, *The pokies play you*, Alliance for Gambling Reform, retrieved 21 August 2017, Available from: <<http://www.pokiesplayyou.org.au/about>>.
- Ariyabuddhiphongs, V 2012, 'Older adults and gambling: A review', *International Journal of Mental Health and Addiction*, vol. 10, no. 2, pp. 297-308.
- Bestman, A, Thomas, S, Randle, M & Pitt, H 2017, 'Children's attitudes towards Electronic Gambling Machines: an exploratory qualitative study of children who attend community clubs', *Harm Reduction Journal*, vol. 14, no. 1, p. 20.
- Bestman, A, Thomas, S, Randle, M, Pitt, H, Daube, M & Pettigrew, S 2016, 'Shaping pathways to gambling consumption? An analysis of the promotion of gambling and non-gambling activities from gambling venues', *Addiction Research & Theory*, vol. 24, no. 2, pp. 152-62.
- Bestman, A, Thomas, SL, Randle, M & Thomas, SDM 2015, 'Children's implicit recall of junk food, alcohol and gambling sponsorship in Australian sport', *BMC Public Health*, vol. 15, no. 1, pp. 1-9.
- Botterill, E, Gill, PR, McLaren, S & Gomez, R 2016, 'Marital status and problem gambling among Australian older adults: the mediating role of loneliness', *Journal of Gambling Studies*, vol. 32, no. 3, pp. 1027-38.
- Breen, H 2009, 'Senior citizen bingo players in Australian registered and licensed clubs: a case study at Tweed Heads, New South Wales', *Journal of Travel & Tourism Marketing*, vol. 26, no. 4, pp. 383-94.
- Browne, M, Bellringer, M, Greer, N, Kolandai-Matchett, K, Rawat, V, Langham, E, Rockloff, M, Palmer Du Preez, K & Abbott, M 2017, *Measuring the burden of gambling harm in New Zealand*, New Zealand Ministry of Health, New Zealand.
- Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H & Goodwin, B 2016, *Assessing gambling-related harm in Victoria: a public health perspective*, Victorian Responsible Gambling Foundation, Victoria.
- Burge, AN, Pietrzak, RH, Molina, CA & Petry, NM 2004, 'Age of gambling initiation and severity of gambling and health problems among older adult problem gamblers', *Psychiatric Services*, vol. 55, no. 12, pp. 1437-9.
- Charmaz, K 2006, *Constructing grounded theory: A practical guide through qualitative analysis*, Sage Publications, London, England.
- Clarke, D 2008, 'Older adults' gambling motivation and problem gambling: A comparative study', *Journal of Gambling Studies*, vol. 24, no. 2, pp. 175-92.
- Clarke, D, Abbott, M, Tse, S, Townsend, S, Kingi, P & Manaia, W 2006, 'Gender, age, ethnic and occupational associations with pathological gambling in a New Zealand urban sample', *New Zealand Journal of Psychology*, no. 35, pp. 84-91.
- Deans, EG, Thomas, SL, Daube, M & Derevensky, J 2016, "'I can sit on the beach and punt through my mobile phone": The influence of physical and online environments on the gambling risk behaviours of young men', *Social Science & Medicine*, vol. 166, pp. 110-9.
- Deans, EG, Thomas, SL, Derevensky, J & Daube, M 2017, 'The influence of marketing on the sports betting attitudes and consumption behaviours of young men: implications for harm reduction and prevention strategies', *Harm Reduction Journal*, vol. 14, no. 5, pp. 1-12.

- Desai, RA, Maciejewski, PK, Dausey, DJ, Caldarone, BJ & Potenza, MN 2004, 'Health correlates of recreational gambling in older adults', *American Journal of Psychiatry*, vol. 161, no. 9, pp. 1672-9.
- Dowling, NA, Jackson, AC, Suomi, A, Lavis, T, Thomas, SA, Patford, J, Harvey, P, Battersby, M, KoziolMcLain, J, Abbott, M & Bellringer, ME 2014, 'Problem gambling and family violence: Prevalence and patterns in treatment-seekers', *Addictive Behaviors*, vol. 39, no. 12, pp. 1713-7.
- Doyle, L, Brady, A-M & Byrne, G 2009, 'An overview of mixed methods research', *Journal of Research in Nursing*, vol. 14, no. 2, pp. 175-85.
- Ellenbogen, S, Derevensky, J & Gupta, R 2007, 'Gender differences among adolescents with gambling-related problems', *Journal of Gambling Studies*, vol. 23, no. 2, pp. 133-43.
- Erickson, L, Molina, CA, Ladd, GT, Pietrzak, RH & Petry, NM 2005, 'Problem and pathological gambling are associated with poorer mental and physical health in older adults', *International journal of geriatric psychiatry*, vol. 20, no. 8, pp. 754-9.
- Feilzer, MY 2010, 'Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm', *Journal of mixed methods research*, vol. 4, no. 1, pp. 6-16.
- Grant, JE, Kim, SW, Odlaug, BL, Buchanan, SN & Potenza, MN 2009, 'Late-onset pathological gambling: clinical correlates and gender differences', *Journal of Psychiatric Research*, vol. 43, no. 4, pp. 380-7.
- Grimshaw, JM, Eccles, MP, Lavis, JN, Hill, SJ & Squires, JE 2012, 'Knowledge translation of research findings', *Implementation Science*, vol. 7, no. 1, pp. 50-67.
- Hare, S 2015, *Study of gambling and health in Victoria: findings from the Victorian prevalence study 2014*, Victorian Responsible Gambling Foundation, Victoria, Australia.
- Hope, J & Havir, L 2002, 'You bet they're having fun!: Older Americans and casino gambling', *Journal of Aging Studies*, vol. 16, no. 2, pp. 177-97.
- Johnson, RB & Onwuegbuzie, A 2004, 'Mixed methods research: A research paradigm whose time has come', *Educational Researcher*, vol. 33, no. 7, pp. 14-26.
- Kalischuk, RG, Nowatzki, N, Cardwell, K, Klein, K & Solowoniuk, J 2006, 'Problem gambling and its impact on families: A literature review', *International Gambling Studies*, vol. 6, no. 1, pp. 31-60.
- Kerber, CS, Black, DW & Buckwalter, K 2008, 'Comorbid psychiatric disorders among older adult recovering pathological gamblers', *Issues in Mental Health Nursing*, vol. 29, no. 9, pp. 1018-28.
- Kitzinger, J 1995, 'Introducing focus groups', *British Medical Journal*, vol. 311, no. 7000, pp. 299-302.
- Ladd, GT, Molina, CA, Kerins, GJ & Petry, NM 2003, 'Gambling participation and problems among older adults', *Journal of Geriatric Psychiatry and Neurology*, vol. 16, no. 3, pp. 172-7.
- Leung, F-H & Savithiri, R 2009, 'Spotlight on focus groups', *Canadian Family Physician*, vol. 55, no. 2, pp. 218-9.
- Lomas, J 2005, 'Using research to inform healthcare managers' and policy makers' questions: from summative to interpretive synthesis', *Healthcare Policy*, vol. 1, no. 1, p. 55.
- Lorains, FK, Cowlshaw, S & Thomas, SA 2011, 'Prevalence of comorbid disorders in problem and pathological gambling: systematic review and meta-analysis of population surveys', *Addiction*, vol. 106, no. 3, pp. 490-8.
- Markham, F, Doran, B & Young, M 2016, 'The relationship between electronic gaming machine accessibility and police-recorded domestic violence: A spatio-temporal analysis of 654 postcodes in Victoria, Australia, 2005–2014', *Social Science & Medicine*, vol. 162, pp. 106-14.
- Marshall, D 2005, 'The gambling environment and gambler behaviour: Evidence from Richmond-Tweed, Australia', *International Gambling Studies*, vol. 5, no. 1, pp. 63-83.

- Marshall, D 2009, 'Gambling as a public health issue: The critical role of the local environment', *Journal of Gambling Issues*, no. 23, pp. 66-80.
- Martin, F, Lichtenberg, PA & Templin, TN 2011, 'A longitudinal study: Casino gambling attitudes, motivations, and gambling patterns among urban elders', *Journal of Gambling Studies*, vol. 27, no. 2, pp. 287-97.
- McCarthy, S, Thomas, S, Randle, M, Bestman, A, Pitt, H, Cowlshaw, S & Daube, M 2018, 'Women's gambling behaviour, product preferences, and perceptions of product harm: Differences by age and gambling risk status', *Harm Reduction Journal*, vol. 15, no. 22, pp. 1-12.
- McCormack, J, Jackson, AC & Thomas, SA 2003, 'Gambling and older people in Australia', *Australasian Journal on Ageing*, vol. 22, no. 3, pp. 120-6.
- McCready, J, Mann, RE, Zhao, J & Eves, R 2005, *Seniors and gambling: Sociodemographic and mental health factors associated with problem gambling in older adults in Ontario*, Ontario Problem Gambling Research Centre, Ontario.
- McCready, J, Mann, RE, Zhao, J & Eves, R 2008, 'Correlates of gambling-related problems among older adults in Ontario', *Journal of Gambling Issues*, vol. 22, pp. 174-94.
- McKay, C 2005, 'Double jeopardy: Older women and problem gambling', *International Journal of Mental Health & Addiction*, vol. 3, no. 2, pp. 35-53.
- McMillen, J, Marshall, D, Murphy, L, Lorenzen, S & Waugh, B 2004, *Help-seeking by problem gamblers, friends and families: A focus on gender and cultural groups*, Centre for Gambling Research, Regnet, Australian National University ACT, Australia.
- McNeilly, DP & Burke, WJ 2000, 'Late Life Gambling: The Attitudes and Behaviors of Older Adults', *Journal of Gambling Studies*, vol. 16, no. 4, pp. 393-415.
- McNeilly, DP & Burke, WJ 2001, 'Gambling as a social activity of older adults', *The International Journal of Aging and Human Development*, vol. 52, no. 1, pp. 19-28.
- McNeilly, DP & Burke, WJ 2002, 'Disposable time and disposable income: Problem casino gambling behavior in older adults', *Journal of Clinical Geropsychology*, vol. 8, no. 2, pp. 75-85.
- Miller, HE, Thomas, SL, Smith, KM & Robinson, P 2016, 'Surveillance, responsibility and control: an analysis of government and industry discourses about "problem" and "responsible" gambling', *Addiction Research & Theory*, vol. 24, no. 2, pp. 163-76.
- Ministry of Health 2009, *A focus on problem gambling: Results of the 2006/07 New Zealand Health Survey*, Ministry of Health, Wellington, New Zealand.
- Moore, SM, Thomas, AC, Kyrios, M, Bates, G & Meredyth, D 2011, 'Gambling accessibility: A scale to measure gambler preferences', *Journal of Gambling Studies*, vol. 27, no. 1, pp. 129-43.
- Nuske, EM, Holdsworth, L & Breen, H 2016, 'Significant life events and social connectedness in Australian women's gambling experiences', *Nordic Studies on Alcohol and Drugs*, vol. 33, no. 1, pp. 7-26.
- Pattinson, J & Parke, A 2017a, 'The experience of high-frequency gambling behavior of older adult females in the United Kingdom: An interpretative phenomenological analysis', *Journal of Women & Aging*, vol. 29, no. 3, pp. 243-53.
- Pattinson, J & Parke, A 2017b, 'Gambling behaviour and motivation in British older adult populations: a grounded theoretical framework', *Journal of Gambling Issues*, no. 34.
- Pietrzak, RH, Molina, CA, Ladd, GT, Kerins, GJ & Petry, NM 2005, 'Health and psychosocial correlates of disordered gambling in older adults', *The American Journal of Geriatric Psychiatry*, vol. 13, no. 6, pp. 5109.
- Pitt, H, Thomas, SL & Bestman, A 2016, 'Initiation, influence, and impact: adolescents and parents discuss the marketing of gambling products during Australian sporting matches', *BMC Public Health*, vol. 16, no. 1, pp. 1-12.

- Pitt, H, Thomas, SL, Bestman, A, Daube, M & Derevensky, J 2017, 'Factors that influence children's gambling attitudes and consumption intentions: lessons for gambling harm prevention research, policies and advocacy strategies', *Harm Reduction Journal*, vol. 14, pp. 1-12.
- Pitt, H, Thomas, SL, Bestman, A, Stoneham, M & Daube, M 2016, "'It's just everywhere!' Children and parents discuss the marketing of sports wagering in Australia', *Australian and New Zealand Journal of Public Health*, vol. 40, no. 5, pp. 480-6.
- Potenza, MN, Steinberg, MA, Wu, R, Rounsaville, BJ & O'Malley, SS 2006, 'Characteristics of older adult problem gamblers calling a gambling helpline', *Journal of Gambling Studies*, vol. 22, no. 2, pp. 241-54.
- Preston, FW, Shapiro, PD & Keene, JR 2007, 'Successful aging and gambling: Predictors of gambling risk among older adults in Las Vegas', *American Behavioural Scientist*, vol. 51, no. 1, pp. 102-21.
- Productivity Commission 2010, *Gambling, Report no. 50*, Canberra, Australia.
- QSR International Pty Ltd 2018, *NVivo qualitative data analysis software*, 12 edn.
- Queensland Government 2017, *Australian gambling statistics: 33rd edition*, Government Statistician, Queensland Treasury and Trade, Brisbane.
- Queensland Government 2018, *Australian gambling statistics: 34th edition*, Government Statistician, Queensland Treasury and Trade, Brisbane.
- Rossen, F 2015, *Gambling and problem gambling: results of the 2011/12 New Zealand Health Survey*, Centre for Addiction Research, Auckland, NZ.
- Saldaña, J 2015, *The coding manual for qualitative researchers*, Sage.
- Southwell, J, Boreham, P & Laffan, W 2008, 'Problem gambling and the circumstances facing older people', *Journal of Gambling Studies*, vol. 24, no. 2, pp. 151-74.
- Sproston, K, Hing, N & Palankay, C 2012, *Prevalence of gambling and problem gambling in New South Wales*, NSW Office of Liquor, Gaming and Racing, Sydney.
- Subramaniam, M, Wang, P, Soh, P, Vaingankar, JA, Chong, SA, Browning, CJ & Thomas, SA 2015, 'Prevalence and determinants of gambling disorder among older adults: a systematic review', *Addictive Behaviors*, vol. 41, pp. 199-209.
- Suomi, A, Dowling, NA, Thomas, S, Abbott, M, Bellringer, M, Battersby, M, Koziol-McLain, J, Lavis, T & Jackson, AC 2018, 'Patterns of family and intimate partner violence in problem gamblers', *Journal of Gambling Studies*, pp. 1-20.
- Surface, D 2009, 'High risk recreation: Problem gambling in older adults', *Social Work Today*, vol. 9, no. 2, p. 18.
- Swinburn, B, Gill, T & Kumanyika, S 2005, 'Obesity prevention: a proposed framework for translating evidence into action', *Obesity Reviews*, vol. 6, no. 1, pp. 23-33.
- The Economist 2014, *The House Wins: Who Gambles the Most?*, The Economist, retrieved 20 March 2017, Available from: <<http://www.economist.com/blogs/graphicdetail/2014/02/daily-chart-0>>.
- Thomas, AC, Allen, FC & Phillips, J 2009, 'Electronic gaming machine gambling: Measuring motivation', *Journal of Gambling Studies*, vol. 25, no. 3, pp. 343-55.
- Thomas, S & Lewis, S 2012, *Conceptualisation of gambling risks and benefits: a socio-cultural study of 100 Victorian gamblers*, Office of Gaming and Racing, Department of Justice, Victoria.
- Tira, C, Jackson, AC & Tomnay, JE 2013, 'Pathways to late-life problematic gambling in seniors: a grounded theory approach', *The Gerontologist*, vol. 54, no. 6, pp. 1035-48.

Tse, S, Hong, S-I, Wang, C-W & Cunningham-Williams, RM 2012, 'Gambling behavior and problems among older adults: a systematic review of empirical studies', *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, vol. 67, no. 5, pp. 639-52.

van der Maas, M, Mann, RE, McCready, J, Matheson, FI, Turner, NE, Hamilton, HA, Schrans, T & Ialomiteanu, A 2017, 'Problem Gambling in a Sample of Older Adult Casino Gamblers', *Journal of Geriatric Psychiatry & Neurology*, vol. 30, no. 1, pp. 3-10.

Vander Bilt, J, Dodge, HH, Pandav, R, Shaffer, HJ & Ganguli, M 2004, 'Gambling participation and social support among older adults: A longitudinal community study', *Journal of Gambling Studies*, vol. 20, no. 4, pp. 373-89.

Victorian Commission for Gambling and Liquor Regulation 2018a, *14.4 Payment of Accumulated Credits and Cashing of Cheques*, Victorian Commission for Gambling and Liquor Regulation, retrieved 18 October 2018, Available from: <<https://www.vcgr.vic.gov.au/CA25783200814C9F/towards2012/45E3A19FF574324FCA25786A001245E%20C?OpenDocument>>.

Victorian Commission for Gambling and Liquor Regulation 2018b, *Gaming expenditure by venue*, Victorian Commission for Gambling and Liquor Regulation, retrieved 19 October 2018, Available from: <<https://www.vcglr.vic.gov.au/resources/data-and-research/gambling-data/gaming-expenditure-venue>>.

Wiebe, JM & Cox, BJ 2005, 'Problem and probable pathological gambling among older adults assessed by the SOGS-R', *Journal of Gambling Studies*, vol. 21, no. 2, pp. 205-21.

Wilkins, R 2017, *The household, income and labour dynamics in Australia survey: Selected findings from waves 1 to 15*, Melbourne Institute: Applied Economic & Social Research, The University of Melbourne.

Zarnek, RR & Lichtenberg, PA 2008, 'Urban elders and casino gambling: Are they at risk of a gambling problem?', *Journal of Aging Studies*, vol. 22, no. 1, pp. 13-23.



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