

RESEARCH REPORT

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# Responsible Conduct of Gambling Study

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Responsible Gambling Fund



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# RESPONSIBLE CONDUCT OF GAMBLING STUDY

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## Executive summary

In New South Wales (NSW), the Gaming Machines Act 2001 and the Gaming Machines Regulation 2010 require venues to implement a minimum set of practices in the responsible conduct of gambling (RCG); and all managers of venues with gaming machines and all employees and club directors with gaming machine duties, must complete an accredited RCG training course. There has not been a recent comprehensive examination undertaken in NSW into the effectiveness of RCG programs and training in facilitating RCG in clubs and hotels. This research was conducted to assist in building an evidence-base with which to consider future options for enhancements to RCG requirements, practices and training. Its overarching objective was to contribute to the review and potential improvement of RCG practices in NSW venues.

## Methods

This study involved a three-staged triangulated approach including:

1. Rapid review of the literature: This was undertaken to provide background to the study and inform the survey design. The review included current frameworks used nationally and internationally for the promotion of RCG programs and training, barriers and enablers for RCG, as well as the evidence for effective RCG training. The review covered both academic papers and grey literature over the past eight years, and beyond where relevant.
2. Survey of RCG accredited staff: An anonymous online survey was completed by 2,298 frontline staff, supervisors/managers and directors of clubs and hotels in NSW. They were recruited by the Office of Responsible Gambling (ORG) which has access to the email addresses of RCG cardholders. The ORG invited all cardholders who had undertaken RCG training within the past five years to participate. Respondents were also restricted to those employed in a NSW club or hotel at the time of the survey. Completed surveys were collected directly by the CQU researchers.
3. Focus groups: Four focus groups with 20 participants working in NSW clubs and hotels (11 supervisors/managers, 9 frontline staff) were held in Sydney and Wollongong, and were designed to gain a richer understanding of the survey results. Participants were recruited from survey respondents who indicated their willingness to participate.

## Key findings

- NSW clubs and hotels use an informed choice approach to RCG.
- Most employees reported that their venue implements regulated RCG practices but some were aware of illegal practices occurring.
- Employees reported being responsive to patrons asking for help for their gambling, but monitoring of self-exclusion has numerous deficiencies.
- Very few patrons directly ask for help for their gambling.
- Employees report regularly observing patrons showing signs of problem gambling, but rarely approach those who do not ask for help, or report them upwards.
- Genuine management commitment to patron welfare can improve some RCG practices, but these venues were reported to be in the minority.
- The current approach to RCG is having little positive impact on harm prevention or reduction.
- Other jurisdictions are increasingly moving towards a harm minimisation approach.
- Substantial changes to RCG practices and training in NSW are needed to meaningfully minimise gambling harm.

## Results and conclusions

### NSW clubs and hotels use an informed choice approach to RCG

As apparent from the rapid review, RCG in NSW clubs and hotels entails a range of policies and practices that aim to minimise gambling harm through an informed choice model, by providing information that might help consumers to make rational choices about their gambling, and that outlaws some exploitative industry practices. This is the approach that is currently required by NSW regulations, which include requirements relating to signage, product information, financial transactions, advertising, inducements, minors and RCG training. The regulations also require venues to offer self-exclusion and counselling information to customers who request help for their gambling, but venues and their employees have no obligation to proactively intervene with patrons showing signs of problem gambling who do not ask for help.

### Most employees reported that their venue implements regulated RCG practices but some were aware of illegal practices occurring

Most RCG practices required by regulation were reported to be widely implemented. Over 90% of survey respondents reported that their venue routinely checks ID amongst young people. Over 80% reported that their venue has a written RCG policy and procedures, and ensures that self-exclusion is not refused, can be processed at any time and provides help service details. However, around 10% of survey participants were aware of illegal practices in their venue: supplying free or discounted liquor as an encouragement to gamble (9.6%), supplying credits, vouchers or cash advances as an encouragement to play electronic gaming machines (EGMs) (10.9%), and supplying an inducement that is likely to encourage the abuse of gambling activities (10.4%). Focus group participants also noted these illegal practices occurring in some venues.

### Employees reported being responsive to patrons asking for help for their gambling, but monitoring of self-exclusion has numerous deficiencies

Employees reported responding quickly to patrons who directly request help for a gambling problem. Approximately 80% of survey respondents, as well as most focus group participants, reported that their venue had established procedures for when patrons seek assistance for their gambling and that they always immediately informed a supervisor, and provided information about self-exclusion and professional support services.

Over 90% of survey respondents reported that their venue had a self-exclusion scheme. However, numerous deficiencies in monitoring for breaches of self-exclusion were identified by focus group participants. These included: inadequate communication to staff of who is self-excluded; lack of systems for staff familiarisation with photos of self-excluders; failure to update the self-exclusion register; too many self-excluders for staff to recognise them; difficulty of monitoring for partial self-exclusions and people on a multi-venue self-exclusion order (MVSE); and the near impossibility of recognising people from very poor quality photos that were not always accessible to floor staff. These reported deficiencies are reflected in the most recent NSW Gambling Survey (Browne et al., 2019) which found that 22% of self-excluders had tried to re-enter the venue during their self-exclusion period and 92% had been successful in doing so.

### Very few patrons directly ask for help for their gambling

The rapid review indicated that a substantial proportion of EGM gamblers experience gambling-related harm: 15% of at-least weekly EGM players experience severe gambling problems (Productivity Commission, 2010) and 35.4% of at-least monthly EGM players are moderate-risk or

problem gamblers (Armstrong & Carroll, 2017). Given these statistics, a considerable proportion of EGM players in a venue are likely to be experiencing problems with their gambling.

Despite this, staff and managers are approached by very few patrons requesting help for their gambling. Survey respondents were approached by an average of 2.2 patrons per year, with most respondents receiving no approaches. This low help-seeking rate, compared to the number of regular EGM players gambling at harmful levels, indicates that only a small proportion of these patrons directly ask the venue for help. Further, the literature review and focus groups indicated that this assistance, while important, typically occurs only after the patron has already experienced substantial harm, is financially destitute, and is at crisis point.

### **Employees report regularly observing patrons showing signs of problem gambling, but rarely approach those who do not ask for help, or report them upwards**

Most survey respondents reported regularly seeing patrons showing observable signs of problem gambling while at work: 21.3% reported seeing them most of the time or always and 62.5% sometimes. Focus group participants also reported that numerous of their gambling customers – some estimated 60-70% – were gambling at harmful levels.

However, employees rarely approached these patrons. Survey respondents had approached a patron of concern on average of 1.1 times in the past year, and most respondents had not done so at all. Focus group participants explained that they did not approach these patrons because they are instructed not to do so in their training, several thought it was illegal to approach them, and they may be discouraged from doing so by venue management. Many focus group participants discussed management's prioritisation of gambling revenue over patrons' welfare, which was said to result in 'unwritten pressure' to keep people gambling, to not interrupt 'high rollers', and to ignore patrons showing signs of problem gambling. The survey results showed that other main barriers to approaching patrons of concern were: that the patron would be likely to deny having a problem; concerns around upsetting or insulting the patron; being afraid of making an incorrect judgement; and fear of the patron becoming angry or violent.

Instead of approaching patrons of concern, the training advises employees to report them to their supervisor. However, focus group participants noted that there was little incentive for staff to report this upwards and identified other deterrents including: limited presence of supervisors in front-of-house areas, poor communication channels, lack of feedback or action from managers once they reported, and staff and managers often being too busy. The focus groups indicated that, if these patrons are approached by managers, this interaction is typically limited to a general chat, with assistance for a gambling problem only offered if the patron then discloses a gambling problem. Both the survey and the focus groups indicated that concerns raised by significant others also rarely result in any direct assistance to the patron of concern; instead the significant other is provided with gambling help service information. These findings are consistent with other Australian studies of venue RCG practices that are based on the informed choice model, as documented in the rapid review (e.g., Hancock, 2010; Hing & Nuske, 2009; Hing, Nisbet & Nuske, 2010; Rintoul et al., 2017).

### **Genuine management commitment to patron welfare can improve some RCG practices, but these venues were reported to be in the minority**

The focus groups indicated that executive managers with a genuine commitment to patron welfare can improve some RCG practices. Examples included more extensive staff training, a responsible gambling (RG) manager, structured systems for patron engagement and welfare checks, and having a chaplain in the venue. Diversification away from reliance on EGM revenue

had reportedly led to more focus on harm minimisation in a few venues. However, focus group participants suggested that venues that extended their RCG practices beyond the minimum required by regulations were in the minority.

### **The current approach to RCG is having little positive impact on harm prevention or reduction**

This research, based on the reported experiences of a large sample of venue staff, indicates that current RCG practices in NSW clubs and hotels largely ignore the vast majority of their patrons showing observable signs of problem gambling unless they ask for help. Further, representative population surveys indicate that, despite several decades of the informed choice approach to RCG, a large proportion of venue patrons still experience gambling problems, especially in relation to EGM gambling (Armstrong & Carroll, 2017; Browne et al., 2019; Productivity Commission, 2010). This study, and other recent research (Rintoul et al., 2017), indicate that harmful, extended and intensive gambling is a normalised feature of EGM use that is routinely witnessed, and largely ignored, in gambling venues. Given that rates of problem gambling have remained static and EGMs continue to be the major source of gambling problems in NSW (Browne et al., 2019), the current informed choice approach to RCG is clearly having little impact on preventing or reducing gambling harm, and is incompatible with the objective of harm minimisation in NSW gambling legislation.

### **Other jurisdictions are increasingly moving towards a harm minimisation approach**

As explained in the rapid review, a more proactive harm minimisation approach is increasingly being adopted in several jurisdictions, including the ACT, New Zealand (NZ), the United Kingdom (UK) and Norway, to address gambling harm across the spectrum of gamblers. In addition to practices in the informed choice model of RCG, the harm minimisation approach in these jurisdictions includes more proactive venue interventions to protect the wellbeing of gamblers, aimed at prevention and early recognition of gambling harm before a severe problem has developed. In some jurisdictions, such as the UK and NZ, this also includes mandatory obligations to intervene with patrons showing problem gambling behaviours. As clearly demonstrated in Norway, mandatory pre-commitment systems can further advance harm minimisation by enabling customers to set limits in advance of gambling, and provide personalised feedback to gamblers, prevent self-excluders from gambling, and incorporate behavioural tracking to support the basis of venue interventions (Livingstone et al., 2019; Productivity Commission, 2010). The harm minimisation model also gives greater recognition to multiple factors that can contribute to gambling harm, reflecting a public health approach (ACT Gambling and Racing Commission, 2018). These go beyond the pathology of problem gambling and the deficiencies of informed choice, to include changes to gambling products, settings, marketing and access. A comprehensive suite of measures are implemented to target the whole population, those at higher risk, and those already experiencing heightened harm.

### **Substantial changes to RCG practices and training in NSW are needed to meaningfully minimise gambling harm**

Based on the findings of this study and the strength of evidence provided by previous research (reviewed in Chapter 5), several new and innovative approaches have most potential for preventing and reducing gambling harm associated with EGM venues in NSW.

A mandatory pre-commitment system across all venues in NSW that requires all gamblers to set a binding daily, weekly or monthly limit should be a high priority consideration. This would also enable intelligent pop-up messages on EGMs to interrupt play and provide feedback to players. It

would enable the development of a predictive algorithm to reliably detect high-risk play. This would provide a basis for proactive interventions with patrons of concern, such as tailored messages or venue exclusions, and its implementation could be trialled and evaluated. A mandatory pre-commitment system would also automatically and reliably prevent gambling by self-excluded persons to overcome the deficiencies of current monitoring systems.

Even in the absence of a pre-commitment system, mandatory intervention should be considered a high priority and could be supported by dedicated gambling liaison officers in venues (as occurs in QLD and ACT), as well as a telephone hotline to report non-compliant venues, protection for whistle blowers, and meaningful penalties for non-compliant venues.

Structural changes to EGMs should be trialled and evaluated for their effect on harm reduction in NSW, given the high strength of evidence in this area, especially for a reduction of maximum bet size to \$1, and the abolition of jackpots, bonus features and congratulatory sounds on losses disguised as wins. Reducing the maximum number of EGMs per venue and reducing EGM operating hours, especially in areas of relative disadvantage, should also be considered to reduce gambling harm.

Other measures with good potential to reduce gambling harm, discussed in Chapter 5, include an independently-operated family exclusion scheme, with its effects evaluated through research with gamblers and their families. Banning alcohol service at EGMs should be considered to encourage breaks in play and reduce the harmful effects associated with gambling while intoxicated. Setting low daily withdrawal limits on both ATMs and EFTPOS facilities is a promising measure and could be evaluated through a trial in NSW venues.

Staff training is an important part of RCG and certain aspects can be improved. Findings from this study suggest more training is needed on: the human aspects of problem gambling; interpersonal skills in assisting patrons showing signs of problem gambling; conflict resolution skills; how EGMs work; RCG for TAB and keno operations; processing a self-exclusion; money laundering; and ID checking. Course administration could be improved by: all trainers having current industry experience; involvement of gambling counsellors and people with lived experience of problem gambling; more engaging delivery; more rigorous assessment; refresher training that focuses on new developments; advanced management training; and on-the-job training.

However, on its own, improved RCG training will have very little impact on minimising gambling harm without additional initiatives that also: make the gambling product and environment safer; limit the accessibility of EGMs; strengthen requirements for venue managers and staff to identify, intervene and support patrons experiencing gambling problems (both proactively and in response to being approached by family and friends); and require venues to demonstrably reduce gambling harm amongst their patrons.

## Limitations of the study

The overall design and scope of the study was specified by the commissioning agency and independently peer reviewed. The design comprised a rapid review, staff survey and focus groups. The scope extended mainly to examining RCG training and venue practices relating to staff interactions with patrons. Alternative approaches may have provided further insights into how RCG and RCG training are functioning in NSW. The research instruments were designed in collaboration with the Office of Responsible Gambling (ORG), and these and the research report were subject to approval by ORG to ensure that the research objectives were met. The survey sample was large and captured a diversity of respondents by demographic, employment and



venue characteristics. However, the participant samples were self-selecting and not representative. Only 20 of the 31 recruited participants attended the focus groups. The focus groups coincided with bushfire threats in Sydney and Wollongong and this may have affected participation. Frontline staff who participated in focus groups were almost exclusively from clubs, with only one from a hotel, and one focus group of supervisors/managers included a frontline staff member. All age groups and both genders were represented across focus groups, although twice as many women participated as men. Nonetheless, the focus groups yielded very in-depth data and highly valuable insights into how RCG is operating in NSW venues. All data relied on self-report. NSW clubs and hotels have a financial incentive to retain the current approach to RCG which places personal responsibility on gamblers to self-regulate their gambling and requires few interventions by venues. As such, survey responses may have been subject to social desirability bias.<sup>1</sup> Additionally, self-selecting focus group participants may have held heightened concerns about RCG approaches. Despite these limitations, the triangulation of results from the survey, focus groups and rapid review should provide a high level of confidence in the results of this research. The research report was reviewed by two independent peer reviewers who considered the methodology to be rigorous and the findings to be well-founded and evidence-based.

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<sup>1</sup> Social desirability bias is the tendency of survey respondents to answer questions in a manner that will be viewed favorably by others, by over-reporting 'good behavior' or under-reporting 'bad' or undesirable behavior.

# Table of contents

Executive summary.....	ii
Table of contents .....	viii
List of tables.....	x
List of figures .....	xi
Chapter 1: Introduction to the study .....	1
1.1 Research objective .....	1
1.2 Research questions .....	1
1.3 Research components.....	1
1.4 Report structure .....	2
Chapter 2: Rapid review of the literature .....	3
2.1 Background .....	3
2.2 The current frameworks used nationally and internationally for the promotion of RCG programs and training .....	4
2.3 Documented barriers to and enablers of RCG .....	14
2.4 The evidence for effective RCG training .....	25
Chapter 3: Employee survey.....	29
3.1 Section 1: About the respondents .....	29
3.2 Section 2: About the respondents' venues.....	30
3.3 Section 3: Venue's RG policies and practices.....	32
3.4 Section 4: Responding to patrons who ask for help for a gambling problem .....	34
3.5 Section 5: Responding to family and friends concerned about a patron's gambling .....	37
3.6 Section 6: Responding to patrons who show signs of problem gambling .....	39
3.7 Section 7: Venue support for responsible gambling .....	43
3.8 Section 8: Training and refreshers in RCG.....	44
3.9 Section 9: Suggested improvements to RG practices .....	48
3.10 Section 10: Your gambling.....	50
Chapter 4: Focus groups.....	51
4.1 Discussion topics .....	51
4.2 Participants and data analysis .....	51
4.3 Results .....	52

Chapter 5: Discussion .....	83
5.1 How is the RCG currently functioning in NSW? What RCG practices are staff employing? .....	83
5.2 What effect does RCG training have on the behaviour of staff in dealing with at risk and problem gamblers? .....	86
5.3 What are the current barriers to and enablers of effective RCG practices by staff in NSW? .....	87
5.4 What roles do venues have in supporting effective RCG practices? .....	89
5.5 What changes to RCG training and administration practices could be made to improve RCG outcomes? .....	90
5.6 What aspects of RCG require further research, including the potential piloting of new and innovative approaches? .....	92
5.7 Conclusion.....	98
References .....	99
Appendix 1. Detailed methods.....	109
Appendix 2. RCG regulations and training in NSW.....	113
Appendix 3. Sources used for examining jurisdictional frameworks and practices.....	119
Appendix 4. Staff survey instrument.....	123
Appendix 5. Staff survey additional results: Frontline staff vs supervisors/managers .....	146
Appendix 6. Location of respondents' venues for the staff survey .....	170
Appendix 7. Focus group information sheet and discussion guide .....	171

## List of tables

Table 1. Common inclusions in RCG programs across most jurisdictions .....	7
Table 2. Elements, performance criteria and foundation skills in SITHGAM001: Provide responsible gambling services .....	8
Table 3. Barriers and enablers to staff interventions with patrons of concern .....	23
Table 4. Exposure to gaming-related activities at work (%) .....	30
Table 5. Whether venue employs staff whose main role is dedicated to RG, by total sample, frontline staff and supervisors/managers (%) .....	32
Table 6. Suggested improvements to training .....	45
Table 7. Themes, sub-themes, and supporting quotes for suggested innovative practices.....	48
Table 8. Ineligible and incomplete survey response breakdown .....	110
Table 9. Focus group participants per location and level .....	111
Table 12. Key characteristics of focus group participants .....	112
Table 11. Exposure to gambling-related activities at work (%) .....	147
Table 12. Whether venue employs staff whose main role is dedicated to RG, by total sample, frontline staff and supervisors/managers (%) .....	148
Table 13. Location of respondents for the staff survey .....	170

## List of figures

Figure 1. Employment status for total sample, frontline staff and supervisors/managers .....	30
Figure 2. Number of gaming machines in their venue by total sample, frontline staff and supervisors/managers .....	31
Figure 3. Proportion of customers who are regular gambling customers, by total sample, frontline staff and supervisors/managers .....	32
Figure 4. Percentage of respondents reporting whether their venue does or does not have each RCG practice, total sample (n=2298) .....	33
Figure 5. Percentage of respondents reporting whether they are aware of illegal practices in their venue, total sample (n=2298).....	33
Figure 6. Percentage of respondents reporting how often they took actions when approached by a patron seeking help for a gambling problem, total sample who had been approached (n=862)...	35
Figure 7. Percentage of respondents reporting the likelihood of taking actions if they were approached by a patron seeking help for a gambling problem, total sample who had NOT been approached (n=1331).....	36
Figure 8. Percentage of respondents reporting how often they took actions when approached by a third party about a patron's gambling, total sample who had been approached (n=400) .....	37
Figure 9. Percentage of respondents reporting the likelihood of taking actions if they were approached by a third party about a patron's gambling, total sample who had NOT been approached (n=1793).....	38
Figure 10. Percentage of respondents reporting how often they took actions when they observed a patron showing signs of problem gambling, total sample who had observed a patron showing signs of problem gambling (n=1839) .....	39
Figure 11. Percentage of respondents reporting the likelihood of taking actions if they observed a patron showing signs of problem gambling, total sample who had not observed a patron showing signs of problem gambling (n=354) .....	40
Figure 12. Agreement or disagreement with barriers to approaching patrons showing signs of problem gambling, total sample (n=2193) .....	41
Figure 13. Reported confidence of respondents' abilities with different aspects of approaching a patron, total sample (n=2193) .....	42
Figure 14. Agreement or disagreement with their venue's support for RCG, total sample (n=2193) .....	43
Figure 15. Satisfaction with aspects of the accredited RCG training and refresher courses, total sample (n=2298).....	44
Figure 16. Satisfaction with aspects of the accredited RCG training administration, total sample (n=2298) .....	47
Figure 17. Number of gaming machines in main venue by total sample, frontline staff and supervisors/managers .....	147

Figure 18. Percentage of customers who are regular gambling customers, by total sample, frontline staff and supervisors/managers.....	148
Figure 19. Percentage of respondents reporting whether their venue does or does not have each responsible conduct of gambling practice, frontline staff (n=1353, orange) and supervisors/managers (n=840, green).....	149
Figure 20. Percentage of respondents aware of illegal practices in their venue, frontline staff (n=1353, orange) and supervisors/managers (n=840, green).....	150
Figure 21. Percentage of respondents reporting how often they took actions when approached by a patron seeking help for a gambling problem, amongst those who had been approached, frontline staff (n=424, orange) and supervisors/managers (n=438, green) .....	152
Figure 22. Percentage of respondents reporting the likelihood of taking actions if they were approached by a patron seeking help for a gambling problem, amongst those who had NOT been approached, frontline staff (n=929 orange) and supervisors/managers (n=390, green).....	153
Figure 23. Percentage of respondents reporting how often they took actions when approached by a third party about a patron's gambling, amongst those who had been approached, frontline staff (n=195, orange) and supervisors/managers (n=205, green).....	155
Figure 24. Percentage of respondents reporting the likelihood of taking actions if they were approached by a third party about a patron's gambling, amongst those who had NOT been approached, frontline staff (n=1158, orange) and supervisors/managers (n=635, green).....	156
Figure 25. Percentage of respondents reporting how often they took actions when they observed a patron showing signs of problem gambling, amongst those who had observed a patron showing signs of problem gambling, frontline staff (n=1144, orange) and supervisors/managers (n=695, green) .....	158
Figure 26. Percentage of respondents reporting the likelihood of taking actions if they observed a patron showing signs of problem gambling, amongst those who had NOT observed a patron showing signs of problem gambling, frontline staff (n=209, orange) and supervisors/managers (n=145, green) .....	159
Figure 27. Agreement or disagreement with barriers to approaching patrons showing signs of problem gambling, frontline staff (n=1353, orange) and supervisors/managers (n=840, green)	161
Figure 28. Reported confidence in respondents' abilities to approaching a patron, frontline staff (n=1353, orange) and supervisors/managers (n=840, green).....	163
Figure 29. Agreement or disagreement with their venue's support for RCG, frontline staff (n=1353, orange) and supervisors/managers (n=840, green).....	164
Figure 30. Satisfaction with aspects of the accredited RCG training and refresher courses, frontline staff (n=1353, orange) and supervisors/managers (n=840, green) .....	166
Figure 31. Satisfaction with the accredited RCG training administration, frontline staff (n=1353, orange) and supervisors/managers (n=840, green).....	168

# Chapter 1: Introduction to the study

No comprehensive examination has been undertaken in the Australian state of New South Wales (NSW) into the effectiveness of Responsible Conduct of Gambling (RCG) programs and training in facilitating the responsible conduct of gambling in venues. Feedback from stakeholders is that current RCG requirements can be difficult to put into practice and the impact they have on people experiencing gambling harm may be limited. This research was conducted to assist in building an evidence-base with which to consider future options for enhancements to RCG training, requirements and practices.

This research was commissioned on behalf of the Responsible Gambling Fund (RGF) Trust, which plays a key role in advising the NSW Government on the allocation of funds for initiatives and programs that support responsible gambling and help reduce gambling-related harm. The research aligns with the priority theme of the RGF Research Agenda 2018-2021 of researching what works in gambling prevention and harm minimisation.

The research examines the current state of RCG practices in NSW, including the barriers and enablers to effective RCG practices within venues. The project involved a rapid review of relevant national and international literature, as well as qualitative and quantitative research with venue staff who have completed RCG competency training in the last five years.

## 1.1 Research objective

The overarching objective of this research was to contribute to the review and potential improvement of RCG practices in NSW venues.

## 1.2 Research questions

1. How is the RCG currently functioning in NSW? What RCG practices are staff employing?
2. What effect does RCG training have on the behaviour of staff in dealing with at risk and problem gamblers?
3. What are the current barriers to and enablers of effective RCG practices by staff in NSW?
4. What roles do venues have in supporting effective RCG practices?
5. What changes to RCG training and administration practices could be made to improve RCG outcomes?
6. What aspects of RCG require further research, including the potential piloting of new and innovative approaches?

## 1.3 Research components

The research comprised three main components, with methods for each detailed in Appendix 1.

### Rapid review of the literature

A rapid review of the literature was undertaken to provide background to the study and inform the survey design. The review included current frameworks used nationally and internationally for the promotion of RCG programs and training, documented barriers and enablers for RCG, as well as the evidence for effective RCG training. The review covered both academic papers and grey literature over the past eight years, and beyond where particularly relevant.

### Survey of RCG accredited staff

An anonymous online survey was completed by 2,298 frontline staff, supervisors/managers and directors of clubs and hotels in NSW. They were recruited by the Office of Responsible Gambling (ORG) through the email addresses of individuals who have completed RCG training. The ORG invited all such individuals to participate who had undertaken RCG training within the past five years. Respondents were also restricted to those employed in a NSW club or hotel at the time of the survey.

### Focus groups

Four focus groups involving 20 participants working in NSW clubs and hotels (11 supervisors/managers, 9 frontline staff) were held in Sydney and Wollongong, and were designed to gain a richer understanding of the survey results. Participants were recruited from survey respondents who indicated their willingness to participate.

## 1.4 Report structure

This report has five chapters. Chapter 2 presents the rapid review of the literature, while Chapter 3 details the results for the staff survey. Chapter 4 presents the results for the focus groups. Chapter 5 summarises and discusses the results in relation to each of the six research questions.

Please also see Appendix 2 for an overview of the regulatory requirements for RCG training in NSW, followed by an outline of the Responsible Conduct of Gambling Course (Liquor & Gaming NSW, 2018).



## Chapter 2: Rapid review of the literature

This chapter presents a rapid review of the literature to provide context for the study, and to inform the design of the staff survey. In alignment with the Statement of Requirements for this project, the review encompassed three main areas:

1. Current frameworks used nationally and internationally for the promotion of RCG programs and training.
2. Documented barriers and enablers for RCG.
3. The evidence for effective RCG training.

While these three areas of interest have some overlap, they were distinct enough to require different search strategies and search terms. Accordingly, three individual reviews were conducted. Please see Appendix 1 for details about the methods employed.

### 2.1 Background

RCG has been defined as a set of operator policies and practices designed to prevent and reduce potential harms associated with gambling, and incorporating a variety of interventions aimed at promoting consumer protection, awareness and education, and access to treatment (Blaszczynski, Ladouceur & Shaffer, 2004). RCG is the gambling industry's major strategy to minimise gambling problems and harm. The first RCG code of practice was developed over 20 years ago by the American Gaming Association (1996) and many RCG practices across the world have since been modelled on this code. This includes most RCG practices implemented in NSW hotels and clubs. These venues operate around half of all electronic gaming machines (EGMs) in Australia; over 93,000 EGMs operate in 2,560 NSW hotels and clubs. With approximately one EGM per 80 residents, NSW has the highest density of EGMs in the world outside of casino tourism destinations such as Las Vegas and Macau (Young & Markham, 2017).

In NSW, problem gambling is most frequently associated with EGM gambling, although venue patrons may also experience problems with race betting, sports betting and/or keno, which many hotels and clubs also provide (Browne et al., 2019). Nevertheless, venue staff more frequently deal with patrons experiencing difficulties relating to EGMs. The Productivity Commission (2010) estimated that approximately 15% of regular (at-least weekly) EGM players are problem gamblers, and contribute about 40% of all EGM expenditure. More recently, analysis of the Household, Income and Labour Dynamics in Australia (HILDA) data indicated that 41.4% of at-least monthly EGM players experience some harm from their gambling (Armstrong & Carroll, 2017); this is reflected in the 6% who scored as problem gamblers, 17.2% as moderate-risk gamblers, and 18.2% as low-risk gamblers on the PGSI (Ferris & Wynne, 2001). The NSW Gambling Survey 2019 found that EGMs are the riskiest form of gambling in NSW, with EGM play associated with 3.6 times greater odds of being a moderate-risk or problem gambler (Browne et al., 2019).

Given the above statistics, a considerable proportion of a venue's EGM players are likely to be experiencing harm from their gambling. This proportion is likely to be even higher amongst patrons in a venue's gaming room at any one time, given that at-risk and problem gamblers play EGMs more often than do non-problem gamblers (Armstrong & Carroll, 2017). The implementation of effective RCG practices is therefore critical to address widespread gambling problems and harms amongst patrons of NSW hotels and clubs.

## 2.2 The current frameworks used nationally and internationally for the promotion of RCG programs and training

This section considers current frameworks and practices used nationally and internationally for the promotion of RCG programs and training. This review aims to: examine key elements of these frameworks, highlight differences in RCG practices in NSW, and identify innovative RCG practices that have been implemented elsewhere.

The review includes all eight Australian states and major territories. Practices in a wide range of international jurisdictions are also included to capture particularly innovative practices in RCG that go beyond those currently implemented in NSW. Of note is that this review does not provide an exhaustive coverage of practices in all jurisdictions, but has selected examples to demonstrate the range of practices adopted. Appendix 3 provides a source list used for examining Australian and international frameworks and practices.

### 2.2.1 Frameworks for the promotion of RCG programs and training

A variety of broad approaches underpin national and international programs and training for RCG. While in practice these approaches exist on a continuum – from least protective to most protective of consumers – four main frameworks were identified by the current authors as part of this review. Each framework is characterised by particular assumptions, principles and practices.

#### Caveat emptor model

Latin for ‘let the buyer beware’, the *caveat emptor* approach provides no or few consumer protections, with the consumer assuming all or most of the risks associated with product use. While this approach largely characterised the provision of gambling services in most jurisdictions until the 1990s, the vast majority of jurisdictions with regulated gambling now require operators to implement some level of RCG. However, a *caveat emptor* approach still characterises many unregulated gambling products, such as illegal online gambling sites and lottery operations. This approach essentially avoids RCG and any responsibility to protect consumers from gambling problems or harm.

#### Informed choice model

The informed choice model emphasises the personal responsibility of consumers to make informed decisions about their gambling. It has been the predominant approach used to date in RCG, including the current approach used in NSW clubs and hotels. It assumes that people will make rational decisions about their gambling as long as venues provide adequate information and do not unduly exploit people.

An influential informed choice framework has been the Reno Model, built on the foundational principles of personal responsibility and informed choice (Blaszczynski et al., 2004, 2008, 2011). While the informed choice model, including the Reno Model, is promoted as a framework to minimise gambling harm, it conceptualises harm as emanating only from problem gamblers. Thus, its ultimate aims are: 1) preventing new cases of problem gambling through encouraging gamblers to make informed choices; and 2) reducing problem gambling by informing problem gamblers about sources of treatment. Under this model, governments have a responsibility to legislate to establish the nature and extent of gambling, to set requirements for enhancing consumer protection, and to monitor compliance. The gambling industry has a responsibility to provide minimum core information required for informed decision-making, and to not mislead, exploit or take advantage of gamblers. It is then the personal responsibility of individual gamblers

to ensure that they are fully informed and to make appropriate choices based on their preferences, circumstances, and financial and social limits. As the 2004 paper on the Reno Model explains: 'Any responsible gambling program rests upon two fundamental principles: (1) the ultimate decision to gamble resides with the individual and represents a choice, and (2) to properly make this decision, individuals must have the opportunity to be informed' (Blaszczynski et al., 2004, p. 311).

Under the informed choice model (including the Reno Model), numerous RCG practices have become standard across jurisdictions such as: RG and problem gambling signage; product information; some restrictions on financial transactions, advertising and inducements; preventing minors from gambling; having clocks in gaming rooms; offering self-exclusion and counselling information to customers who request help; and training staff in RCG practices and to recognise signs of problem gambling. Under this model, venue staff and managers have no obligation to proactively intervene with patrons showing signs of problem gambling, and are typically discouraged from doing so in their training and/or by venue management.

Several shortcomings of the informed choice model have been identified, as summarised by the ACT Gambling and Racing Commission (2018):

1. It has had limited success in reducing gambling harm in the population as it focuses only on problem gambling. There is now irrefutable evidence that the harm from gambling is not restricted to problem gamblers, and that many more people than those who meet criteria for problem gambling experience gambling harm (Browne et al., 2016, 2017, 2019).
2. It pathologises individuals and implies that only a very small proportion of people have problems with gambling which otherwise constitutes a harmless form of entertainment for the population.
3. Its focus on the behaviours of gamblers means it does not pay sufficient attention to other contributors to gambling harm (e.g. products, access, operator practices).
4. Focusing on problem gamblers misses most of the harm in the community. Studies by Browne et al. (2016, 2017) reported estimates suggesting that 15% of gambling-related harm arises from problem gambling, with the other 85% from low- and moderate-risk gambling.
5. Placing responsibility for problem gambling on individuals and their behaviour increases stigma.
6. This shame and stigma are significant barriers for people in recognising they are experiencing harm and to seek help and information.

### Harm minimisation model

In recognising the serious shortcomings of the informed choice model, jurisdictions are increasingly moving to a harm minimisation model (e.g., ACT, Victoria, Tasmania, NZ, UK), in some cases removing any reference to 'responsible gambling' and referring instead to harm minimisation in their policies and practices. This shift from a 'pathology' approach with its emphasis on addressing problem gambling, and a 'psychological' approach based on the interaction between individual characteristics and the structural characteristics of activities, towards a public health approach aims to prevent and reduce gambling harm at the population level. It recognises that gambling harm is not restricted only to problem gamblers, but that the majority of aggregate harm in the population arises from low-risk and moderate-risk gamblers (Browne et al., 2016, 2017). A similar shift occurred several decades ago in alcohol and drug policy, which aims to reduce the harm from these substances for all consumers, not just those

with serious substance use disorders. Refusing to serve intoxicated patrons, public education about the dangers of binge drinking, and safe alcohol consumption guidelines are examples of harm minimisation practices aimed at all consumers, not just those with substance use problems.

In addition to practices implemented under the informed choice model of RCG, the harm minimisation approach includes measures to prevent or ameliorate gambling harm across the spectrum of gamblers, including non-problem, at-risk and problem gamblers. Practices include proactive venue interventions to promote and ensure the wellbeing of gamblers, without necessarily requiring staff to assess whether the person meets the criteria for problem gambling. Its focus, therefore, includes early recognition of gambling harm, before a serious problem has developed. This approach also includes proactive interventions with patrons showing signs of problem gambling, instead of relying on patrons to ask for help as the informed choice model does.

The harm minimisation model can include regulatory obligations to intervene with such patrons, and to exclude them if their or their dependants' welfare is seriously at risk. Behavioural tracking data are increasingly being used to support the basis of these interventions and the provision of personalised behavioural feedback to gamblers. Systems to proactively identify and intervene with patrons at-risk of being harmed from gambling continue to evolve. This model recognises that some people may not make rational decisions about their gambling and that venues have an obligation to intervene to reduce gambling harm to themselves or others. It also recognises that loss of control is a common experience during gambling sessions and that many gamblers lose track of their expenditure. Pre-commitment systems that allow people to set time and expenditure limits on their gambling, and to track their own gambling, are therefore an additionally useful harm minimisation tool.

The harm minimisation approach also gives much greater recognition to multiple factors that can contribute to gambling harm. These go beyond the pathology of problem gambling and failures of informed choice, to include changes to gambling products, settings, marketing and access. A comprehensive suite of measures are implemented to target the whole population (e.g., increase awareness, stigma reduction), those at higher risk of gambling harm (e.g., venue staff, patrons), and those already experiencing heightened harm (e.g., through family and venue exclusions).

### Consumer protection model

In addition to measures under the previous two models, some jurisdictions have introduced mandatory restrictions on who and how much people can gamble to advance consumer protection from gambling-related problems and harm. The consumer protection model assumes that people can benefit from imposed restrictions that aim to prevent them from making irrational decisions about their gambling.

These restrictions can include limits on gambling expenditure within a specified time period (e.g., Norway), not allowing certain people to gamble (e.g., Singapore), imposing entry fees to gambling venues to deter those with limited financial means (e.g., Singapore), and mandatory exclusion based on the frequency of venue visitation (e.g., Austria). These enforced consumer protection measures require a way of tracking an individual's gambling activity, such as through requiring ID for venue entry, mandatory use of a smart card for gambling, or via their online gambling activity. None of these tracking systems are currently mandatory in hotels and clubs in Australia, including in NSW.

## 2.2.2 Common inclusions in RCG programs and training

### RCG programs

As noted earlier, most jurisdictions have implemented an informed choice model of RCG, with broadly consistent types of practices. These practices can be summarised under five main practice areas (AGC, 2017). Table 1 provides examples of practices relating to each practice area. The practices included are non-exhaustive and their implementation and exact requirements vary by jurisdiction. Some jurisdictions include additional and more innovative practices, and these are discussed later in this chapter.

**Table 1. Common inclusions in RCG programs across most jurisdictions**

Measure	Practices
Educational and information measures	<ul style="list-style-type: none"> <li>• Product information on games, price, odds</li> <li>• Problem gambling information on dangers of gambling, help services, and self-exclusion</li> <li>• Player activity/expenditure statements</li> <li>• Information made available in a range of languages</li> <li>• Information made available through signage, brochures, wallet cards and sometimes electronically</li> </ul>
Environment, venue, and product controls	<ul style="list-style-type: none"> <li>• Lighting requirements</li> <li>• Display of clocks</li> <li>• Exclusion of minors</li> <li>• Shut-down periods/opening hours</li> <li>• Specifications on placement of EGMs</li> <li>• Restrictions on advertising and inducements</li> <li>• Restriction of EGM features (e.g. notes accepted, bet limits, win limits, spin limits)</li> <li>• Limit on number of EGMs</li> <li>• Conditions on loyalty and membership programs</li> </ul>
Financial controls	<ul style="list-style-type: none"> <li>• Specifications for ATM and coin change machine placements</li> <li>• Restrictions on ATM and EFTPOS features</li> <li>• Conditions for cashing cheques</li> <li>• Cheque pay-out requirements for winnings above a certain amount</li> <li>• Prohibitions on providing cash advances or credit</li> </ul>
Consumer assistance measures	<ul style="list-style-type: none"> <li>• Requirements for RG policies and practices</li> <li>• Provision of information on help services</li> <li>• Requirements for staff training (discussed in further detail below)</li> </ul>
Consumer control measures	<ul style="list-style-type: none"> <li>• Requirement to provide exclusion programs</li> <li>• Requirements for, or the voluntary offer of, pre- commitment mechanisms</li> </ul>

## RCG training

In many international jurisdictions and all Australian jurisdictions, RG training is mandatory for gaming venue staff. In Australia, the training course must be approved by the relevant licensing authority for accreditation (e.g. Liquor & Gaming NSW, 2018). The precise nature of the training varies between jurisdictions; however the courses deliver the national competency unit SITHGAM001: Provide responsible gambling services. Table 2 includes the elements, performance criteria and foundation skills in SITHGAM001. Courses based on this unit are taught by registered training organisations (including industry organisations) throughout Australia and may include both entry level, refresher and advanced training.

**Table 2. Elements, performance criteria and foundation skills in SITHGAM001: Provide responsible gambling services**

### **Elements and performance criteria**

- 1.0 Implement responsible gambling practices:
  - 1.1 Follow responsible gambling service procedures according to relevant state and territory legislation and industry and organisational policy and codes of conduct.
  - 1.2 Communicate with appropriate personnel on gambling related incidents, situations and their compliance with legislation and industry and organisational policy.
  - 1.3 Maintain accurate records of gambling related incidents and associated staff action according to industry and organisational policy and procedures.
  - 1.4 Ensure gambling environmental features support responsible gambling policies within scope of own responsibility.
- 2.0 Provide information and assistance to customers about problem gambling
  - 2.1 Provide accurate and appropriate information on problem gambling to customers on request.
  - 2.2 Follow procedures for self exclusion and exclusion according to legislation, industry and organisational policy, and confidentiality and privacy requirements.
  - 2.3 Display signage and information related to responsible gambling in appropriate places visible to players, according to legislative, industry and organisational requirements.
  - 2.4 On request, provide information on available support services according to confidentiality and privacy requirements, and legislative, industry and organisational requirements.

### **Essential foundation skills**

Reading skills to:

- Read and interpret at times complex information relating to:
- Problem gambling signage
- General gambling information and brochures
- Industry or regulatory codes of conduct relating to responsible gambling
- In house policies and procedures relating to responsible gambling
- Plain English regulatory and advisory information issued by local, state and territory gambling licensing authorities.

Oral communication skills to:

- Respond to indicators of problem gambling
- Deal courteously and discreetly with customers identifying problems with gambling or requesting self exclusion, using non-confrontational language.

Problem-solving skills to:

- Identify potential problem gamblers and apply appropriate solutions within scope of responsibility, or seek assistance from appropriate colleagues.

Technology skills to:

- Use a computer and appropriate software to record gambling-related incidents and staff actions.

(Australian Government, 2018)

### 2.2.3 Key differences in RCG practices in NSW

Compared to other Australian jurisdictions, some key differences in RCG practices in NSW are as follows:

- In NSW, winnings on EGMs over \$5,000 are required to be paid out by cheque or electronic funds transfer (Liquor & Gaming NSW, 2018). This amount is considerably higher than in other jurisdictions including the NT (\$500; Northern Territory Government, 2019) and SA (\$1,000; Government of South Australia, 2018a).
- Unlike other jurisdictions such as Tasmania (Tasmanian Government, 2016) and SA (Government of South Australia, 2018b), third party (family) requests for exclusion are not available in NSW (Liquor & Gaming NSW, 2018).
- While recommended, NSW venues are not legally required to maintain incident logs to record gambling-related incidents in the venue (Liquor & Gaming NSW, 2018). In contrast, the ACT requires venues to implement an electronic gambling incident register and document the nature of the incident and the actions taken by the venue (ACT Government, 2019).
- Legislation in SA (Government of South Australia, 2018a) and the ACT (ACT Gambling and Racing Commission, 2013) prohibit allowing venue staff to gamble at their place of work. However, this is not prescribed in NSW legislation.
- In NSW, venue staff are not legally required to intervene with patrons exhibiting indicators of problem gambling (Liquor & Gaming NSW, 2018). In comparison, the ACT legislates a more proactive approach in identifying and intervening with patrons showing signs of problematic gambling. The Adelaide Casino in South Australia has implemented by an Automated Risk Monitoring System (ARMS) to facilitate this identification. It monitors length of play (i.e. 4-hour, 6-hour and 8-hour sessions) and 'hot player' activity (i.e. turnover of \$21,000 for non-identifiable gamblers or \$42,000 for carded gamblers in 200 minutes) as a proxy for identifying potential problem gambling behaviour (South Australian Centre for Economic Studies, 2017). Gaming machine supervisors and host responsibility staff are alerted by email to patrons identified by the ARMs, and they may observe and then intervene with patrons of concern.
- All venues in the ACT must appoint a Gambling Contact Officer (GCO) who has completed an approved GCO training program (ACT Gambling and Racing Commission, 2013). The GCO plays a key role in providing information about help services to anyone suspected of having a gambling problem (ACT Government, 2019). Similarly, Queensland venues are required to have a Customer Liaison Officer (CLO) focused on RCG in the venue and to assist patrons with problem gambling issues, while venues in Victoria have a staff in similar roles called Responsible Gambling Officers. There is no requirement for GCOs or CLOs in venues NSW.
- EGMs in NSW accept all Australian banknotes (Livingstone, 2017). Other jurisdictions have limits on the largest note denomination that can be accepted by the machine (e.g., \$50 in Victoria and Queensland). Other differences in EGM design across Australian jurisdictions relate to the maximum bet on EGMs in hotels and clubs (\$10 per spin in NSW and the ACT; \$5 per spin in the NT, QLD, SA and Tasmania).
- The time period before staff are required to undertake refresher training is considerably higher in NSW (5 years; Liquor & Gaming, 2019) compared to some other jurisdictions in Australia such as the NT (annually; Northern Territory Government, 2019) and SA (every 2 years; Government of South Australia, 2016).

- In addition to the baseline level training required to work in gaming venues, some jurisdictions require certain staff to undertake specialised training relative to their roles. South Australia requires mandatory advanced gaming training to be completed by all gaming managers and refreshed every two years (CHTS, 2019). As the main point of contact for staff and patrons with gambling-related issues, the ACT also requires its gambling contact officers (GCO) to undertake an approved GCO training course and attend ongoing training annually (ACT Gambling and Racing Commission, 2019). No advanced RCG training is required in NSW.

## 2.2.4 Innovative RCG practices

This review has identified numerous innovative RCG practices in land-based gaming venues that go beyond the practices implemented in the majority of NSW hotels and clubs. These are discussed below in relation to technological advances, financial controls, staff training and patron interaction, exclusion and visit limitations, and environment, venue and product controls

### Technological advances

- Facial recognition: Crown Casino in Melbourne Victoria has implemented the use of facial recognition software to identify patrons who have previously self-excluded. The results of a trial indicated an increase in the detection and removal of self-excluded patrons (VCGLR, 2018). Facial recognition software has also been implemented in other jurisdictions such as in Ontario Canada (OLG, 2019); however, results of a trial indicated problems with the technology, specifically the generation of false positives (CTV News Vancouver, 2019). The NZ Ministry of Health has also identified trialling the use of face recognition technology, in their strategy to prevent and minimise gambling harm (NZ Ministry of Health, 2019).
- Statewide pre-commitment systems: In Victoria Australia, the *YourPlay* system allows gamblers to set limits through the use of a card inserted into any EGM within the state (Rintoul & Thomas, 2017). Once limits are reached, the machine is temporarily disabled and the gambler is notified. It is possible for the patron to continue gambling; however, any loyalty rewards will not accrue once the limit is reached. This system is designed to be informative, rather than restrictive (non-binding), and a limitation is that it is voluntary for players to use. Conversely, jurisdictions such as Norway (Casino City, 2019) and Sweden (Rintoul & Thomas, 2017) have implemented mandatory full pre-commitment systems. In Norway maximum daily (~US\$80) and monthly (~US\$440) loss limits are prescribed, with a 10 minute cooling-off period for a given hour of play. In Sweden all EGM users are required to set daily and monthly monetary limits, as well as daily time limits.
- Pop-up messages: In New Zealand it is mandatory for EGMs to include pop-up messages that provide session information (length, expenditure, and net wins/losses) and subsequently enforce breaks in play (Du Preez, Landon, Bellringer, Garrett & Abbott, 2016). The message appears at irregular intervals, no longer than 30 minutes, and after 15 seconds provides the options of continuing or terminating the gambling session.
- Player account data: Behavioural tracking systems to identify at-risk or problem gamblers are increasingly being used in both online and land-based gambling, and require a precommitment system or similar. In New Zealand customer loyalty account data is used, through the application of complex algorithms, to identify and intervene with high-risk gamblers (Skycity, 2019). Another tool used in Europe is *Playscan*, which analyses player



data for indicators of problem gambling and provides personalised feedback (Playscan, 2019).

- Artificial intelligence: In the UK, every gambling machine in betting shops is being updated with software designed to detect and prevent problematic behaviour in players. The artificial intelligence Anonymous Player Awareness System locks gamblers out of machines for 30 seconds if erratic or excessive play is detected, displays warning signs on safe gambling on the machines' screens, and alerts staff who can then check on and assist the player. The AI system tries to detect behavioural patterns such as chasing losses, spending too long on a single machine and playing a succession of games rapidly. It can be used regardless of whether the player logs in or not (BBC News, 2019).

### Financial controls

- In Victoria Australia, ATMs have been removed from venues with EGMs, with a pre-post evaluation concluding it has been an effective harm minimisation measure (Thomas et al., 2013). After the removal of ATMs, higher-risk gamblers spent less time and money on EGMs, reported increased control over spending and decreased overspending, and reported reductions in problem gambling symptomatology. The removal was also found to be effective as a consumer protection measure. Gamblers spent less time playing EGMs, and low-risk gamblers spent less time at clubs, reported increased control over money spent on gambling, and reductions in impulsive overspending on gambling. Tasmania has also prohibited the location of ATMs in non-casino premises with EGMs (Tasmanian Liquor & Gaming Commission, 2019).

### Staff training and patron interaction

- Responsible service of gaming (RSG) training for venue staff in Victoria takes a distinctive delivery approach which differs to other Australian jurisdictions. The training requires completion of two modules: 1) an online course, and 2) a subsequent face-to-face training session delivered by a venue support worker in a gaming venue (State Government of Victoria, 2019), with an emphasis on proactive identification and subsequent interaction with gamblers who display any signs of gambling problems. There is also no cost to the trainee to complete either module, and refresher training must occur at three-year intervals (VCGLR, 2013).
- Some jurisdictions adopt comparatively strong practices relating to proactively identifying and intervening with patrons exhibiting problematic gambling behaviour. For example, New Zealand requires venues to implement policies for the identification of, and subsequent intervention with, actual or potential problem gamblers (New Zealand Government, 2019). Switzerland (Thompson, 2014) and the UK (Gambling Commission, 2019a) also follow this approach.
- The UK Gambling Commission now requires licensees to adhere to Social Responsibility Code Provision 3.4.1 by interacting with customers in a way which minimises the risk of customers experiencing harms associated with gambling. This must include: 1) identifying customers who may be at risk of or experiencing harms associated with gambling; 2) interacting with customers who may be at risk of or experiencing harms associated with gambling; and 3) understanding the impact of the interaction on the customer, and the effectiveness of the Licensee's actions and approach. Licensees must also take into account the Commission's guidance on customer interaction. The Commission expects licensees to

demonstrate how their policies, procedures and practices meet the required outcomes. (Gambling Commission, 2019b).

- In 2004, NZ initiated a mystery shopper campaign that saw undercover gamblers visiting venues with EGMs and testing staff with respect to the identification and management of patrons exhibiting signs of problem gambling (Department of Internal Affairs, 2019).
- Casinos in some jurisdictions have on-site RG information centres. An example is the GameSense Information Centres that operate across several casinos in Canada. These kiosks are supported by GameSense Advisors who can answer questions about how games work, the odds of winning and losing, and myths about gambling. They can also offer confidential support and resources if gambling is becoming a problem (Gamesense, 2019).

### Exclusion and visit limitations

- Singapore offers a range of visit limiting and exclusion options for casinos (Casino Regulatory Authority, 2018). Monthly visit limits can be set voluntarily by patrons, or by immediate family members. Similarly, patrons can voluntarily exclude themselves or be excluded through a family exclusion order. Automatic exclusion also occurs through the government for individuals in financial distress and/or receiving social assistance (Ministry of Social and Family Development, 2013).
- The Czech Republic will launch an exclusion registry in 2020 that involuntarily bans people on welfare, people who are bankrupt and people who have received treatment for gambling addiction. People can also self-exclude voluntarily (G3 Newswire, 2019).
- Austrian casinos facilitate a process for automatic exclusion. Gamblers who visit a casino on 90 days or more during a 180 day period and who are in the top 5% of patrons in terms of visitation frequency are temporarily excluded (Europrise, 2011). Each subsequent temporary ban incurs a longer exclusion duration, with seven bans resulting in permanent exclusion.
- Holland casinos provide visit limitations and entry bans (Bes, 2002). When an entry ban is set to expire, patrons are required to undertake a 'return interview' prior to entering a casino.

### Environment, venue, and product controls

- Western Australia is the only jurisdiction in Australia which has restricted the availability of EGMs to casinos (SA Centre for Economic Studies, 2006).
- The ACT government has launched an initiative to reduce the number of EGMs to 4,000 by 2020 (Gambling & Racing Commission, 2019). The process will include voluntary and compulsory surrender of machine authorisations, with financial incentives provided to venues that voluntarily surrender EGMs.
- The maximum bet limit on EGMs (also referred to as fixed odds betting terminals) in the UK has been reduced from £100 to £2 (BBC News, 2018).
- Some jurisdictions (such as Monaco, Vietnam, and Singapore) impose entry fees to their casinos in an attempt to dissuade gambling by those of limited financial means (Culture Trip, 2019; Australian Gambling, 2019; Traveller, 2019).
- In Armenia and several jurisdictions within the USA, the minimum gambling age in casinos is 21 years (European Gaming, 2018; World Casino Directory, 2019).

## 2.2.5 Summary and implications

- Overall approaches to RCG can be categorised into four main frameworks – the *caveat emptor*, informed choice, harm minimisation, and consumer protection models – which offer the weakest to the strongest protective measures to consumers, respectively.
- Like many other Australian and international jurisdictions, the approach to RCG in NSW aligns with the informed choice model. This approach places personal responsibility on people to make rational decisions about their gambling and requires venues to provide adequate information and to not unduly exploit people. Under this model, venues implement a range of RCG practices in the areas of: educational and information measures; environment, venue, and product controls; financial controls; consumer assistance measures; consumer control measures; and staff training in RCG. NSW is the least restrictive of all Australian jurisdictions in several of these areas of RCG.
- The informed choice model has been increasingly criticised for its focus only on problem gamblers, with the main criticisms being that it: ignores most gambling-related harm in the population and has done little to reduce it; implies that very few people experience problems with gambling; presents gambling as harmless recreation except for those with severe gambling problems; pathologises and stigmatises individuals; deters gambling harm-recognition and help-seeking; and pays insufficient attention to the role of gambling products, marketing, contextual and other factors in contributing to gambling harm (ACT Gambling and Racing Commission, 2018; Dow-Schull, 2012; Hancock & Smith, 2017a, 2017b; Reith 2007, 2008; Smith & Rubenstein, 2011).
- In response to these shortcomings, jurisdictions are increasingly moving to a harm minimisation model, with a range of innovative practices that support proactive interventions with patrons showing signs of problem gambling, instead of relying on patrons to ask for help, as the informed choice model does. Innovative practices include the use of technology to monitor and respond to harmful patterns of gambling, and the provision of tools to assist gamblers to better control their gambling. In seeking to prevent and reduce gambling-related harm across the population, policy and regulatory changes have also been introduced in many jurisdictions to provide safer products and gambling environments.
- Embracing a harm minimisation approach to RCG would better enable hotels and clubs to reduce gambling-related harm in NSW, and doing so would require policy, regulation, RCG practices and training to be aligned accordingly.
- An approved RCG course must be completed by all secretaries of clubs with gaming machines, all hoteliers with gaming machines, and all venue employees and club directors with gaming machine duties. The course must be a minimum of six hours, assess students' competency, and be delivered by a qualified trainer who has held a managerial or supervisory position in a hotel or club, and has experience in gaming machine activities. NSW has some of the least rigorous training requirements in RCG, and more frequent, practical and advanced training may be better aligned to achieving a more proactive approach to harm minimisation in venues.

## 2.3 Documented barriers to and enablers of RCG

This section presents the second part of this rapid review, which focuses on barriers and enablers to the implementation of RCG. As noted earlier, patrons with gambling problems often spend considerable time in gambling venues, and this presents opportunities for venue managers and staff to support them to address their gambling issues. However, providing this support also presents many challenges for venue employees due to infrequent disclosure of problems, the sensitivities surrounding problem gambling, and other potential barriers.

Further, in NSW there is no obligation for venue managers or staff to intervene with a patron who has not directly requested help for their gambling. The NSW Gambling Survey 2019 found that, based on self-reported gambling spend, problem gamblers account for 36.7% of gambling expenditure, with low and moderate-risk gamblers accounting for a further 19.5% and 14.5% respectively, or 70.7% in total (Browne et al., 2019). Accordingly, there are strong financial incentives for venues to not interrupt this revenue stream.

There are three sets of circumstances which can alert venue staff that a patron is likely to be experiencing difficulties with their gambling: 1) when the patron directly requests assistance; 2) when the patron exhibits signs of problem gambling but does not directly request assistance; and 3) when a third-party raises concerns about the patron's gambling.

Below we review the literature pertaining to potential barriers and enablers to effective RCG practices by venue staff in relation to these circumstances. We also review relevant literature on the potential effects on RCG implementation when staff themselves have a gambling problem, and the influence of venue management and the characteristics of the venues themselves.

### 2.3.1 When a patron directly requests assistance for a gambling problem

The most obvious signal that a patron is experiencing a gambling problem is a direct disclosure or request for assistance. Venue staff are sometimes the first point of contact for people wanting gambling help, as patrons may get to know them and see them as worthy of their trust (Productivity Commission, 2010). Nevertheless, direct requests for help occur very infrequently and only once a patron is at crisis point (Hing & Nuske, 2011; Responsible Gambling Council, 2011; Tomei & Zumwald, 2017). When a patron might finally approach an employee, they are likely to be experiencing a range of emotions, and the response of venue staff is critical (Responsible Gambling Council, 2011).

Policies and training regarding staff responses to these overt requests are typically clear. For example, NSW regulation requires, and the NSW RCG course manual advises, employees to act immediately to ensure that they, or a senior staff member, provides the patron with information about professional support services and the venue's self-exclusion policy. Other jurisdictions have established policies and training to guide staff in responding to this situation. Generally, the recommended response is to provide information on voluntary self-exclusion, educational materials (e.g., brochures), or contact information to other services (e.g., helpline, counselling agencies, or a customer support centre) (Responsible Gambling Council, 2011). Only a few studies have examined the implementation of these procedures, along with associated barriers and enablers, and these are reviewed below.

Two Australian studies have examined how venue staff respond when a patron requests assistance for a gambling problem. Although conducted around a decade ago, these studies illuminate the potential for variability in venue responses, and some barriers and enablers to implementation. Both studies were qualitative and involved face-to-face interviews with 103

employees in numerous venues in five regions of Queensland (Hing & Nuske, 2009), and with 106 employees in dozens of venues in South Australia (Hing, Nisbet & Nuske, 2010). In both studies, venue responses were highly variable. Staff in highly committed venues responded immediately and with respect and discretion, and took the patron to a private space, tried to make them feel as comfortable as possible, provided information about counselling services and self-exclusion, and implemented self-exclusion if the patron wished to do so. However, some venues had low commitment to these practices, with most venues falling between these two extremes.

Amongst the managers in these two Australian studies, barriers to consistently providing appropriate assistance included: lack of management commitment to RCG; scarce resources available (e.g., ability to free up an appropriate employee to immediately respond); high staff turnover (which could mean few staff with appropriate training or experience); limited access to training (especially in regional areas); variable training; and limited engagement with local counselling services (which limited the information they could provide to patrons). However, management by example, a genuine interest in patron wellbeing, having a duty of care, only hiring staff trained in RG, involvement in ongoing training activities, and fostering strong links with local gambling help services helped to optimise venue responses.

Frontline staff in these two Australian studies identified key challenges as awkwardness in discussing very personal issues, not wanting to offend the patron, dealing with patrons who may be embarrassed, upset, defensive or angry, and the emotional labour involved for the employee. These difficulties were reported to depend on the age, experience and confidence of the staff member, existing rapport with the patron, and the patron's own level of comfort as perceived by the employee.

### 2.3.2 When a patron exhibits signs of problem gambling but does not directly request assistance

Venue staff can also become aware of a patron's problematic gambling from various behaviours they exhibit, even if these patrons do not directly request assistance. Several studies have assessed indicators of problem gambling that can be observed by venue staff.

#### Identifying indicators of problem gambling

Identifying patrons displaying problem gambling behaviours has been studied for its potential as a harm minimisation tool if accompanied by an appropriate intervention. Following some early research in Nova Scotia (Focal Research, 1998; Schellinck & Schrans, 2004) and Switzerland (Haefeli & Schneider, 2006), the most rigorous research on this topic has arguably been conducted in Australia, as described below.

Gambling Research Australia commissioned empirical research into possible visible indicators of problem gambling within venues (Delfabbro, Osborn, Nevile, Skelt & McMillen, 2007). Empirical components comprised surveys of gambling counsellors (n=15) and regular gamblers (n=680), surveys and interviews with venue staff (n=120), and 140 hours observing gamblers in venues. Based on statistical modelling, the study: concluded that numerous visible indicators can differentiate problem players from other players, especially if used in combination; developed a list of 52 such indicators; and recommended staff training in these indicators and how to approach patrons. These 52 indicators relate to aspects of: gambling frequency, duration and intensity; impaired control; social behaviours; raising funds/chasing behaviour; emotional responses; irrational attributions/behaviours; and other behaviours.

A later study compared scores of patrons on the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001) with venue staff ratings of the same patrons' gambling behaviours (Delfabbro, Borgas & King, 2012). Although the patrons whom staff rated as more at-risk had significantly higher PGSI scores, the staff's point-in-time ratings lacked sufficient accuracy to enable effective identification. The authors advocated using accumulated information over multiple sessions, as well as technological monitoring of gambling behaviour.

Nevertheless, a subsequent study validated the 2007 Checklist of Visible Indicators (Delfabbro et al., 2007) in a sample of 505 regular EGM players across Australia (Thomas, Delfabbro & Armstrong, 2014). Almost all of the 52 indicators were more likely to be reported by problem gamblers, and the presence of 4-5 indicators predicted problem gamblers with a high degree of probability (80%+). The 52 indicators were condensed into a shorter 32-item checklist as a tool for venue staff. Following its use for three months by Victorian hotel staff to assist their normal protocols in identifying possible problem players, the study concluded that integration of the checklist into gambling venues appears to improve staff capacity to identify problem gambling behaviours, and to subsequently act to minimise customer harm and enhance customer safety. The study demonstrated the practical utility of the checklist to assist staff in identifying problem gamblers in the venue under real working conditions. Subsequent regression analysis of this dataset found that a combination of indicators were best able to guide identification (Delfabbro, Thomas & Armstrong, 2016). These related to 'the emotional state of the gambler; the intensity and frenetic nature of their gambling; and, variations from usual social conventions which might include disheveled or declining grooming, statistically unusual visitation patterns (e.g., leaving the venue to obtain additional funds or gambling through normal meal times)' (p. 426).

A gender comparison based on both the 2007 and 2014 datasets (Delfabbro, Thomas & Armstrong, 2018) revealed similar indicators for men and women. However amongst men, problem gamblers were most strongly distinguished from non-problem gamblers by signs of emotional distress and attempts to conceal their presence in the venue. Amongst women, problem gamblers were most strongly distinguished by signs of anger, a decline in grooming, and attempts to access credit. Further, the analysis found that behaviours of problem gamblers were more differentiated from those of lower-risk gamblers amongst women than amongst men. The authors suggested that potential male problem gamblers may need to be observed for longer before staff can be confident that their behaviour is different from other male gamblers.

The Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW, 2018) includes both the 52-item Checklist of Visible Indicators (Delfabbro et al., 2007), and the 32-item colour-coded Gambling Behaviour Checklist derived from Thomas et al. (2014). Following training, staff are expected to be able to 'identify indicators of problem gamblers'. The Gambling Behaviour Checklist is used in training programs across Australia (Delfabbro et al., 2017).

### [Staff responses to visible indicators of problem gambling](#)

As discussed above, with appropriate training, it appears possible for venue staff to identify patrons displaying problem gambling behaviours. In theory, this could lead to earlier interventions which could potentially increase the uptake of counselling and self-exclusion (Delfabbro et al. 2007). However, research has found that staff are reluctant to intervene except in extreme circumstances, even when they are confident that a patron has a gambling problem. Further, there is no regulatory obligation for staff and managers to intervene in NSW hotels and clubs.

Most staff respondents in the Delfabbro et al. (2007) study felt confident they could identify problem gamblers *in situ*. Further, 42.4% indicated they see problem gamblers in the venue

'almost all the time', with an additional 37.6% seeing problem gamblers at least weekly. However, very few thought that approaching these patrons was easy, with most considering it 'somewhat hard' to 'extremely difficult', with 71% supporting further related training. The authors concluded that not only should staff be trained in observable indicators, but also how to approach gamblers, including how to deal with conflict and anger. They also noted that data-tracking could provide objective information on player expenditure and time on machines, to support a decision to intervene (Delfabbro et al., 2007). NSW venues are required to make player activity statements available to loyalty program members, showing carded expenditure and time on machines, but are not required to intervene based on this information.

Another Australian study, albeit restricted to one venue, confirmed the general reticence of staff to intervene with patrons of concern (Hing, 2007). Interviews with nine middle managers, 12 gaming staff, and 15 patrons in a large NSW club found that staff were generally clear on procedures to follow if a patron requested assistance for a gambling problem. However, they felt they had no clear direction if a patron merely hinted at a problem or showed observable signs of problem gambling. The key reasons they gave for not intervening were lack of prescribed procedures, no authority or empowerment to act, instruction from management or in their training to not intervene, fear of a negative patron response, concerns about invasion of privacy, and not wanting to be judgmental.

The two larger, multi-venue studies conducted in Queensland (Hing & Nuske, 2009) and South Australia (Hing et al., 2010) examined how staff responded to patrons showing signs of problem gambling but who do not ask for assistance. The interviewees had highly variable views on signs that might indicate problem gambling, with only one indicator, aggressive behaviour, nominated by the majority of interviewees (Hing, Nuske & Holdsworth, 2013). Staff were generally very reluctant to make an uninvited approach, unless the patron was being aggressive, trying to borrow money, or extremely upset. If aggressive or trying to borrow money, the patron was typically asked to leave the venue, with no discussion of a possible gambling problem or avenues for assistance. Approaches to offer assistance were very rarely made, and typically only if the patron was very upset. Barriers to an intervention included lack of management support, venue policies and industry training that discouraged approaching patrons of concern, staff confusion over problem gambling indicators, lack of direction over if and when to approach, apprehension about appropriate ways to do this, and lack of training in identifying and approaching. Staff also noted difficulties in being sure the patron had a gambling problem and in having them acknowledge it, and concerns about invading the patron's privacy, receiving an angry response, losing the patron's business, and getting in trouble with their manager. Some staff expressed frustration at not being able to do more and uncertainty about what they should do or say, while others resented any obligation to detect and intervene with patrons of concern. Aligning their RG obligations with the expectations of management and patrons, and with their own capabilities, led to substantial role conflict and role ambiguity amongst staff (Hing & Nuske, 2012). However, some employees and managers had a genuine concern for their patrons' wellbeing, could pick up on signs of difficulties with gambling, and were able to approach them in a supportive way to provide information and assistance. These employees appeared to know their patrons well and be willing to respond in ways that suited the patron and their circumstances. These included working with the patron to help them limit their gambling, through monitoring, encouragement and support; minding their wallets and pay-packets; or walking them to their car to limit the temptation for them to gamble. Some of these proactive approaches had resulted in these patrons self-excluding and/or seeking counselling.

Quantitative and qualitative data from interviews with 225 employees at Melbourne's Crown Casino revealed that most employees (69%) reported that they 'find it easy to identify who the problem gamblers are' (Hancock, 2010). However, 55% would not intervene when patrons are in a distressed state while playing, and 81% reported they do not approach patrons whom they think are having problems with their gambling. Reasons included concerns about an angry or violent response, fear of job loss for intervening, and because a patron's gambling problem was none of their business. Employees can refer the matter to a supervisor or manager, but it was unclear what proportion of staff took this approach. Another study in Melbourne, in five clubs and six hotels, collected qualitative data through observation, as well as interviews and focus groups with gamblers. The results confirmed the rarity of staff interventions, despite overt and frequent problem gambling behaviours observed amongst gamblers in these venues (Rintoul, Deblaquiere & Thomas, 2017).

Another qualitative study, informed by interviews with 18 staff and 14 gamblers in pubs, clubs and hotels in New Zealand identified several barriers to intervening with patrons of concern (Armstrong, 2014). These included social embarrassment and awkwardness, intimidation, uncertainty about the patron's financial and personal circumstances, fear of making an incorrect judgment, and concern over losing the patron's business which would impact on the venue's revenue. Building relationships with patrons was central to overcoming these barriers, but challenged by the need for staff to maintain an appropriate professional boundary and to avoid taking on a counselling role. Even though the staff recognised key indicators that helped them to identify problem gambling patrons, they were uneasy about approaching them, and described using an indirect and non-confrontational approach to start a casual conversation and check-in with them. However, this was difficult to do while patrons were playing the machines, when they generally did not want to interact with anyone. Gamblers were also negative about the prospect of being approached by an employee as they would likely feel embarrassed, humiliated or angry.

A policy review pertaining to eight provinces in Canada (Responsible Gambling Council, 2011) found that several have formal programs to identify patrons with problems, usually based on a list of red flag behaviours. Some jurisdictions also monitored and assessed patrons' actual gambling data. However, policies and training for staff responses to observable indicators were far less clear than those for explicit requests for assistance. When frontline staff believe a patron may have a gambling problem, the most common and often only response in all jurisdictions was to refer the situation upwards. When deciding if to approach a patron, senior staff might first monitor the patron to confirm whether their behaviour is of concern. If an approach is made, its purpose may be to: create a break in play; provide general RG tips; provide information, advice, or guidance on how to restrict their gambling; or provide information on help services or actual referral to other resources. The review also identified several procedures that can facilitate responding to patrons of concern. These included: having a repository of patron information and patron-staff interactions to assist in formulating an appropriate response; informing frontline staff about outcomes for patrons whom they have reported upwards; providing employees with a clear understanding of their expected job responsibilities; appropriate staff training; and having specially designated RG staff.

This same Canadian study conducted focus groups with 34 people with a gambling problem (Responsible Gambling Council, 2011). Most participants reported they regularly showed signs of a gambling problem when gambling at a venue, and that venue staff were aware they were having problems but had not approached them. A few participants made concerted efforts to try to hide any signs. Participants agreed there were some situations that definitely warranted a staff



intervention, including: gambling for long periods without a break (e.g. six hours +); disturbing other players (e.g., asking for money); being aggressive; and falling asleep at the machine. Participants felt that specially trained staff who are knowledgeable, able to identify problems, and able to assist should discreetly approach patrons exhibiting signs of a gambling problem, but away from the gaming floor. They also supported an explicit venue policy communicated to patrons that staff monitor patrons and approach them if there are signs of a gambling problem.

Staff reticence to intervene with problem gambling patrons, and barriers to doing so, have also been confirmed in quantitative studies. In a Canadian survey of 130 casino employees (Quilty, Robinson & Blaszczynski, 2015), over three-fifths (63%) reported that it was 'not at all' to 'mildly difficult' to identify signs of problem gambling. However, about the same proportion (60%) reported that it was moderately to extremely difficult to respond to these signs. Most employees reported encouragement from supervisors to look for signs of problem gambling (89%) and to respond to such signs (90%). Most also endorsed escalating gambling-related distress to supervisors or security, and interacting with players directly such as engaging them in a conversation, referring to RG information, and informing them about self-exclusion. However, despite 80% of employees endorsing escalating the situation upwards, only 45% believed that those in managerial roles were aware of which patrons were experiencing difficulties, and they expressed mixed evaluations about how well RG was being addressed in venues.

In a survey of 177 VLT operators in Switzerland (Tomei & Zumwald, 2017), 97% reported mostly being able to recognise a problem player, but 32% who detected problem behaviours did not intervene to assist. By far the most frequent reason for not intervening was fear of the patron's reaction (67%), followed by uncertainty about their own observations (17%), lack of time (15%), doubt about their own role to take action (12.3 %), uncertainty about how to take action (9.6 %) and incompatibility with the interests of the establishment (2.7%). Female staff were the most reluctant to intervene and the most fearful of negative reactions from patrons.

In some jurisdictions and venues, interventions are mandated for patrons indicating problem gambling behaviours. As described earlier, casinos in the Netherlands and Austria track visitation, with frequent visits prompting an intervention or ban. Systems such as these remove reliance on staff observation of problem gambling behaviours, their ability to formulate an appropriate response, and their discretion over whether to intervene, which are particular challenges in voluntary systems.

### 2.3.3 When a third-party expresses concern about a patron's gambling

The Queensland and South Australian studies conducted by Hing & Nuske (2009) and Hing et al. (2010) found that very few staff had been approached by a concerned significant other about a patron's gambling. Interviewees raised several potential challenges, including: establishing whether the concern is genuine and not a vexatious complaint; apprehension about triggering family disputes and becoming involved in family issues; privacy restrictions limiting what they could do; the difficulties of venue-imposed exclusions; and the perceived futility of trying to help a patron who has not acknowledged a problem. Some suggested they would encourage the third-party to talk to the patron about self-exclusion and to also seek professional support for themselves.

This issue was also explored by the Responsible Gambling Council in its Canadian study (2011). The most common response reported in the eight jurisdictions was to offer help resources to the third-party such as information on problem gambling, a helpline number, and contact information

for local counselling services. In a few jurisdictions, it was common practice to have information packages specifically for family members and friends that included a booklet explaining gambling, ways to talk to a person they are concerned about, as well as support resources.

### 2.3.4 Problem gambling amongst venue staff

Venue staff, especially those working in EGM areas, are at higher risk for gambling problems than the general population. Research in Queensland indicated that problem gambling rates were 9.6 times higher amongst venue staff than amongst the general public (Hing & Gainsbury, 2011). In Victoria, this rate was nearly six times higher (Hing, 2009). These elevated problem gambling rates have been linked to increased exposure to gambling, which can give rise to various workplace motivators to gamble, encouragement to gamble from work colleagues, workplace and EGM-related triggers to gamble, staff familiarity and interest in gambling, and limited other social opportunities due to hours of work (Hing & Gainsbury, 2013; Wong & Lam, 2013). Research has confirmed the higher problem gambling rates amongst venue staff in other jurisdictions including Canada (Guttentag, Harrigan & Smith, 2012), the US (Shaffer & Hall, 2002; Shaffer, Vanderbilt & Hall, 1999), and Macau (Wu & Wong, 2008).

Further, research has found that venue staff with gambling problems are less likely to view problem gambling as an illness and have a less positive attitude towards public health responses to problem gambling (Lee, LaBrie, Rhee & Shaffer, 2008). Staff with gambling problems may also be less likely to detect problem gambling behaviours in others, as these behaviours may be normalised. They may also be more reluctant to assist problem gambling patrons, as doing so may cause discomfort about their own gambling. Thus, having a gambling problem may be a further barrier to a staff member's effective implementation of RCG practices.

### 2.3.5 Venue management

Implicit in the earlier discussion of barriers and enablers to effective implementation of RCG practices is the role of venue management in supporting these practices. These can include management commitment to RCG, and appropriate leadership, organisational culture, and the coordination of organisational resources. While minimal research has been conducted into these issues, research has found that RCG implementation is linked to organisational commitment and organisational trust, as well as employee job satisfaction (Lee, Song, Lee, Lee & Bernhard, 2013; Song, Lee, Lee & Song, 2015). A survey of 250 US casino employees (McCain, Tsai & Bellino, 2009) found that employees' implementation of RCG practices was positively influenced by an ethical organisational climate where senior management demonstrates a commitment to RCG, as well as by the employee's positive personal perception of RCG practice. Both of these factors also contributed to employee job satisfaction which, in turn, may facilitate RCG.

### 2.3.6 Venue characteristics

Different types of venues may have different capacities to support RCG practices. For example, large venues are better resourced than small venues and may have a dedicated RG manager to help ensure that RCG practices are being implemented. They may also have RG liaison officers who can monitor patrons for signs of distress, who are experienced in assisting such patrons, and to whom staff can refer patrons. Small venues are unlikely to have staff in specialist RG roles, and this may dilute attention to RCG, and require frontline staff to directly assist patrons requesting help. Large venues also have many staff on shift at the same time, which better enables staff to dedicate the time needed to assist individual patrons. In contrast, small venues

may have only one or two staff on any one shift, hindering their ability to respond promptly to a patron's request for assistance. Large venues are also likely to have more formalised procedures for RCG, which may be provided in staff orientation and training. Smaller venues are more likely to have informal procedures, and it may be more difficult for staff to know the exact procedures to follow.

However, there is clear evidence that problem EGM players prefer larger venues with more EGMs, large linked jackpots, and a more 'glitzy' decor and atmosphere (Hing & Haw, 2010; Rockloff et al., 2015), so a higher proportion of patrons in these venues are likely to be experiencing gambling problems. This adds to a culture of heavy gambling which becomes normalised for both staff and patrons. Observing the behaviour of individual patrons is also more difficult in larger venues, with banks of machines typically impeding clear lines of sight. Given the high patronage of large venues, staff may develop less rapport with individual patrons or not get to know them at all, impeding their ability and opportunity to assist them with problem gambling issues. Small venues often have a small, but very regular patronage. Staff and patrons may get to know each other well, which can facilitate assistance for patrons experiencing gambling problems (Hing & Nuske, 2009; Hing et al., 2010; Responsible Gambling Council, 2011). Given their regular patronage, staff in smaller venues may be able to better monitor entry by self-excluded patrons. This is difficult in larger venues where staff may be expected to recognise numerous self-excluded patrons from their photographs (Hancock, 2010).

### 2.3.7 Summary and implications

- A considerable proportion of regular EGM players in a venue, including in NSW hotels and clubs, are likely to be experiencing gambling-related problems.
- However, these patrons very rarely directly disclose their problem or ask for help. If patrons do ask for help, research indicates that staff are generally clear on their obligations to act immediately to ensure that the patron is provided with information about professional support services and the venue's self-exclusion scheme. This may involve frontline staff referring the matter upwards.
- Staff are not often approached by significant others expressing concerns about a patron's gambling. If this occurs, venue responses include providing the significant other with information about professional support services, self-exclusion, and how to raise the issue with the person of concern. Venue-initiated exclusion very rarely occurs. It is usually left up to the significant other to intervene with or assist the patron of concern to address their gambling, for example, by encouraging them to seek professional help.
- The rarity of direct disclosures by patrons or their significant others, yet the high rates of problem gambling amongst regular EGM players, indicates that venues cannot directly assist the vast majority of problem players without proactively intervening.
- However, in many jurisdictions, including NSW, there is no regulatory obligation to intervene. Accordingly, few venues proactively intervene, and the majority of problem players are not offered any support to reduce their problematic gambling and the harm that it causes to themselves, their families and the broader community.
- Several studies have established observable indicators of problem gambling behaviours. Combinations of indicators can reliably be used by staff (with sufficient training) to identify patrons of concern. Venue staff are generally confident they can identify these patrons.

However, identifying signs of problem gambling is of little value if it does not trigger assistance to the patron.

- When proactive interventions occur in venues, it is usually in response to a specific incident, mainly when a patron is aggressive, trying to borrow money, or disturbing other patrons. In these instances, the patron is usually asked to leave and it is unclear whether venues usually also offer assistance for a possible gambling problem.
- Staff are very reluctant to intervene based on other observational indicators due to numerous barriers (Table 3).
- If any action is taken, the most frequent is to refer the situation upwards to a supervisor or manager, who may monitor the patron. Most patrons who report displaying problem gambling behaviours say they have never been approached by a venue employee or manager. This indicates that 'referring up' rarely results in an intervention by venue staff.
- Table 3 summarises the main barriers and enablers to staff intervening with patrons of concern, as distilled from the preceding literature review. These formed the basis of related questions in the staff survey.
- Based on this literature review, the survey also included measures of other factors that may be linked to staff implementation of RCG practices. These include features of venues, their patrons and their management, and gambling problems amongst the staff themselves.

**Table 3. Barriers and enablers to staff interventions with patrons of concern**

Barriers to staff interventions	Enablers to staff interventions
<p>Fear of the patron's reaction</p> <ul style="list-style-type: none"> <li>• Patron may become angry, violent or upset</li> <li>• Patron may deny problem</li> <li>• May lose the patron's business</li> <li>• Patrons unreceptive when playing machines</li> </ul>	<p>Commitment to RCG</p> <ul style="list-style-type: none"> <li>• A genuine interest in patron wellbeing</li> <li>• Having a duty of care</li> <li>• Ethical organisational climate</li> <li>• Management by example</li> <li>• Positive personal perception of RCG</li> </ul>
<p>Aversion to the emotional labour involved</p> <ul style="list-style-type: none"> <li>• Embarrassment and awkwardness in intervening</li> <li>• Concerns about invasion of privacy</li> <li>• Not wanting to be judgmental, or to upset, anger or insult the patron</li> </ul>	<p>RCG resources and systems</p> <ul style="list-style-type: none"> <li>• Designated RG staff to refer to</li> <li>• Records and communication of staff observations and staff-patron interactions</li> <li>• Informing staff about outcomes for patrons who they have reported upwards</li> <li>• Strong links with local gambling help services</li> </ul>
<p>Uncertainty about their own observations</p> <ul style="list-style-type: none"> <li>• Fear of making an incorrect judgment</li> <li>• Not knowing the patron's personal or financial circumstances</li> </ul>	<p>Technology-assisted indicators</p> <ul style="list-style-type: none"> <li>• Loyalty card data</li> <li>• Venue visitation data</li> </ul>
<p>Feel the problem is not their responsibility</p> <ul style="list-style-type: none"> <li>• Patron's gambling problem not their business</li> <li>• Resentment about any obligation to detect and intervene</li> </ul>	<p>Clear directions for staff</p> <ul style="list-style-type: none"> <li>• Expected job responsibilities</li> <li>• Actions that are monitored and rewarded by management</li> </ul>
<p>Uncertainty about how to take action</p> <ul style="list-style-type: none"> <li>• Lack of prescribed procedures over if and when to approach</li> <li>• Lack of effective training in identifying and approaching</li> <li>• Apprehension about appropriate ways to intervene</li> <li>• Inexperienced staff due to high staff turnover</li> </ul>	<p>Appropriate staff training in RCG</p> <ul style="list-style-type: none"> <li>• Only hiring staff trained in RG</li> <li>• Ongoing refresher training in RG</li> </ul>
<p>Lack of time and resources to intervene or escalate</p> <ul style="list-style-type: none"> <li>• Especially in smaller venues with limited staff on shift</li> <li>• May lack specialist RG staff/managers to refer to</li> </ul>	<p>Knowing patrons well</p> <ul style="list-style-type: none"> <li>• Build relationships and rapport with patrons</li> <li>• Work with patron to support them to limit their gambling</li> </ul>
<p>Explicit and implicit management deterrents to intervene</p>	

<ul style="list-style-type: none"> <li>• No authority or empowerment to act</li> <li>• Instruction from management or in their training to not intervene</li> <li>• May get in trouble with their manager</li> <li>• May lose their job</li> <li>• May impact on the venue's revenue</li> </ul>	
<p>Gambling problems amongst staff</p> <ul style="list-style-type: none"> <li>• Problem gambling behaviours may be normalised</li> <li>• May more reluctant to intervene due to their own discomfort</li> </ul>	

## 2.4 The evidence for effective RCG training

This section contains the third part of the rapid review, assessing the evidence for effective RCG training. While staff training in RCG is now conducted extensively in numerous jurisdictions, few evaluations of its efficacy have been conducted, and even fewer published (Dufour, Ladouceur & Giroux, 2010).

### 2.4.1 Previous research into RCG training

Published evaluations of RCG or problem gambling awareness training have found that participants report improved knowledge, awareness and skills in the content areas covered immediately after the training (Dufour et al., 2010; Giroux, Boutin, Ladouceur, Lachance & Dufour, 2008; Ladouceur et al., 2004; LaPlante, Gray, LaBrie, Kleschinsky & Shaffer, 2012; Smitheringale, 2001; Wong & Poon, 2011). For example, in a post-training survey of 1,550 employees from 623 video lottery terminal (VLT) sites in Manitoba, participants reported increased knowledge of problem gambling, and skills to assist customers experiencing gambling problems, and found the course interesting and informative (Smitheringale, 2010). Another evaluation conducted with 427 VLT employees in Quebec immediately post-training (Dufour et al., 2010) also found high rates of satisfaction, and that the majority reported improved understanding of problem gambling (90%), felt more able to detect problem gamblers (84%), and had a greater desire to help problem gamblers (78%).

More sophisticated research designs have included comparisons of pre- and post-training surveys, with some studies conducting follow-up surveys several months later to assess if improvements have been maintained. Several of these studies have been conducted in Quebec, Canada. In the first of these, Ladouceur et al. (2004) evaluated the effects of a two-hour workshop for staff of VLT venues that provided awareness about chance and randomness, links with excessive gambling, recognising symptoms of problem gambling, and how staff should intervene if they decide to do so. A total of 707 workshop participants completed pre- and post-training surveys. A follow-up survey of 496 participants after six months was also compared to a control group of 504 new staff who had not attended the workshop. Comparisons between pre- and post-surveys indicated significantly improved understanding of the importance of receiving information about excessive gambling, the attributes of excessive gamblers, the best way to approach such individuals, the most appropriate moment to do so, and the importance of increasing their employees' awareness of excessive gambling. Some behavioural changes were reported in the follow-up. The workshop attendees reported approaching problem gamblers significantly more often, had suggested less often to a player to play on another machine (e.g. that has not paid out recently), and had discussed with problem gamblers how they could help them significantly more often, compared to the retailers who had not attended the workshop.

Also in Quebec, Giroux et al. (2008) evaluated the effects of a three-hour training workshop for casino employees about RG, problems associated with gambling, and how to help 'gamblers in crisis' (a sub-group of patrons showing signs of problem gambling). A total of 2,432 employees of three casinos completed a survey distributed immediately before and after the workshop. Of these, 749 completed a follow-up telephone survey six months later. Comparisons of pre- and post-surveys revealed that employees increased their understanding about problem gambling, believed more strongly that they could play a role in helping gamblers in crisis, believed that they were better able to detect gamblers in crisis, and were more likely to advise someone of their presence. At the six-month follow-up, these improvements were maintained in relation to their understanding: of chance and randomness, that it is important for gamblers to receive information

about help and resources available, and that the self-exclusion program is a good measure to help gamblers. However, other improvements were not maintained. These included understanding the moment at which a gambler in crisis is more likely to be open to receiving help, differentiating a problem gambler from a gambler in crisis, and the value of helping a gambler. They did not correctly report some procedures for helping gamblers in crisis. They were less certain that the security agent should be the first person to contact when they detect a gambler in crisis, that they have a role to play in identifying gamblers in crisis, and that the existing programs are adequate to help gamblers in crisis. The authors suggested that additional information needs to be made available (refresher courses, posters, brochures, videos) to keep employees well informed.

In a third study in Quebec, Dufour et al. (2010) used a pre-post experimental design with a wait-list control group and an eight-month follow-up, to evaluate the effects of a training program on the knowledge, attitudes and behaviour of VLT employees. This program aimed to inform employees about problem gamblers and how to help them. A total of 826 employees completed a survey pre- and post-training, and 456 were re-evaluated at follow-up. The results indicated that employees' attitudes towards problem gamblers improved after training and were, in part, maintained at the eight-month follow-up. The results also confirmed an increase in employees' knowledge about gambling, particularly related to better intervention with, and offering help resources to, problem gamblers. The level of knowledge had decreased by eight months after the training, but still remained higher for most measures than before the training. However, there was no difference in the proportion of employees who reported having approached a customer with gambling-related problems in the previous eight months (about one-third). A behavioural evaluation was also conducted one week before and after the training, and eight months after the training. A mystery shopper visited one-third of venues with trained employees ( $n = 82$ ) and expressed concern to an employee about a relative's gambling. The training had recommended that employees provide an information pamphlet to problem gamblers and their relatives. The results indicated that employees gave the information pamphlet to the mystery shopper more often after the training, but this behavioural change was not maintained at the eight-month follow-up. The authors suggested that RG training programs should include strategies to maintain long-term positive effects.

In the US, LaPlante et al. (2012) surveyed 217 casino employees at new employee orientation and prior to their engagement with a brief RG training program, and 116 of these participants one month later. There were statistically significant increases in opinion and knowledge scores from baseline to follow-up. Opinion-related improvements related to recognising games of chance as gambling activities, awareness of the occasions when gambling becomes a problem, and rejecting notions of gambling-related luck. Scores improved, although not significantly, in relation to recognising that not all gambling is problem gambling, and that people can become addicted to gambling. Statistically significant knowledge improvements related to: definition of responsible gambling contract; understanding that addiction is a syndrome; prevalence rates of pathological gambling; purpose of gambling regulations; and, that gambling regulations do not require that RG training programs include instructions for diagnosing disordered gambling. The authors observed that the program was more successful in providing new knowledge than it was in correcting mistaken beliefs that employees held prior to the training. However, this training program did not appear to promote any interventions or assistance for patrons of concern.

Evaluation was also undertaken of a four-hour problem gambling awareness program for Asian casino employees (Wong & Poon, 2011). The program's content related to understanding casino



games and randomness, the relationship between chance and excessive gambling, defining safe gambling, identifying signs of problem gambling, and deciding how and when an employee should offer help to problem gamblers in distress. Sixty-three trainees completed pre- and post-training surveys, and 20 completed a 12-month follow-up. Comparisons between pre- and post-training surveys indicated significant improvements in participants' understanding of the signs of problem gambling, notions of chance and randomness in casino games, that gamblers would not win more from using a system or strategy, and being more willing and competent to help gamblers in distress and in choosing the appropriate moment to do so. Participants also had an improved understanding of customer assistance initiatives and RG practices in general. Changes were maintained at follow-up for knowledge about chance and randomness, symptoms of excessive gambling, and feeling competent in offering information to gamblers in distress, and participants reported more frequently approaching and offering help to gamblers.

## 2.4.2 Summary and implications

- Very limited research has been conducted into the effectiveness of RCG training, and the studies conducted have used different methodologies with varying degrees of rigour.
- The content and delivery of training programs evaluated have also varied widely. While all programs aimed to increase awareness and knowledge of venue staff around various problem gambling issues, fewer promoted proactive interventions for patrons of concern. Where these interventions were promoted, they were often focused on patrons in distress where staff were instructed to call venue security. Few programs promoted proactive assistance for patrons having difficulties with their gambling.
- Participants generally report satisfaction with the training, and improved RCG-related awareness, attitudes, knowledge and confidence.
- Follow-up assessments have found that these improvements are maintained for several months. While some decline occurs over time, they generally remain higher than pre-training measures. However, procedural knowledge and changing established beliefs appear more difficult to maintain.
- Regular refresher training therefore appears important to maintaining improvements.
- However, little evidence is available to assess whether RCG training programs result in behavioural change amongst trainees, including improved assistance to patrons of concern. In two studies (Ladouceur et al., 2004; Wong & Poon, 2011), participants reported approaching patrons in distress with greater frequency at follow-up, but a third study found no reported change in this behaviour (Dufour et al., 2010).
- Only one study has investigated actual behavioural change in the venue post-training by using a 'mystery shopper' approach, finding that this change was not maintained at follow-up (Dufour et al., 2010).
- Accordingly, no evidence currently exists that RCG training brings about behavioural change, including in responding to patrons of concern in venues. Randomised controlled trials (RCTs) with behavioural observations in venues are needed to provide this evidence. An RCT was not in scope for the current study, but is an area for further research.

- Nevertheless, assessing employees' views on the usefulness of their training and suggested changes can be a valuable exercise to inform improvements to the RCG training for NSW hotels and clubs.

## Chapter 3: Employee survey

This chapter presents the results from an online survey completed by 2298 people currently employed as frontline staff, supervisors/managers or directors in NSW hotels or clubs, and who had completed RCG accreditation or refresher training within the previous five years.

Respondents were recruited from a mailing list of people who had completed RCG accredited training held by Liquor and Gaming NSW who hold the addresses and accessed by ORG for this study. More detailed methods are presented in Appendix 1.

The results presented in this chapter are for the total sample and are arranged according to each section of the survey instrument (Appendix 4). Appendix 5 includes comparisons between frontline staff and supervisors/managers. Total sample results are presented in blue, frontline staff in orange, and supervisors/managers in green. While some statistically significant differences were observed between the responses of frontline staff and supervisors/managers, most differences were relatively small in size (indicated by small effect sizes) and were statistically significant due to the large sample size, rather than meaningful differences between frontline staff and supervisors/managers. Any observed differences should be treated with caution.

Some questions were not relevant to directors, so the number of responses to some questions is lower for this reason. Appendix 6 provides information about where in NSW the respondents' venues were located, based on postcode or suburb information, with 43.8% from Sydney and the rest spread fairly evenly across the rest of NSW.

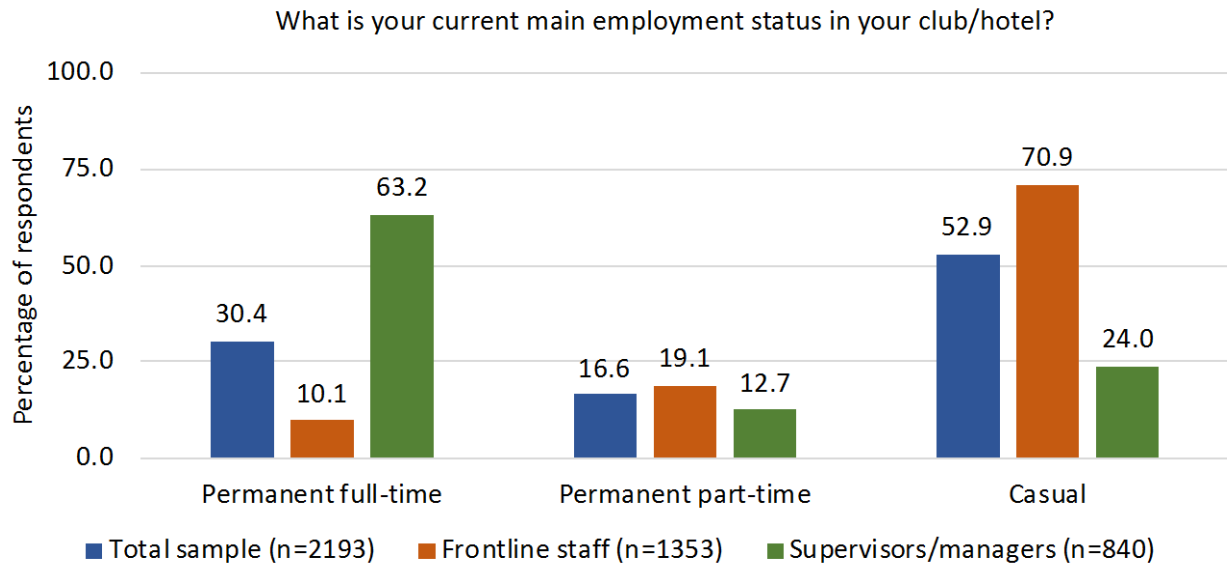
### 3.1 Section 1: About the respondents

Most respondents were female ( $n=1,330$ , 57.9%), with 964 males (41.9%) and four respondents identifying as a gender other than male or female (0.2%). The age range was 18-80, with a mean of 40.5 ( $SD=14.9$ ) and a median of 39 years. More than half of the 2298 respondents were club employees ( $n=1,184$ , 51.5%), followed by hotel employees ( $n=576$ , 25.1%), hotel managers ( $n=242$ , 10.5%), club secretaries or managers ( $n=191$ , 8.3%) and club directors ( $n=105$ , 4.6%). Just over half had completed their most recent RCG training or refresher course in 2018 ( $n=770$ , 33.5%) or 2019 ( $n=479$ , 20.8%).

Managers and supervisors were significantly more likely to be male compared to frontline staff (47.7% vs 66.1%.  $\chi^2(2, n=2,193) = 73.04, p < .001$ ) and older ( $M=41.6, SD=12.7$  vs  $M=38.1, SD=15.1, Welch_{(1,2002.82)}=33.20, p < .001$ ) compared to frontline staff. There were no significant differences in terms of when managers/supervisors and frontline staff last completed their RCG training or refresher course,  $F_{(1,2191)}=.37, p = .546$ .

Most respondents were casual (52.9%), followed by permanent full-time (30.4%) and permanent part-time (16.6%). As seen in Figure 1, supervisors/managers were more likely to be permanent full-time and less likely to be casual compared to frontline staff.

**Figure 1. Employment status for total sample, frontline staff and supervisors/managers**



### 3.2 Section 2: About the respondents' venues

As indicated in Table 4, most respondents had some exposure to gambling activities when working in their venue, particularly having direct contact with patrons who play gaming machines.

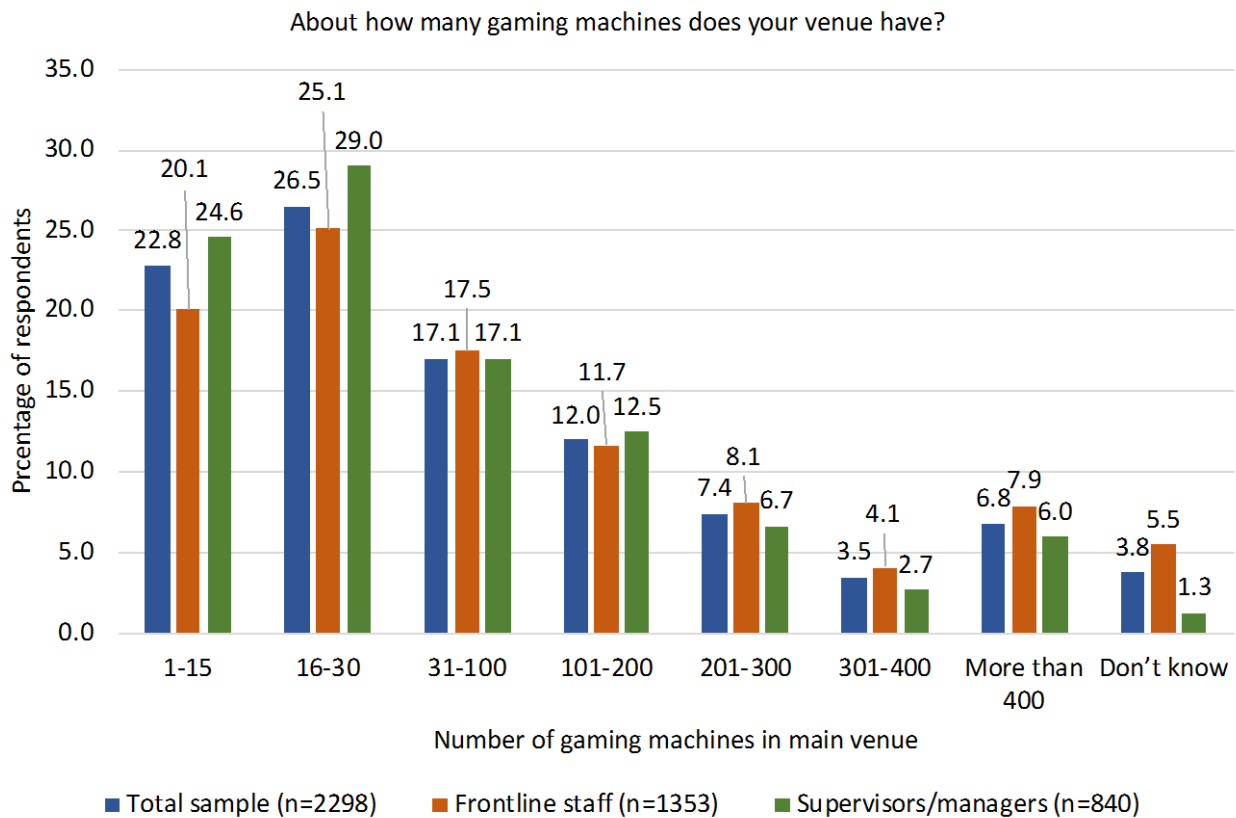
**Table 4. Exposure to gaming-related activities at work (%)**

When you are working at your main venue...	Total sample (n=2193)	Frontline staff (n=1353)	Supervisors/managers (n=840)
Can see the venue's gaming machines	78.3	78.5	78.0
Have direct contact with patrons who play gaming machines	87.7	86.3	89.9
Have specific gaming machine-related duties (e.g., pay out winnings)	72.7	69.4	78.1
Have specific duties relating to the venue's keno or TAB operations	67.8	64.2	73.5

Respondents worked an average of 27.8 hours per week ( $SD = 13.7$ ), with supervisors/managers working more hours per week than frontline staff ( $M = 36.3$ ,  $SD = 13.3$  for supervisors/managers vs  $M = 22.4$ ,  $SD = 10.9$  for frontline staff). On average, respondents had been working in a gambling venue for 10.1 years ( $SD = 9.9$ ), with an average of 7.8 years ( $SD = 9.0$ ) for frontline staff, and 13.9 years ( $SD = 10.2$ ) for supervisors/managers.

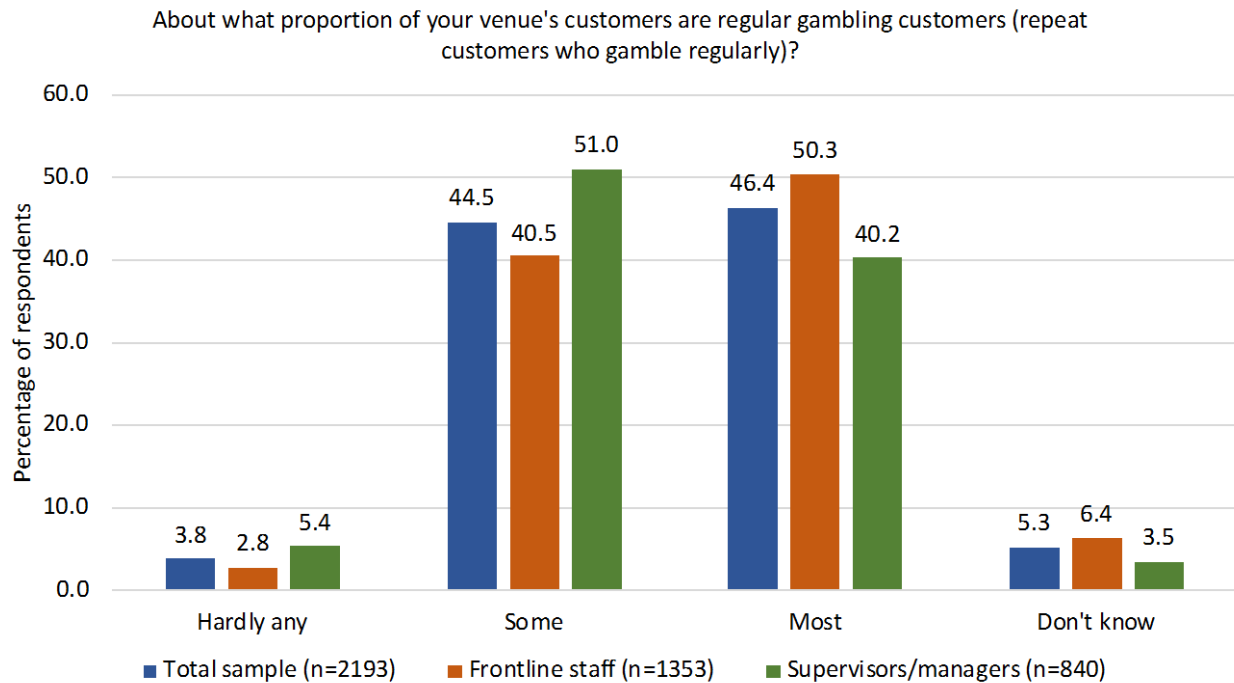
Most respondents worked in a club (63.4%), rather than in a hotel (36.6%), although supervisors/managers in the sample were more evenly split (55.5% club, 44.5% hotel) compared to frontline staff (65.6% club, 34.4% hotel). Approximately half of the sample worked in a venue with under 30 machines (Figure 2). Frontline staff were more likely to not know how many EGMs were in their venue, and supervisors/managers were more likely to report 30 or fewer EGMs in their venue.

**Figure 2. Number of gaming machines in their venue by total sample, frontline staff and supervisors/managers**



When asked what proportion of their venue’s customers are regular gambling customers (i.e., repeat customers who gamble regularly), 44.5% reported ‘some’, while 46.4% reported ‘most’ (Figure 3). Frontline staff were more likely to reply ‘don’t know’ and ‘most’, while supervisors/managers were more likely to reply ‘some’ or ‘hardly any’.

**Figure 3. Proportion of customers who are regular gambling customers, by total sample, frontline staff and supervisors/managers**



### 3.3 Section 3: Venue’s RG policies and practices

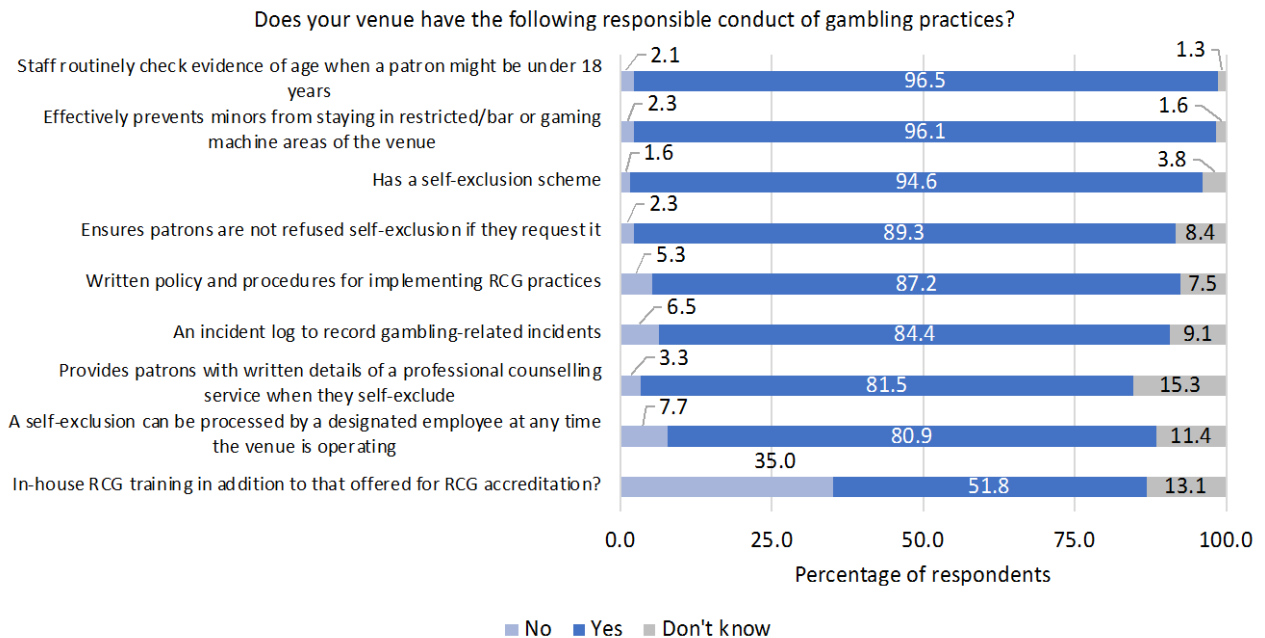
Almost half of the respondents (47.4%) reported that their venue did not employ staff whose main role was dedicated to RG, such as a RG manager or a RG liaison officer, while 37.9% indicated their venue did, and 14.6% did not know. Frontline staff were more likely to reply ‘don’t know’, and supervisors/managers more likely to reply ‘no’ (Table 5). The median number of RG staff employed in a venue was 5, with no significant difference between the number reported by frontline staff and supervisors/managers.

**Table 5. Whether venue employs staff whose main role is dedicated to RG, by total sample, frontline staff and supervisors/managers (%)**

Does your venue employ staff whose main role is dedicated to responsible gambling?	Total sample (n=2298)	Frontline staff (n=1353)	Supervisors/managers (n=840)
No	47.4	39.7	58.2
Yes	37.9	39.5	36.1
Don't know	14.6	20.8	5.7

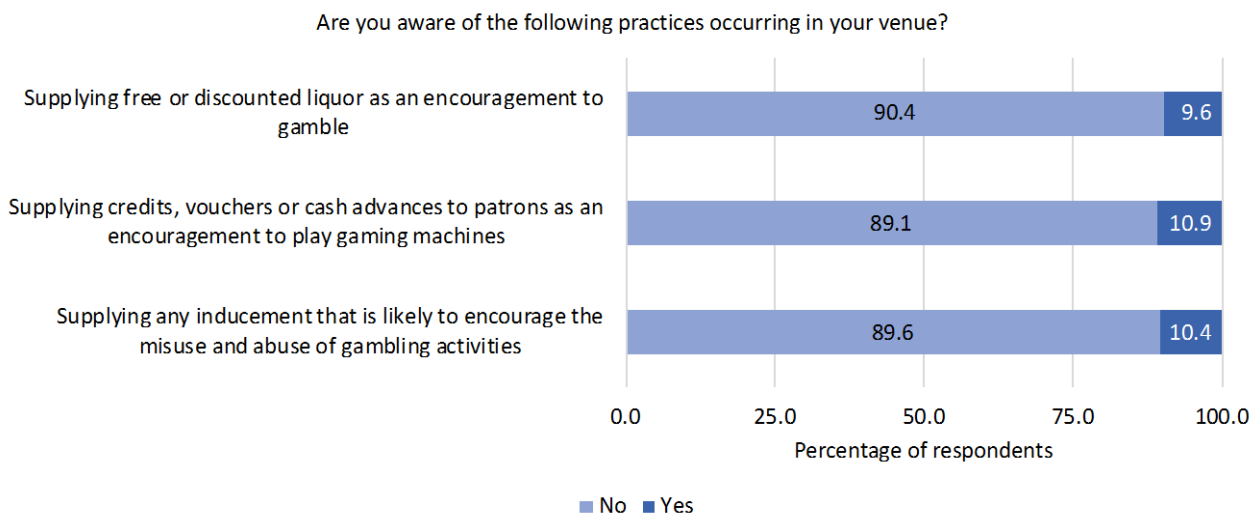
When asked whether their venue has each of nine RCG practices, more than 80% of respondents indicated 'yes' to all items, except for in-house RCG training in addition to that offered for RCG accreditation (51.8%; Figure 4). Frontline staff were significantly more likely to reply 'don't know' to each statement, and supervisors/managers were significantly more likely to reply 'no', although effect sizes were small.

**Figure 4. Percentage of respondents reporting whether their venue does or does not have each RCG practice, total sample (n=2298)**



Respondents were asked if they were aware of three illegal practices occurring in their venue. Around 10% reported that they were aware of each practice (Figure 5). Frontline staff were significantly more likely to reply 'yes' to each practice (small effect sizes).

**Figure 5. Percentage of respondents reporting whether they are aware of illegal practices in their venue, total sample (n=2298)**



### 3.4 Section 4: Responding to patrons who ask for help for a gambling problem

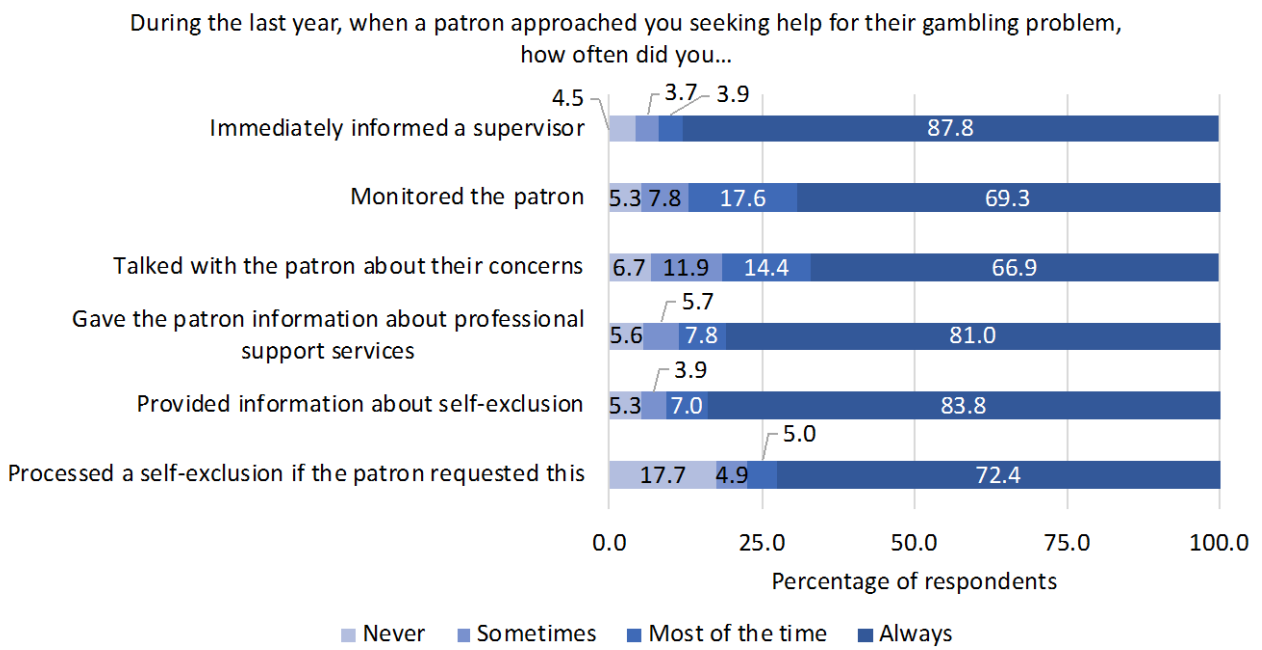
Most respondents (82.1%) reported that their venue had an established policy or procedures for patrons seeking advice or assistance for a gambling problem, 5.8% said their venue did not, and 12.0% did not know. Supervisors/managers were more likely to report that their venue did (88.8% vs 78.0%), and were less likely to reply 'don't know' (5.0% vs 16.4%).

Respondents reported between 0 and up to 1000 patrons seeking advice or assistance during the past year, although only one respondent reported 1000 patrons, with the next highest answer being 150. The mean number of patrons seeking assistance was 2.2 ( $SD = 22.2$ ), and the median was 0, with 60.7% of respondents reporting that they had not been approached. Those who had been approached generally reported a small number of patrons approaching them. Of the 862 respondents who had been approached, most reported only one, two or three patrons approaching them (32.0%, 23.4% and 12.9% of those approached, respectively). Only 6.0% of those approached had been approached by more than 10 patrons in the last year. No significant difference was observed between frontline staff and supervisors/managers.

Those who reported that they had been approached in the past year ( $n = 862$ ) were asked how often they had taken each of six actions. Most reported that they always took each action, although the most common action was immediately informing a supervisor (87.8%) and the least reported was talking with the patron about their concerns (66.9%) (Figure 6). Those who reported taking one or more actions were asked if they had recorded their interactions in an incident log; 74.0% reported that they always had done so, 7.7% most of the time, 5.9% sometimes and 11.9% never (from 757 respondents; Figure 6). Supervisors/managers were significantly more likely to respond 'always' for each statement, except immediately informed a supervisor, with small effect sizes.

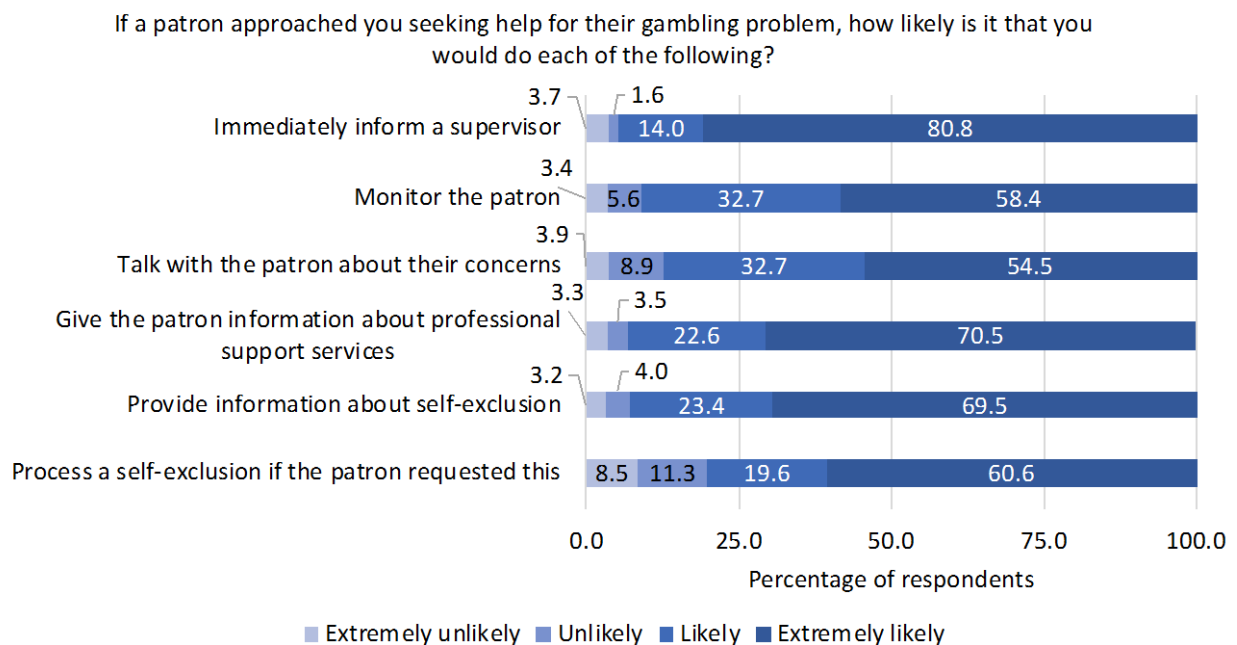


**Figure 6. Percentage of respondents reporting how often they took actions when approached by a patron seeking help for a gambling problem, total sample who had been approached (n=862)**



Those who reported that they had NOT been approached were asked which actions they would take if a patron approached them. At least 80% reported that they were likely or extremely likely to take each action (Figure 7), and 81.5% reported that they would always record their actions in the incident log (from 1073 respondents who indicated that they would be likely or extremely likely to take at least one action). The least reported option was processing a self-exclusion if the patron requested this. Supervisors/managers were significantly more likely to respond 'extremely likely' for each option apart from 'immediately inform a supervisor', with small effect sizes.

**Figure 7. Percentage of respondents reporting the likelihood of taking actions if they were approached by a patron seeking help for a gambling problem, total sample who had NOT been approached (n=1331)**



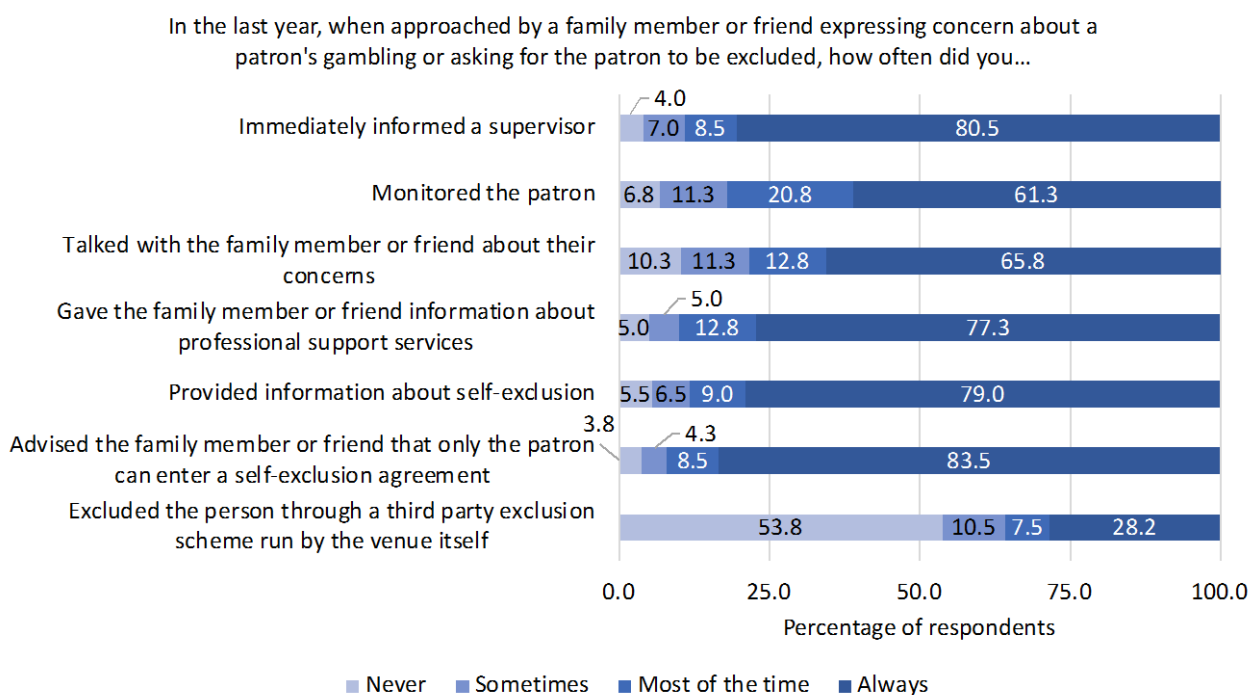
### 3.5 Section 5: Responding to family and friends concerned about a patron’s gambling

When asked if their venue had an established policy or procedures for situations when a family or friend expressed concern about a patron’s gambling, just over half of the total sample (n=2193) indicated that their venue did (51.8%), 15.1% reported that their venue did not, and 33.1% did not know. Supervisors and managers were less likely to report that they did not know compared to frontline staff (17.7% vs 42.6%). Supervisors/managers were more likely to report ‘yes’ (60.7%) compared to frontline staff (46.3%). Supervisors/managers were also more likely to report ‘no’ (21.5%) compared to frontline staff (11.1%).

Most respondents (81.8%) reported that they had not been approached by a family or friend in the last year, with an average of 0.5 (SD = 2.1) approaches per respondent, and a maximum of 60. Supervisors/managers reported a higher number per year, on average, with a small effect size.

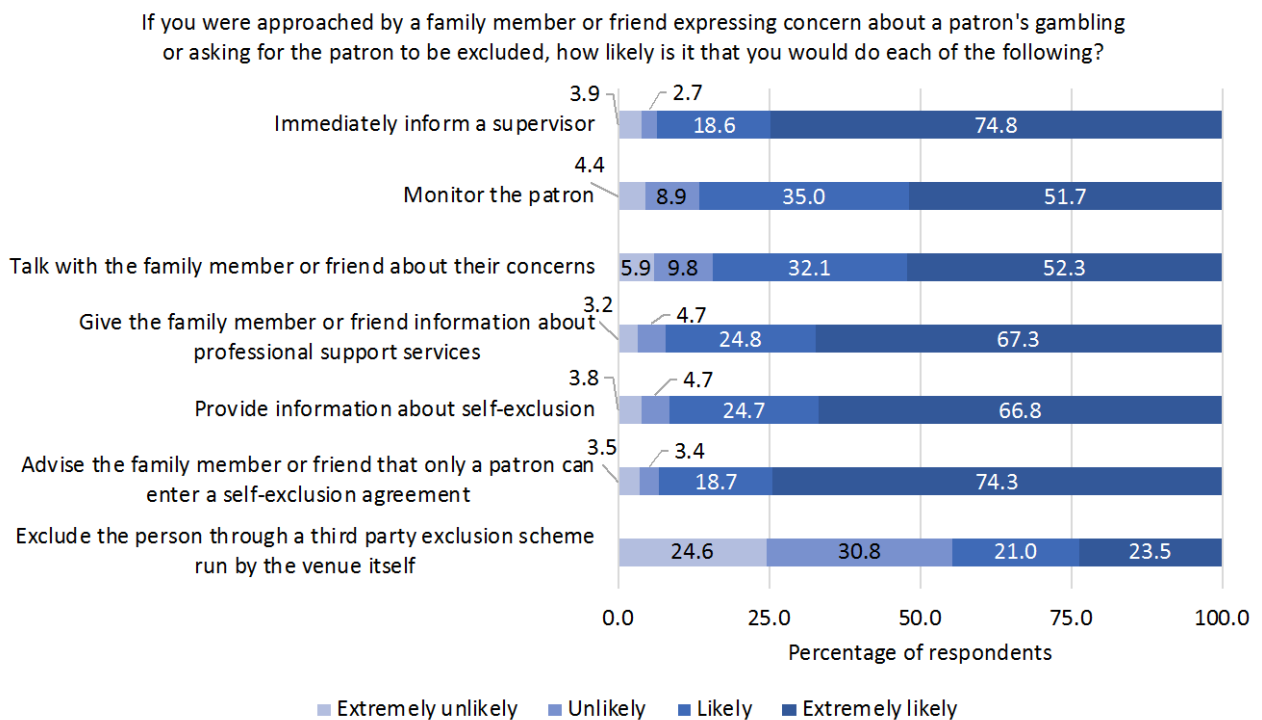
Those who were approached were asked how frequently they had taken each of seven actions. Most reported always doing each action apart from excluding a person through a third party exclusion scheme run by the venue itself (Figure 8). Most respondents (65.5%) reported always recording their actions in an incident log, and 13.2% reported never doing so (from the 342 respondents who reported taking at least one action). Supervisors/managers were significantly more likely to say ‘always’ for each action apart from ‘immediately informed a supervisor’ and ‘excluded the person through a third party exclusion scheme run by the venue itself’, with small effect sizes.

**Figure 8. Percentage of respondents reporting how often they took actions when approached by a third party about a patron’s gambling, total sample who had been approached (n=400)**



Those who had not been approached by a family member or friend were asked how likely they would be to take each of seven options. Most reported being 'likely' or 'extremely likely' to take each action, except for excluding the patron through a third party exclusion scheme run by the venue (Figure 9). Supervisors/managers were more likely to report 'extremely likely' compared to frontline staff for all actions except 'immediately inform a supervisor' and 'exclude the person through a third party exclusion scheme run by the venue itself', with small effect sizes. Most who reported that they would be 'likely' or 'extremely likely' to take any action also reported they would always (74.8%) or most of the time (10.8%) record their actions in the incident log.

**Figure 9. Percentage of respondents reporting the likelihood of taking actions if they were approached by a third party about a patron's gambling, total sample who had NOT been approached (n=1793)**



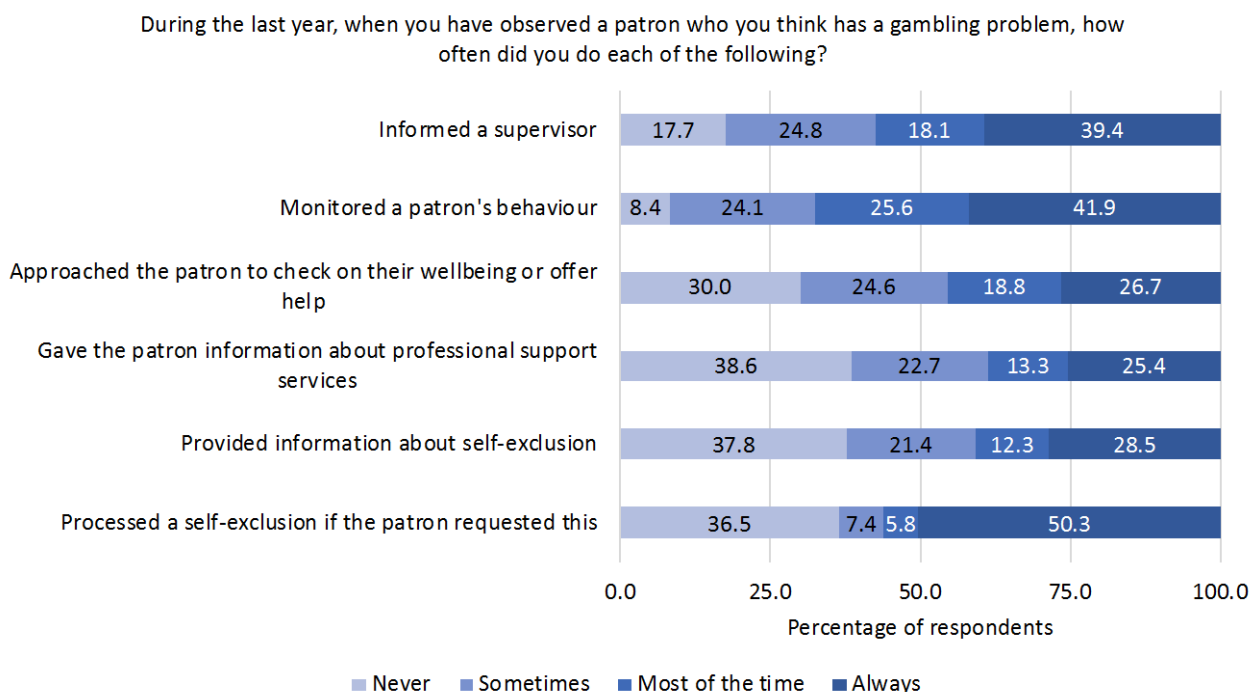
### 3.6 Section 6: Responding to patrons who show signs of problem gambling

Approximately half (50.7%) of the sample reported that their venue had an established policy or procedure for what staff should do when they observe a patron showing signs of problem gambling but who has not asked for help. Another 22.0% reported that their venue did not have an established policy or procedure for this, while 27.3% did not know. Frontline staff were significantly more likely to say that they did not know, although the effect size was small.

Most respondents were either somewhat (54.4%) or extremely (40.8%) confident that they could identify problem gamblers in their venue, while 4.7% were not at all confident. Confidence was higher amongst supervisors/managers than frontline staff, although the effect size was small. When respondents were asked how often they saw patrons showing signs of problem gambling while they were at work, 16.1% said 'never', 62.5% said 'sometimes', 14.2% 'most of the time' and 7.1% 'always'.

Respondents were more likely to report that they 'never' took each action in this situation, compared to patrons or third parties asking for help (Figure 10). Respondents were most likely to indicate that they monitored a patron's behaviour, or informed a supervisor, but were less likely to make an approach, give information about support or self-exclusion, or process a self-exclusion. Around half of those who reported taking any action (n=1479) indicated that they 'always' recorded their actions in an incident log, 12.0% 'most of the time', 12.2% 'sometimes' and 22.4% 'never'. Supervisors/managers were significantly more likely to report that they 'always' took each action compared to frontline staff, again with small effect sizes.

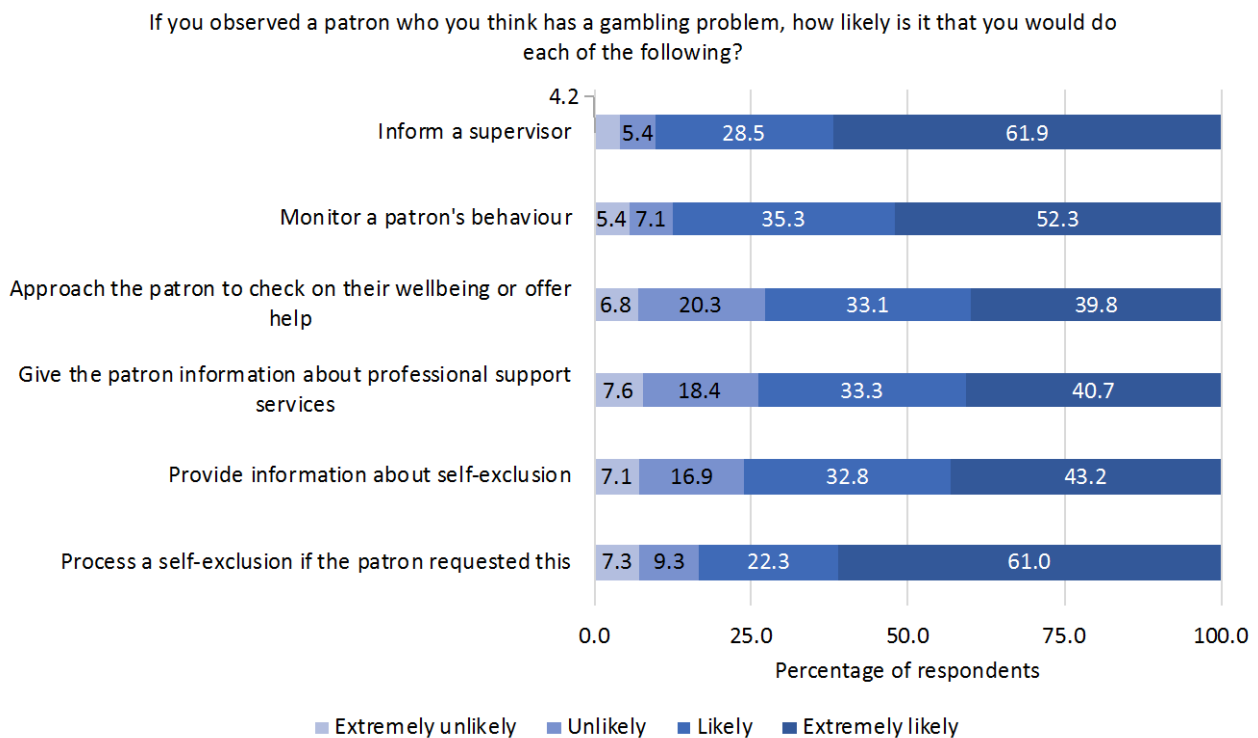
**Figure 10. Percentage of respondents reporting how often they took actions when they observed a patron showing signs of problem gambling, total sample who had observed a patron showing signs of problem gambling (n=1839)**



On average, respondents reported approaching patrons showing signs of problem gambling, but who had not asked for help, 1.1 times in the last year ( $SD = 4.7$ ), with a maximum of 100 approaches. The median number of approaches was zero. No significant differences were observed between frontline staff and supervisors/managers.

The 354 respondents who had 'never' observed a patron showing signs of problem gambling who had not asked for help indicated that they were 'likely' or 'extremely likely' to take all actions (Figure 11); and 80.9% of those who reported being 'likely' or 'extremely likely' to do any action indicated that they would 'always' record their actions in the incident log. Supervisors/managers were significantly more likely to say that they were 'extremely likely' to take the action, apart from 'inform a supervisor', with effect sizes being small to medium.

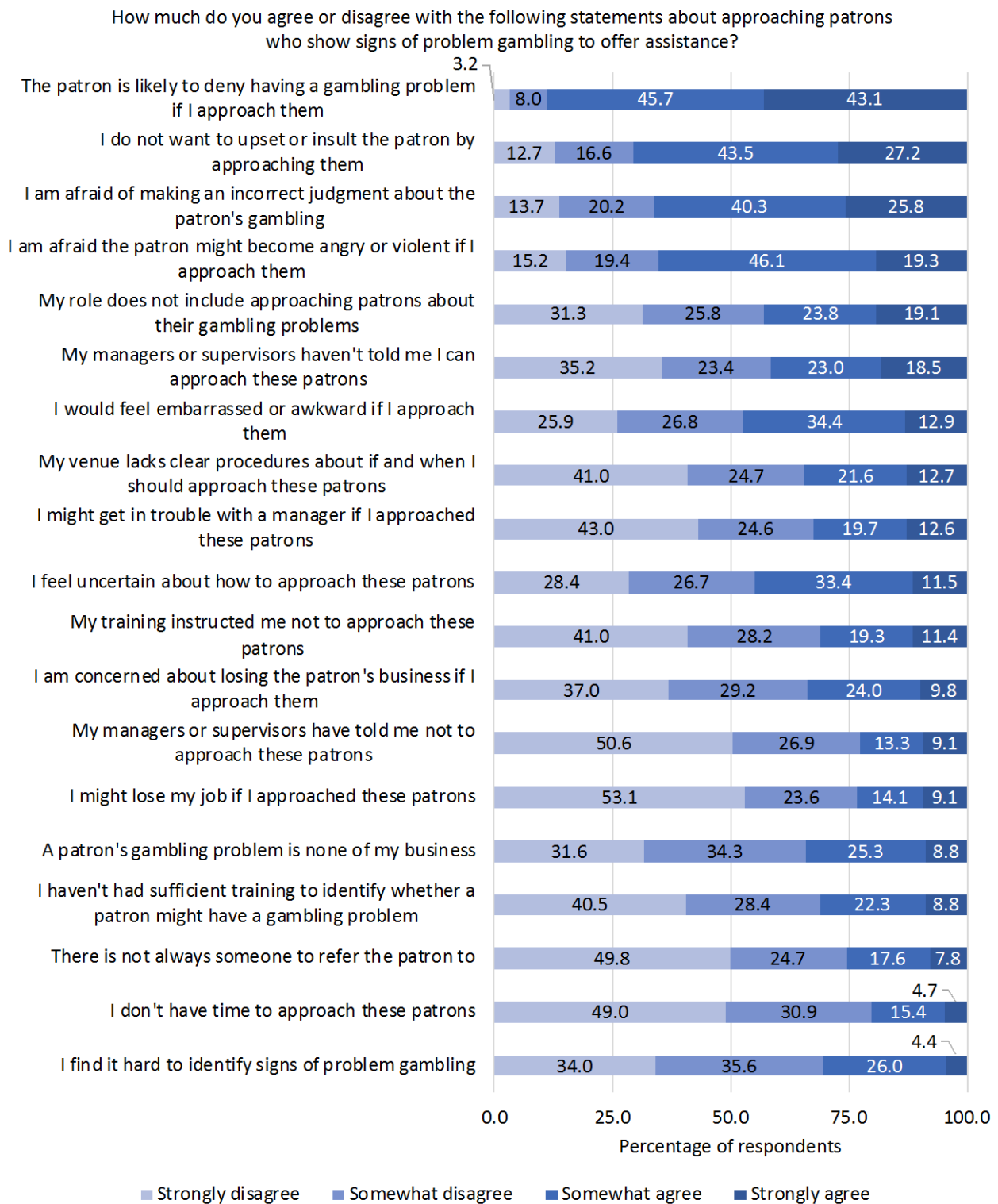
**Figure 11. Percentage of respondents reporting the likelihood of taking actions if they observed a patron showing signs of problem gambling, total sample who had not observed a patron showing signs of problem gambling (n=354)**



All respondents (apart from directors) were asked to rate their agreement with 19 statements about approaching patrons who were showing signs of problem gambling but had not asked for help (Figure 12). The most endorsed barrier was that the patron would be likely to deny having a problem, followed by concerns around upsetting or insulting the patron, being afraid of making an incorrect judgement, and fear of the patron becoming angry or violent. Fewer respondents were concerned about finding it hard to identify signs of problem gambling, not having time, not having someone to refer the patron to, lack of training, and the patron's gambling being none of their business. Respondents were also less likely to indicate concerns related to management telling them not to approach these patrons, and the potential for losing their job. Frontline staff were significantly more likely to 'agree' and/or 'strongly agree' with all potential barriers except 'I find it hard to identify signs of problem gambling', 'The patron is likely to deny having a gambling

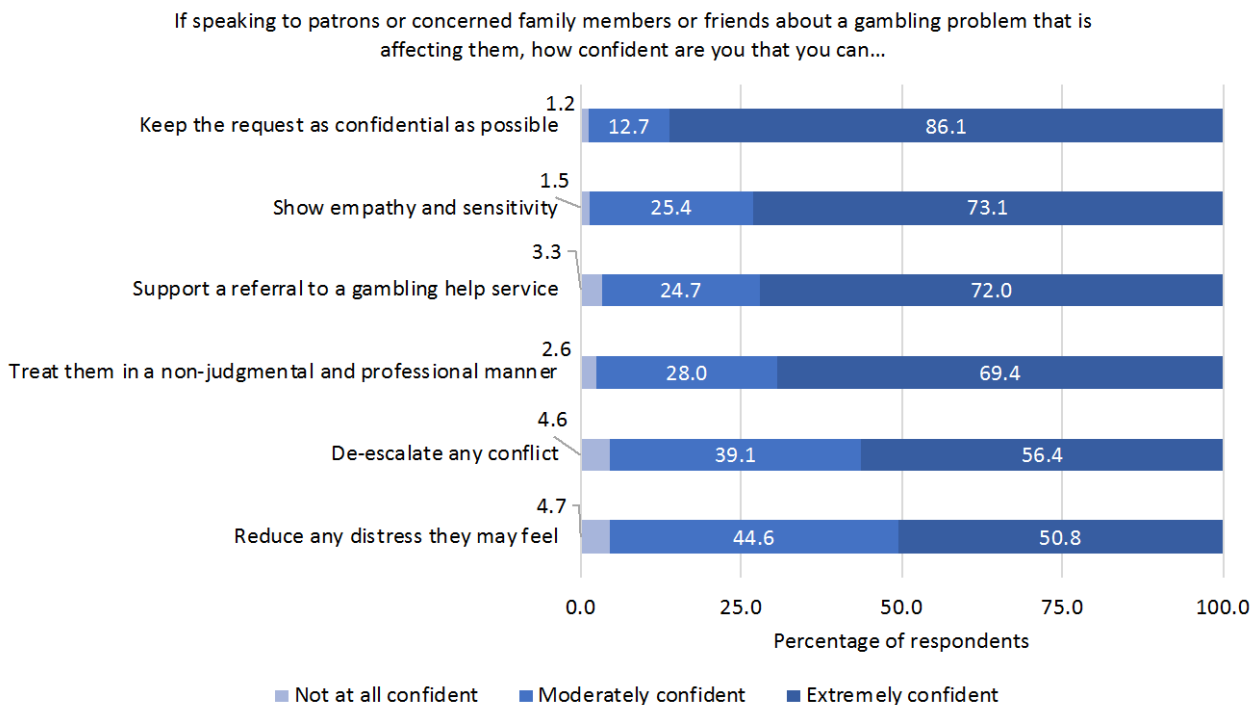
problem if I approach them', and 'My training instructed me not to approach these patrons', although effect sizes were small.

**Figure 12. Agreement or disagreement with barriers to approaching patrons showing signs of problem gambling, total sample (n=2193)**



Respondents also reported their confidence in their ability to deal with different aspects of approaching a patron. Respondents were confident in relation to maintaining confidentiality, empathy and sensitivity, referring the patron to a gambling help service and treating the patron in a non-judgmental and professional manner. They were less confident, but still moderately confident, in relation to de-escalating conflict and reducing any distress that the patron may feel (Figure 13). Supervisors/managers were significantly more likely to report 'extremely confident', although the effect sizes were small.

**Figure 13. Reported confidence of respondents' abilities with different aspects of approaching a patron, total sample (n=2193)**

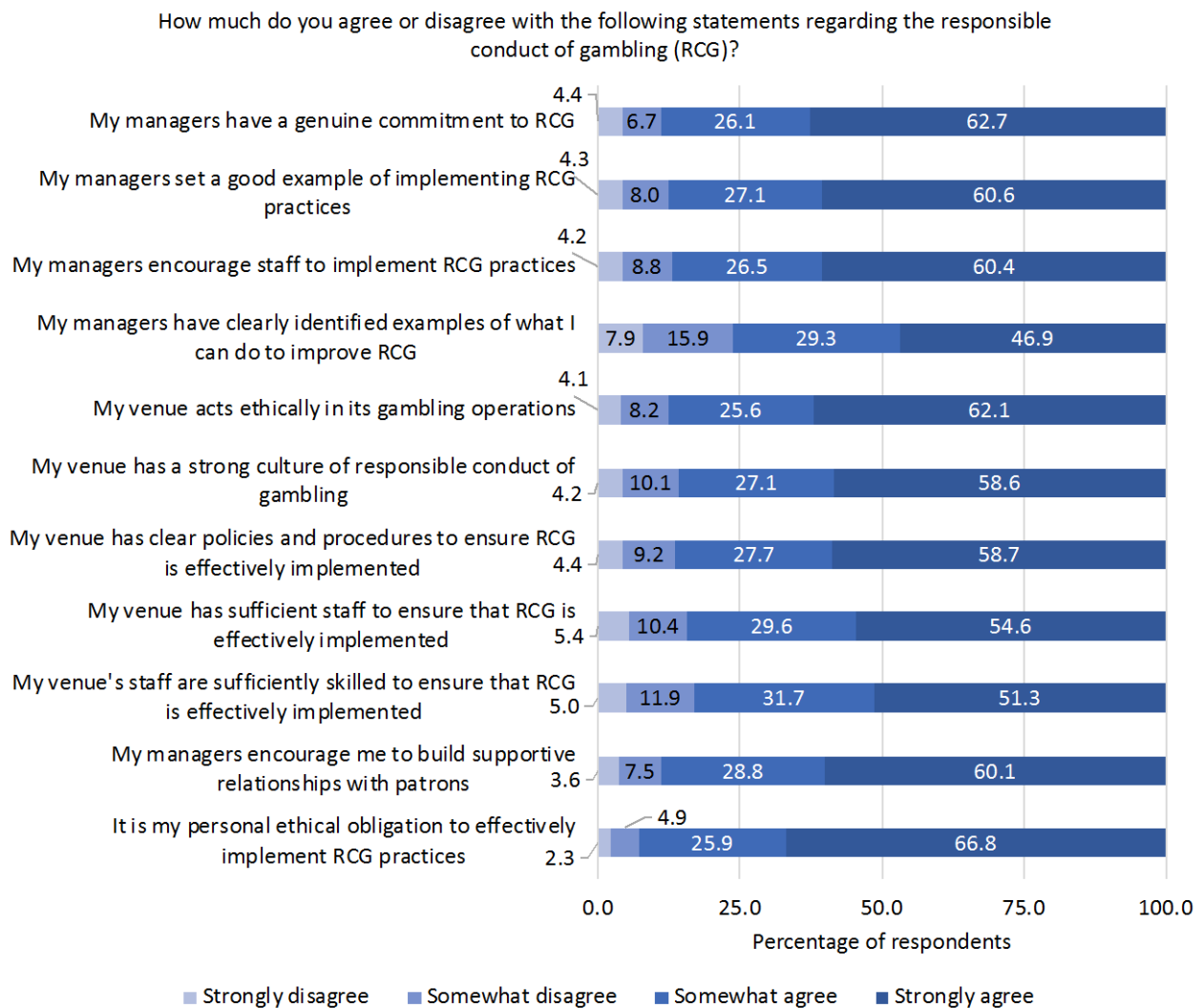




### 3.7 Section 7: Venue support for responsible gambling

Respondents were asked about their venue’s support for RCG, and around 77-93% of respondents ‘somewhat agreed’ or ‘strongly agreed’ that their venue or managers supported RCG. The least agreed option related to feedback from management in relation to how staff can improve their RCG practices (Figure 14). Supervisors/managers were significantly more likely than frontline staff to indicate that their venue supported RCG practices, although the effect sizes were small.

**Figure 14. Agreement or disagreement with their venue’s support for RCG, total sample (n=2193)**

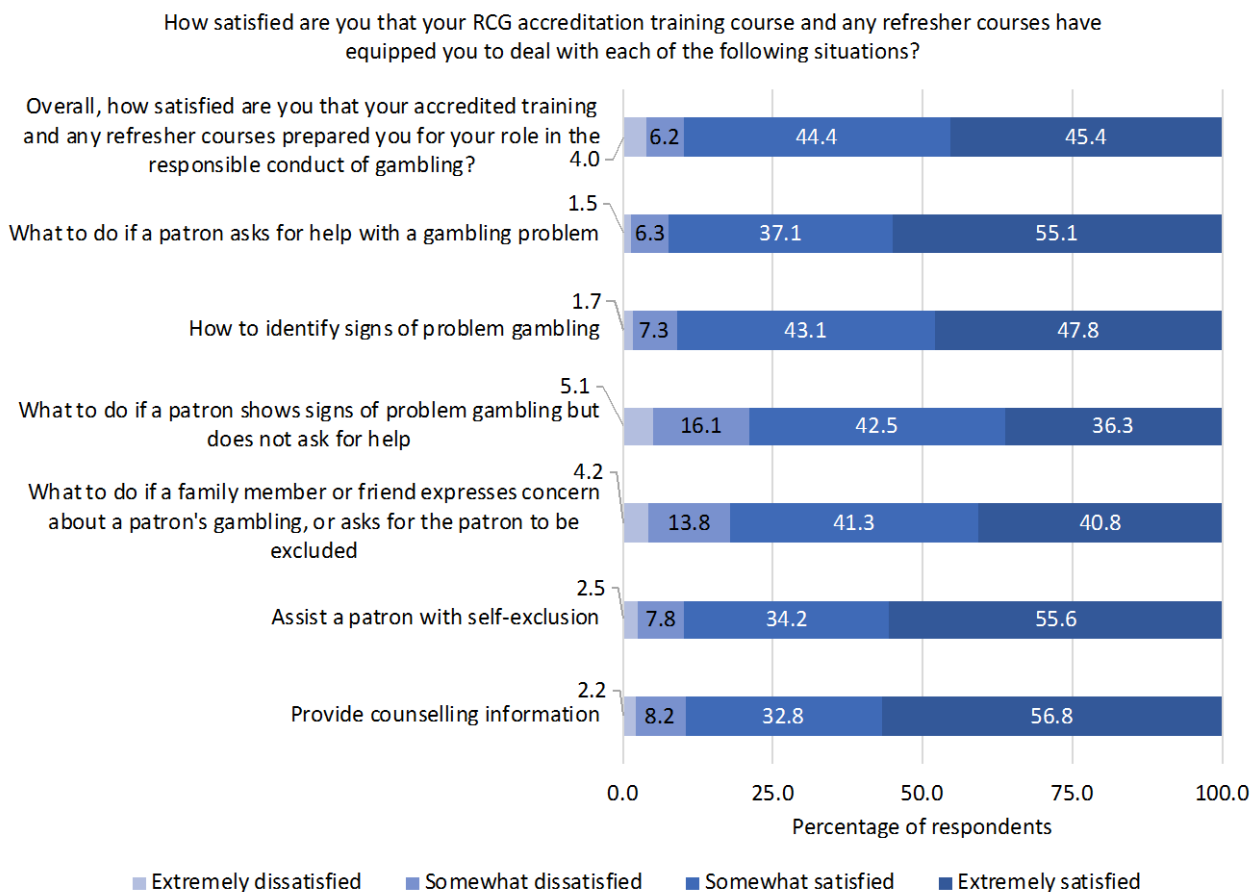


### 3.8 Section 8: Training and refreshers in RCG

Nearly half (45.2%) of the sample reported that they had not completed the online refresher course since completing their accredited face-to-face RCG training course, while 41.5% reported doing so once, and 13.3% that they had done it two or more times.

Respondents were generally 'somewhat satisfied' or 'extremely satisfied' with the RCG accredited training course and any refresher courses, although respondents were fairly evenly split between being somewhat or extremely satisfied (Figure 15). Respondents were least satisfied that the training equipped them to deal with patrons showing signs of problem gambling but who had not asked for help, and approaches from family members or friends who have expressed concern about the gambling of a patron. There were no meaningful differences between frontline staff and supervisors/managers in terms of RCG training courses and refreshers in this respect.

**Figure 15. Satisfaction with aspects of the accredited RCG training and refresher courses, total sample (n=2298)**



Participants were asked an optional open-ended follow up question regarding how training could be improved. Suggestions clustered into three key areas (Table 6). The first was the provision of more information during training for specific situations. This reflected a degree of uncertainty during certain situations (e.g. responding to patrons who are exhibiting signs of problem gambling but who have not asked for help). The second area was the utility of having a trainer with first-hand expert experience. Thirdly, numerous participants noted the disconnect between training and ‘real life’ situations; suggestions to better equip staff for their roles included incorporating practical elements into the training session (e.g. role playing / mock scenarios and on-site training).

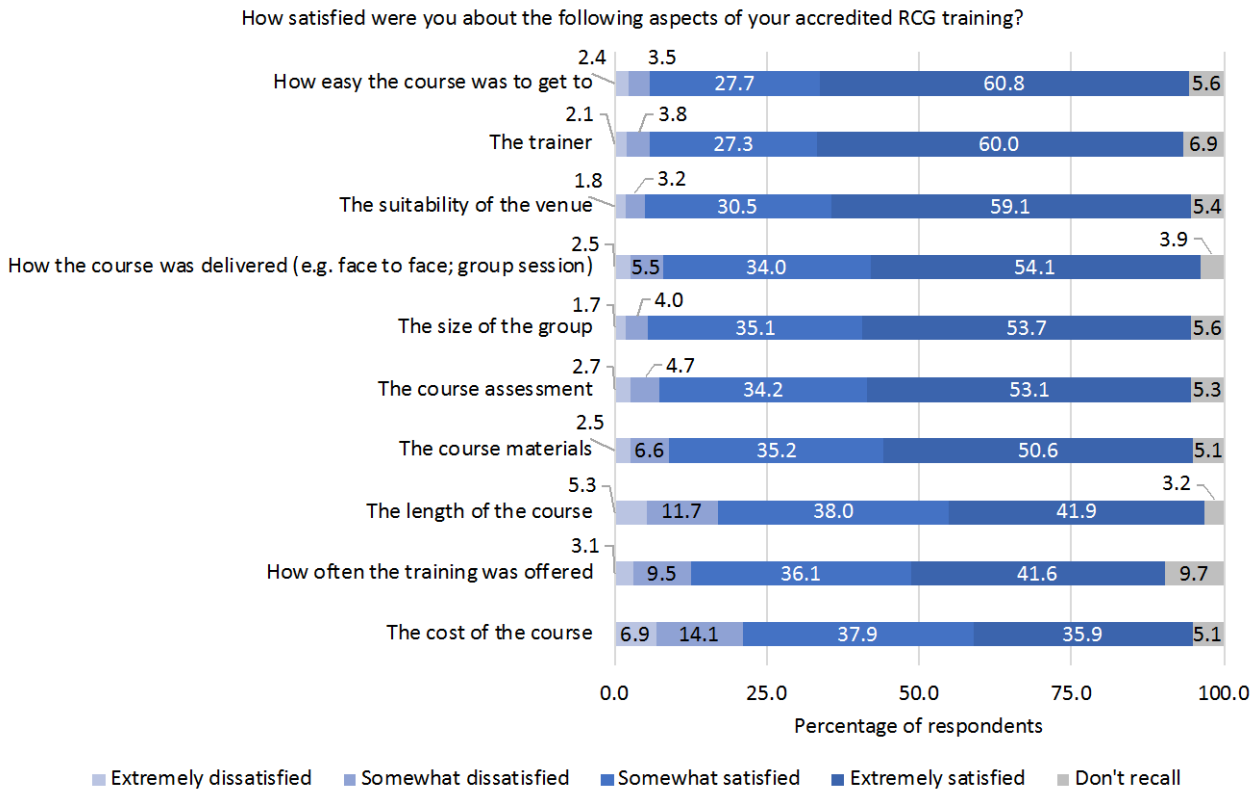
**Table 6. Suggested improvements to training**

Themes	Subthemes	Supporting quotes
Information for specific situations	Patrons exhibiting signs / Identifying signs of problem gambling	<ul style="list-style-type: none"> <li>• ‘Dedicate a section to aiding patrons who do not ask for help’ (Frontline staff member)</li> <li>• ‘Guidelines on identifying and particularly approaching customers who display gambling problem signs but do not, or will not, ask for help’ (Frontline)</li> <li>• ‘Give exact examples of how to approach someone to discuss problem gambling, especially if they have not raised it with you previously’ (Manager)</li> </ul>
	Approaching patrons	<ul style="list-style-type: none"> <li>• ‘Better training of how to approach problem gamblers sensitively’ (Frontline)</li> <li>• ‘More emphasis on how to approach and deal with a patron who may have a gambling problem’ (Manager)</li> <li>• ‘Clear procedures about how to approach a patron with issues’ (Frontline)</li> </ul>
	Aggression / Violence	<ul style="list-style-type: none"> <li>• ‘How to deal with angry patrons’ (Frontline)</li> <li>• ‘Include areas on conflict resolution if you want employees to approach problem gamblers and on how to approach them without judgement or fear of personal safety’ (Frontline)</li> </ul>
	Self-exclusion	<ul style="list-style-type: none"> <li>• ‘How to process self-exclusion’ (Frontline)</li> <li>• ‘More detail about self-exclusion programs’ (Manager)</li> <li>• ‘More examples of self-exclusion and how to address it’ (Frontline)</li> </ul>
	Counselling	<ul style="list-style-type: none"> <li>• ‘I could have training in further communication in advising patrons on counselling’ (Frontline)</li> <li>• ‘More emphasis on approaching patrons that may need counselling’ (Manager)</li> </ul>
	Third-parties	<ul style="list-style-type: none"> <li>• ‘How to deal with third parties’ (Frontline)</li> <li>• ‘More emphasis on training with regards to concerned family members of problem gamblers’</li> </ul>

		<p>(Frontline)</p> <ul style="list-style-type: none"> <li>• 'More on family concerns for a patron' (Manager)</li> <li>• 'Clearer understanding of what we can and can't do when family members are worried about their family gambler' (Frontline)</li> </ul>
Trainers	Lived experience / Experts	<ul style="list-style-type: none"> <li>• 'Bring counsellors to training sessions' (Frontline)</li> <li>• 'If possible include a presentation by a person who was a problem gambler' (Frontline)</li> <li>• 'Guest speakers that used to be gamblers' (Manager)</li> <li>• 'Experienced gambling staff delivering the training' (Frontline)</li> <li>• 'Having people give the training who have worked in a range of hotels &amp; clubs is very beneficial' (Frontline)</li> </ul>
Practical elements	Role playing	<ul style="list-style-type: none"> <li>• 'Actually involve people in mock scenarios instead of staring at a projector screen and tuning out' (Frontline)</li> <li>• 'Give a mock case and let you practice a self exclusion' (Manager)</li> <li>• 'Act it out and have people learn what it would be like in a real situation' (Frontline)</li> <li>• 'By exercising scenarios for all problems that may arise' (Frontline)</li> <li>• 'Do role playing examples on how to approach both sides (family member or patron)' (Frontline)</li> </ul>
	On-site training	<ul style="list-style-type: none"> <li>• 'Include a practical course on how to perform these tasks under real job conditions' (Frontline)</li> <li>• 'More on site training is needed' (Manager)</li> </ul>

Most respondents were 'somewhat satisfied' or 'extremely satisfied' with each aspect of the RCG course administration (Figure 16). Respondents were most dissatisfied with the cost and length of the course, how often the training is offered, and the course materials. Frontline staff were more likely to be 'extremely satisfied' with how the course was delivered, and the trainer, but there were no other significant differences between frontline staff and supervisors/managers.

**Figure 16. Satisfaction with aspects of the accredited RCG training administration, total sample (n=2298)**



In relation to additional training beyond the accredited RCG training, almost half of the respondents (49.5%) indicated that they had done additional on-the-job orientation, and 34.6% reported doing in-house refreshers. Fewer reported doing other RCG training workshops (13.5%) and attending talks by gambling counsellors (11.0%), while 9.2% reported doing other types of additional training. Most of those who did additional training reported doing so less than once a year (55.0% of 1808 respondents), 32.8% about once a year, 10.5% a few times a year and 1.7% several times a year. Supervisors/managers were significantly more likely to have undertaken additional training, and to have done so slightly more frequently than frontline staff, although the differences were small.

### 3.9 Section 9: Suggested improvements to RG practices

This section of the survey asked participants two optional open-ended questions:

- ‘Are there any new or innovative practices that you think venues should introduce to improve the responsible conduct of gambling?’
- ‘Please list any innovative practices implemented in your venue that improve responsible gambling outcomes for patrons, but that were not covered in your accredited RCG training or refresher course’.

#### 3.9.1 Suggestions for innovative practices which could be introduced in venues to improve the responsible conduct of gambling

Numerous comments were provided by participants regarding innovative practices which could be implemented in their venues. These findings are presented in Table 7.

**Table 7. Themes, sub-themes, and supporting quotes for suggested innovative practices**

Themes	Subthemes	Supporting quotes
Technological innovations	Self-exclusion	<ul style="list-style-type: none"> <li>• ‘A database that scans a patron’s ID and compares to the self excluded database’ (Frontline staff member)</li> <li>• ‘Face recognition technology to identify the increasing level of self-excluded patrons for a club - too many for one staff member to sufficiently identify and remember’ (Manager).</li> </ul>
	Player tracking / registration	<ul style="list-style-type: none"> <li>• ‘Must have a membership card to play a machine. This would allow the tracking of everyone making it easier to see issues arising’ (Manager)</li> </ul>
	Pop-up messaging	<ul style="list-style-type: none"> <li>• ‘Adds should pop up on the poker machine every 45min reminding the patron about their choices’ (Frontline)</li> </ul>
	Pre-commitment	<ul style="list-style-type: none"> <li>• ‘Limit the amount you can gamble’ (Frontline)</li> <li>• ‘Limit the time patrons can spend gambling per day’ (Frontline)</li> </ul>
Financial controls	ATMs	<ul style="list-style-type: none"> <li>• ‘Restrict ATMs in venues’ (Manager)</li> <li>• ‘Put a limit on ATM withdrawal's in clubs’ (Frontline)</li> </ul>
Patron interaction	Intervention	<ul style="list-style-type: none"> <li>• ‘Allow for staff to be trained to approach people that might have a problem’ (Manager)</li> <li>• ‘We know what to do if a patron requests help but are not allowed to offer unsolicited help. It makes the whole thing pointless’ (Frontline)</li> </ul>
Exclusion	Third-party	<ul style="list-style-type: none"> <li>• ‘Allow family / friends / staff to provide a time out / limited exclusion to prevent people gambling beyond their means’ (Frontline)</li> </ul>

		<ul style="list-style-type: none"> <li>• ‘Close family members should be able to request a person to be counselled’ (Director)</li> </ul>
Dedicated support staff	Counsellors	<ul style="list-style-type: none"> <li>• ‘Have counsellors visit clubs and make patrons aware of the visits’ (Manager)</li> <li>• ‘Have a qualified gambling counsellor that visits the venue at random times and is allowed to speak with patrons, especially those showing signs of distress’ (Manager).</li> </ul>
Environment, venue, and product controls	Shorter opening hours	<ul style="list-style-type: none"> <li>• ‘Reduce operating hours of the gambling venue’ (Frontline)</li> </ul>
	Food/drink service at machines	<ul style="list-style-type: none"> <li>• ‘Remove drink service so patrons have to remove themselves from the machine for a short period which will encourage them to notice how much time they’re spending on the machine’ (Frontline).</li> </ul>
	Only allowing machines to accept low denomination notes (or coin only)	<ul style="list-style-type: none"> <li>• ‘Stop machines accepting notes’ (Frontline)</li> </ul>
	Game features	<ul style="list-style-type: none"> <li>• ‘Remove the sounds that constantly play like ‘Jackpot Winner’’ (Frontline)</li> <li>• ‘Decrease maximum bet (Frontline)</li> </ul>
Training	Additional training	<ul style="list-style-type: none"> <li>• ‘More in house training’ (Frontline)</li> <li>• ‘More role playing training workshops’ (Frontline)</li> <li>• ‘More training on how to deal with difficult customers and how to handle sensitive issues’ (Manager)</li> </ul>

### 3.9.2 Innovative practices implemented in venues

With respect to innovative practices being implemented in venues, numerous participants indicated that their venue had none. Of those respondents who did note innovations, these practices related to:

- Further training, including additional in-house training; ongoing refresher courses; cultural sensitivity training; mandatory paid training.
- Dedicated support staff: Gambling counsellor visits to the venue; on-site chaplain.
- Encouraging proactive patron interaction and offering assistance.
- Environment: Locating ATMs away from gaming rooms; Prohibiting food/drink service at machines.
- Exclusion: Not allowed back without recommendation from counsellor / personal supporting letter; allowing third-party exclusion
- Surveillance: Facial recognition of excluded patrons; cameras located to enable

### 3.10 Section 10: Your gambling

When asked if they had gambled for money during the last 12 months, 1568 of the 2298 respondents indicated yes (68.2%). Those who had gambled were asked to complete the Problem Gambling Severity Index (Ferris & Wynne, 2001), which classifies respondents into four categories. Slightly over half of those who gambled were non-problem gamblers (56.7%), 20.7% were classified as low-risk gamblers, 15.0% as moderate-risk gamblers and 7.7% as problem gamblers. Taking into account the whole sample, including non-gamblers, 31.8% were non-gamblers, 38.7% non-problem gamblers, 14.1% low-risk gamblers, 10.2% moderate-risk gamblers, and 5.2% problem gamblers. While supervisors/managers were significantly more likely to gamble, no significant differences were observed between frontline staff and supervisors/managers in terms of PGSI categories amongst those who reported gambling.



## Chapter 4: Focus groups

This chapter details the findings for the focus groups conducted with a sample of respondents to the staff survey. Their purpose was to enable the research questions to be addressed in greater depth. Four focus groups were conducted, two in Sydney and two in Wollongong. Attempts were made to separate frontline staff and supervisors/managers into different groups to ensure frontline staff would not feel constrained by talking in front of managers. This was successful for all but one of the Wollongong groups. In total, 20 participants attended the focus groups. Appendix 1 includes full details of the methodology.

### 4.1 Discussion topics

The groups commenced with the facilitator explaining the overall purpose of the focus groups, that anonymity of individuals and venues was assured, and that the group discussion was being recorded. Participants then identified their first name, their job role, whether they worked in a hotel or club, and the approximate number of EGMs in their venue. The focus group discussion guide (Appendix 7) concentrated on several broad topic areas in the survey, but also allowed for flexibility to explore emergent topics of relevance.

- Responding to at-risk and problem gamblers in the venue.
- Responding to family or friends concerned about a patron's gambling.
- Effectiveness of other RCG and venue practices.
- Barriers and enablers to effective RCG practices.
- Suggested improvements to RCG practices.
- Perceptions of and suggested improvements to RCG training.

### 4.2 Participants and data analysis

Eleven managers/supervisors participated, with five working at a club, five working at a hotel, and one employed as an RCG trainer. One of the hotel managers/supervisors was also an RCG trainer. These participants ranged in age from 22 to 60 years. Three of the managers/supervisors were male and eight were female. Nine frontline staff participated, with eight working in a club and one in a hotel. Three were male and six were female. These frontline staff were aged between 21-49 years. Both large and small clubs and hotels were represented, based on the number of EGMs.

The focus group data were analysed by the lead researcher using thematic analysis (Braun & Clarke, and reviewed by the second researcher who also attended the focus groups. Quotes in the results section are tagged as follows: SMS# for Sydney Manager/Supervisor Group; SFS# for Sydney Frontline Staff Group; WMS# for Wollongong Manager/Supervisor Group; and WFS# for Wollongong Frontline Staff Group. For some quotes, the participant ID # is not included where we could not distinguish this from the focus group recordings. Also of note is that some participants in the Wollongong groups worked in venues in the Sydney metropolitan region, and opted to travel to Wollongong rather than the Sydney CBD. Thus, no comparisons are made based on which location the participants attended as this does not necessarily reflect their venue's location.

## 4.3 Results

The results below are structured into the main themes and sub-themes that were derived from the analysis. These pertain to: harmful gambling amongst venue patrons; problem gambling behaviours observed in patrons; responses to patrons in the venue; barriers to effective RCG practices; enablers to effective RCG practices; suggestions for additional improvements to better minimise gambling harm; and RCG training.

### 4.3.1 Harmful gambling amongst venue patrons

When asked whether many patrons in their venue experience harm from their gambling, all participants strongly agreed that this harm was widespread.

Absolutely. Absolutely. (SMS2)

I've been in the game a long time and it's disturbing, saddening. You know there's people, they're in every day, they're the same people who know. X Club is located in a very...poor area. (WFS1)

Some participants suggested that the majority of their patrons were negatively affected, such as two managerial staff who estimated that 60-70% of their venue's customers were harmed by their gambling:

I would say probably about 60%, 70% of the people that come in. (WMS1)

Yes, I would agree with that...they're regulars. (WMS3)

Harm from gambling was described as extending from emotional impacts such as stress, anger and pre-occupation with gambling, to severe financial impacts, such as large financial losses, loss of major assets, and poverty:

Yes, of course...you hear...he lost all his money and he's selling his house or whatever. You hear those stories. Other ones, they just come in, they gamble to the last dollar and go home and complain. (SFS3)

The participants identified some groups who they observed as being more likely to experience gambling-related harm. These included people in poor financial circumstances, welfare recipients, young tradesmen, and people from Asian backgrounds:

You can watch them putting the money in. You know it's probably the last money that they've got. They are chasing their losses. It's the same people everyday. Some people are there from the moment we open to the moment we close. Seven days a week. And...It's a very, very poor area. (WMS4)

Our biggest day is Thursday because it's Centrelink day or pension day. (WMS1)

The tradies that are 18. They're a big cash cow...they put through their wages through over the weekend and for the rest of the week they're broke. (SFS5)

A significant proportion of the problem gamblers are Asian...[although] they might have a good income or good wealth behind it. (SFS4)

Obviously, not all patrons are harmed by their gambling if they can afford the losses:

There are people who can afford to gamble because they've got a decent income and we've got a couple there. They come in every day but we know they earn \$500,000 a year, each of them. (SFS3)

### 4.3.2 Problem gambling behaviours observed in patrons

Both the frontline and managerial staff nominated numerous problem gambling behaviours that they observed amongst patrons in their venue.

### Being aggressive or aggravated with a gaming machine

A very obvious indicator was being aggressive or aggravated with a gaming machine, which one participant observed more commonly amongst male patrons:

You get a lot of the people that come in...because it's pension day...people get more irate when they've put all their money into the machine that day and they don't have anything left...‘Oh my God, my husband's going to kill me’...people that come in that are homeless, and they play the machines...People...will start getting really, really violent with the machines or they'll start trouble with the staff and then you have to ask them to leave. (SMS3)

It's more the males. They'll start hitting the machines, they'll start pushing the machines, they'll start punching, they'll start kicking, they'll do anything to try and get the machine to work. (SMS2)

### Being obsessed with a favourite machine

Patrons might also get agitated if another person was playing their favourite EGM, or they get overly attached to one machine. Two participants described that these are indicators of a possible gambling problem:

They have the one machine that they always want to play. If someone's on it they're agitated. (SMS2)

They get quite obsessive with a certain machine. I've got some weird stories of some people stuck to machines but we won't go there. (WFS1)

### Multiple trips to the ATM

Making multiple trips to withdraw money from the ATM was also a frequently mentioned sign that staff regularly observed, because it indicated that the person was repeatedly gambling more than they had planned and chasing their losses – which are symptoms of problem gambling:

My one is the trips to the ATM because they actually have to get bum off seat, walk out of that gaming floor, and it's a big gaming floor. If you see them walk out every five minutes, ten times, they're obviously spending more. I interpret that as they're spending more money than they want to. Otherwise, they would have taken out the \$1000 in the first place, not gone, 'I'm just going to take out \$50 or \$100,' and then keep going back. That also suggests that they're chasing as well. Every shift...there's usually five or six people that you can just see going back and forth to the ATM. (SFS5)

Staff also observed patrons becoming more agitated with every trip to the ATM, with some then trying to get cash on credit:

Every time they go to the ATM they get more and more agitated because they've got less and less in their account. We've even had people come up to us and go, 'Can I use my credit card?'...'Can I get cash over the bar from my credit card?'. (SMS2)

### Searching for money

Searching for money and small change, as well as going home to get more money, were also noted as signs of problematic gambling. One described patrons who:

...will be scraping around for change and then come up and exchange it for a note [to insert in an EGM]...We have some that will come in with \$10 and then they will go home and will get another \$10 stashed away and come back, play that down and go home. (WMS1)

### Deterioration in a patron's appearance and demeanour

Deterioration in a patron's appearance and demeanour over time, and not wanting to be interrupted while playing EGMs, were also suggestive of a gambling problem to some participants. For example, two said:

You notice over time, people not doing their hair or wearing not-so-nice clothes or they're grumpy. If someone's normally cheery, their mood changes, they don't want to be disturbed...They get annoyed even if you say, 'Would you like a drink?' (WFS1)

Most of the time it's what they're wearing or their attitude towards you. One day they might be happy to talk to you, the next day they...don't even want to know you. (WFS3)

### Superstitious behaviours

Signs of superstitious beliefs were a further indicator mentioned, as explained here by one participant who also noted that the artwork on some EGMs fostered these beliefs amongst particular cultural groups:

The whole attribution of luck and bad luck and superstition too is a sign of someone who's got too much investment in the machine, the ones who personally humanise it and try to rub it in a certain way before they tap the buttons or they've got a pattern...tell [staff] to piss off because they're such bad luck...You've got all the information in the public eye that tells you that it's designed to take money off you...If you're going to choose to blame luck, superstition, other people against the true fact...that would be evidence of somebody who's being harmed by it...It doesn't help when all the manufacturers support it, when the designers build the Asian themes of dragons, coloured gold and red, [and] coins. All these things are associated with fortune, luck and wealth in Asian cultures. (SMS4)

### Frequent and lengthy gambling sessions

Frequent and regular gambling over long periods of time were also frequently observed and raised concerns, as well as trying to be secretive about their EGM play. Two participants noted:

Obviously, playing for a long period of time...It's the people who come in and they're in at the same time everyday. (SMS1)

Yes, like anything over an hour, just extended periods in the gaming area. Once someone's there for, like I said, an hour, try to keep it low key, take the machine in the corner... (SFS4)

### Concerned families and friends

Other staff were alerted by concerned families and friends:

People will raise concerns about somebody else...that to me is a big indicator that people have a problem. (SMS1)

We often pick up that information off other people. 'Yes, he's punted all his money', because they [those gambling] don't tell us...if one were interested in being proactive in RCG, that might be a course of action through other people around the gambler rather than through the gambler himself. (SFS3)

### Urinating at the machine

Several staff also noted that patrons will urinate at the EGM because they are so fixated or do not want to stop gambling. Three participants said:

They used to have to stock adult nappies, adult diapers in the bottle shop because the problem got so bad that people didn't want to leave the machine. (SMS4)

I wouldn't sit on any of the chairs in our gaming room because people will not get up. They are so fixated. Some of them will pee on the chairs. (SMS3)

We have people wetting their seats...You pick up [full] glasses [from next to the machines] and they're warm. (WFS1)

### Refusing to leave the machine during fire evacuations

Another staff member noted that some patrons refused to leave the machines during fire evacuations and drills:

We have fire emergency evacuations and asking them to leave, they don't...you just have to let the fire fighters grab them because you can't do anything. (WFS2)

### Uncertainties of signs of harmful gambling

While the vast majority of participants were confident they could recognise signs of problem gambling, some participants raised doubts about whether they could be certain. One participant explained that this was because he could not ascertain the patron's 'pathology'. The other explained that, in contrast to responsible service of alcohol (RSA), one would need to be aware of the impacts of the gambling on the patron's life to make that judgment, and this was information that venue staff usually did not have:

I can think of multiple times, over the last many years, where someone's got some sort of payout or lump sum, pulled the pin on work and turned up at the pub, club every day...Then suddenly they're going back to work because they don't have any money left. Again, is that stupid? Yes. Is that problem gambling? I don't know, it depends what pathology is going on in their head. (SFS2)

Drinking too much doesn't mean you have a drinking problem, it just means you've had enough to drink. Punting too much today, in my opinion, might not be too much for you and it may or may not suggest that you have a punting problem...The RSA thing doesn't quite correlate with the RCG; and the impacts that we're trying to reduce and protect the community from by our RSA actions are completely different time frames and impacts that we're trying to protect from with our RCG; and the ability, just like you can see someone who's had enough to drink. We may differ in our interpretations. But we probably wouldn't differ in our interpretation of damaging gambling impacts if we knew all the information that we probably don't have. (SFS3)

### 4.3.3 Responses to patrons in the venue

Responses to patrons in the venue are discussed in terms of: responses when people ask for help or disclose a gambling problem; responses of frontline and managerial staff to patrons with problem gambling behaviours who do not ask for help; and responses when approached by a family member or friend who is concerned about a patron's gambling

#### Responses when people ask for help or disclose a gambling problem, including self-exclusion

Participants were generally very well versed in what to do if approached by a patron seeking help for their gambling. For example, one frontline participant related how her venue's staff take an approach by a patron seriously, respond immediately, and refer the matter to a supervisor:

We have clients that will openly say, 'I'm losing too much money, I have a problem'...We would take it very seriously. We would absolutely treat them with compassion, very empathetic because we realise how difficult it is to come forward and seek help. Then it would go through the process...I would say you realise that we do here, at X club offer this, this and this and we can help you...We give them the [Gambling Helpline] number. From that point, for me, I would go straight to the supervisor, I would relay the conversation I've had. We have a book where everything is written down. (WFS1)

Similarly, a manager explained the response at her venue:

The supervisor has to drop everything and that's their first priority, and take them off to a completely separate area...and go through absolutely everything. And explain to them the implications, it's [self-exclusion] a six-month ban to begin with, but they have to speak with a counsellor before they come back in. (WMS3)

All participants noted that their venue had a self-exclusion scheme, which they generally viewed as a good option to have available, even though not many patrons with gambling problems self-excluded. For example, one frontline staff member commented:

I think it's a great idea. The whole premise just to give them that chance to push out of the rut that they've put themselves in. (WFS2)

Self-exclusion was also an opportunity to provide people with the contact details for help services, such as Gambling Help or BetSafe. A few examples were given where self-excluders were directly linked to help by the venue:

They're on the same street as Lifeline. So the duty manager walks the patron to Lifeline...their instruction is take them for a walk and introduce them to the people at Lifeline. (WMS6)

We have the chaplain on site...so he meets with most, not all, but most self-exclusions and there's the (phone) number as well. (WMS)

However, the numbers of patrons approaching the venue for help was very small compared to the numbers of patrons that staff observed showing signs of problematic gambling. One manager explained that patrons tended to approach only once completely destitute, and that it was very rare that patrons sought help to prevent a problem escalating in the first place. She said:

The sad thing is almost everyone I've had has come up to self-exclude is because they've had an inheritance, blown the lot, they've got actually nothing left and then they're self-excluding. I had one guy last time, he's probably the real exception to the rule, a youngster who is only probably coming in once or twice a week, \$20 (maybe 40) but he decided enough is enough because sometimes...that \$20 was his last \$20. We did have a guy last year, turned 18 in October, came in and within the space of probably just under four months, lost \$60,000. (WMS4)

Some participants felt that venues would probably be the first source of help that people would seek out. For example, one participant said:

The club sees them or the pub sees them already in there every day and probably knows that they have a problem. So I think that individual admitting it to someone that sees that is probably easier for them than seeking out help elsewhere, or admitting it to a family member. (SFS5)

However, very few people appear to seek help from venues, relative to the numbers of people that staff observe being harmed by their gambling. As one manager noted:

The person that has got a problem is never going to be the one who seeks that help for themselves. They're very unlikely to. (SMS4)

### Responses of frontline staff to patrons with problem gambling behaviours who do not ask for help

Most frontline staff explained that, unless the patron approached them for help, the only action they could take was to report it to a manager. Several participants thought this was a legal restriction on them, while most said that they had been told in their training not to approach patrons of concern:

Obviously, the law, you have to wait for them to come to you. (WFS1)

The RCG course pretty much tells you that you're not meant to [approach a customer] (SFS5)

You're not in the position to go directly to the customer and say something but pass it on to your supervisor or junior manager, and that's all you can do obviously. (SFS3)

Some frontline staff talked about the moral dilemma they faced in being unable to do anything more when they saw patrons causing harm to themselves and their families. One participant who

had been working in a venue for only a few months spoke about the 'role contradiction' she felt, while others felt uncomfortable about other people's suffering and wanted to do more to help them:

...we work at this venue and we are supposed to be revenue raising and it's part of our job, but at the same time morally we can see that they're there every day, they're spending their money. I definitely don't approach. I haven't yet had anyone come up to me... (WFS3)

It's pretty hard being in gaming. I still think about it all the time. These poor people and how their family's coping, are they eating? You get these horror stories of old people...eating dog food because they're gambling, and it's, 'Oh'. (WFS1)

Especially at a club we have a lot of regulars and we always consider them good friends so we want to help them if we can, but the law limits us approaching them. If we were just trained or allowed to have a little bit of leeway with that, I think it would benefit them. I think their families would appreciate it...but we just know we can't...I think staff would be open to it and definitely if a staff member doesn't feel comfortable I'm sure a manager would do it. They deal with situations way worse than that all the time. (SFS1)

### Responses of managerial staff to patrons with problem gambling behaviours who do not ask for help

The managerial participants identified situations when they would definitely intervene with patrons and ask them to leave, although these did not appear to involve offering help for problem gambling. These included aggressive behaviour, asking for money and leaving children outside:

The ones that we don't allow is quarrelling or borrowing money or cigarettes or anything. (WMS1)

I've sent people home before when they left the children outside. (SMS3)

Instant banning on people borrowing money from other patrons. Any kind of violence towards staff or machines is an instant, they're straight on to it. (WFS1)

Violent behaviours linked to gambling appeared to be quite common in some venues. One participant commented:

Our patrons are quite violent...nine times out of 10 it will be over gambling. It will start out with a pokie machine or they want to start trouble in the gaming room or TAB. Standing behind someone going, 'Oh my God, hurry up, I want to put a bet on,' because we have the one machine. (SMS3)

A few participants commented that that drug use escalated anger and violence over gambling losses. One noted:

That anger from the losing is enhanced by the drug use perhaps. Yes. I'd say it's all the drug users and drug dealers and stuff getting rid of some money, cleaning up some money [in the EGMs]. (SMS1)

Another manager spoke about her response to violent customers and how she attempted to break their attention away from the EGM when she intervened:

I ask them if they're okay, honestly, because my duty of care is there for my staff as well...I do have my guard close by...Then I actually have a chat with them, to see if they're okay. Just to break the cycle, get them not thinking about that machine...We just have to try and break that focus and hopefully get them to calm down...offer them bottled water and say, 'Why don't you try your luck another day?' (SMS2)

Managers and supervisors might become aware that a patron is showing signs of problem gambling after being notified by frontline staff, by observing these behaviours themselves, or through various systems in their venues. For example, one manager explained:

We have access to supervisors, we have access to cameras, so we go in there and then we record, so we actually deal with it [record the incident] at the time and then report it back up at the end of each shift. (WMS1)

Once aware of a patron of concern, some managers noted that 'probably not much happens' (WMS) or they would wait and see, while others said they responded immediately by having a chat with the customer to try to open a line of communication with them. This might then lead to provision of gambling help material to the patron. For example, two frontline staff and two managers described the approach in their venue as follows:

The manager...might go and have a chat with them [about something other than gambling] just to become friendly so they know that...they can talk to someone if they are feeling a bit down. (WFS2)

[The managers] keep an eye on it and then after a while they say, 'Okay, let's go and provide them with material,' or they just have a normal chat with them and see where that goes...most of the time they go up to the person and provide them with BetSafe [card]. (SFS3)

We acknowledge it straightaway...I just go there, 'What have you been up to? Is it hot outside?...Have you had something to eat tonight?' (WMS2)

Management go and do a welfare check...They literally just strike up a conversation like, 'How are you going today? Can I get you some water?' If they assess that there's a problem, they'll then notify our chaplain or try to refer that person to counselling. It's kind of an escalation process. We don't expect our regular floor staff to address it. (SMS1)

Other managers also emphasised that frontline staff, and particularly inexperienced staff, were not allowed to approach patrons showing signs of problem gambling. Two explained:

The situation's very delicate, and you're dealing with people's pride and...you could say something that could really insult them. You don't want that at all, obviously. Anyone who's new knows to go straight to my gaming supervisor, and if she's not there, then managers. (SMS4)

We have staff who are like 'it's just the same as your RSA. They've had too much, they need to be cut off, they need to go'. But...[others think] they're good, they're playing. There's so many personal differences that you shouldn't let that get into the workplace...I think if you had every gaming attendant being enabled with the power to go and say to someone, 'Do you want to talk? Do you need help?' they would be giving them crazy advice...It's like we say to them, chat but don't chat about gaming. (WMS)

However, a few venues did empower more experienced frontline staff to approach patrons of concern. For example, one participant said:

No one would be surprised if I came up and asked them how they were going because they would have heard me ask other people how they were going. I'd ask them exactly the same way and I wouldn't actually mean how you're going, [as in] 'Do you have a gambling problem?' because it's the start of a conversation. If it doesn't go anywhere then it doesn't go anywhere. You definitely don't try and push it unless there were some reasons that you felt the need to, based on other information, but it's just an ongoing conversation. (SFS2)

### Responses when approached by a family member or friend who is concerned about a patron's gambling

Participants described varying procedures when staff are approached by a family member or friend about a patron's gambling. All responses described were limited to providing advice to the family member, rather than trying to directly assist the patron of concern. It was therefore left to the family member to try to convince the patron to self-exclude or seek help.

Two frontline staff noted that an approach by a third party would be immediately referred to a manager, although neither were aware of what the manager would do after that:



If we have a family member coming we've got a clear cut policy. It says step by step what you do. You have to take this family member's view seriously. It goes through the process. It gets taken to the manager and to the CEO...I've got no knowledge of what happens after that. (WFS1)

At the reception you get people coming to the desk or they'll call. They don't give us a clear cut procedure. Obviously, it's always straight to the manager. We don't know anything. (WFS2)

Some managers explained that they would provide the third party with information so they could contact the Gambling Helpline to assist them. One explained:

You've got your contact cards, information brochures and encourage them to ring the helpline...and they'll help on the strategies. 'This is how you talk to your auntie, this is how you talk to your partner to try and open the conversation.' Way beyond the level of what we expect from our staff who are already up to their neck. (WMS6)

Some frontline employees and managers described that they would provide the person with contact details for BetSafe which provided information and support for family members. For example:

BetSafe offers counselling to family members as well. I know from that, with a few people, it's given them the skills to actually approach the partner, a friend, family member in a way that's I think's a bit more proactive than, 'You've got to stop gambling.' It also gives them the tools to protect themselves like changing bank accounts or, 'This is your allowance'. (SFS5)

We will refer them to our program provider [BetSafe], basically trying to get them to work with them, how they can gain strategies to approach their family member. They'll pursue that as far as they can, and if that's not working they can pretty much request a third party exclusion. (WMS)

This same manager explained more about her venue's approach to third-party exclusion:

That's where they'll have those conversations with the family. They'll ask them obviously to provide evidence that it is having financial impact or other impacts on the family that they basically can have addressed by individual. It will give the individual an opportunity to respond or counter it, but otherwise if that's the case we will enforce it. (WMS)

One manager was critical that the usual response was limited to advising the family member to try to convince the person to self-exclude, rather than the venue being able to help the patron directly. He felt that this was very restrictive:

We're not allowed to say we'll offer to put them on the self-exclusion scheme. No, we have to tell that wife or that daughter or that whoever to convince that person to ask themselves, because we're not allowed to offer that as an option. That's tying our hands badly. (SMS4)

Sometimes, family members could be angry and aggressive, as described below. In these cases, the venue usually asked the family member to leave and would not approach the patron of concern:

We just have a wife turn up almost every night in her dressing gown. She'd wake up and her husband wasn't in bed, he pretended to go to bed and then sneak out...Because ...she was getting quite aggressive with us saying, 'You can't let him in,' and we're there going, 'We can't [refuse to let him in], he's not intoxicated, he's well dressed.' We can't say, 'No, you can't come in.' He's a member. (SFS5)

She'll ring first. 'Is he there?' We say, 'No we haven't seen him'. She'll go to the pub then she'll come down here. She'll be throwing him out of the gaming room. The only thing we can do is...say to her, 'Take a [BetSafe] card and contact them...because we haven't got grounds to intervene. He's not intoxicated so we can't kick him out. If you're going to have a domestic you're going to be the one going'. (WMS)

#### 4.3.4 Barriers to identifying and responding to patrons in the venue

The participants raised numerous barriers for staff and managers in identifying and responding to patrons in the venue who are being harmed by their gambling.

##### Venue management's prioritisation of gambling revenue over people's welfare

The most frequently mentioned barrier, by both frontline staff and managers, to assisting patrons being harmed by their gambling was venue management's prioritisation of revenue over people's welfare. Several indicative comments are below. These participants variously pointed out that: there is no current policy that prevents problem gambling or assists people before they reach crisis point; that staff and managers are pressured to protect revenue over patrons; and that venues particularly want to retain their heaviest gamblers because they provide the most revenue:

At X club, we're pressured – unwritten pressure – that we have to keep clients because that's our pay...It makes it hard to try to come up with a policy or a way to target these people that are going under the radar that you do know have a problem...especially high-rollers...because the club is not going to want to change because they are bringing so much revenue into the club. We're more focused on the people that are showing obvious signs, but that's too late...we could have got them back then but we've got no way of doing that because there's no policy. (WFS1)

Someone that is spending a lot of money in the club, they're a valuable customer. You don't want your diamond members going, 'I'm never coming here again.' Or at least the club doesn't want that. (SFS5)

When I'm doing entertainment upstairs, [the manager] is like 'They can't just go to the show and enjoy the show. You want to try and push them into gaming.' (WFS2)

The revenue is more important to the club because they don't want you wasting your time on checking and everything. They'd rather be trying to get the money. (WFS2)

Some managers explicitly articulated the inherent conflict of interest in expecting venues to care more about their patrons than profits. This undermines RCG and gives venue management the latitude to ignore patron welfare:

That's where the problem is with pokies. They're going to be very reluctant...to jeopardise that income stream...that's the eternal struggle. That's only going to come down to the personality type of the person who runs the business, to be honest. If that's going to change, that requires the person at the top to care more about people than money. The very basic root of it, that's what it comes down to. (SMS4)

When it comes to helping people, there's a conflict of interest between the business that you're working for and the money that they are trying to generate, and you helping someone. I feel like that's the biggest deterrence in people. (WMS2)

Other participants also pointed out how much venues rely on EGMs for their revenue. Three managers noted:

When I started at the club, this is only six years ago, over 90% of revenue was from the gaming machines. (SMS1)

I've had the owner of [hotel group] come in...He will constantly question you if someone's not in the gaming room...Because that's where the money is. When you empty the machines at night, you know...that's keeping the place going...For us, it's a cultural thing. (SMS3)

When I joined the club, that was the biggest culture shock I've had in my whole career...it's predominantly gambling and that's what the focus is...they're all on the pokies and you just watch them day after day. (WMS3)

In some venues, RCG was never or hardly ever spoken about with staff, as noted here:

It comes up once or maybe twice a year. (SFS3)

In my training they tell you about the responsible service of gambling, then they just leave it to you to act upon it. (WFS3)

### Little attention or resources are typically devoted to patron welfare

Management in many venues appeared to devote little attention or resources to patron welfare, as indicated by these comments. Participants often mentioned that their venue was understaffed, leaving little time to interact with customers:

They [managers] never walk around. They're upstairs or watching the staff...they're more concerned about the staff than the players. (SFS4)

We can see it anyway, how much they've had to drink, whether they're going through their purse trying to find money...We have lack of staff. That's our problem, and we don't have time to stand and talk. We've got about 100 machines. (WMS)

If anything happens or if someone gets agitated in the pokie room or if people start bickering...I can't leave the pub floor to go upstairs and do all the admin and security work and whatever to see whose issue it is, so by the time that it reaches my licensee or someone who can actually deal with something a bit more...it's lost. (WMS)

We've had someone in the past who actually organised everything stipulated or RCG regulated, or things like that. Then she left and the position never got filled again, and it got forgotten. (SFS2)

### Staff are typically not allowed to assist patrons of concern

As explained earlier, staff are typically not allowed to assist patrons of concern, and are told this in their training and often by their venues. Some employees thought this was a legislative restriction. Instead, they are generally instructed to refer the matter to a supervisor. For example:

[Training told us] just contact your manager, if you see something like that. They don't let us do anything. Like we may have the connection with the customer, but then a manager comes in and it might make the customer feel like they're in trouble or something. They don't give us any idea of what we can do to help them. (WFS2)

Some managers also emphasised their understanding that they cannot intervene with patrons unless the patron requests help. For example, one said:

I understand from the legislation that you cannot step in. Unless the patrons asks for help, we can't intervene. (WMS3)

### It is easy for staff to ignore patrons showing problem gambling indicators

Many venues relied on frontline staff to report problem gambling behaviours, but there were generally no mechanisms or incentives to ensure this occurs. Thus, staff could easily choose to ignore patrons showing problem gambling indicators and to not refer these matters upwards. This was because supervisors might be rarely in front-of-house areas, due to poor communication channels, lack of feedback or action from managers about what happens afterwards, or because staff were too busy.

Some participants spoke about how infrequently supervisors were on the floor in their venue, and that they might not see them for their entire shift. This hindered communication between staff and supervisors and between staff on different shifts. It also meant that managers might be out of touch with how gambling was impacting on patrons. For example, one frontline staff participant explained:

My gaming manager, he doesn't really come downstairs so he doesn't see the human effect, he sees the money effect...Then he's got another lady that does the self-exclusion and speaks to the people, but she still doesn't have that connection. There's just no middle person that can connect to the manager and us floor gaming staff...We had a customer punch one of the machines and break the whole screen. Obviously, that's a big sign that something's wrong but the manager didn't know until a week later that that happened. (WFS2)

When asked, given that supervisors are not always or often present in the front-of-house areas, whether it was up to frontline staff to advise them if some patrons are showing signs of gambling problems, another responded:

Yes. That's definitely correct, yes. (WFS1)

Because supervisors might not be readily accessible to frontline staff, only extreme signs of problem gambling might be reported, as indicated here:

I only go to the junior manager or supervisor if I'm really 100% sure that there's a problem there. (SFS3)

Other participants explained that lack of feedback about what happened when they reported patrons of concern also deterred staff from reporting. For example, one frontline staff member explained

We're left in the dark...when we tell or request help...that makes us short to try to help other people or to know where the process is going. (WFS1)

Staff could also be deterred from referring problem gambling behaviour to a supervisor because they knew that no response would be likely unless the person had asked for help or admitted they were having difficulties with their gambling. For example, some participants said:

It's done in a way where it's like, 'Bruce has been to the ATM a few times.' It's like...we would never approach him and be like, 'Here's a BetSafe card.' We would wait until Bruce is like, 'I've spent way too much money tonight.' Then, 'you know there's this, you can get counselling,' you bring that up in conversation. (SFS5)

[Their attitude is] you can't really do anything until they ask for help or mention something that might sound like a problem. Let's just stay out of it. (SFS5)

While staff were confident they could recognise the indicators, problem gambling behaviours were not always reported to supervisors because the staff and managers were already busy and stressed. For example, this frontline staff member said:

You're dealing with tiredness, the pressure of being understaffed, that you're doing four or five people's jobs. The managers are doing four or five different jobs. You're not going to be annoying them when...you've got so much on your mind. (WFS1)

### Age and experience of staff

Participants described how young and inexperienced staff were less willing or confident to interact with patrons. This included initiating a conversation where they might be able to assess a patron's welfare or provide an opening for patrons to raise any difficulties they were having with their gambling. Some indicative comments were:

When I started...I was too nervous to go up to people and ask what they'd like to drink and to talk to them about their day. (WFS2)

I think a younger person isn't going to tell an older person what to do...an 18-year-old or even a 30-year-old isn't going to most likely give advice to an older patron or even a younger patron. (SFS4)

### Varying levels of job commitment and commitment to RCG amongst staff

Varying levels of job commitment amongst staff also impacted on the implementation of RCG. Reflected in high staff turnover, many employees stayed in the industry only while they were studying or as a second job. These employees tended to be less committed to the organisation, the community and to patron welfare. One participant explained this as follows:

At my work, we've probably got five people that have been there for say 30 years. The rest are all...uni students or it's a second job. We went through in the last 12 months 60 staff...they're only there to do their shifts. They've got no emotional attachment to the company. They know it's only a short term, a year or so. There's no point being invested. (WFS1)

Perhaps reflecting the high proportion of casual and part-time workers, other participants noted that most staff were not interested in RCG and did not care about the welfare of the venue's patrons. When asked 'what's the attitude of staff to RCG in your venues?' responses included:

Disinterested. (SFS2)

They're just there to earn their wages on the weekend and go home, and if someone's having a hard time, they're probably off in 20 minutes. There is that kind of thing, and I saw that. That's why I think there is a lot of responsibility on venues to try and change that culture. (WMS3)

They are just interested in just showing up, getting their pay check and leaving. There's a lot of people that just don't care. They don't care about their role, let alone other humans. (SFS5)

It's not my business. (SFS4)

### Not knowing the patron's circumstances or likely response

Participants raised concerns that intervening before the person had admitted to having difficulties could result in them denying a problem or becoming angry. For example:

Obviously, we're not going to just bombard a person and say, 'We think you have a problem,' because they're just going to shut down.' (WFS1)

Me saying, 'I think you've had enough,' can make people really angry. (SFS5)

Not knowing the patron's circumstances also made staff hesitant to approach patrons of concern, and some were apprehensive about invading the person's privacy, being an unwelcome interruption, or implying that the patron has been gambling too much:

Mainly we want to stay in a job, so it makes it very hard doesn't it because you've got people...probably putting in more money than what they should. It's a very fine line when you go and just step in and say something probably because that's if you don't know the situation...so it's tricky. (WMS3)

That's a tough one because it's like, are you overstepping their privacy and stuff? (WFS1)

The ones that are seriously pumping the money through, even when they press the drinks button, they don't even want to tell you what they want to drink. We teach staff don't go up and say, 'The usual? The same again?' because it implies that they've been here too long, so you have to be very, very careful. (WMS1)

### Cash dispensing and ticket-in ticket-out machines

Certain changes in venue practices were also said to impact on RCG. The provision of cash dispensing and ticket-in ticket-out machines had resulted in less interaction between staff and patrons, and less opportunity for staff to be aware of how much a patron was gambling. Two frontline staff explained:

You deal with them less and less...You used to have to at least cash them in. If they want to cash in now, we've got one of those little terminals where they can...cash their own ticket in. You really don't see what they're doing. (SFS3)

I think there is less interaction these days...because we're not writing out the tickets anymore. You're not there with that little old Mavis winning \$10 or someone getting his \$50 out...with all the technology with the CITs [cash in terminals], ticket in, ticket out...there is less awareness of how much people are winning and playing. (SFS5)

Similarly, self-service betting terminals and the ability to bet via smartphones meant that staff were also not aware of how much patrons were betting on sports or races. One explained that:

They'll do it on the electronic betting terminal or their phone. I never really see what people are betting. (SFS5)

### Food and beverage service at poker machines

Providing free drink and food service to patrons at the machines was raised by several participants. Most considered that this practice kept people at the machines, although some different opinions were given. Some contrasting views were:

It's a way to keep them in the gaming room, but it's also a way to break their attention from the machine. Constantly walking around asking how they're doing, offering food, offering drinks. We don't think it keeps them in there. (SMS1)

The important thing is to break that bubble as much as possible. If we do that through the occasional, 'Hey, we've got some food, how are you doing?' Even just slight switching back into reality. That interaction with a human being is sometimes a good thing because anything that makes you think about what the impact is of them doing this in the real world is important. (SMS4)

I think it keeps them there [at the pokies]. Why am I going to get up and go outside and buy lunch when you've just been given lunch? (SMS2)

However, the ability for patrons to have alcoholic drinks delivered to them at the machine was considered a negative for both RCG and RSA:

Before, at least people were getting up and walking away and having a break from the machine and then they're sort of like, 'Oh, I've been here for umpteen hours. I may go.' Now that we have drink service, the club sees it as a benefit. I do not see it as a benefit because they're now plastered...Also then it knocks over our RSA because if someone is sitting for four hours, unless you're counting their drinks, and until they stand up and then fall over, or become an issue with anger or what not... (WFS1)

They have laws in place where the ATM has to be so many metres away, so it makes you wonder why there's a drink service when you have other rules in place that would work. (WFS3)

### Staff can be allowed to accept tips from gambling customers

An additional incentive to ignore the welfare of heavy gamblers is present where staff are allowed to accept tips from gambling customers. These managers explained the ethical dilemma this posed for staff and how it can encourage 'up-selling' of gambling, while another manager explained that her venue had discontinued this practice as a RG measure:

There is a bit of an inner war in relation to money. Not just for the venue but for yourself, because there are people that tip. When I worked in [X], we had some really high rollers. It was not uncommon for you to walk out with about...\$250 a night in tips...In a venue like mine, where they don't really tip that often I [now] don't feel like I have to be up-selling our gaming room. (SMS3)

Staff have different motivations, so we have one person who absolutely loves doing the late night gaming because she sucks up to them all and gets tips. Heaps of tips. (WMS)

We don't take tips on the gaming floor anymore. Our staff were making a lot of money off tips. (SMS1)

### Language and cultural barriers

Some managers who worked in venues in culturally diverse areas identified language and cultural barriers as further factors that could hinder their ability to interact with and assist patrons, and identified the need for strategies to address this:

At this venue, a lot of them they fake pretending to not know English. They really do, and they play on it well, because you hear them speak fluent English perfectly. The minute you go up to them and ask if they are okay they are like, 'Me no speak English'... I actually send out my gaming manager because she is also Asian...our patrons are more receptive because they are of the same nationality, and they will listen (SMS2)

I think the next barrier though is language, because if there isn't information, or are you referring them to an in-language counselling service. We could we do more to partner with community groups and community leaders...It's not the one-to-one relationships, it's about community support and network mechanisms. (SMS1)

### RG signage and player information in the venue

Participants were asked about RG signage and gambling help materials in the venue as a harm minimisation measure. There was general agreement that RG signage and gambling help materials were prolific, but that customers did not notice them. For example, two participants said:

Do customers really see it?...Not at all. Because it's only until they bring it up with us and we show them where the help cards are that they actually see. They've probably been walking past it for the last two years. They're so focussed on what they're doing... (WFS1)

We've got good signage but they don't see it. We have to show them. The other thing that you could try and get them to notice would be when they put the money in [the machine] and an alert comes up letting them know... It's the only thing that you could possibly get them to notice some signage. You have to somehow put it in their face. It's the only way. (WFS2)

A few participants also pointed out that patrons did not pay any attention to the signage because it was neither attention-grabbing nor confrontational:

I think a lot of it is pointless. It's ubiquitous but it doesn't have any information, and it doesn't have any attention-grabbing [features]...One in a million or whatever the shit says on the stupid stickers on all the machines. (SFS3)

I think people just tune it out because it's not like the diseased lung on the cigarette pack. It's just like, 'Think about your choices.' (SFS5)

### Illegal practices that undermine RCG

Some participants mentioned various illegal practices that occurred that they felt should be curbed to help minimise gambling harm. Some examples are given below, where participant IDs have been deliberately omitted due to their concerns about disclosing illegal activity:

You're not supposed to give money to people that are gambling. It still happens...and there's even more danger in the fact that you'd have relationships with patrons. They'll come up and go, 'Can you lend me like 10 bucks?' Then you have people that will give it to them even though it's illegal. (SMS)

Their licensee got fired for allowing a patron to withdraw from their credit card over the bar. That happened only three weeks ago. It's really, really common inside the industry. (SMS)

There's giving money to a patron, then a patron is going to go and put it back into a machine. Or put it on a horse or a dog. They still do that. (SMS)

Still giving out free alcohol. (SMS)

They're then taking them home to collect more money to come back. We won't do that. If someone gets the bus in, they go home, that's it, they're done for the evening. They can't then say, 'Hang on, just wait, I'm just going to get more money.' They're giving cash incentives. I don't think they're bending the law, I think they're actually breaking the law. (WMS)

#### 4.3.5 Barriers to the effectiveness of self-exclusion

The participants raised numerous issues with how self-exclusion was implemented in venues that undermined its potential effectiveness.

##### Inadequate communication to gaming staff about who is self-excluded

One barrier to the more effective implementation of self-exclusion was inadequate communication to gaming staff about who is self-excluded. For example, one frontline worker in a club noted that information that a patron had self-excluded would be linked to their membership card, but that this information may not be relayed to gaming staff. This was particularly problematic for partial self-exclusions where patrons might only be excluded from the gaming area but not the rest of the premises. In this situation, gaming staff rather than door staff might be expected to monitor who entered the gaming room:

I think that gaming staff needs to know more than the membership staff because they're the ones on the floor. The managers get the pictures and information and what they need to look at, but they don't relay it on... Then you find a manager going off at you saying, 'Why did you let them in?' If you've got one person at the door and 20 people coming in and then the gaming staff doesn't get notified who's allowed in and who's not allowed in... (WFS2)

A lot of our staff don't know if someone has self-excluded. We do have a lot of people in self-exclusion coming into the pokie room and still playing and participating in TAB/Keno. Even though we have a book with faces, a profile of people, which is confidential, and that's reiterated to staff, but they just don't know. (WMS2)

##### Lack of systems for staff to familiarise themselves with photos of self-excluders

Other participants commented that it was left up to frontline staff to take the initiative to familiarise themselves with the photos of self-excluded people:

I'm never told by management. In that room where they do the payouts, I do see some photos of people but they've never told the staff. (SFS1)

The supervisor should have told them when they were training them... Get familiar with people's faces. I do it every so often. I'll go down and look who's new in there and just refresh because there's so many. Hundreds... the younger new staff should absolutely have access and be told before their shift, 'Just go through it.' (WFS1)

This same participant also pointed out the benefits of keeping staff informed about who had self-excluded, while another frontline employee pointed out that lack of resources meant the system was failing those it aimed to help:

You only need five minutes. If someone had excluded say at midnight and you've got a nine o'clock shift the next morning, how good would it be before you step on the floor saying, 'Bob's excluded himself.' It's going to save so many problems. We're not breaching any laws because we won't be letting him in. His mental health is going to be better because we're on to it. It would make our job so much easier... A five minute briefing with the supervisor before we start, how good would that be? (WFS1)

The whole idea of self-excluding is to help them, and if you don't have the resources to help them, then you feel like you're failing. (WFS2)



A manager of a venue in a large hotel group suggested that self-exclusion was not well implemented because of the hotel group's focus on revenue:

It's probably not policed in our venues as well as it should be, but then there's a very good reason behind that. That's where most of your money comes from when you think of the venue. I think I've seen probably three photos...the photos are always moving. Sometimes they're on the back of the door in the staff room, sometimes they're inside this cupboard... (SMS3)

### The self-exclusion register might not be updated

A further barrier to monitoring for self-excluders was that venues might not update their self-exclusion register to include new self-excluders or remove any patrons who have been reinstated. Three participants commented:

It's hard too, because some of the books aren't updated. A lot of people have actually a set time and they're now [no longer self-excluded] and it's hard when they're etched in your mind. (WFS1)

So we've got self exclusions...but the person who goes through the applications is my licensee...And he's got too much on to bring down a piece of paper and put it in there. (WMS)

I have no idea how outdated some of those photos are and whether or not they're still [currently self-excluded]. (SMS3)

### Too many self-excluders for staff to recognise them

The participants commented that the large number of people who are self-excluded, which could be several hundred in some venues, meant it was impossible for staff to familiarise themselves with all the photos so that they could detect breaches. This was particularly difficult with patrons who may have never been to the venue, but were excluded from another venue in the same group, or as part of a multi-venue self-exclusion scheme (MVSE). For example, one participant who worked in a club that was part of a group of several clubs, described how self-exclusion from one club applied to all the clubs in that group:

Also they're all just in alphabetical order...the thing is to try to find the people that have self excluded from [the club where she works]...Yes, it's practically impossible...I think most of the guys working on the pokie floor they don't even really realise that there is a register. (SFS5)

Other participants referred to the difficulties of recognising someone they had never seen before who had used the MVSE scheme to bar themselves from the venue:

There are probably people that come in that you don't know them. Randoms that have come from another club that they might have self-excluded from, but they need to be self-excluded from this place as well. (WFS2)

Sometimes people have self-excluded themselves, they've included your venue but they've never been in there before...Then they come in here, and then sometimes it's on the off chance that somebody goes, 'Okay, I think that they might be on the thing [register], go back and have a look.' Then you've got to back and say to them and they go, 'You shouldn't have let me in.' It's very hard. (WMS3)

90% of the photo's you're looking at are people you've never seen. Only 10 or 20% of the photos are actually customers. The rest of them are a safety belt. (WMS)

### Difficult to monitor for partial self-exclusions

Partial self-exclusion also made monitoring more difficult. Participants pointed out that monitoring patrons' movements once inside the venue was demanding, especially where there were numerous entries to the gaming areas:

You're just not allowed on the pokie floor. You're allowed in the cafe, allowed in the restaurant, allowed in the gym. Then when they come in it's just that extra like, 'Are they going to come in?' It's just that extra thing to watch. (SFS5)

For a small venue, for us, we have three entrances and two staff members on at some point. For us to police three entrances just into the gaming room solely; we also have another two entrances into our sports bar. (SMS2)

Another staff member noted the futility of partial self-exclusion for the following patron:

There's a guy, he's a partial excluded from the TAB, but he sits in the lounge and he can see the TAB and what he does is he just bets on his phone, so what's the point? (SFS3)

### Difficulty of recognising people from poor quality photos that were not readily accessible

A major problem discussed was the difficulty of recognising people from photos, and that the photos were typically small, of very poor quality, and not always accessible to staff. Some indicative comments are below:

They're always shocking photos anyway, they're always grainy...it's usually the member's photo, that they've got off the system and they're not great cameras...They're usually on a computer or a folder stuffed away in the supervisor's desk, so staff don't actually have much access to it, where we're the ones seeing the people come in. (SFS5)

Yes, we have 135 and the photos are never clear. Back when they originally started it [MVSE], they used to take the photo and send two copies of an actual photo to us with the list. They need to do that again. [Now] they send us a PDF. It's all online...By the time we get the photos, the clarity isn't clear. Especially when the printers are black and white, the photos they give you are very dark as well. A lot of the times the faces just blend in with the background. (SMS2)

### Breaches of self-exclusion are not uncommon

Breaches of self-exclusion were not uncommon, including by people who repeatedly tried to breach:

Twenty people would still try to come in even though they know that they're self-excluded...they do particularly try it out with new staff on the floor because they know they're not going to be as savvy or to check the book and they might get through. (WFS1)

We have actually a lot of people come in from that [MVSE]. There's one guy who constantly comes in and he's a repeat offender and he's actually barred from the maximum venues you can be barred on the MVSE. Apparently they're trying to actually bar him from everywhere here in NSW. This is how bad he is...then a lady that I caught yesterday...who's on an MVSE...She was almost broken down crying because she's caused harm to herself...and blows her paycheck the day she gets paid. The only thing we can do is listen to them, give them the counselling number again...and then just get my staff to be more vigilant. (SMS2)

Another participant noted that it would assist staff if they were advised of breaches that were detected, so they could be more vigilant:

No one's told you, 'This has happened, just keep an eye out for if they come back today or tomorrow. Just keep an eye out. They have tried to come in, they may try again if they've already tried once'. (WFS2)

Despite the difficulties discussed above, staff would be in trouble with management if they failed to detect self-excluded persons, as highlighted below. One participant also pointed to the responsibility of the self-excluder to not breach their self-exclusion order:

Absolutely. We would get in trouble. Absolutely. It'd probably be a written warning. We take it very seriously. Unfortunately, it mostly falls on the receptionist. The poor receptionist would really cop the brunt of the trouble. (WFS1)

I do think everybody has choices, they've chosen to self-exclude so the onus is still a bit on them rather than 18-year-old Jimmy that's stoned behind the bar. He doesn't care, he doesn't know what's going on. (SFS5)

#### 4.3.6 Enablers to effective RCG practices

Some participants identified practices in their venue that were clearly enablers to more effective RCG.

##### Management commitment to RCG

One participant talked at length about how a change in management had been accompanied by much greater priority given to RCG, improved RCG practices in the venue, and the critical importance of management in building a venue culture that is supportive of RCG. The venue's CEO had recent personal experience with a family member's gambling problem, which may have prompted the recent push to RCG in this venue:

We all know it comes from the top down. If the CEO is saying, 'This is what we care about.' Everyone's just going to follow suit...he's been in the CEO position for seven years and I've seen that change...In the last maybe two or three years, there's been a massive push to responsible gambling and he's like, 'We have to diversify away from gaming.' Which we've done and we're still doing. He's been really driving responsible gambling practices and partnering with the university and industry...to provide better training for our staff...It's driven at every level of staffing now. You can see it from management down. The messaging has changed. Where before it was, [gaming's] the baby, it's the cash-cow...Now, it's very much more a human approach. These are people...it's more about impacts and it puts all our staff through a program to identify that, but then also at the same time we started do the welfare checks...We have introduced a responsible gambling manager. (SMS1)

This manager's commitment to RCG had led to the introduction of improved staff training, a RG manager, patron welfare checks, and having a chaplain in the venue who patrons could talk to about any concerns.

Many other participants clearly recognised that the venue management's commitment to RCG, despite its inherent conflict of interest with revenue raising, was the fundamental enabler of improved RCG practices. As one manager commented:

Someone has to give enough of a damn about not wanting to cause harm to people's lives more than looking out for their own welfare essentially. I think that's always going to be the issue. (SMS4)

Nevertheless, this same manager felt that some venues were starting to take RCG more seriously because they were becoming more cautious about appearing predatory by overtly encouraging gambling:

Now, it's just like you can't afford to be doing that anymore. If not for the fact that you've got a conscience, for the fact you don't want to be seen as a predatory venue. You don't want to be encouraging people. It's not comfortable for anybody else in there to see that, to experience that, because that person's going through pain and stuff right in front of you...Nobody likes to be in a room around that...It's not fair on the person, it's not fair on the people around them, so I try to make sure that everyone's doing what they can to minimise that, but for the benefit of everybody involved. (SMS4)

## Diversification from EGM revenue

A few participants noted that their venues were improving their commitment to RCG as they diversified their revenue streams to reduce their reliance on EGMs, as reflected in these comments from two managers:

Especially since buying the [other type of business], they're starting to head more towards being there for everyone, not just concentrating on the gaming. They've realised they're able to actually make money elsewhere. They've changed the training focus predominantly on money, money, money to hospitality and what the core ethics of hospitality is. (SMS2)

If the NSW Government turns off poker machines tomorrow, our club won't open. We get told that every single meeting basically saying, 'We need to rely less and less on these. We're a community club. We're here to benefit the community. We can't have harm.' To minimise harm generated from the machines, as much as we still rely on it. That's the fact of it. (SMS1)

## Mature experienced staff

Participants described how older and more experienced staff were typically more willing and confident in interacting with patrons, which might provide an opening for patrons to raise any gambling-related difficulties they were having. Some indicative comments were:

With age and experience and the more that we get trained at work, the more empowered you feel that you can approach someone, but when you're a newbie you don't have that... There's old-timers like me that are very empathetic and feel a strong community responsibility. (WFS1)

She knows all the regulars. She's come to that familiarity... She has that ability to connect with them on that kind of level that's informal and ask things of them that we [managers] could never ask about. I give her technically free reign because I trust her, and I've seen from her prior performance that she knows how to handle people's extreme personality situations when they've lost a lot or won a lot... If they're pretty young... I insist on being the contact supervisor myself. (SMS4)

Staff who know the regular patrons are also much more likely to become familiar with who was self-excluded and to be better able to monitor this:

It does come down to knowing the regulars though... you've kind of got to have the right staff doing it. You got to have staff that have been there for a while as well. Self-exclusion seems hard. It's necessary, but it's hard (SMS4)

## Counselling personnel in venues

Some participants saw a role for counselling staff in venues who could specifically look out for patron welfare, and who were not in a conflicting role that entailed focusing on revenue raising. Only one venue was mentioned in the focus groups which had a person in this role, a chaplain, which reportedly only a few other venues in the state had. This manager described the chaplain's role as follows:

It's working well, yes. He started on three days and now he's doing four and a half days. He just works his way around the whole club, like everybody knows him ... He builds a relationship with certain people. It all remains confidential, so all we see is a report of how many conversations he's had in a given week, and what those conversations have been about... I think gambling's like 1% or 2% of the problem. Usually it's all the underlying issues that maybe lead to gambling problems... domestic problems at home, alcohol, or relationship failures... We keep dropping his name [to patrons of concern] and pushing and whatnot, eventually they kind of reluctantly, 'Just to please you I'll just go talk to him.' Then they find it really helpful. They find it's non-confrontational. They realise that it's confidential. It's separate to anything else around, self-exclusion or anything else they might be concerned about. He might then say, 'Look, I'll drop in and see you next Thursday'. He gets to know everyone's regular habits. Most of his weekends have been quite structured because he has regulars... we definitely see

Anglo-Saxons and the Eastern Europeans respond really well to him. The Lebanese are kind of starting to, especially middle-aged on, not so much the younger ones...I would imagine that the Vietnamese is...maybe negligible. (SMS1)

### Facial recognition technology

Two venues were in the process of introducing facial recognition technology to help monitor entry by people who were barred from the venue, including through self-exclusion. One explained:

We also are implementing visual readers for facial recognition. People that are self-excluded, the camera will actually pick up their faces, and then we'll ping it to a junior manager who will then go, discretely. (WMS3)

### Reality checks

To break players' fixation on EGMs and provide a reality check, one participant described how the EGMs in his venue beeped at 45 minute intervals and displayed a message (but only if members had their card inserted into the machine):

What does have a little bit of an impact is when you play the pokies at our club for a while, I think it's after 45 minutes or so...it makes a beeping sound and it sort of like brings you to a realisation. 'I've been here for 45 minutes now'...[A message] shows up like, 'Have something to eat or take a break'...I think every club has to do it and every pub has to do it. Otherwise, members are going to be annoyed at it and they're just going to go somewhere where they don't have it. (SFS3)

One manager described her venue's structured approach to engage with players to break their fixation on the machines:

Say someone's been playing for a long period of time. We get a ping. We do it manually...if they've put their card in; if they don't put the card in, we can't do it...The engagement is to walk up to the patrons and talk to them, break them from that cycle. Not offer them anything, just ask them about their day to break them and bring them back to reality. We've noticed since that team plan's come in, a few people who are bored do actually leave after they've had the chat because they've realised the time, they've realised, 'I'm actually hungry, I want some proper food or I'm tired, I want to go home and go to bed.' People do do that. But then others stay. (SMS1)

## 4.3.7 Suggested additional improvements to better minimise gambling harm

In addition to those discussed above, participants made numerous other suggestions to better minimise gambling harm.

### Modifications to gaming machines

Some participants considered that getting rid of poker machines altogether was the best way to reduce the harm from gambling. One participant reported that most people in her workplace held this view, while another reflected that she rarely saw people playing EGMs just for fun:

The dream would be to get rid of the pokies...That is everyone in the workplace, we're just like, 'Get rid of it.' (WFS2)

Do people actually use them (pokies) as just a brief bit of fun? I don't know. I've never seen someone just do it for fun...It's a few people that you see that can come in and have a \$10 slap. (WFS1)

Some participants recommended changes in EGM design and operation. Some were critical that there were no time limits imposed on poker machine play. One reported:

Sometimes you have split shifts. I can start at 9:00, finish at 12:00 or 12:30, see some people. Then I don't start till 9:00pm or something, and they're still there. They've been there the whole day, not moving. (WFS2)

Large jackpot amounts were also seen as encouraging heavy gambling. One participant pointed out that limiting jackpot prizes would reduce expenditure and gambling harm:

We wouldn't even need to have RCG, any signage, anything like that if the jackpots were smaller. If you could only win \$500, you're not going to put in \$1,000. (SFS5)

Another participant felt that people would spend less time playing poker machines and suffer less financially if the return to player was higher. He said:

Less government tax, bigger payouts...I think people want to win...kill the time factor in playing poker machines and [give them] the feel of winning...More wins. (SFS4)

### Government action to reduce gambling opportunities

Several participants felt that reducing gambling opportunities was necessary to reduce gambling harm, and that it was unrealistic to expect venue staff to effectively address the problem while the government allowed gambling to be so widely available, including online gambling. These participants spoke about the hypocrisy of the government wanting venues to reduce gambling harm, while at the same time enabling easier access to gambling in order to increase gambling profits and taxes. Some indicative comments included:

NSW is addicted to the money we make in those pokies. (SMS4)

It's just how can we get people to play more even though...we're acknowledging that there are problem gamblers, but they want that increasing profit...Yes, and you can play anytime 24/7. You don't even need to go into a club. I think again when there's all this talk on the owners on staff and venues, it's like hypocrisy. (SFS5)

It still amazes me how, in Australia, governments are getting money off it obviously. They get taxes and stuff like that. They're promoting gambling in a way, because they let everyone play pokies, and then on the other hand, they're trying to be the good guys and say, 'Look, yeah, but we provide you with this and we do this and we do that to stop you from being gamblers.' It doesn't make sense to me. (SFS3)

Participants made further comments on the widespread geographic and temporal accessibility of gambling that the government allowed:

I think it's not a problem we can solve from the venue. I don't think that's where the real impact of staff is going to happen. It's the government's decision about how much to allow the gambling to happen in this state. (SMS4)

We're talking of the two biggest areas in terms of the amount of dollars put through poker machines. The low socio economic area is highly diversely ethnic...You've got these clubs that are in the middle of the suburbs open 24/7...The gaming opens for 21 hours in our club. I've always questioned, 'Why does it have to be open till 6:00am in the morning...they live in the venue gambling. (SMS1)

Nobody is going to the ATM after 2:00 in the morning for anything good. (SMS4)

Putting the responsibility solely on EGM venues, and on venue staff was seen to be inappropriate in the absence of other measures to reduce the proliferation of other gambling opportunities. Two participants noted:

Is shutting our doors, reducing the number of hours that we're open an answer? Maybe not, because then they do it online, and that's completely unregulated. (SMS1)

We do need to be careful where it is coming back to the onus of the staff and the venue...It does worry me about when they're starting to look at tightening up RCG more. It's like is that going to come back onto us or some 19-year-old that's just like, 'I'm just trying to save up for Europe,' and meanwhile someone's lost their house and then it comes back to them somehow. (SFS5)

Nonetheless, participants felt that venues did have some responsibility to try to minimise the harm from gambling. As one participant noted:

At the end of the day they're the ones who are providing the machines and it's where you get your gambling addiction from. (SFS3)

### Interrupting players' fixation while playing EGMs

Some participants noted the need for measures that break the hypnotising effects of EGMs on players. One participant described this as the 'bubble':

The biggest problem is that bubble of suspended reality that's around a person...Just non-thinking, slipping money in the machine without thinking about the impact on the real world while they are mesmerised watching the machine...When they go to the ATM or whenever, at every chance possible, they stop and go, 'Jeez, I haven't paid rent yet. I haven't got the kids' food for the weekend,' before they go and get more money out...they look like a zombie, in a trance...They'll just keep slapping on the button rhythmically. And let's face it, the machines are programmed and designed to be conducive to that. (SMS4)

This same manager suggested having an audible clock in venues, as this might also break some players' dissociation with reality:

Maybe making the time thing audible. How you have the bell chime when it turns on the hour...Having digital clocks in the machine is one thing but it doesn't really help them keep track of person's time. If you got an audible thing that goes off for everyone, that would be explicit. (SMS4)

As described earlier, one participant described how the EGMs in his venue beeped and displayed a message after 45 minutes of carded play, while another manager described how they had a structured approach to engage with patrons who had been playing EGMs for a long time.

### Use of facial recognition, digital ID, and ID scanners to better monitor self-exclusion

Participants identified the use of facial recognition, digital ID, and ID scanners to help overcome the challenges associated with monitoring self-exclusion. Two venues were in the process of introducing facial recognition technology, as described earlier. Some participants from larger venues also explained how technology could be used to facilitate monitoring for self-excluders:

You've got scanning and cameras everywhere already and setting them up, such that people who chose to be excluded would put their photo in...The computer tells you that face has walked past your camera. You go and see them and say, 'You've chosen to exclude yourself, I don't even need to know who you are. All I need to know is that the computer says you need to leave'...it's about people helping themselves. It's about them being able to have a better life. There's suffering out there and how do we solve that? (SFS2)

We've started talking about the driver's license gone digital. People need to either sign up or come in with the driver's license or their membership card. We started talking about, 'If in five years that's been adopted by a large number of people that are coming in and it's all digital, that becomes an automatic point where we can cut people off.' The other thing actually we are in trials of is...facial recognition. (SMS)

It would be good to have...a very clear crystal image...tied into your ID scanners system...a lot of the big poker venues are in the precincts where they have to have ID scans anyway...To put all the onus on the staff is a little bit draconian...I know the nature of addiction is that people are going to come back in...you don't want staff to have this expectation and try to remember 135 photos of people. (SMS4)

### Stricter behavioural guidelines for patrons

Another suggestion was to introduce strict guidelines on behaviours that would not be tolerated in venues, to give staff a definite basis on which to intervene with patrons:

Strict behavioural guidelines maybe to eliminate those people who are feeling the pinch that they start talking at the machine, 'Come on.' Out loud. Saying stuff that's in their mind. That desperation element is a dead giveaway that people are getting angry. If you had some way to instil really strict discipline, strict rules about behavioural things that are happening, you could control some of it...If people knew that they'd get removed for it, they might not go in there as much or they'd leave before they lost. (SMS4)

### Local gaming accords

A few participants agreed that local gaming accords could be helpful, and could operate in a similar manner to local liquor accords. One described this as follows:

We have local liquor accords as well. They've been put in place to address alcohol at all different levels, in venues and prevention. They run programs in schools and whatnot. If you have the same for gambling-related issues, but locally, you'd have your committees or your groups, it's free. You could set up a WhatsApp group today and you could just keep each other in the loop. It's just another mechanism. (SMS1)

### Improved public and consumer education

Improved public and consumer education, including in venues, was also proposed to improve upon the stickers on EGMs that were seen as completely ineffective. One participant explained:

It's just not effective, these yellow strips, all that. If they could do that for packaging of cigarettes, I think they should implement something for gambling, something more effective than this...It would be great both [in the broader media and in the venue], but if anything, maybe in the venue. Setting a rule on having stickers on something is just not enough. (SFS4)

Other participants considered more public health education was needed outside of venues. One explained:

There's no other gambling conversations outside the venues...There's nothing, there are no government strategies for people...I feel like there has to be more strategies outside of the premises...Like in schools or something. You don't just attack the problem when it's a problem. You start educating. I didn't know anything about gambling until I was 18...There's nothing, it's such a taboo subject. When you turn 18, it's like, 'Oh my God, gambling...It's so hush hush and everything. Nobody talks about it. (WMS2)

### Reduction in gambling advertising

Some participants thought that gambling advertising should be curtailed, especially for sports betting, which they considered to normalise gambling among young people. These participants explained:

In any sport event they go on about the odds. The odds, odds, odds...most kids are like what do you think the odds of them winning are?...it just becomes part of the problem...players talking about the return and the price, and it's just making it even more every day when it's not. Sport and the betting are separate things. (SFS3)

I personally would like them not to advertise gambling. I think it should go the same way as cigarettes (WMS)



### Better compliance mechanisms

Participants thought that better mechanisms could be introduced to combat illegal practices, and to enhance RCG, because checks by licensing police were too infrequent to ensure compliance. One suggested a phone number so staff could report non-compliance to an independent body:

If compliance isn't being done, if procedures aren't being followed correctly particularly with gambling, staff can voice their concerns to...an independent body...There was a gentleman when I worked in the RSL club in my home town, who did spend \$10,000 in a day. They did nothing about it because he was our biggest gambler...'Don't approach him about it.' I think that when you have concerns like that...and the venue isn't addressing it, I think there needs to be a independent body ...[Staff] can make that phone call. There's the number. (WMS1).

### Improved support for RCG from industry associations

Some managers articulated that the industry associations could do more to advance RCG through ClubSafe (clubs) and Gamecare (hotels). One manager said that her venue was a member of ClubSafe, but that the only initiative she had seen was a ClubSafe sticker saying the venue was a member (WMS). Another manager explained that ClubSafe had a standard and a more expensive premium package, and only the premium package included on-site inspections (WMS1). Another participant, an RCG trainer working across the industry, noted:

Same guy that designed Gamecare designed Clubsafe. So it's a similar thing, and you're not seeing auditors or anything else. (WMS6)

In contrast, a few managers noted that BetSafe provided a better service, although it was thought that only about 100 venues were members. (In fact, the BetSafe website advises that over 70 venues from NSW and the ACT are members). One participant commented:

That's when I've reviewed them a number of times and in the past, I think BetSafe is better. There's more support and training. (WMS3).

### 4.3.8 The accredited RCG training course

The participants voiced some mixed views on the accredited RCG training course in relation to its content, delivery, assessment and usefulness in equipping staff for their RCG roles in gambling venues.

#### Positive responses

Some positive responses included:

My course was great. The teachers were good, the delivery was good. It was a fun course. I was able to retain a lot...Reading, discussing and then doing a mini test kind of thing. I thought it was good because you can see what you're retaining. You're getting other people's perspectives because we're all different. I liked everything about it. (WFS1)

I liked it. Definitely pushed me away from gambling. (WFS2)

I really liked mine, but I think that it'd be good if it could incorporate some of the TAB stuff, so that they're not two different things. (WFS3)

However, many more participants were critical of aspects of the accredited RCG training, as discussed below.

#### Futility of training staff to recognise the signs of problem gambling

Several participants noted the futility of training staff to recognise the signs of problem gambling when they could not do anything to assist these patrons, as they were instructed to not interact

with patrons of concern about their gambling. One participant noted that this contradiction was recognised by both the trainer and the trainees:

I found it a bit interesting and a bit shocking because I did the RSA the day before, and so found out all this horrific stuff. Then it was, 'What are the steps that you take to help them or get them out of the venue?' At the end of it, it was you basically can't do anything. I was there going, 'This is a waste of time'...and even the instructor commented to us how silly it was...He was like, 'Just remember, if you see the signs, you can't do anything.' We were all laughing. (SFS5)

Another participant also strongly articulated that staff training was an inherently ineffective means to reduce gambling-related harm because staff were not empowered to limit people's gambling. Instead, he felt that the focus should be on providing mechanisms for patrons to limit their own gambling through pre-commitment:

You can't have staff being trained in anything that's going to help counter the problems these people are having because of that free choice. If someone's got the free will to go, we can't limit what they choose to do from the venue side. There's no premise for us to base that right on...What the research is aiming to do is to find a way to change what we train them in the RCG to make it more of an impact on the harm that's happening with the machines. It's not going to be an effective angle. The closest thing that I think would have any impact is the limitation cards that they were talking about. The pre-commitment thing is a move made by that person. Limiting their own choices and they are aware of their own problem and that's effective. To put it in the hands of the venue, you're always going to have a problem with people trying to make money from that harm, the providers. You're going to have this problem about shy staff who don't know how to deal with that emotionally volatile situation, and trying to tell someone that they're wrong in any branch of customer service is incredibly difficult. Especially when it comes to something they're going to be ashamed of. They're going to be angry about it because they're already angry about losing their money. They're angry at themselves not being able to stop themselves...If you have a staff member...speak to them about that problem, that's unleashing a whole bunch of negative energy that's going to come out in anger. That's not going to work out well for anybody involved. It's hard to find what to train somebody in, in RCG. (SMS4)

Other participants also noted that they either were not empowered or were reluctant to do anything if they recognised signs of problem gambling in a patron. Three frontline staff said:

You know something's wrong but there's a grey area, what can you do? (WFS2)

We're frontline staff and we're on like \$20-\$25 an hour or whatever. Do I really want to put myself in a situation dealing with that or do I leave it up to someone who gets paid more and it's actually his job? (SFS3)

It's not my business and I've got my own problems. Sure, there will be a degree of sympathy or maybe if I could pass a word on something about, but at the end of the day, I've got my life, they've got their life. (SFS4)

### More emphasis on the human aspects of problem gambling

A few participants felt that the course would benefit from more emphasis on the human side of problem gambling, and better training in customer interaction skills and mental health. This would enable staff to relate to patrons, prepare them for the emotional demands of their role, and would convey the importance of their role in RCG:

Emphasise the human impact a lot more. If it's a young kid talking about what it's done to their family or something like that. (SMS1)

There's one course I do for one RTO [registered training organisation] that has this content. It's all about the stories about people who got so desperate and started stealing money and got caught...that really shows the desperation people go to when they get addicted, that's...really impactful too. Make it

real, because people leave that course and think that what they do is not going to affect anything. (SMS4)

I think the course has talked a bit about counselling, but it's brief. It's like a snippet, but that would be good. I think the emotional toll, even when you're doing the course, you're not prepared for the emotional toll. It's a pity that it's just such a small part. (WFS1)

There's also mental health first aid course. I reckon implementing some of that mental health training into the RCG or other training might be worthwhile. (WFS3)

Talking about their experiences being a counsellor...about the personal human nature of her job...Some gambling problems do lead to suicide...That would be awesome if it was in a government policy run course. That they had someone that was in gambling counselling to do even just a five minute talk. So, 'I am the frontline person, this is what happens. This is what I deal with, this is why you are important'. (WFS1)

Instead, some participants were critical that training had a narrow focus on compliance issues, rather than trying to assist patrons of concern. For example, one said:

It's just more compliance, [where it should be] more about that helping or caring for people. (WMS1)

In contrast, another participant, a RCG trainer and former hotel manager, said:

The last third [of the RCG course] has the touchy-feely stuff, conflict resolutions...I'm terrified to teach that to staff. [It takes] six years to be a counsellor. I don't want an 18-year old on 20 bucks an hour putting himself in that situation because you would probably just simply say to your staff 'do not get involved in such a situation. Do not offer advice.' That's why they've got the managers because they've got a bit more maturity with experience. (WMS6)

### Training needed in how gaming machines work

Several comments were made that the course should provide training in how EGMs work, because staff new to the industry often know nothing about this. This training might enable them to convey this knowledge to customers:

Some content about the actual machines, the payout situation. If you explain to them how the machines work. It's like legitimately understanding, it is random. You're not likely to win money but this is why. They might be able to transfer that information to people as well then. (SMS4)

There were a lot of people in the room that had never worked on gaming machines, but he did a massive presentation on the likelihood of you winning any money. That was huge. I remember thinking, 'That's good.' I didn't see that the last time I did my RCG. I guess an emphasis on that, on the fact that nobody wins. (SMS3)

I didn't know what a pokie machine even looked like. When I did my RCG, had no idea. If someone had said, 'like this is a pokie machine, you press this button and you put money in here.' I had no idea. (WMS)

### Importance of explaining the reasons for regulations and policies

A few participants emphasised the importance of explaining the reasons behind regulations and policies to convey what they are trying to achieve. One participant recalled that her course was too rushed to cover this. In contrast, the second participant below, a RCG trainer, explained his approach to engaging the interest of his trainees and enhancing their understanding of what RCG measures aim to do and the importance of their role in implementing them:

They're trying to compact everything and you're not getting to have the long conversations of why this policy is like this. You're just going, 'This is the policy, make sure you remember it for the test. This is the next policy'. (WFS2)

Get the delivery to be focused on not what legislation is, but what it means for you in the workplace...I say, 'All these different things we're going to talk about, all these harm minimisation measures are designed to break the bubble. There's only ATMs outside the room, there's having clocks, and having a story going on with everything to make sure that they're at least interested...then build up to self-exclusion...there's really a huge chance in this life where you have a direct opportunity to help somebody who's in serious need...Because if you drop the ball on this...if you don't do this properly, if you say, 'I don't have that form, I've got to print out some more, or it's not me I'll go get the supervisor', you've just helped that person's life go down the gurgler and you should be aware of that. I try to make that build to that serious level to get them invested...where they see the importance of what we do at the job and how it affects people. (SMS4)

### More practical training needed

Other aspects of course content were mentioned where more training was desirable, particularly practical elements such as money laundering, ID checking and self-exclusion:

There's no practical element...It's about previous court cases and there are elements of personal experience in a few of those, but there's nothing about your job. There's not one thing so that when you go to work, do this, check the signs, check IDs. I get staff coming in and they don't know how to ask someone for ID or identify, and it comes back to RCG training. (WMS1)

Yes, there's certainly the money laundering. If we have more information maybe when we're doing the course about people cleaning the money. (WFS1)

The whole process of self-exclusion because I'm pretty sure when I did my course, that wasn't covered...I know that they will not teach that in our pub. I don't even know where the forms are in our pub to be honest. (SMS3)

One participant considered that learning the compliance elements in the course would be enhanced by the trainee needing to complete an audit of their venue. He explained:

Maybe the back half of the course being that audit sheet and saying when you go to your first venue, take this, walk around and where are the stickers? What's on the ATM? Is the ATM in the right place...at least they've got some actual exposure. and then managers, when someone starts you go, 'Where is it?'...so it's an actual test. They are showing it to someone with an interest and the knowledge to make sure they do it properly. (WMS6)

### Training needs to also cover other forms of gambling

Other participants felt that the RCG course should cover other forms of gambling, including TAB and keno, as well as pokies. For example, one said:

TAB just introduced the compulsory TAB compliance course...it's a good thing because I learned about things regarding money laundering I didn't know, like the signs and the law around it as well in the TAB. But there's nothing like that for pokies. I've never heard anything about that for keno, never done any training for keno. I feel like RCG training, it needs to be steered away from pokies by itself to include other forms for gambling in pubs/clubs, because it's not just pokies. (WMS)

### RCG accreditation should require an on-the-job component

One further suggestion was for RCG training to include an on-the-job requirement. Two participants commented:

You have to clock up so many hours of working with an establishment or on the gaming floor as a trainee, before you actually have your full RCG. (WMS3)

In Victoria, you sign up with an employer, you do four months or six months, so you get some in-venue knowledge, then you can book into do a course...They don't have a course. They have like a mini apprenticeship. (WMS6)

### 4.3.9 Accredited RCG course trainers

Several aspects relating to RCG trainers were discussed in the focus groups.

#### Importance of having trainers who work in the industry

Several participants commented on the importance of having trainers who work in the industry so they can provide first hand, relevant content. Some related comments were:

People who deliver RCG need to be actively working in the industry...within at least a year of the training, like if they're doing one casual shift a week, it doesn't matter, but that's really important. (SMS4)

Well our a trainer was a guy who was licensee I think in a lot of venues, or owned pubs or whatever, and he was just so knowledgeable and he was really comfortable and he just helped us along...just what to expect in the industry and really good useful information. I just found it was a really good day. (WMS)

Personal experience scenarios. That was the bit that was quite good, so this is what had happened, and this is how it was dealt with. (WMS)

One RCG trainer noted that, of around 200 registered trainers in NSW, fewer than 40 had any industry experience (WMS6). He also noted the high turnover and shortage of trainers:

There's ads on Seek every week looking for RSA/RCG trainers...People don't keep coming back. If that's your experience, you're going to just read the book, and everyone hates you, you don't back up the next day and the next week. It's a really small number of people that could persevere with that. (WMS6)

#### Need for RCG training to be engaging, current and consistent

The participants also discussed the need for the RCG training to be engaging, current and consistent. For example, one said:

There was a massive difference in the consistency of the information...in the first one I was really engaged, in the second one... he just gave me the answers. After lunch, just so we can all get home early. 'We're going to fast track, you just have to focus on this part of the video...three minutes to focus on this'...People's experience of RCG varies, so it needs to be more controlled around content. (SMS1)

Other participants agreed that the trainers needed to ensure that the delivery of the training was engaging because the trainees are being forced to do it. As one RCG trainer pointed out that:

You've got a casual workforce that have to do this course. Their engagement's already forced, the government course is already forced. They don't want to be there. The content in the RCG is, it's all about how you capture it, and the people who deliver it are really key to the experience. (SMS4)

Several participants noted that some trainers they had encountered were not at all engaging and focused mainly on the legislation and ensuring participants passed the assessment. This participant described the differences between the two RCG courses she had done, while another found his trainer was biased and just pushed his own opinions:

When I first did my certificate, the bloke was dry. He gave us the answers. It was all legislation. It was all about the test...It was more of his delivery of it...The second one, we did it together in a workplace...we all worked for the venue. He was actually an in-house trainer...he saw the issues of RCG every day...He focused more on the psychology side and the harm minimisation. He went over what legislation we needed to know but didn't go into the depth the same as the first guy. (SMS2)

My last experience with face to face for RCG was terrible. He wasn't from the industry, was biased against what he was training, so instead of trying to educate people, he was trying to push his opinion. (WMS1)

Other participants spoke about the need to ensure all courses were up-to-date, given that some trainers had been delivering the course for many years and might be employed by large training companies:

Just updating, making sure there's been a good audit of everyone's courses because some people have been doing the same RCG delivery for about eight years. Maybe they ought to adjust the names of the department of gaming. There are some that just churn through it. That's always a problem with training, but make sure materials are current. (SMS4)

A lot of the people that teach us RCG, they're like the companies they run five, six days seven days a week...Yes, look I won't lie, I do sit there and I'm like, 'Okay, let's just get through this day.' (SMS1)

Audiovisual, interactive and VR technology could also be used to increase engagement in the course, for example:

Make sure they use more audiovisual, because there's nothing worse than dry delivery of dry content. The content is already fairly boring, if someone's not delivering it with a bit of interest and trying their hardest, then put it all in AV, in videos and interactive. (SMS4)

I think with the use of video and technology and other maybe contexts, virtual reality. There's real room I think to make it more engaging. (SMS1)

### Assessment procedures were poor

As also mentioned above, the course assessment was said to be a rubber-stamping exercise, with the trainer pointing participants to the correct answer if they did not know it:

They provide you with the answers anyway. I mean you can't fail. If you fail this there's something wrong with you. (SFS2)

One participant summed up his thoughts on the quality of the trainers as follows:

This is the bridge that gets them into your venue, and it's pretty rickety bridge for the 180 trainers who don't have any idea of what they're doing. (WMS6)

### 4.3.10 RCG refresher training

Several aspects of the refresher training were discussed, as analysed below.

#### Not useful to repeat the same course every five years

To renew their NSW RCG competency, hotel and club employees are required to complete an online RCG refresher course every five years. A few participants thought that this was beneficial. However, most reported that having to repeat the same course every five years was not useful, because it was repetitive, contained no new material, and did not cover anything that participants had not already learnt after working for many years in the industry. For example:

I just see it as being a straight-up state revenue-raiser. Fair enough doing it the one time, but having to do it every five years. And maybe the refresher, the RSA, I understand that, but the RCG? You just sit there watching videos of the most depressing stories, and then it's you can't do anything and then it's like these could possibly be the signs of a problem gambler. Which you've already worked out if you've worked in the industry for the last five years. You know people screaming at the machine, punching the machine, going to the ATMs. You know the signs...it was the same video [as last time]. (SFS5)

I think if you start in hospitality you do an RCG. Fine. Maybe one refresher after five years. Then, you should know what the deal is. (SFS4)

You get those things that you have to do online, but you can skip through that, and then even the managers say, 'Oh, it's just general knowledge, you can do it in 20 minutes.' No one's reading it. (WFS2)

### Refreshers should focus on any changes, rather than repeat the same material

For the reasons above, some participants thought that the refreshers should focus on any new changes, rather than repeat the same material as the previous course. Two said:

Whatever the government's changed, anything like that. Any new numbers for help...anything that's changed or that's done better because things do improve. (WFS1)

Push the more important things that they know workers are lacking in, rather than just doing the same thing over and over again. I've got co-workers that have done the refresher course and it really hasn't changed. (WFS2)

### Different levels of training are needed to cater for the varying experience and job level of participants

Other participants felt that different levels of training are needed to cater for the varying experience and job level of participants. Three managers said:

If you've been in the industry for more than five years...Different levels of training...Especially management. I think we need a different type of RCG training. (SMS1)

Having different kinds of training...You've got give them different things to target if someone has been working for a long time...the refresher of a manager should be more about human interaction skills. It should be conflict resolution. (SMS4)

[When you become a manager/supervisor], all you get, is a set of keys. You don't take that next level of training, you're not shown how to take that level of responsibility. (WMS)

### Assessment procedures were poor and easily falsified

Passing the assessment for the refresher training was seen to be easy, and it was apparently easy to cheat the system by having one employee or the RCG trainer complete all the staff's assessments. For example:

It's a complete joke. it's not even a refresher. If...you choose A, and D had something about families, it will say, 'A was wrong', think about families. It tells you the right answer...Sorry I get cranky about it. The training's important. Everyone has to do it, it's compulsory. Have to pay attention, and then when you review it, it takes 15 minutes to do RSA and RCG online...And you'll pass. (WMS6)

It pretty much shows you all the slides, you take pictures of it and then...What usually takes up to 20 minutes, you do it in 5. One of the guys at work says...'When you get your email, send it to me and I'll do it on my Saturday shift, I'll just log on for you and get it done.' He's done everyone in the club. (SFS)

When they brought in online RCG, you'd have [RCG trainers] come to your place, and say how many you got? 40? Given me their login details...Same thing happened with RSA online...Companies that would come from other states, food companies, who were involved in this from a financial point of view. (WMS6)

## 4.3.11 In-house training on RCG

Several participants commented on in-house training, either describing the training conducted in their venue or the need for further in-house training.

### Little to no further instruction or training on RCG once entering the workforce

Some frontline staff commented that, after their initial RCG accredited training and once they entered the workforce, there was little to no further instruction or training on RCG. Two explained:

That's the whole problem that with the training, it's just, you get left to your own devices. If you don't know something, you have to try and find someone who does know it and sometimes they don't even know...They don't make sure that you do know things. They just expect you to know. (WFS2)

There's definitely a lacking between the training that you get with the course which is fantastic, and then it just lacks as soon as you go into sort of workplace...That's what sucks. (WFS1)

### More on-the-job training needed

Several participants thought there should be more on-the-job training to assist staff to cement their knowledge, keep up-to-date with relevant changes, and build confidence to interact with customers. Two participants said:

Education can be key for the staff. I think don't just give us our gaming certificate, send us on our way and then think that it's going to stick. I think we need to do maybe many touch-ups, just so we can be on top of the law changes and to refresh our minds so we feel confident. With knowledge, you'd feel more confident to go up to a customer...our company doesn't want to spend too much money on training, just the bare minimum. They do everything the law has required and that is it. It doesn't seem that they're going above and beyond to make it easier for staff with slightly extra training...It's setting us up to fail I feel. (WFS1)

Even having a discussion with the managers about what's happening in the past month of new policies and new people that had been self-excluded or what we're supposed to do when this happens, just a monthly thing...I did my RCG then I did my [orientation] training for three days, and two and a half years [since] I haven't done a single thing. (WFS2)

### Examples of in-house training

In contrast, some participants provided examples of in-house training that occurs in their venues. These were usually large venues which tended to have a bigger training budget. This in-house training ranged from reminders to staff about certain RCG practices, to more comprehensive and professionally provided training on responding to patrons on problem gambling issues in the venue:

There's two additional courses which were created in partnership with Sydney University...Before, we were focused on more like, 'This is a problem and we need to act responsibly,' and it was in the same style of what the government communicates down. Now, it's very much more a human approach; these are the people...these are the broader impacts...and it puts all staff through a program to identify that, but then at the same time we started do the welfare checks. It's a pretty intense training program so they become familiar with actually those scenarios and how to work through those scenarios with different people. (SMS1)

[Our hotel group] has actually sent a lot of the managers on to do a diploma in counselling so we know how to talk to people. We can approach the customers because they've realised it's a lot of psychology. Especially when you're talking to patrons about disengaging themselves from the machines. (SMS2)

Part of the responsible gambling program we have is we recently had our frontline staff go through training to help identify when to ask if they're okay, and when to maybe say, 'Do you want to have a break or this is an extra coffee, do you want to have a chat?'. (WMS3)



## Chapter 5: Discussion

This chapter draws together the results from the rapid review, survey and focus groups to address the six research questions.

### 5.1 How is the RCG currently functioning in NSW? What RCG practices are staff employing?

The rapid review of jurisdictional approaches (Chapter 2) found that RCG in NSW clubs and hotels currently functions under the informed choice model that emphasises the personal responsibility of consumers to make informed decisions about their gambling. This approach assumes that people will make rational decisions about their gambling as long as venues provide adequate information and do not unduly exploit people. This is the approach that is currently required by NSW regulations.

NSW clubs and hotels implement several practices that characterise this approach, although the review of jurisdictional approaches found that NSW is the least restrictive of all Australian jurisdictions in several areas of RCG. RCG practices in NSW venues include: RG and problem gambling signage; product information; some restrictions on financial transactions, advertising and inducements; preventing minors from gambling; having clocks in gaming rooms; offering self-exclusion and counselling information to customers who request help; and training staff in RCG practices and to recognise signs of problem gambling. Employees have no obligation under the current NSW regulatory framework to proactively intervene with patrons showing signs of problem gambling, and the focus group and survey findings from this study confirm that they are often discouraged from doing so in their training and/or by venue management.

As summarised below, this was evident in the current study, where venue employees generally appeared to very responsive in initially assisting patrons who asked for help, but venues typically had poor monitoring systems for breaches of self-exclusion and provided little assistance to patrons showing signs of problem gambling but who had not directly asked for help.

#### 5.1.1 Responding to patrons who ask for help for a gambling problem

Most respondents to the staff survey (82.1%) reported that their venue had established procedures for when patrons seek advice or assistance for a gambling problem, although 12.0% did not know. Over 80% of respondents who had been approached by a patron seeking help in the past year reported that they always immediately informed a supervisor, provided information about self-exclusion and professional support services, and around 70% always monitored the patron and processed a self-exclusion if requested. The least reported action was talking with the patron about their concerns (66.9% always did this). About three-quarters (74.0%) of those taking these actions reported that they always recorded them in an incidents register. Only very small proportions of respondents reported never taking these actions. Supervisors/managers were significantly more likely than frontline staff to report taking these actions, except immediately informing a supervisor, but these differences (effect sizes) were small. These results were confirmed in the focus groups. If approached by a patron seeking help for their gambling, participants reported that their venue responded quickly, and provided the option to self-exclude and contact details for counselling. The rapid review (Chapter 2) also found that venue staff are generally clear on procedures to follow if a patron requests assistance for a gambling problem,

including referring the matter to a supervisor, providing information about professional help, and enabling the patron to self-exclude.

However, consistent with findings from the rapid review, very few patrons actively seek help for a gambling problem. The survey respondents reported they had been approached in the last year by an average of 2.2 patrons (median = 0 meaning that most respondents had never been approached). No significant difference was observed between frontline staff and supervisors/managers. The focus group participants confirmed that patrons approaching the venue for help comprised only a very small proportion of patrons showing signs of problem gambling. Those requesting help were described as having already experienced severe harm from their gambling, and as being financially destitute and at crisis point. Many had gambled away very large lump sum payments in the venue prior to asking for help. Previous research has consistently found low help-seeking rates for problem gambling, and that people do not seek help until they are at 'rock bottom' after exhausting their resources and experiencing significant harm (Delfabbro, 2012a; Hing, Nuske & Gainsbury, 2012; Suurvali, Hodgins & Cunningham, 2010).

Self-exclusion is a major component of RCG practice in NSW clubs and hotels, and the main response to patrons who ask for help. However, numerous barriers to effective self-exclusion were widely discussed by the focus group participants, mainly in relation to monitoring for breaches. These included: inadequate communication to gaming staff about who is self-excluded; lack of systems for staff to familiarise themselves with photos of self-excluders; failure to ensure the self-exclusion register was up-to-date; too many self-excluders for staff to recognise them; the difficulty of monitoring for partial self-exclusions and people from other venues on a multi-venue self-exclusion order (MVSE); and the near impossibility of recognising people from the very poor quality photos that were not always accessible to floor staff. These barriers align with those consistently raised over many years in numerous prior studies of self-exclusion where monitoring for breaches relies on being able to recognise hundreds of people from photographs (e.g., Gainsbury, 2014; Hing & Nuske, 2012; Hing, Tolchard, Nuske, Holdsworth & Tiyce, 2014; Nowatzi & Williams, 2002). Overall, while the current survey and focus groups found that venues typically respond appropriately to enable patrons to self-exclude, deficiencies in monitoring for breaches can undermine the effectiveness of this intervention.

### 5.1.2 Responding to family and friends concerned about a patron's gambling

A very obvious sign that a patron is gambling at harmful levels, highlighted in the literature review and noted by some focus group participants, is when family or friends ask the venue for help to curtail or limit the person's gambling. About one-half of the survey sample indicated that their venue had established procedures for how to respond to family members or friends expressing concern about a patron's gambling (51.8%), although 33.1% did not know.

Consistent with findings from the rapid review, this response typically involved providing gambling help service information to the third party, and venues usually did not try to directly assist or intervene with the patron of concern. For example, 80% of survey respondents who had been approached by a third party in the past year reported they always immediately informed a supervisor and always advised the third party that only the patron can enter a self-exclusion agreement. Over 70% reported always providing information about self-exclusion and about professional support services to the third party. Over 60% reported always talking with the third party about their concerns and monitoring the patron. Only 28.2% reported always excluding the patron through a venue exclusion. Supervisors/managers were slightly more likely than frontline

staff to report always taking these actions, apart from immediately informing a supervisor and excluding the person through a venue exclusion.

These responses to third-party concerns were generally confirmed in the focus groups. Focus group participants reported that staff provided advice or gambling help contacts to the family member, but did not intervene directly with the patron of concern. The family member then needed to convince the patron to self-exclude or to seek help. Managers explained that they had no basis on which to intervene with the patron in this situation, although one manager said her venue would do a third party exclusion if necessary.

As also found in the rapid review, being approached by a third party occurred infrequently, with survey respondents reporting they had been approached 0.5 times on average during the past year (median = 0). Supervisors/managers reported a higher number of third-party approaches on average, compared to frontline staff, but this difference was small.

### 5.1.3 Responding to patrons who show signs of problem gambling

The rapid review, the staff survey and the focus groups all indicated that most venue staff regularly see patrons in their venue showing observable signs of problem gambling. Only 16.1% of survey respondents reported never seeing patrons showing signs of problem gambling while they were at work, while the remainder observed such patrons sometimes (62.5%), most of the time (14.2%) or always (7.1%). The focus group participants also reported that numerous of their gambling customers – some estimated the majority – were being harmed by their gambling. Indicators of problem gambling behaviours they observed, often frequently, included: becoming aggressive; being obsessed with one machine; multiple trips to the ATM; searching for money; deterioration in appearance and demeanour; superstitious behaviours; frequent and long gambling sessions; having concerns raised by family and friends; urinating at the EGM; and refusing to leave the EGM during fire drills and evacuations. These indicators align with those identified by venue staff in studies reviewed in the rapid review, and comprise many validated behavioural indicators (Thomas et al., 2014), including those identified in the accredited RCG training for NSW staff. Also consistent with the rapid review, most survey respondents were either somewhat (54.4%) or extremely (40.8%) confident that they could identify problem gamblers in their venue.

However, only about half (50.7%) of the survey sample reported that their venue had an established procedure for what staff should do when they observed a patron showing signs of problem gambling but who had not asked for help, although 27.3% did not know. Frontline staff were significantly more likely to not know, but this difference was small. As also found in the rapid review, respondents were far less likely to take action in this situation, compared to when patrons or third parties asked for help. While around 50% reported always processing a self-exclusion if requested, only 40% reported always informing a supervisor and monitoring the patron's behaviour, with around one-quarter reporting that they always approached the patron to check on their welfare or to provide information about self-exclusion or professional support services. Supervisors/managers were significantly more likely to report always taking each action, again with small differences.

The very low frequency of responding to patrons showing observable signs of problem gambling was confirmed by the mean number of times survey respondents had approached such patrons in the past year. This averaged 1.1 times, with a median of 0 (most respondents had not approached a patron in the past year). Supervisors/managers were no more likely to respond to

these patrons, on average, than were frontline staff. These findings align with previous research discussed in the rapid review which has consistently found that patrons of concern are rarely approached in venues, even though problem gambling behaviours are commonly observed amongst patrons (Hancock, 2010; Hing & Nuske, 2009; Hing et al., 2010; Responsible Gambling Council, 2011; Rintoul et al., 2017; Tomei & Zumwald, 2017).

The focus groups also confirmed that venues took limited actions in response to patrons displaying problem gambling behaviours. Most frontline staff explained that the only action they could take was to report this upwards, as they had been advised of this in their RCG training. Numerous staff and some supervisors also thought that this was a legal restriction on them. Some supervisors/managers also confirmed that their venue did nothing unless the patron asked for help. Where a response occurred, this usually started with a chat with the patron to open a line of communication. If the patron then disclosed they were having difficulties, gambling help material was typically provided. A few venues had more structured processes to engage with patrons of concern, but tended to only offer advice about gambling help if the patron disclosed a problem. More definitive actions were taken when patrons were aggressive, borrowing money or had left children outside. Managers would then ask the customer to leave. Violent behaviours associated with gambling were said to be a common occurrence in some venues. The limited responses to patrons showing signs of problem gambling, as indicated by the survey and focus group results, have also been identified in previous research on venue practices, as discussed in the rapid review.

## 5.2 What effect does RCG training have on the behaviour of staff in dealing with at risk and problem gamblers?

The survey results were largely consistent with previous evaluations discussed in the rapid review that have found high rates of participant satisfaction with RCG training and improved post-training knowledge about problem gambling and how to respond to patrons who ask for help (Dufour et al., 2010; Giroux et al., 2008; Ladouceur et al., 2004; LaPlante et al., 2012; Smitheringale, 2001; Wong & Poon, 2011). Most survey respondents were somewhat satisfied (44.4%) or extremely satisfied (45.4%) with the NSW RCG accredited training course and any refresher courses they had done. They were most satisfied that the RCG training had equipped them to assist patrons who asked for help for a gambling problem, with self-exclusion and with providing counselling information, and to identify signs of problem gambling. This was reflected in the survey and focus group results which indicated that employees are generally very responsive to patrons who request help, including offering self-exclusion and information about support services. Employees also had a high degree of confidence that they can recognise signs of problem gambling in patrons, as also found in the rapid review. The survey also indicated that respondents were confident about being able to maintain confidentiality, empathy and sensitivity, refer the patron to a gambling help service and treat the patron in a non-judgmental and professional manner. They were less confident, but still moderately confident, in relation to de-escalating conflict and reducing any distress the patron may feel when asking for help.

The survey respondents were less satisfied that the RCG training equipped them to deal with patrons showing signs of problem gambling but who had not asked for help, and when approached by family members or friends concerned about a patron's gambling. As discussed in the rapid review, research has consistently found that staff are highly reluctant to approach patrons displaying problem gambling behaviours unless they have asked for help, despite RCG training (Dufour et al., 2010; Hancock, 2010; Hing & Nuske, 2009; Hing et al., 2010; Rintoul et al.,

2017). In addition to the barriers to uninvited staff interventions (discussed later), nearly all frontline staff in the focus groups noted that their training had instructed them not to intervene with patrons of concern, and they generally reported adhering to this advice. Instead, they were instructed to report this upwards. However, the survey indicated that only one-third (34.4%) of frontline staff reported always informing a supervisor, with 19.8% reporting never doing this. Some focus group participants noted the futility of training staff to recognise signs of problem gambling when they could not do anything to assist these patrons, except report upwards. Some focus group participants also expressed frustration and a moral dilemma in not being able to do more, and they either did not know, or were not particularly confident, that reporting a problem gambling patron would lead to any action by their managers. This lack of confidence appears well founded, given that the average number of approaches to patrons of concern in the past year averaged 1.1 times by supervisors/managers, as well as by frontline staff.

Overall, the main effects of the RCG training on the behaviour of staff in dealing with at risk and problem gamblers are as follows. As also found in the rapid review, staff appear to be well trained to deal to patrons who ask for help by responding professionally and sensitively to provide them with assistance to self-exclude and with contact details for counselling. The training also instructs staff to respond to patrons showing signs of problem gambling by reporting this to a supervisor or manager, and not to approach the patron themselves. However, while the training appears effective in stopping staff from approaching patrons themselves, it has not resulted in frontline staff consistently reporting patrons of concern to their supervisors/managers. When they do report upwards, managers may or may not follow up with the patron. The survey showed that managerial staff make very few approaches and this interaction is usually restricted to having a general chat with the patron to open a line of communication. There appears to be no instruction in the training to advise managerial staff how they can respond to these patrons in ways that might assist them. As noted earlier, venues have no regulatory obligation to intervene with problem gambling patrons who have not asked for help and this 'hands off' approach is conveyed through the training and reflected in venue practices. It is up to the discretion of individual venues whether to intervene more proactively with these patrons. The belief, instilled by training, that staff cannot approach a patron unless they ask for help is incorrect, although individual venue policies may not allow staff to approach patrons of concern. As discussed below, there are numerous barriers to more proactive intervention which have resulted in very limited responses to the numerous patrons in venues experiencing gambling problems, as evidenced in the literature review and focus group discussions. In contrast, some jurisdictions provide advanced managerial training in RCG which may better equip them to respond to patrons of concern, as well as dedicated positions for responsible gambling officers who may be more likely to respond (e.g., QLD, ACT). However, the financial incentive for venues to avoid intervening with problem gambling patrons indicates that regulation is needed if venues are to effectively intervene with patrons of concern. As discussed in the rapid review, several jurisdictions have regulatory requirements for such interventions (e.g., ACT, NZ, UK).

## 5.3 What are the current barriers to and enablers of effective RCG practices by staff in NSW?

### 5.3.1 Barriers to effective RCG practices

Consistent with previous research discussed in the rapid review (e.g., Armstrong, 2014; Hing & Nuske, 2009; Hing et al., 2010; Tomei & Zumwald, 2017), the survey results identified numerous

barriers to approaching patrons who were showing signs of problem gambling. The majority of the sample endorsed: that the patron would be likely to deny having a problem (88.8%); concerns around upsetting or insulting the patron (70.7%); being afraid of making an incorrect judgement (66.1%); and fear of the patron becoming angry or violent (65.4%). Less than half of respondents were concerned about: finding it hard to identify signs of problem gambling (30.4%); not having time to approach a patron (20.1%); not having someone to refer the patron to (25.4%); lack of training (31.8%); and that the patron's gambling was none of their business (34.1%). Less than half of respondents also indicated concerns related to management or supervisors telling them not to approach these patrons (22.4%), and the potential for losing their job (23.2%). Frontline staff were significantly more likely to agree and/or strongly agree with most of these barriers to approaching patrons of concern.

The focus groups identified additional barriers to effective RCG practices. The most commonly identified barrier was the prioritisation by venues of gambling revenue over patrons' welfare. This was said to result in 'unwritten pressure' on staff to keep people gambling, to not interrupt 'high rollers', and to ignore patrons showing signs of problem gambling. The vast majority of participants indicated their venue management had low commitment to RCG, rarely raised it with staff, and devoted limited attention and resources to support RCG.

The young casualised workforce in venues, which usually had a high turnover, was said to also have very low commitment to RCG and patron welfare, and little incentive to report upwards. The focus group participants discussed numerous other deterrents to this reporting, including the limited presence of supervisors in front-of-house areas, poor communication channels, lack of feedback or action from managers once they reported, and that staff and managers were often too busy. Not knowing a patron's circumstances or the likely response to an approach also deterred employees from approaching patrons of concern. Supervisors and managers were aware of these sensitivities, and so relied on having a chat and generally waiting for the patron to disclose a problem before providing gambling help information.

The focus group participants also identified several other venue practices that hindered more effective RCG. The use of cash dispensing, ticket-in ticket-out machines, and electronic betting terminals was said to undermine RCG because this reduced staff awareness of patrons' gambling and opportunities to interact. While food and beverage service provided at EGMs might help to disrupt EGM players in 'the zone', it also reduced reasons for patrons to leave the machine. Alcohol service at EGMs appears to be a common industry practice and is not illegal as long as alcohol is not provided for free, and was considered very unhelpful to both RCG and RSA. These practices have been previously criticised for undermining RCG in venues (Rintoul et al., 2017; Williams, West & Simpson, 2012).

Some venues discussed in the focus groups allowed staff to accept tips from gambling customers that could total several hundreds of dollars per shift, providing an incentive for them to 'up-sell' gambling or ignore heavy gambling. Language and cultural barriers could also hinder the ability to interact with and assist patrons in venues in culturally diverse areas. RG signage and gambling help material to aid informed decision-making was prolific in venues, but participants said these were rarely noticed by patrons, not attention grabbing, and non-confrontational. Several illegal practices were said to occur in the industry that undermined RCG. These included provision of credit for gambling, free alcohol, and taking patrons home to collect more money for gambling.

A further potential barrier to more effective RCG was the comparatively high rate of problem gambling amongst the venue staff themselves, which was over five times higher than the general NSW population (Browne et al., 2019). Amongst the survey respondents, 14.1% were low-risk

gamblers, 10.2% moderate-risk gamblers, and 5.2% problem gamblers. No significant differences were observed between frontline staff and supervisors/managers. While the survey did not involve a representative sample of venue staff, this result is consistent with the elevated rates of problem and at-risk gambling found in previous surveys of venue staff and discussed in the rapid review (Guttentag et al., 2012; Hing, 2009; Hing & Gainsbury, 2011; Shaffer & Hall, 2002; Shaffer et al., 1999; Wu et al., 2008). Thus, the RCG training and the venues' RCG policies and practices appear to have little effect on minimising gambling harm amongst employees themselves. Also, as discussed in the rapid review, employees with gambling problems may be less likely to detect problem gambling behaviours in others and may be more reluctant to assist problem gambling patrons.

### 5.3.2 Enablers to effective RCG practices

The focus group discussions indicated that a critical enabler to effective RCG practices was senior management commitment to RCG, as also found in the rapid review (Hing & Nuske, 2009; Hing et al., 2010). This had led to improved practices in a few venues. These included improved staff training, a RG manager, a structured system of patron engagement and welfare checks, and having a chaplain in the venue to whom patrons could talk about any concerns. Diversification away from reliance on EGM revenue had also led to more focus on harm minimisation in a few venues.

Technology was being used to enhance RCG in some venues. A few venues were introducing facial recognition technology to facilitate monitoring for self-excluders, and one participant noted that the EGMs in his venue were programmed to beep and display a message after 45 minutes of carded play to jog players out of 'the zone'. However, other technological enhancements introduced in some other jurisdictions, as identified in the rapid review, were not apparent in the NSW venues discussed in focus groups. These include area-wide or mandatory pre-commitment systems; behavioural tracking systems to identify at-risk and problem gamblers; artificial intelligence on EGMs to detect and prevent problematic behaviour in players; and intelligent pop-up messages on EGMs.

As noted in some studies reviewed earlier (Hing & Nuske, 2009; Hing et al., 2010), having mature and experienced staff was also reported by focus group participants to facilitate RCG as these staff were typically more willing and confident in interacting with patrons, were more likely to recognise self-excluders, and had a greater commitment to patron and community welfare.

## 5.4 What roles do venues have in supporting effective RCG practices?

The staff survey examined key RCG policies and practices implemented in venues. Most practices were reported to be widely implemented. Over 90% of respondents reported that their venue routinely checks evidence of age amongst young people, prevents minors from staying in restricted areas, and has a self-exclusion scheme. Over 80% reported that their venue has a written RCG policy and procedures, an incident log to record gambling-related incidents, ensures patrons are not refused a self-exclusion if they request it, and that self-exclusion can be processed at any time and provides excluders with details of a counselling service. About one-half (51.8%) of respondents indicated that their venue conducts in-house RCG training in addition to that offered for RCG accreditation. Nearly two-fifths (37.9%) reported that their venue employed staff whose main role was dedicated to RG.

Around 47-63% of survey respondents strongly agreed that their venue or managers supported RCG in relation to having a genuine commitment, setting a good example, encouraging staff, acting ethically, a strong culture of RCG, and clear RCG policies and procedures. The least agreed option related to feedback from management in relation to how staff can improve their RCG practices, which indicates an opportunity for further on-the-job training of staff in RCG. Supervisors/managers were significantly more likely than frontline staff to indicate that their venue supported RCG practices, but this difference was small. As noted above, the focus group participants were much more circumspect about whether venue management had a strong commitment to RCG and considered that revenue-raising was greatly prioritised over patron welfare. These differences might be explained by different interpretations of RCG. As noted above, the informed choice model of RCG discussed in the rapid review requires venues only to provide information to patrons, to assist patrons who ask for help and to desist from certain exploitative practices. The survey respondents may have viewed management commitment to RCG from this perspective. However, the focus group participants referred to low management commitment to RCG in the context of venue reticence to assist patrons showing observable signs of problem gambling who had not asked for help. In this sense, they considered that venue management had little genuine commitment to minimising gambling harm amongst these numerous patrons. As concluded from the rapid review, the informed choice approach to RCG places personal responsibility on people to make rational decisions about their gambling and to actively ask for help if they have a gambling problem. However, as discussed earlier, few patrons ask for help and the vast majority of patrons displaying observable problem gambling behaviours are not assisted with this approach. Thus, while NSW hotels and clubs generally implement the RCG policies and practices required under the informed choice approach, the approach itself is ineffective in substantially minimising gambling harm.

Further, despite strong endorsement that venue management was committed to RCG, around 10% of survey participants reported that they were aware of each of three illegal practices occurring in their venue: supplying free or discounted liquor as an encouragement to gamble (9.6%), supplying credits, vouchers or cash advances as an encouragement to play EGMs (10.9%), and supplying any inducement that is likely to encourage the misuse and abuse of gambling activities (10.4%). Some focus group participants also noted that these illegal practices occurred in some venues and undermined more effective RCG.

## 5.5 What changes to RCG training and administration practices could be made to improve RCG outcomes?

A key finding from this study, particularly apparent from the literature review and focus groups, was that staff training is seen as an ineffective means to minimise gambling harm and improve RCG outcomes because staff and managers are not empowered to limit people's gambling. The focus group participants expressed frustration that the training regime taught them to identify problem gambling behaviours, but then disempowered them in terms of their ability to act on that knowledge. Given this, participants were not at all confident that training by itself can reduce gambling-related harm because venues have no obligation or basis on which to intervene with patrons of concern. Reducing gambling harm was instead seen to require major changes in the industry that were unrelated to RCG training, such as reduced accessibility to gambling, changes to EGM design, and providing tools to help people limit their own gambling (e.g., pre-commitment). New and innovative practices with the best evidence for improving RCG outcomes are discussed in Section 5.6.



Nonetheless, the focus group and survey participants suggested some improvements that could be made to the training. These are summarised here, although it is difficult to know their likely effectiveness, given the meagre research previously conducted into RCG training that has assessed subsequent behavioural change and the absence of any best practice standards, as highlighted in the rapid review.

The focus group participants suggested placing more emphasis on the human aspects of problem gambling. They stressed the importance of explaining the reasons for regulations and policies to emphasise their goal of harm minimisation, and the importance of the employee's role in implementing them. Some participants felt that if trainees did not understand the main goal of RCG, they would be less likely to implement RCG practices, such as advising a supervisor of patrons showing problem gambling behaviours.

When asked about potential barriers to approaching patrons showing problem gambling behaviours, the majority of the survey respondents endorsed concerns about: the patron being likely to deny a problem (88.8%); upsetting or insulting the patron (70.7%); making an incorrect judgement (66.0%); and patrons becoming angry or violent (65.4%). Consistent with these concerns, their open-ended responses emphasised the need for more training on interpersonal skills in identifying, approaching and assisting patrons showing signs of problem gambling, including when processing a self-exclusion and when advising patrons about counselling. They also suggested more training on how to assist family or friends concerned about a patron's gambling and how to deal with angry or aggressive patrons.

As well as professional development in interpersonal and conflict resolution skills, the research participants suggested additional training on some practical aspects of implementing RCG practices. The focus group participants explained that new industry recruits may have no prior experience of EGMs, so the course should explain how gaming machines work. They also considered that the training should be expanded to cover TAB and keno operations, and provide more practical training in aspects such as money laundering and ID checking. Both the focus group and survey participants wanted more training on how to process a self-exclusion.

The staff survey found that most respondents were somewhat satisfied or extremely satisfied with each aspect of the RCG course delivery. More than half the respondents were extremely satisfied with how easy the training was to get to (60.8%), the trainer (60.6%), the venue (59.1%), the course delivery mode (54.1%), assessment (53.1%), and the course materials (50.6%). However, less than half were extremely satisfied with the cost (35.9%) and length (41.9%) of the course, and how often the training is offered (41.6%). Frontline staff were more likely to be extremely satisfied with how the course was delivered, and with the trainer, but there were no other significant differences.

Despite reasonably high satisfaction with many aspects of course administration, the research participants made numerous suggestions for improvement. Both the focus group and survey participants considered it vital for RCG trainers to be experienced gambling staff who had worked in a range of hotels and clubs so they could provide first-hand, relevant content. However, the vast majority of trainers were thought by focus group participants to lack industry experience. Survey respondents also felt that the training would benefit from the involvement of gambling counsellors and people with lived experience of problem gambling to humanise the issue.

The research participants also suggested improvements to course delivery. Focus group participants emphasised that the RCG training needs to be engaging, current and consistent, which they said was often not the case. They suggested that greater use of audiovisual and

interactive content would also help to increase engagement. Survey respondents suggested the addition of mock scenarios and role playing to increase engagement and learning.

Assessment procedures for the RCG course and online refreshers were said in focus groups to be poor and easily falsified, with trainers pointing participants to the correct answers and some trainers or other employees completing the assessment on the trainees' behalf. This was said to undermine the course and its content being taken seriously by some trainees.

While some focus group participants felt that the refresher training was beneficial, most felt it was not useful to repeat the same course every five years. Instead, they recommended that the refresher training should focus on new changes and developments, and provide different levels of training according to the experience and job level of participants. Several participants felt that specific management level training was needed.

Focus group participants noted that they received no in-house training on RCG once they entered the workforce and about one-quarter (23.8%) of the survey respondents reported that they received little feedback from management about how to improve their RCG practices. Both the focus group and survey participants suggested that on-the-job training be required for RCG accreditation. Some participants from larger venues described receiving in-house training. These ranged from reminders to staff about certain RCG practices, to more comprehensive and professionally provided training on responding to patrons on problem gambling issues in the venue. In the staff survey, fewer than half of the respondents (49.5%) indicated that they had completed additional on-the-job orientation, and 34.6% reported doing in-house refreshers. Fewer reported attending other RCG training workshops (13.5%) and talks by gambling counsellors (11.0%), while 9.2% reported doing other types of additional training. Most additional training was done less than once a year (55.0%). Supervisors/managers were only slightly more likely than frontline staff to have undertaken additional training and to have done this more frequently.

## 5.6 What aspects of RCG require further research, including the potential piloting of new and innovative approaches?

Based on the findings of this study and previous research, the following new and innovative approaches have most potential for preventing and reducing gambling harm associated with EGM venues in NSW. Each approach is explained, the evidence for its effectiveness is briefly reviewed, and suggestions presented for implementation, piloting and research in NSW.

### Pre-commitment

Pre-commitment is a system that enables gamblers to set money and time limits on expenditure prior to the commencement of a session or period of gambling (Dickerson, 2003; Ladouceur, Blaszczynski & Lalande, 2012; Parke, Rigbye, J. & Parke, 2008). In the current study, the jurisdictional review identified an increasing move towards pre-commitment systems, including for EGMs, and some survey respondents (in open-ended comments) and focus group participants advocated its introduction in NSW hotels and clubs.

Research on pre-commitment, including for EGMs, has generally shown positive effects of limit-setting, particularly amongst more intense gamblers (Responsible Gambling Working Party, 2010; Schottler Consulting, 2009b). However, unless it is mandatory, pre-commitment has had only low uptake rates, as demonstrated in Australian and overseas trials (Delfabbro, 2012b; Salis, Wardle, Morris, & Excell, 2015; Schottler Consulting, 2009a, 2009b). These trials have found that high-risk patrons who would most benefit from setting limits on their gambling can be reluctant to partake in

a voluntarily system; while low-risk patrons see little need to set formal limits. Pre-commitment systems are considered to be most effective when they are mandatory for all gamblers to use, have binding limits which do not allow further gambling once limits are reached, and are jurisdiction-wide (Rintoul & Thomas, 2017).

Consistent with earlier findings by the Productivity Commission (2010), a recent review of the evidence for effective policy interventions to minimise gambling-related harm concluded that requiring universal utilisation of pre-commitment systems would have significant harm prevention and minimisation effects (Livingstone et al., 2019). Overall, the research evidence indicates that a mandatory pre-commitment system across all EGM venues in NSW that requires all gamblers to set a binding daily, weekly or monthly limit should be a high priority consideration to reduce gambling-related problems and harm. It is clear that voluntary pre-commitment is largely ineffective and that only a mandatory system might be useful.

### Behavioural tracking systems to detect problem gambling behaviour

A further potential benefit of implementing a pre-commitment system across EGM venues in NSW is that it would allow the development of an algorithm (predictive model) that can identify harmful patterns of play, based on validated behavioural indicators of problem and at-risk gambling behaviour. Advanced statistical machine learning techniques can be used to analyse EGM play to construct this algorithm. The algorithm could then be embedded into a mandatory pre-commitment system to enable the automated detection of customers displaying harmful gambling patterns. Detection could then be used to trigger a manual response from the venue (e.g., a conversation with the patron, venue exclusion) or a response could be automatically triggered by the system (e.g., dynamic messages and red flag alerts). Importantly, such automated systems enable customer interventions to be precise and individualised, as they can be based on: a customer's risk level (e.g., at-risk or problem gambling); target specific risky behaviours (e.g., escalating bet amounts); timed for maximum effect (e.g., a message sent immediately after large losses); and tailored to the customer (e.g., by age and gender). To be effective, behavioural tracking systems require 100% carded play.

Systems such as these have been implemented for EGM play in some jurisdictions, as explained in the jurisdictional review, and some focus group and survey respondents were supportive of player tracking systems. Several studies have been published demonstrating that it is possible to develop algorithms that can detect high-risk gamblers (e.g., Dragičević, Tsogas & Kudic, 2011; Percy França & d'Avila Garcez, 2016; Sarkar et al., 2016). Systems that have been developed include Bet Buddy, Playscan, ARIC, Mentor and Observer, along with systems developed by Techlink, GameRes, Iviewsystems, IBM, Deloitte and Focal Research. However, the effectiveness of their use depends largely on the interventions that are subsequently used once a high-risk gambler has been identified. If a mandatory pre-commitment system is introduced across EGM venues in NSW, development of an algorithm to reliably detect high-risk play and its implementation with appropriate interventions should be trialled and evaluated.

### Improved monitoring of self-exclusion

Self-exclusion programs enable individuals to voluntarily bar themselves from entering or using the gambling facilities of a nominated venue for a specified time period (Williams et al., 2012). However, as identified in the focus groups and in previous research, ineffective monitoring for breaches of self-exclusion is a major weakness of programs that rely on venue staff recognising self-excluders from photographs (Gainsbury, 2010; Hing & Nuske, 2012; Hing et al., 2014; Nowatzi & Williams, 2002).

The current research identified several mechanisms to improve this monitoring. One mechanism is the use of facial recognition technology. The jurisdictional review identified its use by some operators to identify self-excluders, the focus group participants discussed a few NSW venues where this technology is being trialled, and some survey respondents suggested its introduction. However, only larger venues such as casinos and large clubs appear to be considering facial recognition technology, probably due to its cost. Focus group and survey respondents also suggested the use of ID scanners to check a person's ID against a database of self-excluded persons. To be effective this would require all venues to check the ID of all persons entering the venue. Once a self-excluded patron is detected by either facial recognition technology or ID scanning, venues would need to intervene to prevent them from entering or remaining in the venue or in the gambling areas from which they are barred. These systems therefore have the potential for lapses in interventions by venue managers and staff.

In contrast, mandatory pre-commitment systems provide an optimal mechanism to prevent gambling by self-excluded persons because all gambling is linked to the person's gambling account. Self-excluders could either terminate their gambling account or set their limit to zero to be automatically prevented from gambling, thereby overcoming the deficiencies of current monitoring systems (Livingstone et al., 2019). Given that providing self-exclusion is the most common industry response to patrons' requests for assistance with a gambling problem and constitute its predominant harm reduction strategy (Blaszczynski, Ladouceur & Nower, 2007; Hing & Nuske, 2009, 2011), implementing and evaluating the use of a mandatory pre-commitment system across all NSW EGM venues to prevent gambling by self-excluded persons should be a high priority consideration.

### Introduction of a family exclusion scheme

A further potential improvement to exclusion programs would be the introduction of a family exclusion scheme whereby family members can seek to have the patron excluded from EGM venues. The rapid review identified several jurisdictions where a family exclusion scheme operates, and some survey respondents suggested its introduction into NSW clubs and hotels. Focus group participants also noted that approaches to the venue by family members about a person's gambling were a clear indicator of gambling harm. Family exclusion schemes typically require the family applicant to provide evidence of harm from the person's gambling (e.g., financial statements showing high expenditure in the venue, loss of savings, debts, family violence, suicide attempts), with the application assessed by an independent body (e.g., counselling agency) to avoid any conflict of interest.

Research into the impact of family exclusion orders (FEOs) in Singapore found that most applicants (87.2%) rated the FEO as being effective in minimising gambling harm, bringing a sense of relief to family members, positive effects on the person's gambling, and improved family relationships and finances (Goh, Ng & Yeoh, 2016). However, Singapore requires ID to enter its casinos, providing an effective means to monitor breaches of exclusion orders. Breaches may be more common where an exclusion order has been imposed rather than self-initiated in a voluntary attempt to limit gambling, so a family exclusion scheme in NSW would benefit from improved venue monitoring of exclusions as discussed above. Introducing an independently-operated family exclusion scheme is a relatively straightforward harm minimisation measure that could be introduced in NSW, with its effects evaluated through research with gamblers and their families.

### Greater use of venue exclusions

Venue exclusions could be used more often as a gambling harm minimisation measure, as advocated by some focus group and survey participants. A universal pre-commitment system along with behavioural tracking could provide conclusive evidence to provide the grounds for venue exclusion, and also remove the concern that barring a patron from one venue would simply result in them gambling in a different venue. Research has found that exclusion imposed by a venue demonstrates similar positive effects on gambling behaviour as does self-exclusion. One study of 215 excluders from 26 German casinos found similar rates of gambling abstinence and reduction in overall gambling amongst those subject to venue and self-exclusion orders (Kotter, Kräplin & Bühringer, 2018). The use of venue exclusions based on validated behavioural indicators of problem gambling should be a key consideration to accompany a mandatory pre-commitment system across all NSW EGM venues.

### Pop-up messages on EGMs

The immersive qualities of EGMs are well recognised, with many EGM players entering 'the zone' during play, where life's problems and responsibilities lose their usual importance (Livingstone, 2005; Schüll, 2005, 2012). Participants in focus groups also described that patrons frequently become dissociated during EGM gambling, losing track of time and money spent, with some becoming so immersed that they refuse to stop playing to urinate or to evacuate during fire drills.

To provide interruptions to EGM play, some jurisdictions require EGMs to regularly display pop-up messages on EGM screens (as documented in the jurisdictional review), and this measure was also suggested by survey and focus group participants. Previous research has investigated the effects of pop-up messages to interrupt play, and also to provide information to players about their gambling (e.g., Auer, Malischnig & Griffiths, 2014; Department of Social Services, 2014; Gainsbury, Aro, Ball, Tobar, & Russell, 2015a, 2015b; Palmer du Preez, Landon, Bellringer, Garrett, & Abbott, 2016). However, the methodologies used by these studies have been assessed as generally weak, although their results indicate some marginal effects that may lead to a meaningful reduction in gambling harm at the population level (Livingstone et al., 2019).

The evidence suggests that pop-up messages are likely be most effective when they are displayed at regular intervals, located centrally on EGM screens and in the absence of any competing message or game activity; and are linked to a pre-commitment system to provide intelligent messages based on the player's time and money expenditure and relative to the limits set (Livingstone et al., 2019). If a pre-commitment system is introduced across EGM venues in NSW, use of intelligent pop-up messages should be trialled and evaluated as part of the system.

### Restrict alcohol service at EGMs

Also linked to continued EGM play is alcohol service at EGMs. Focus group participants considered that this undermined the effectiveness of RSA as it was difficult to detect if patrons were intoxicated when they were playing EGMs; and also undermined RCG because patrons could still be served alcohol without interrupting their gambling. Further, being affected by alcohol while gambling has been found to decrease inhibition and increase impulsive erratic behaviour as well as dissociation, resulting in less control over gambling, greater likelihood of chasing losses, and less immediate concern for the consequences (Cronce & Corbin, 2010; Ellery, Stewart & Loba, 2005; Ellery & Stewart, 2014). Banning alcohol service at EGMs should be considered as a gambling harm minimisation measure (and to improve RSA) to encourage breaks in play and reduce the harmful effects associated with gambling while intoxicated, and is a relatively simple measure to introduce.

### Venue interactions with patrons showing problem gambling behaviours

A consistent finding from the literature review, survey and focus groups was that venue managers and staff are generally confident that they can recognise problem gambling behaviours, but they rarely intervene with patrons displaying these behaviours unless the patron directly asks for help. There is no regulatory requirement to intervene, venues have a financial incentive to not intervene, and staff are instructed in their training to not approach patrons about their gambling. The survey and focus group participants reported that a substantial proportion of EGM gamblers display observable signs of problem gambling, but very few of them directly ask for help. Thus, most at-risk and problem gamblers in venues are not assisted by the current approach to RCG.

To improve gambling harm minimisation, mandatory intervention should be required when patrons display problem gambling behaviours, as required in some jurisdictions included in the rapid review. Some survey and focus group participants also wanted more training and greater empowerment to enable them to proactively offer assistance to these patrons. Focus group participants also discussed the value of stricter behavioural guidelines for patrons so venues have a basis on which to intervene. Research has found that it is possible for staff to identify these behaviours in patrons (Delfabbro et al., 2016; Thomas et al., 2014), although pre-commitment data and behavioural algorithms, as discussed above, would provide more conclusive evidence to inform staff interventions.

A review of effective policy interventions to minimise gambling-related harm (Livingstone et al., 2019) recommended that mandatory interventions include reduction of pre-commitment limits, temporary or permanent exclusion, referral to professional help, and activation of targeted messages informing the patron of time and money spent gambling; while meaningful penalties should be applied to non-compliant venues. The introduction of mandatory intervention should be a high priority consideration and could be supported by having dedicated gambling liaison officers in venues as already occurs in some jurisdictions as noted in Chapter 2, as well as a telephone hotline for venue staff, patrons and other members of the public to report non-compliant venues (as suggested by focus group participants).

### Restricting ATMs in gambling venues

The jurisdictional review found that ATMs have been restricted in some gambling venues, including removing them from all hotels and clubs with EGMs in Victoria Australia. Some survey participants also suggested restricting ATMs in NSW venues or limiting the amount which can be withdrawn. Removing ATMs from gambling venues has good face validity as a harm minimisation measure, given that problem and regular gamblers use these ATMs more frequently than do other gamblers, and convenient access to venue ATMs is reported to be a significant factor in the development and persistence of gambling problems (McMillen, Marshall & Murphy, 2004). In line with validated behavioural indicators of problem gambling (Thomas et al., 2014), focus group participants in the current study also noted that multiple trips to the venue's ATM was an obvious problem gambling behaviour, as it indicated that the patron was chasing their gambling losses.

One study examining gambling behaviour before and after the removal of ATMs from Victorian EGM venues concluded that it was an effective harm minimisation and consumer protection measure (Thomas et al., 2013). Higher risk gamblers reported spending less time and money on EGMs, higher self-control over spending, and reductions in overspending and severity of problem gambling symptoms. Lower risk gamblers also reported decreased time and money expenditure and impulsive overspends, and increased self-control over gambling expenditure. EGM expenditure declined by 9% across the state in the period following ATM removal. However, more recent research has found evidence of increased use of EFTPOS in venues since then in the

absence of any daily limit on EFTPOS withdrawals in venues (Rintoul et al., 2017). Setting low daily withdrawal limits on both ATMs and EFTPOS facilities appears necessary to achieve any lasting behavioural change. This could be evaluated through a trial in NSW venues, but this trial would need to be implemented across all venues to avoid patrons simply migrating to non-trial venues instead of using trial venues.

### Structural features of EGMs

The jurisdictional review identified some structural changes to EGMs in other jurisdictions including reductions in maximum bet size, reduced size of jackpot prizes, and restricting banknote acceptors to lower denominations. Focus group and survey participants also suggested modifications, including removal of note acceptors, reducing the maximum bet size, and removing the sounds that accompany wins, and losses disguised as wins, on EGMs.

A recent review (Livingstone et al., 2019) located 33 empirical publications on this topic and assessed the strength of their combined evidence as medium to good, providing considerable evidence that structural characteristics affect patterns of EGM use. This review identified jackpots, free spins, multi-line games, maximum bet size and celebratory sounds as particularly affecting EGM play, especially amongst people with gambling problems. The review also cites evidence from Norway (Rossow & Hansen, 2016), where a mandated spending limit, reduction in jackpots, reduction in machine numbers, and account-based gambling demonstrated positive effects on harm reduction. Based on this review, the authors recommended: abolition of jackpots, bonus features and congratulatory sounds on losses disguised as wins; reduction of maximum bet size to \$1; provision of accurate game and price information to players; and adjustments to the distribution of symbols across EGM reels (Livingstone et al., 2019). The Productivity Commission inquiry (2010) also identified reduction in maximum bet size as a harm minimisation measure that would have a positive effect on problem gambling with little inconvenience for non-problem gamblers. Given that the strength of evidence is already good in this area, structural changes to EGMs should be trialled and evaluated for their effect on harm reduction in NSW.

### Reduced accessibility to EGM gambling

NSW has the highest number of EGMs per head of population of anywhere in the world outside of casino tourism destinations such as Las Vegas and Macau (Young & Markham, 2017). It also has the largest, suburban, non-casino gambling venues with some clubs having in excess of 600 EGMs. There is clear evidence that larger venue size (measured by the number of EGMs) is associated with higher net expenditure per EGM and increased levels of gambling problems (Hing & Haw, 2010; Markham, Doran & Young, 2013; Rockloff et al., 2015; Young, Markham & Doran, 2012). Further, large venues and more venues are disproportionately located in areas of socio-economic disadvantage, with more gambling opportunities and lower socio-economic circumstances both being associated with increased gambling harm (Markham et al., 2013, 2014; Young, 2012).

However, little Australian research has been able to assess any impacts of changes in these factors as these changes have either not occurred or have been too small to detect any effects, although a prohibition on 24-hour operation of gambling venues resulted in a significant reduction in gambling expenditure (South Australian Centre for Economic Studies, 2005). In Norway however, a reduction in the number of EGMs to about one-fifth of previous levels and a ban on operating EGMs between midnight and 6am demonstrated reductions in gambling expenditure, harm and helpline calls where EGM gambling was reported to be the main problem (Rossow & Hansen, 2016).

Venue size, venue location and EGM accessibility are highly relevant to gambling harm minimisation, leading a recent review of the evidence to advocate for reductions in EGMs per venue and venue operating hours, along with a requirement for venues to demonstrate that they are meaningfully addressing gambling harm at their venues (Livingstone et al., 2019). To minimise gambling-related harm in NSW, reducing the maximum allowable EGMs per venue and reducing EGM operating hours especially in areas of relative disadvantage should be high priority considerations.

### Improved RCG training

As discussed in Section 5.5, the research participants suggested numerous improvements to RCG training. These included: more training on: the human aspects of problem gambling; interpersonal skills in identifying, approaching and assisting patrons showing signs of problem gambling; conflict resolution skills to deal with angry or aggressive patrons; how gaming machines work; implementing RCG for TAB and keno operations; how to process a self-exclusion; money laundering; and ID checking. They suggested that course administration would be improved by: ensuring trainers had current industry experience; involvement of gambling counsellors and people with lived experience of problem gambling; more engaging delivery using audiovisuals, interactive content and role-playing; more rigorous assessment; refresher training that focused on changes and new developments; advanced training for managers; and on-the-job training.

Some of these elements are included in training in other jurisdictions, such as advanced management training in South Australia and the ACT, and on-the-job training as a component of RCG training in Victoria. However, no research has evaluated different approaches to RCG training in achieving lasting behavioural change so a best practice approach remains unclear. Randomised controlled trials (RCTs) with behavioural observations in venues are needed to provide this evidence. An RCT was not in scope for the current study, but is an area for further research.

## 5.7 Conclusion

This study conducted a rapid review of the literature and jurisdictional approaches to RCG, a large survey of hotel and club staff, and focus groups with 20 employees, to contribute to the review and potential improvement of RCG practices in NSW venues. The triangulated results indicate that the informed choice approach to RCG used by NSW venues is inherently deficient in assisting the vast majority of patrons whom staff regularly observe to be showing behavioural indicators of problem gambling. Only the very small minority of these patrons who ask for help are usually assisted. Employees report that they rarely approach those who do not ask for help because they have been advised in their training not to intervene with patrons of concern. They also rarely report these patrons upwards. When senior staff do intervene with these patrons, this response is usually limited to a general chat unless the patron discloses having a gambling problem. Accordingly, the informed choice approach to RCG is having little positive impact on gambling harm prevention or reduction. Bringing about meaningful improvements to RCG practices in NSW venues requires much more than improved RCG training. It requires substantial changes across a broad range of practices that: make the gambling product and environment safer; limit the accessibility of EGMs; strengthen requirements for venues to proactively identify, intervene and support patrons gambling at harmful levels; and require venues to demonstrably reduce gambling harm amongst their patrons.



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# Appendix 1. Detailed methods

## A1.1 Methods for rapid review

Rapid reviews are a form of evidence synthesis that provide timely information for decision-making and use an abbreviated process to expeditiously generate this evidence. Adhering to commonly used limits in rapid reviews, the reviews conducted for this study: used a limited set of major databases; included only publications written in English; constrained the review of RCG frameworks to all Australian and a selection of international jurisdictions (selected for any best practice or innovative measures in their RCG frameworks); and produced a narrative analysis of findings rather than a meta-analysis. The review covered both academic papers and grey literature, and both national and international literature.

We employed a range of methods to search for literature in the three areas of interest. These included searches of: existing major databases of published academic literature; grey literature such as government and industry reports from websites; government regulatory websites and those of gambling industry associations; and more general literature from standard web searches using major search engines. These search strategies varied for the three topics of interest. Searching for national and international frameworks for the promotion of RCG programs and training relied more on general website searches to locate relevant government and industry reports, policies and programs; whereas searching for material relevant to the other two areas involved searching databases of academic literature and searches for grey literature. Search terms were developed specifically for each of the three areas of interest. The search strategy found references not directly relevant to the topic, so literature was extracted according to its relevance. Key themes were extracted from the publications and synthesised into a narrative review for each of the three areas. Implications of the findings for RCG practices and training in NSW are discussed.

## A1.2 Methods for staff survey

The staff survey was conducted via an online survey hosted on the Qualtrics platform. The survey was designed in consultation with NSW ORG, and approved by the CQUniversity Human Research Ethics Committee (project 21804). The first page of the survey was an information page, stating respondents' responses were completely confidential and anonymous, their participation was voluntary, and that they could withdraw at any time. Respondents went into a draw to win one of five shopping vouchers, each valued at \$100. If they wished to enter the prize draw, at the end of the main survey they were redirected to a second survey to enter their email address.

NSW ORG compiled a list of 179,646 email addresses of people who completed their RCG training, as part of their accreditation to work in venues that include gambling facilities. An email with a link to the online survey was sent to people who had completed RCG training or a refresher course within the last 5 years. This email had NSW ORG branding, and a heading "Help improve RCG training and practices in NSW". Two alternative headings were tested amongst small numbers of respondents, with very similar response rates. An initial soft launch email sent to 998 email addresses was conducted to determine any issues with the survey on 7<sup>th</sup> August 2019. A second soft launch was sent to another 967 email addresses on 13<sup>th</sup> August 2019. Full launch was conducted on 27<sup>th</sup> August 2019, with emails sent to the remaining 177,681 email addresses on the list. During these three launches, 7,525 emails bounced back due to the email address no

longer being in use, or due to a full mailbox. A total of 64,400 recipients opened the email invitation during the soft launches or full launch (open rate = 37.4%), and 5,857 recipients clicked through to the survey (9.1% of those who opened the email). Reminder emails were sent to the list during the survey period on the 9<sup>th</sup>, 18<sup>th</sup> and 21<sup>st</sup> September, 2019, garnering a further 12,831 click throughs. However, some of these respondents had already started or completed the survey; the unique number of those starting the survey was 8,979.

Of the 8,979 unique respondents who started the survey, 3,796 were excluded because they did not consent, were not working in an eligible role at a NSW club or hotel, or said that they had not completed an RCG accreditation within the last 5 years. A further 860 respondents did not complete the relevant screening questions and did not continue with the survey. Of the 4,323 eligible respondents, 2,025 did not complete the survey, with the vast majority quitting the survey within the first few questions. This left a total of 2,298 respondents for analysis (see Table 8).

Descriptive statistics are reported throughout the report. Chi-square tests of independence have been employed for comparisons between groups. Effect sizes are reported.

**Table 8. Ineligible and incomplete survey response breakdown**

Question	Quit at this point	Excluded because of answer	Remaining
Start of survey	-	-	8,979
Information screen	49	-	8,930
Consent	447	27	8,456
Role	100	3,711	4,645
Year accredited	264	58	4,323
Prior to end of survey	2,025	-	2,298

Note: The bulk of the 2,025 respondents who quit prior to the end of the survey did so during very early stages of the survey.

### A1.3 Methods for focus groups

Ethics approval for conducting the focus groups was gained from CQUniversity Human Research Ethics Committee (approval number 21907).

#### Recruitment, sampling and compensation

After consultation with the ORG, it was decided to hold two focus groups in Sydney and two in Wollongong, to provide input from participants from both the capital city and a large regional city in NSW. Our target was to have 7-8 participants in each group, for a total of 28-32 participants.

Respondents who completed the staff survey could volunteer to be invited to attend a focus group and to nominate which of the two locations they could attend. Once the exact dates and locations of the focus groups were finalised, we emailed these volunteers to ascertain their availability. We also asked them to complete a short survey to identify their gender, age, whether they were employed in a frontline, supervisory or management position, and whether they worked in a hotel or club. We then sub-sampled amongst those who responded to gain a mix of age, gender and hotel/club staff in each group.

We attempted to schedule separate groups for the frontline vs supervisory/management staff to help ensure that frontline staff in particular would not feel constrained in their discussion by the presence of managers or supervisors. Keeping the groups separate was also intended to assist in differentiating responses by these two 'levels' of staff. After sub-sampling from amongst the available volunteers for each location and timeslot, we scheduled four focus groups as shown in Table 9. Unfortunately, there were insufficient volunteers for the Wollongong groups to keep the two 'levels' of staff separate for one of the groups.

Prior to the focus groups, we emailed participants an information sheet explaining the purpose of the focus groups, that their discussion would be reported anonymously and could not be linked to them or their workplace, that their participation was voluntary and they could withdraw at any time. It also explained the compensation (\$80 gift card), and details of their focus group's time, date and location. They all signed a consent form and returned it to the researchers. We also sent several reminders to participants in the week preceding the focus groups. Despite all participants confirming their attendance prior to the groups, seven cancelled less than 24 hours prior to the scheduled focus group and another four participants were 'no-shows'. In total, 20 participants attended a focus group, as shown in Table 9.

The focus groups were held in Wollongong on 13 November and in Sydney on 14 November. They were all facilitated by the lead researcher with assistance from the second-named researcher. Each group lasted approximately two hours, were audio-recorded, with the recordings transcribed by a professional transcription company

**Table 9. Focus group participants per location and level**

Group	Recruited	Participated
Sydney Group 1	8 frontline staff	5 frontline staff
Sydney Group 2	8 supervisors/managers	4 supervisors/managers
Wollongong Group 1	7 frontline staff	3 frontline staff
Wollongong Group 2	7 supervisors/managers, 1 frontline staff	7 supervisors/managers, 1 frontline staff
Total	31	20

Eleven managers/supervisors participated, with five working at a club and five working at a hotel. Two were RCG trainers, with one of these trainers also working in a hotel. These ten participants ranged in age from 22 to 60 years, and performed roles including Chief Operating Officer, manager, supervisor, compliance manager, community manager, and RCG trainer. Nine frontline staff participated, with eight working in a club and one in a hotel. These frontline staff were aged between 21-49 years, and performed a range of roles, variously involving gaming, bar, TAB, catering, promotions, entertainment, membership, reception and floor staff. Both large and small clubs and hotels were represented, based on the number of EGMs. Table 10 shows the key characteristics of the participants, along with their anonymous ID # assigned in this research.

**Table 10. Key characteristics of focus group participants**

ID	Venue	No. of EGMs	Role	M/F	Age
WFS1	Club	31-100	Club all rounder: promotions, gaming, bar, catering, functions	F	40-49
WFS2	Club	101-200	Customer service: gaming, entertainment, membership, reception, catering	F	20-29
WFS3	Club	16-30	Gaming attendant: gaming, bar	F	20-29
SFS1	Club	1-15	Reception, floor staff	F	30-39
SFS2	Hotel	16-30	Bar, gaming	M	40-49
SFS3	Club	300+	Bar, TAB attendant	M	40-49
SFS4	Club	1-15	TAB, drinks, team leader and supervisor	M	40-49
SFS5	Club	201-300	Gaming, bar, TAB attendant	F	40-49
WMS1	Club	300+	Chief Executive Officer	M	40-49
WMS2	Hotel	1-15	Supervising management	F	20-29
WMS3	Club	101-200	Club supervisor	F	50-59
WMS4	Hotel	1-15	Restaurant team leader, gaming	F	30-39
WMS5	Club	31-100	Frontline reception, on-site administration	F	40-49
WMS6	Club	31-100	Supervising and front line	F	50-59
WMS7	Club	300+	Sport and community department manager	F	20-29
WMS8	Trainer	16-30	RCG trainer / consultant	M	60-69
SMS1	Club	300+	Executive manager: Sport & community	F	40-49
SMS2	Hotel	16-30	Assistant manager	F	20-29
SMS3	Hotel	16-30	Bar and gaming supervisor	F	30-39
SMS4	Hotel	16-30	Venue manager, RCG trainer	M	40-49

### Data analysis

The focus group data were analysed by the lead researcher using thematic analysis, adhering to the best practice approaches outlined by Braun and Clarke (2006). An iterative process of coding was used to inductively extract themes from the data, and to then group these themes into major themes and sub-themes in a meaningful way. Trustworthiness of the data was enhanced by professional transcription of interview recordings, and checking transcriptions against recordings (Stiles, 1993). The researchers also periodically reflected their understanding to participants during the focus groups to check accuracy of interpretation, in a 'recycling' process (Atwood & Stolorow, 2014). To enhance the trustworthiness of the interpretation, the second researcher who attended the focus groups reviewed all themes and sub-themes to ensure they were faithfully captured, and that no important themes or sub-themes were overlooked. Using a range of participants' quotes to support interpretation enhanced validity.

## Appendix 2. RCG regulations and training in NSW

This section explains the regulatory requirements for Responsible Conduct of Gambling (RCG) training in NSW, followed by an outline of the Responsible Conduct of Gambling Course (Liquor & Gaming NSW, 2018), and staff practices employed in RCG.

### A2.1 Regulatory requirements for RCG training

The Gaming Machines Regulation 2010 (NSW), Part 3 Division 5, requires all secretaries of licensed clubs with gaming machines, all hoteliers with gaming machines, and all employees and club directors of these venues whose duties include gaming machine duties, to have completed a Responsible Conduct of Gambling course approved by the Secretary, NSW Department of Industry.

A club or hotel must be refused an application to keep gaming machines unless the secretary or hotelier has completed an approved course. Additionally, a club or hotel must not employ a person whose duties involve the conduct of gaming machines unless that person has completed an approved RCG course.

To be approved, the RCG course must be delivered over a minimum of six hours, the student's competency must be assessed, and a student to trainer ratio of 30:1 must not be exceeded. The trainer must have a Certificate IV in Training and Assessment, or equivalent, and have held a managerial or supervisory position in a hotel or registered club, and with duties in relation to the conduct of gaming machine activities.

On completion of an approved course, the trainer provides the trainee with an interim certificate allowing them to work in the industry for 90 days. A photo competency card, with photo, personal details, the competency obtained and expiry date (five years), must be obtained from Liquor & Gaming NSW to continue working in the industry.

### A2.2 Regulatory requirements for RCG practices

RCG comprises a set of operator policies and practices designed to prevent and reduce potential harms associated with gambling, and which incorporate a variety of interventions aimed at promoting consumer protection, awareness and education, and access to treatment (Blaszczynski et al., 2004). A recent comprehensive review of the research literature on RCG found that, while specific objectives of RCG frameworks and practices varied, these typically encompassed harm reduction, harm prevention, harm minimisation and consumer protection (Hing, Russell & Hronis, 2016). These were operationalised through practices that aim to promote rational decision-making, gambling within affordable limits, informed choice, and personal responsibility by gamblers.

RCG has a major focus on problem gambling, characterised as 'difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community' (Neal, Delfabbro & O'Neil, 2005). Thus, practices aimed at assisting patrons who have developed a gambling problem, such as information about help services and self-exclusion, are integral components of RCG. Further, harm from gambling is also experienced by people who do not meet diagnostic criteria for problem gambling, but are nonetheless at moderate-risk or low-risk (Browne et al., 2016). Accordingly, RCG also encompasses operator

practices aimed at preventing and minimising gambling problems and harm by ensuring that business practices and the gambling environment do not encourage excessive gambling.

In NSW, the Gaming Machines Act 2001 and the Gaming Machines Regulation 2010 require venues to implement the following RCG practices, as minimum practices, although individual venues can have policies and procedures which extend upon these practices. These areas are also covered in the Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW 2018), and staff need to be aware of, and support adherence to, these requirements:

- *Player information.* Prescribed information includes: the chances of winning prizes on gaming machines; player information brochures; dangers of gambling; counselling; clocks; exclusion; player activity statements; gaming machine areas; and gambling contact cards. Legislation also has requirements for the placement of information on ATMs and cash-back terminals, and in a range of community languages. It also prescribes the precise wording and format of certain signage.
- *Cheques.* Venues are restricted from cashing: third-party cheques; cheques for more than \$400; more than one cheque per customer per day; or for customers with an unpaid dishonoured cheque; and must bank the cheque within two working days.
- *Prize money.* The amount of a prize exceeding \$5,000 must be paid by crossed cheque or, if requested by the patron, electronic funds transfer; or the whole amount of prizes exceeding \$5,000 must be paid in the same manner if requested by the patron. Cheques for prizes cannot be cashed at the venue. It is also an offence for a person (other than a financial institution) to cash a cheque, where the person would be expected to know that the cheque is a gaming machine prize issued by a hotel or club.
- *Cash dispensing facilities.* A facility for withdrawing or transferring money from a bank or authorised institution, such as an ATM or EFTPOS terminal, cannot be located in areas where gaming machines are located. The venue also cannot have any facility on its premises that allows cash withdrawals from credit cards.
- *Extension of credit.* It is an offence to provide a cash advance to any patron at a venue where gaming machines are operated. The more serious offence is committed where credit or cash is provided to patrons for the purposes of any form of gambling at the venue. Cash may only be provided to patrons as the result of a prize won.
- *Advertising of gaming machines.* Gaming machines cannot be advertised externally, including via television, cinema, video, radio, electronics, the internet, or via promotional material such as brochures or flyers; including internal advertising that can be seen from outside the venue. The regulations allow certain exemptions, such as in trade advertising and in promotional material provided by a club to its members who have expressly consented to receiving such material. Where this is provided, the promotional material must also advise the member that player activity statements are available on request and that consent to receive advertising can be withdrawn, and it must also contain information or advertising apart from gaming machine advertising.
- *Gambling-related signage.* This cannot be displayed anywhere outside of the venue, or inside where it may be seen from outside the venue.
- *Location of gaming machines.* Venues may be required to move any gaming machine that is considered to be designed to attract the attention of the public outside the premises or is contrary to the public interest.



- *Mandatory shutdown periods for gaming machines.* Gaming machines must not be operated in hotels or clubs for a six hour period between 4am and 10am on each day of the week. However, exemptions can be received to allow a reduced shutdown period of three hours on Saturdays, Sundays or public holidays, on all days on hardship grounds, or a different shutdown period for 'early-openers'.
- *Player activity statements.* Venues must make player activity statements available on request and on a monthly basis, where a player reward scheme records the patron's gaming machine play by electronic means. The player activity statement must include, for that month, the patron's total turnover, total wins, net expenditure, points earned and redeemed, total time the player's card was inserted in a gaming machine in each 24-hour period the card was used, and total time for the month. Player activity statements must advise they relate only to carded-play and may not reflect all play, and must contain a problem gambling notice, and be provided free of charge.
- *Problem gambling counselling services.* Venues must have available at all times, and display in notices, the name and contact details of a problem gambling counselling service; provide this information to patrons who self-exclude and to any patrons on request; and that a self-exclusion scheme is available and the name and contact details of the person who can assist with self-exclusion.
- *Self-exclusion schemes.* Gaming machine venues must make a self-exclusion scheme available and: not refuse a patron's request to participate; request the patron to take a written undertaking to not gamble in the venue for a specified period of time; provide written details of a professional counselling service; ensure relevant venue employees can recognise the patron via a recent photograph or other means; make the self-exclusion form available to any patron on request; and prevent a patron from withdrawing from the scheme within six months.
- *Contact cards.* Clear card holders with contact cards must be attached to each bank of gaming machines so they can be clearly seen, and contain information on self-exclusion and contact details for problem gambling help options.
- *Inducements to gamble.* Venues must not offer or supply free or discounted liquor, or free credits, as an inducement to play gaming machines. They also must not offer promotional prizes linked to a player reward scheme or other promotional activities that involve gaming machines as cash or exceeding the value of \$1,000.
- *Jackpot prize monitors for linked gaming systems.* These can only be displayed in the bar area or gaming room of venues.
- *Publicity for prizewinners.* A venue must not publish, or cause to be published, anything that identifies a person who wins a prize of more than \$1,000 from a gaming machine, or for a prize-winner who requests their identity not be published.
- *Player cards and gaming machine tickets.* These are not required by legislation. However, certain conditions apply where they are provided, including the maximum value that can be stored, redemption requirements, information that must be provided to players, and restrictions on disclosing that information to anyone else.
- *Minors.* Persons under the age of 18 years are not allowed to remain in restricted areas of licensed venues, which includes where gaming machines are located. Venue staff have a responsibility to ask for proof of age that includes a photograph and date of birth if they suspect the person may be a minor.
- *RCG training.* As discussed below.

## A2.3 RCG course structure

The Responsible Conduct of Gambling Course (Liquor & Gaming NSW, 2018) contains two sections and seven modules, each with assessment criteria:

### Section 1:

- Government, gambling and legislation
- Statutory signage requirements
- Gambling inducements, player prizes, reward schemes, cash and cheque dispensing
- Minors

### Section 2:

- Responsible and problem gambling
- Responding to potential problem gamblers
- Self-exclusion and counselling

On course completion, students are expected to have the following competencies:

- Describe the context of gambling in New South Wales.
- Describe the legislative framework for the responsible conduct of gambling.
- Explain the indicators and impact of problem gambling.
- Implement responsible gambling strategies.
- List the benefits of implementing responsible conduct of gambling practices.

As will be discussed later in the literature, venue staff face particular challenges in assisting patrons displaying problem gambling behaviours in the venue. Accordingly, the Responsible Conduct of Gambling Course (Liquor & Gaming NSW, 2018) covers numerous topics relevant to the behaviour of staff dealing with at-risk and problem gamblers. Key relevant outcomes of this training are that staff should be able to identify: 'indicators of problem gamblers', 'the role of staff to provide support for problem gamblers', 'communication techniques to help deal with distressed patrons', 'procedures to follow when a patron requests self-exclusion', 'what to do when a family member or friend requests third party exclusion' and 'approved counselling services and referral procedures'. The ensuing discussion reviews key staff requirements and research studies in these areas.

### Indicators of problem gambling behaviours

The Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW, 2018) includes both the 52-item Checklist of Visible Indicators (Delfabbro et al., 2007), and a 32-item colour-coded checklist derived from Thomas et al. (2014). Following training, staff are expected to be able to 'identify indicators of problem gamblers'.

### The role of staff to provide support for problem gamblers

In NSW, the Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW, 2018) explains that venue employees must act immediately if a patron approaches them seeking help for a gambling problem. Individual venue policies and procedures may vary, and may involve the employee helping the patron themselves, or referring the patron to a senior staff member who is better equipped to help them. Employees need to know their venue's related policies and procedures. If the employee deals with the situation, they should give the patron information

about the range of professional services available for support; and the venue's self-exclusion policy. This should be done in a private area and in a non-judgmental manner.

Some venues may also have policies and procedures for staff to intervene if a patron is showing signs of problem gambling distress, such as a combination of those identified by Delfabbro et al., (2007) and Thomas et al. (2014). However, this type of intervention is not a legal requirement in NSW unless the patron has asked for help. The Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW, 2018) advises that, if their venue has no relevant policy, staff should not approach patrons they suspect may have a problem with gambling but rather inform a manager or licensee. The Manual acknowledges however that, where venue staff proactively approach at-risk gamblers before they ask for help, they may be able to reduce the severity of gambling problems in the long term. As discussed later, venue staff report several challenges with implementing these more proactive interventions.

### Communication techniques to help deal with distressed patrons

Patrons seeking assistance for a gambling problem may be distressed and signs of problem gambling distress may prompt an unrequested intervention by staff or venue managers in some venues. The Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW, 2018) contains extensive advice on ways to de-escalate the situation, recognise conflict, communicate effectively, use active listening, adopt appropriate non-verbal behaviour, and deal with aggressive patrons. As discussed later, communicating with distressed problem gambling patrons can be particularly challenging for venue staff.

### Procedures to follow when a patron requests self-exclusion

As explained earlier, venues have legislated requirements to provide and publicise a self-exclusion scheme to allow patrons to exclude themselves from nominated areas of a venue or from the entire venue. The Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW, 2018) advises staff that they must act in response to a patron request for self-exclusion, and treat the patron with empathy, sensitivity and in a professional manner. If the staff member feels ill-equipped to respond appropriately, they should immediately involve their supervisor.

The procedure for self-exclusion should be made as confidential as possible, and be designed so that self-exclusions can be processed at any time of the day or night during venue opening hours. The procedure requires specific documentation between the patron and the venue to provide a record of steps taken and the self-exclusion agreement. The staff member processing the self-exclusion must also provide the patron information on professional counselling services if the patron requests this. On occasions, counsellors may approach a venue on behalf of a patron. This should be entered in the incident log and the counsellor requested to provide written authority for future action.

### What to do when a family member or friend requests third party exclusion

Venue staff may sometimes be approached by a concerned significant other (e.g., family or friends) who have concerns about a patron's gambling, and who may request help or to have the patron excluded. The Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW, 2018) advises that staff have a moral obligation to act when approached by a third-party, and to treat them sensitively as they can be angry, upset, distressed or 'unreasonable'. Staff should make them aware of professional counselling services, provide them with this information, and assist them to contact these services from the venue. Staff should also make them aware of the self-exclusion scheme, emphasising its confidentiality, but also explaining that the patron of concern must enter a self-exclusion agreement voluntarily. That is, the third-party cannot enter a

self-exclusion agreement on the patron's behalf. Staff should enter these events into the incident log.

### Approved counselling services and referral procedures

The Responsible Conduct of Gambling Course Manual (Liquor & Gaming NSW, 2018) advises staff of the four approved gambling counselling entities. The Australian Hotels Association (NSW) operates GameCare which assists hotel patrons to self-exclude from hotels in NSW. Clubs NSW operates ClubSafe which offers a 24/7 counselling and referral service, and a multi-venue self-exclusion program. BetSafe assists patrons of member clubs and hotels with counselling and self-exclusion. Services funded by The Responsible Gambling Fund, operating under the Gambling Help banner, provide face to face gambling, face to face financial, online and telephone counselling. They also fund a legal service to assist people where gambling has created legal issues for them. These services are free, and are available to anyone affected by problem gambling, whether their own or someone else's gambling.

### Incident logs

Although not a legal requirement, venues are advised to keep an incident log where managers and staff provide brief reports on any gambling-related patron behaviour and measures taken by the venue, such as patron requests for assistance with a gambling problem, damaged or missing signage and actions to rectify this, self-exclusion breaches, and third-party exclusion requests. These should be recorded with the date and time of the incident, persons involved, and action taken by the venue. The log should be checked at change of shift for any incidents regarding patron gambling behaviour.

## Appendix 3. Sources used for examining jurisdictional frameworks and practices

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## Appendix 4. Staff survey instrument



### Responsible Conduct of Gambling Study

#### BRIEF INFORMATION SHEET

Thanks for your interest in this study. The survey is being conducted by Central Queensland University on behalf of the NSW Office of Responsible Gambling. It will take about 15 minutes to complete. Your responses are completely confidential and anonymous.

By participating, you can help to improve responsible conduct of gambling (RCG) training and practices in NSW hotels and clubs.

To participate you must currently:

- Be an employee, manager, secretary or director of a NSW hotel or club, AND
- Have completed the accredited RCG training course or a refresher course since 2014

We will ask you some questions about yourself, your role, your venue's RCG practices, interactions with patrons, and your RCG training.

To compensate you for your time, at the end of the survey you can choose to enter a draw to win one of five shopping vouchers, each valued at \$100.

If you would like more details about this study, please click the 'Yes' button below. Otherwise, please indicate your consent to proceed with the survey on the next page.

If you have any questions about this survey, please contact the research team at [v.rawat@cqu.edu.au](mailto:v.rawat@cqu.edu.au)

Ethical approval for this project has been received from the Central Queensland University Human Research Ethics Committee (21804)

Would you like to see more details about the study?

- Yes (**goes to next page**)
- No, I'm ready to start the survey (**skipped to consent form**)



## **Responsible Conduct of Gambling Study**

**Project Team: Professor Nerilee Hing, Dr Alex Russell, and Mr Vijay Rawat**

### **INFORMATION SHEET**

This study examines how responsible conduct of gambling (RCG) is currently being implemented in hotels and clubs in NSW, including the pros and cons to effective implementation. As employees and managers in these venues, we would love to hear about your experiences and views. By participating in this study, you can help to improve RCG training and practices in NSW.

#### **What you will be asked to do**

To participate, you will need to complete this online survey. This should take about 15 minutes. We will ask you some questions about yourself, your role, your venue's RCG practices, interactions with patrons, and your RCG training.

#### **Prize draw for survey completion**

To compensate you for your time, at the end of this survey you can choose to enter a draw to win one of five shopping vouchers, each valued at \$100.

#### **How your confidentiality will be protected**

Your survey responses will be completely anonymous, and does not ask for your name. Your responses will be combined with those of the hundreds of other survey participants so no one will be able to tell what your individual answers were.

The data will be kept securely by CQUniversity for 5 years. The de-identified data (the data collected without any way of identifying you) will be provided to the NSW Office of Responsible Gambling, so that overall results can be compared to those of similar surveys they might conduct in the future.

#### **Participation is voluntary**

Your participation in this study is completely voluntary. Should you wish to withdraw at any stage you are free to do so.

#### **How you can keep updated on the study**

Information about the results of the research will be made available through Central Queensland University's gambling research Facebook page - <https://www.facebook.com/cquegr/>. Information about the results will also be shared on the ORG website: <https://www.responsiblegambling.nsw.gov.au/>

**Where you can get further information**

Should you require any further information or have any questions about participation, please contact Vijay Rawat on [v.rawat@cqu.edu.au](mailto:v.rawat@cqu.edu.au). You are also welcome to contact the Ethics Coordinator at CQUniversity's Office of Research on 07 4923 2603.

If you experience discomfort at any point during the survey, you can contact **Gambling Help on 1800 858 858 or [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au)**. These are free and confidential telephone/online help services that operate 24 hours a day, 7 days a week.

**Thank you very much. We greatly appreciate your input into this important study.**

## Consent form

I consent to participation in this research project and agree that:

1. I have read and understood the Information Sheet that describes this study.
2. Any questions I had about the project were answered by either the Information Sheet or the researchers.
3. I understand I have the right to withdraw from the survey at any time.
4. The research findings, which will not identify me, will be included in the researchers' publication(s) on the project which may include conference presentations and research articles as well as any other media described in the Information Sheet.
5. To protect my privacy, my name will not be used in publication(s).
6. I am providing informed consent to participate in this project.
7. I am 18 years of age or over.

- Yes
- No (screened out)

## Screening questions

- Are you currently a: (please select the one that best describes your current role) **Forced response**
    - NSW hotel employee
    - NSW hotel manager
    - NSW club employee
    - NSW club secretary or manager
    - NSW club director
    - None of the above (thank and exclude with the message 'Thank you for your interest, however we are only surveying NSW hotel employee/managers and NSW club employees/secretaries/managers/directors'.)
  
  - In which year did you most recently complete the accredited responsible conduct of gambling training course or the refresher course? \_\_\_\_\_
- \* Validate 4 numbers. If not in 2014 to 2019, exclude with the message 'Thank you for your interest, however we are only surveying people who have completed their RCG training or a refresher course within the last 5 years.'

## Section 1: About you

Our first few questions are about you and your employment.

1. What is your gender? **(select one)**
  - Male
  - Female
  - Other
  
2. How old are you? \_\_\_\_\_ years **Validated 18 -> 100**
  
3. What is your current main employment status at the club/hotel? **(select one)**
  - Permanent full-time
  - Permanent part-time
  - Casual
  
4. What is your current main job level at the club/hotel? **(select one)**
  - Management
  - Supervisory
  - Operational or frontline staff
  
5. What is your current main role at the club/hotel? **(select one)**
  - Senior manager
  - Supervisor or duty manager
  - Responsible gambling manager/officer
  - Gaming machine attendant
  - Beverage attendant
  - Customer service attendant
  - Cashier (e.g. TAB, Keno)
  - Other (please specify) \_\_\_\_\_
  
6. When you are working at your main venue: **(select one per line)**

	Yes	No
Can you see the venue's gaming machines?		
Do you have any direct contact with patrons who play gaming machines?		
Do you have specific gaming machine-related duties (e.g. pay out winnings)		
Do you have specific duties relating to the venue's keno or TAB operations?		

7. How many hours per week do you spend working in a venue that has gambling activities?  
 \_\_\_\_\_ hours **validate 0-100**
  
- 7.2 In total, how long have you worked in a venue that has gambling activities?  
 \_\_\_\_\_ years \_\_\_\_\_ months

## Section 2. About your venue

The next few questions ask about the venue you work in. If you work in multiple venues, please answer these questions in relation to the main venue in which you work.

8. Is your main venue a: (select one)

- Hotel/pub
- Club

9. Where is your main venue located? Please insert the postcode OR suburb here. **Forced response for only one of these**

Postcode: \_\_\_\_\_ (validate 4 numbers)

Suburb: \_\_\_\_\_ (text entry)

10. About how many gaming machines does your venue have? (select one)

- 1-15
- 16-30
- 31-100
- 101-200
- 201-300
- 301-400
- More than 400
- Don't know

11. About what proportion of your venue's customers are regular gambling customers (repeat customers who gamble regularly)? (select one)

- Hardly any
- Some
- Most
- Don't know

### Section 3. Your venue's responsible gambling policies and practices

We'd now like to know about your venue's responsible gambling policies and practices.

12. Does your venue employ staff whose main role is dedicated to responsible gambling (e.g. responsible gambling manager, responsible gambling liaison officer)? (select one)
- Yes
  - No
  - Don't know

(If yes to previous question)

13. About how many of these responsible gambling staff does your venue employ? \_\_\_\_\_

\* Validate numeric value

14. Does your venue have the following responsible conduct of gambling practices? (select one on each line)

	Yes	No	Don't know
a. Written policy and procedures for implementing RCG practices			
b. In-house RCG training in addition to that offered for RCG accreditation			
c. An incident log to record gambling-related incidents			
d. Effectively prevents minors from staying in restricted/bar or gaming machine areas of the venue			
e. Staff routinely check evidence of age when a patron might be under 18 years			
f. Has a self-exclusion scheme			
g. A self-exclusion can be processed by a designated employee at any time the venue is operating			
h. Ensures patrons are not refused self-exclusion if they request it			
i. Provides patrons with written details of a professional counselling service when they self-exclude			

15. Are you aware of the following practices occurring in your venue? (select one on each line)

	Yes	No
a. Supplying free or discounted liquor as an encouragement to gamble		
b. Supplying credits, vouchers or cash advances to patrons as an encouragement to play gaming machines		
c. Supplying any inducement that is likely to encourage the misuse and abuse of gambling activities		



#### Section 4. Responding to patrons who ask for help for a gambling problem

The next few questions are about how you might respond to patrons who ask for help for a gambling problem.

16. Does your venue have an established policy or procedure for what staff should do when a patron seeks advice or assistance for a gambling problem? (select one)

- Yes
- No
- Don't know

17. During the last year, about how many times did a patron approach you to seek advice or assistance for a gambling problem? This could include asking you about help, self-exclusion, professional support services, or who they can talk to at the venue for advice.

\* Validate numeric value (0-1000)

18. (If response to Q17 >0) During the last year, when a patron approached you seeking help for their gambling problem, how often did you do each of the following? (select one on each line)

	Never	Sometimes	Most of the time	Always
Immediately informed a supervisor				
Monitored the patron				
Talked with the patron about their concerns				
Gave the patron information about professional support services				
Provided information about self-exclusion				
Processed a self-exclusion if the patron requested this				

19. (If answered sometimes, most of the time or always to any item in Q18 AND if yes at 14c) Did you record the previous interaction/s in your venue's incidents log? (select one)

- Never
- Sometimes
- Most of the time
- Always

20. (If response to the question 17=0) If a patron approached you seeking help for their gambling problem, how likely is it that you would do each of the following? (select one on each line)

	Extremely unlikely	Unlikely	Likely	Extremely likely
Immediately inform a supervisor				
Monitor the patron				
Talk with the patron about their concerns				
Give the patron information about professional support services				
Provide information about self-exclusion				
Process a self-exclusion if the patron requested this				

21. (If answered likely or extremely like to any item in Q20 AND if yes at 14c) Would you record the previous interaction/s in your venue's incidents log? (select one)

- Never
- Sometimes
- Most of the time
- Always

## Section 5: Responding to family and friends concerned about a patron's gambling

The next few questions are about how you might respond to a family or friend who is concerned about a patron's gambling.

22. Does your venue have an established policy or procedure for what staff should do when a family member or friend expresses concern about a patron's gambling, or asks for the patron to be excluded? (select one)

- Yes
- No
- Don't know

23. In the last year, about how many times did a family member or friend approach you expressing concern about a patron's gambling, or asking for the patron to be excluded?

\* Validate numeric value (0-100)

24. (If response to Q23 >0) In the last year, when approached by a family member or friend expressing concern about a patron's gambling or asking for the patron to be excluded, how often did you do each of the following? (select one on each line)

	Never	Sometimes	Most of the time	Always
Immediately informed a supervisor				
Monitored the patron				
Talked with the family member or friend about their concerns				
Gave the family member or friend information about professional support services				
Provided information about self-exclusion				
Advised the family member or friend that only the patron can enter a self-exclusion agreement				
Excluded the person through a third party exclusion scheme run by the venue itself				

25. (If answered sometimes, most of the time or always to any item in Q24 AND if yes at 14c) Did you record the previous interaction/s in your venue's incidents log? (select one)

- Never
- Sometimes
- Most of the time
- Always

26. (If response to Q23 =0) If you were approached by a family member or friend expressing concern about a patron's gambling or asking for the patron to be excluded, how likely is it that you would do each of the following? (select one on each line)

	Extremely unlikely	Unlikely	Likely	Extremely likely
Immediately inform a supervisor				
Monitor the patron				
Talk with the family member or friend about their concerns				
Give the family member or friend information about professional support services				
Provide information about self-exclusion				
Advise the family member or friend that only the patron can enter a self-exclusion agreement				
Exclude the person through a third party exclusion scheme run by the venue itself				

27. (If answered likely or extremely likely to any item in Q26 AND if yes at 14c) Would you record the previous interaction/s in your venue's incidents log? (select one)

- Never
- Sometimes
- Most of the time
- Always

## Section 6: Responding to patrons who show signs of problem gambling

The next few questions are about how you might respond to a patron who shows signs of problem gambling but who doesn't ask for help.

28. Does your venue have an established policy or procedure for what staff should do when they observe a patron showing signs of problem gambling but who hasn't asked for help? (select one)

- Yes
- No
- Don't know

29. How confident are you that you can identify problem gamblers in your venue? (select one)

- Not at all confident
- Somewhat confident
- Extremely confident

30. When you are at work, how often do you see patrons in your venue showing signs of problem gambling? (select one)

- Never
- Sometimes
- Most of the time
- Always

31. (if response to Q30 is sometimes, most of the time or always) During the last year, when you have observed a patron who you think has a gambling problem, how often did you do each of the following? (select one on each line)

	Never	Sometimes	Most of the time	Always
Informed a supervisor				
Monitored the patron's behaviour				
Approached the patron to check on their wellbeing or offer help				
Gave the patron information about professional support services				
Provided information about self-exclusion				
Processed a self-exclusion if the patron requested this				

32. (If answered sometimes, most of the time or always to any item in Q31 AND if yes at 14c) Did you record the previous interaction/s in your venue's incidents log? (select one)

- Never
- Sometimes
- Most of the time
- Always

33. (if response to Q30 is never) If you observed a patron who you think has a gambling problem, how likely is it that you would do each of the following? (select one on each line)

	Extremely unlikely	Unlikely	Likely	Extremely likely
Inform a supervisor				
Monitor the patron's behaviour				
Approach the patron to check on their wellbeing or offer help				
Give the patron information about professional support services				
Provide information about self-exclusion				
Process a self-exclusion if the patron requests this				

34. (If answered likely or extremely likely to any item in Q33 AND if yes at 14C) Would you record the previous interaction/s in your venue's incidents log? (select one)

- Never
- Sometimes
- Most of the time
- Always

35. In the last year, about how many times did you approach a patron because you thought they might have a gambling problem? \_\_\_\_\_

Validate numeric value (0-100)

36. How much do you agree or disagree with the following statements about approaching patrons who shows signs of problem gambling to offer assistance? (select one on each line)

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
I find it hard to identify signs of problem gambling				
I am afraid the patron might become angry or violent if I approach them				
The patron is likely to deny having a gambling problem if I approach them				
I am concerned about losing the patron's business if I approach them				
I would feel embarrassed or awkward if I approach them				
I do not want to upset or insult the patron by approaching them				
I am afraid of making an incorrect judgment about the patron's gambling				
A patron's gambling problem is none of my business				
My role does not include approaching patrons about their gambling problems				
My venue lacks clear procedures about if and when I should approach these patrons				
I haven't had sufficient training to identify whether a patron might have a gambling problem				
I feel uncertain about how to approach these patrons				
I don't have time to approach these patrons				
There is not always someone to refer the patron to				
My managers or supervisor haven't told me I can approach these patrons				
My managers or supervisors have told me not to approach these patrons				
My training instructed me not to approach these patrons				
I might get into trouble with a manager if I approached these patrons				
I might lose my job if I approached these patrons				

37. If speaking to patrons or concerned family members or friends about a gambling problem that is affecting them, how confident are you that you can: (select one on each line)

	Not at all confident	Moderately confident	Extremely confident
Treat them in a non-judgmental and professional manner			
Show empathy and sensitivity			
Keep the request as confidential as possible			
De-escalate any conflict			
Reduce any distress they may feel			
Support a referral to a gambling help service			



### Section 7. Venue support for responsible gambling

We'd now like to ask you about your venue's support for responsible gambling.

38. How much do you agree or disagree with the following statements regarding the responsible conduct of gambling (RCG)? **(select one on each line)**

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
My managers have a genuine commitment to RCG				
My managers set a good example of implementing RCG practices				
My managers encourage staff to implement RCG practices				
My managers have clearly identified examples of what I can do to improve RCG				
My venue acts ethically in its gambling operations				
My venue has a strong culture of responsible conduct of gambling				
My venue has clear policies and procedures to ensure RCG is effectively implemented				
My venue has sufficient staff to ensure that RCG is effectively implemented				
My venue's staff are sufficiently skilled to ensure that RCG is effectively implemented				
My managers encourage me to build supportive relationships with patrons				
It is my personal ethical obligation to effectively implement RCG practices				

## Section 8. Training and refreshers in responsible conduct of gambling

The next questions are about the RCG training course and any refresher courses you have completed.

39. Since you completed your accredited face-to-face RCG training course, how many times have you completed the online **refresher** course? If you have not done a refresher course, please put 0 \_\_\_\_\_

\* (Validated 0 -> 30)

40. Overall, how satisfied are you that your accredited training and any refresher courses prepared you for your role in the responsible conduct of gambling? (select one)

- Extremely dissatisfied
- Somewhat dissatisfied
- Somewhat satisfied
- Extremely satisfied

41. How satisfied are you that your RCG accreditation training course and any refresher courses have equipped you to deal with each of the following situations? (select one on each line)

	Extremely dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Extremely satisfied
What to do if a patron asks for help with a gambling problem				
How to identify signs of problem gambling				
What to do if a patron shows signs of problem gambling but does not ask for help				
What to do if a family member or friend expresses concern about a patron's gambling, or asks for the patron to be excluded				
Assist a patron with self-exclusion				
Provide counselling information				

42. How could training and refreshers in these areas be improved to better help prepare you for your role? **Not forced response**

\_\_\_\_\_

text box

43. What ways could staff and venues be helped to improve their responsible conduct of gambling? **Not forced response**

\_\_\_\_\_

\_\_\_\_\_

\* Text box

44. How satisfied were you about the following aspects of your accredited RCG training? (select one on each line)

	Extremely dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Extremely satisfied	Don't recall
How easy the course was to get to					
The suitability of the venue					
The cost of the course					
The length of the course					
How often the training was offered					
How the course was delivered (e.g. face to face; group session)					
The size of the group					
The trainer					
The course materials					
The course assessment					

45. How could any of the above aspects of the course delivery be improved? Not forced response

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\* Text box

46. As well as your accredited training and any refresher course, what other RCG training activities have you attended? (select all that apply) Not forced response

- On the job orientation
- In-house refreshers
- Talks by gambling counsellors
- Other RCG training workshops
- Other (please specify) \_\_\_\_\_

47. (if selected any of the above) How often have you attended any of these other RCG training activities? (select one)

- Less than once a year
- About once a year
- A few times a year
- Several times a year

## Section 9. Suggested improvements to responsible gambling practices

We'd now like to know how you think that responsible gambling practices could be improved.

48. Please list any innovative practices implemented in your venue that improve responsible gambling outcomes for patrons, but that were not covered in your accredited RCG training or refresher course. **Not forced response**

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\*text box

49. Are there any new or innovative practices that you think venues should introduce to improve the responsible conduct of gambling? **Not forced response**

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\*text box

## Section 10: Your gambling

The next few questions are about any gambling that you might do yourself. Your responses are completely anonymous, so please be as honest as possible.

50. During the last 12 months, have you gambled for money on gaming machines, race betting, sports betting, casino table games, or keno? **(select one)**

- Yes
- No

51. **(If yes to Q50)** During the last 12 months, how often: **(select one on each line)**

	Never	Sometimes	Most of the time	Almost always
Have you bet more than you could really afford to lose?				
Have you needed to gamble with larger amounts of money to get the same feeling of excitement?				
When you gambled, did you go back another day to try to win back the money you lost?				
Have you borrowed money or sold anything to get money to gamble?				
Have you felt that you might have a problem with gambling?				
Has gambling caused you any health problems, including stress or anxiety?				
Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?				
Has your gambling caused any financial problems for you or your household?				
Have you felt guilty about the way you gamble or what happens when you gamble?				

## Close

Thank you for your participation so far.

We have some final questions relating to the prize draw and whether you'd be interested in participating in a focus group and future follow-up research.

Please click 'Proceed' below and you will be taken to final set of questions for this survey.

- Proceed

We will be conducting focus groups for this research project in about one month's time in both Sydney and Wollongong. Each focus group will last for about 2 hours. Their purpose is to help us get a better understanding of issues for staff in RCG. You will be reimbursed for your time and travel with an \$80 shopping voucher. Would you like to be invited to participate?

- Yes
- No

If yes -

Please provide:

- Your name: \_\_\_\_\_
- Your email address: \_\_\_\_\_
- Your mobile phone number \_\_\_\_\_

Please indicate where you would prefer to attend a focus group (select one):

- Sydney
- Wollongong

Would you like to be invited to participate in a follow-up study on RCG, which may be conducted in the future by the NSW Office of Responsible Gambling?

- Yes
- No

If yes -

Please provide your email address. This will be provided to the NSW Office of Responsible Gambling.

\_\_\_\_\_

Would you like to go into the prize draw for the opportunity to win one of five \$100 shopping vouchers?

- Yes
- No

If yes -

Please provide your email address so that a voucher can be emailed to you if you win.

\_\_\_\_\_

If you have experienced any discomfort at any point during the survey, you can contact **NSW Gambling Help on 1800 858 858 or [www.gamblinghelp.nsw.gov.au](http://www.gamblinghelp.nsw.gov.au) or Lifeline on 13 11 14.** These are free and confidential help services that operate 24 hours a day, 7 days a week.

**Thank you very much for participating in this survey.  
Please click the arrow below to lodge your responses.**

## Appendix 5. Staff survey additional results: Frontline staff vs supervisors/managers

This appendix provides additional information to that presented in Chapter 3 for the staff survey by comparing responses between frontline staff and supervisors/managers. Figures for frontline staff are presented in orange, while those of supervisors/managers are presented in green. Note that some directors also took the survey, but many of these questions were not directly relevant to them, and thus they were excluded from analysis in this chapter.

It is important to note that while some statistically significant differences were observed, they were mostly small effect sizes unless indicated otherwise, indicating little *practical* significance. This is due to the large sample size. Importantly, many differences are because frontline staff were more likely than supervisors/managers to provide a 'don't know' response. The structure of this appendix aligns with that of Chapter 3.

### A5.1 Section 1: About the respondents

As noted in Chapter 3 (Section 3.1), there were some demographic and work differences between frontline staff and supervisors/managers. In summary, supervisors/managers were significantly more likely to be male and older, as well as more likely to be employed on a permanent full-time basis, compared to frontline staff. However, there were no significant differences between frontline staff and supervisors/managers in terms of when they last completed their RCG accreditation.

### A5.2 Section 2: About the respondents' venues

As noted in Section 3.2 of Chapter 3, supervisors/managers worked significantly more hours per week than frontline staff. Supervisors/managers had been working in the industry for a significantly longer period compared to frontline staff. Supervisors/managers were significantly less likely to work in a club (55.5%) compared to frontline staff (65.6%),  $\chi^2(1, n=2,193) = 22.29$ ,  $p < .001$ ,  $\phi = .10$ . Similarly, supervisors/managers were slightly more likely to work in a venue with 30 EGMs or fewer compared to frontline staff, but these differences are minimal (Figure 17).

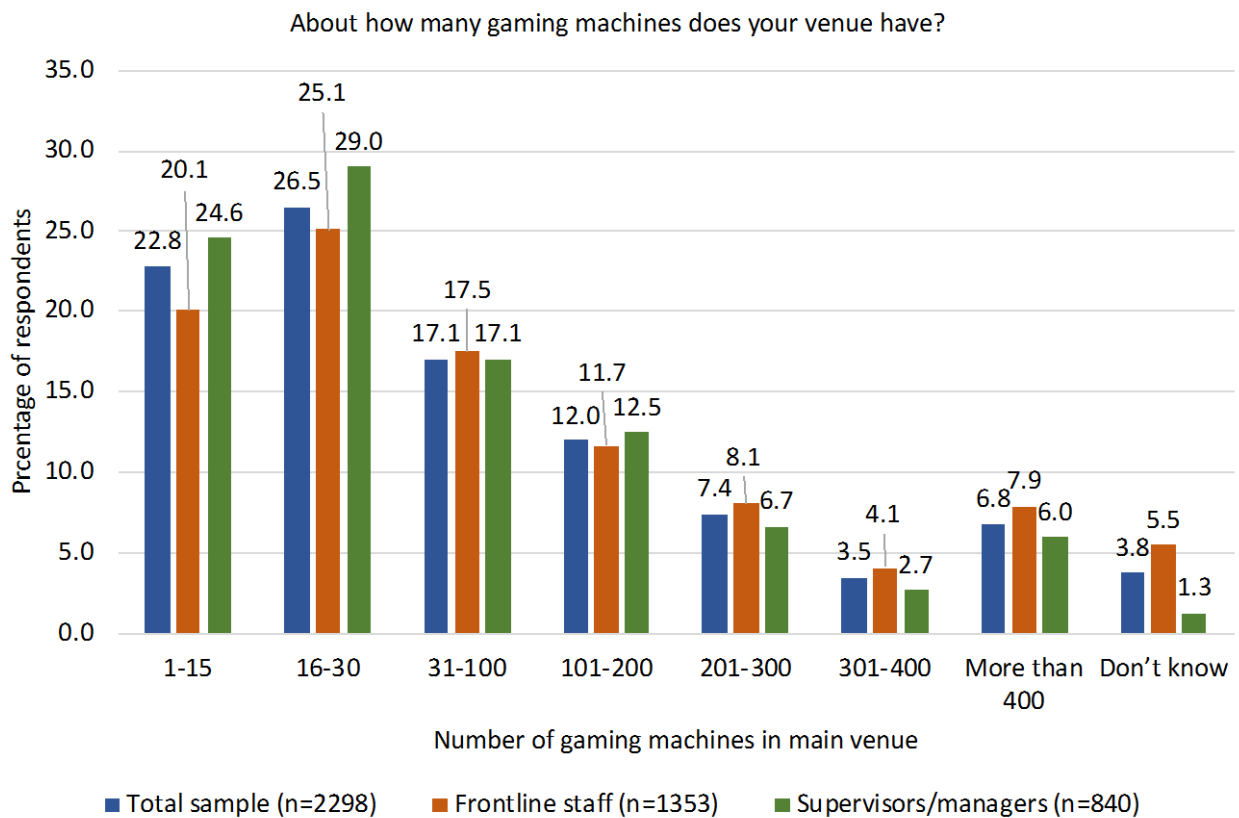
As indicated in Table 11, most respondents had some exposure to gambling activities in their venue, particularly having direct contact with patrons who play gaming machines. There were no significant differences between frontline staff and supervisors/managers in terms of whether or not they could see the venue's gaming machines when working ( $\chi^2(1, n=2,193) = .08$ ,  $p = .776$ ), but managers/supervisors were significantly more likely to have direct contact with patrons who play gaming machines ( $\chi^2(1, n=2,193) = 6.06$ ,  $p = .014$ ), to have specific gaming machine-related duties (e.g., pay out winnings;  $\chi^2(1, n=2,193) = 19.75$ ,  $p < .001$ ) and to have specific duties relating to the venue's keno or TAB operations ( $\chi^2(1, n=2,193) = 20.19$ ,  $p < .001$ ). Please note that these differences, while statistically significant, are all relatively small effect sizes ( $\phi \sim .1$ , a small effect size), and that most respondents responded yes to each of these statements, whether frontline staff or supervisors/managers.



**Table 11. Exposure to gambling-related activities at work (%)**

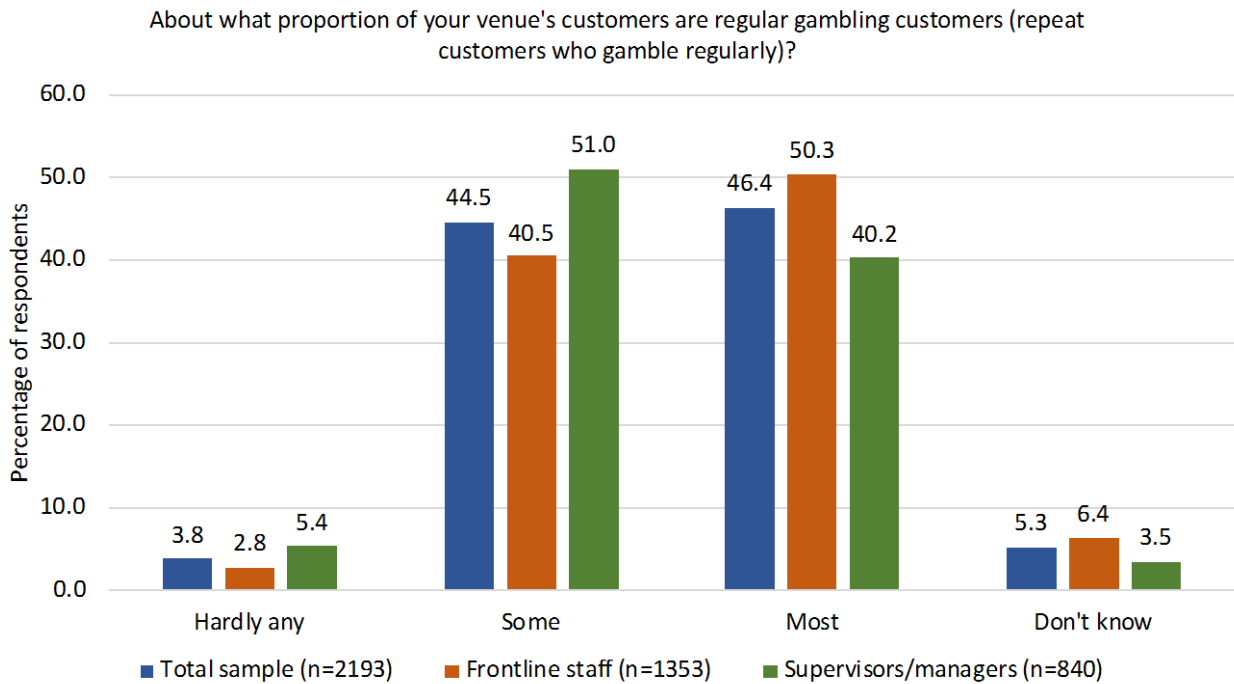
When you are working at your main venue...	Total sample (n=2193)	Frontline staff (n=1353)	Supervisors/managers (n=840)
Can see the venue's gaming machines	78.3	78.5	78.0
Have direct contact with patrons who play gaming machines	87.7	86.3	89.9
Have specific gaming machine-related duties (e.g., pay out winnings)	72.7	69.4	78.1
Have specific duties relating to the venue's keno or TAB operations	67.8	64.2	73.5

**Figure 17. Number of gaming machines in main venue by total sample, frontline staff and supervisors/managers**



Frontline staff were significantly more likely to indicate that 'most' of their customers were regular gambling customers (i.e., repeat customers who gamble regularly) compared to supervisors/managers, but were also more likely to reply 'don't know'. In contrast, supervisors/managers were slightly more likely to reply that 'hardly any' or 'some' of their customers were regular gambling customers,  $\chi^2(1, n=2,193) = 41.51, p < .001, \phi = .14$ . This difference is illustrated in Figure 18, and represents a small difference.

**Figure 18. Percentage of customers who are regular gambling customers, by total sample, frontline staff and supervisors/managers**



### A5.3 Section 3: Venue's RG policies and practices

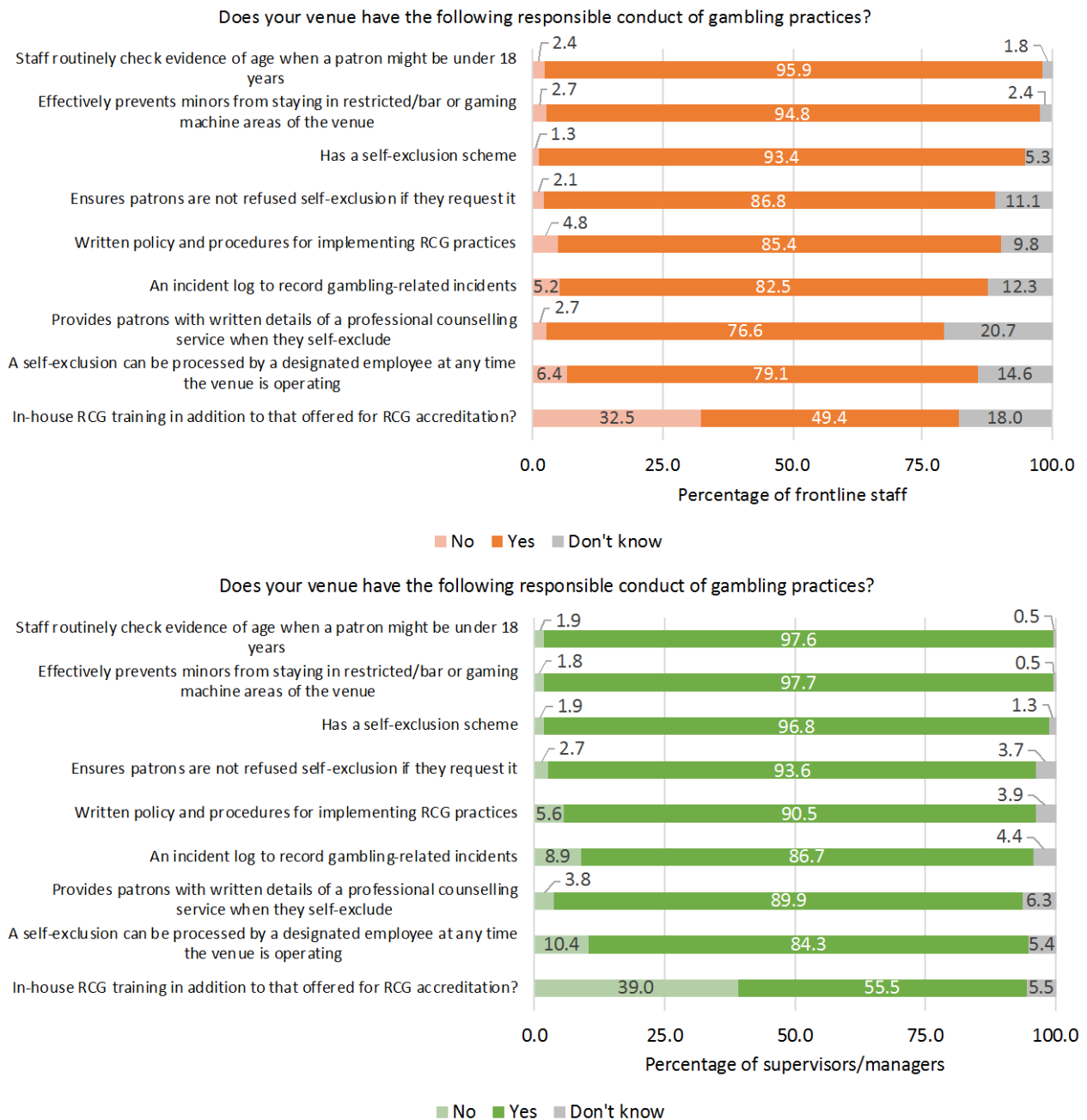
Almost half of the respondents in the total sample (47.4%) reported that their venue did not employ staff whose main role was dedicated to RG, such as a RG manager or a RG liaison officer, while 37.9% indicated their venue did, and 14.6% did not know. Results differed between frontline staff and supervisors/managers, with frontline staff more likely to reply 'don't know', and supervisors/managers more likely to reply 'no' (see Table 12),  $\chi^2(1, n=2,193) = 117.94, p < .001, \phi = .23$ .

**Table 12. Whether venue employs staff whose main role is dedicated to RG, by total sample, frontline staff and supervisors/managers (%)**

Does your venue employ staff whose main role is dedicated to responsible gambling?	Total sample (n=2298)	Frontline staff (n=1353)	Supervisors/managers (n=840)
No	47.4	39.7	58.2
Yes	37.9	39.5	36.1
Don't know	14.6	20.8	5.7

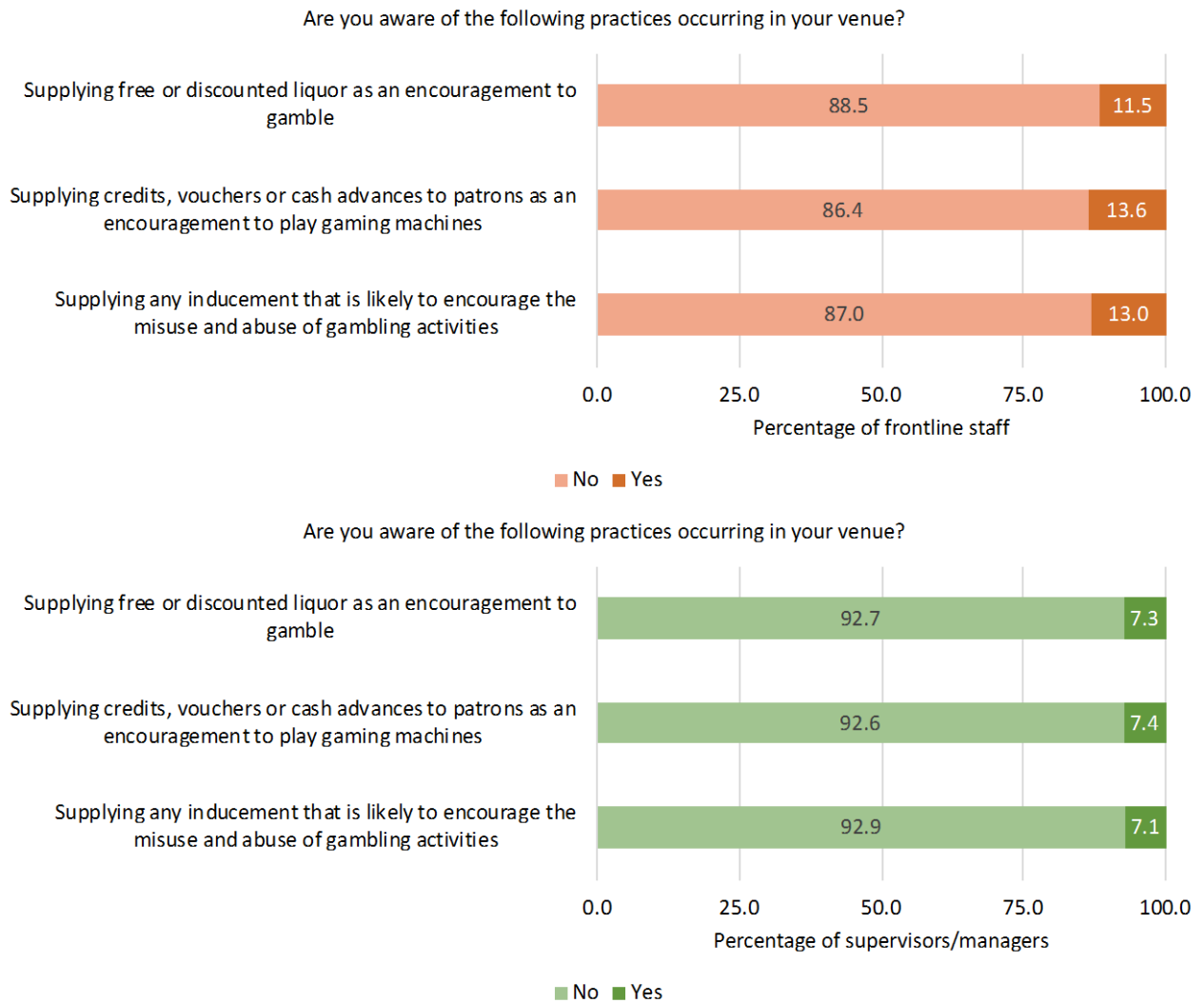
When asked whether their venue implements each of nine RCG practices, frontline staff were significantly more likely to report 'don't know' to every practice. Where there were differences for yes/no responses, generally supervisors/managers were significantly more likely to say 'no'. These differences, while statistically significant, are all small effect sizes (Figure 19).

**Figure 19. Percentage of respondents reporting whether their venue does or does not have each responsible conduct of gambling practice, frontline staff (n=1353, orange) and supervisors/managers (n=840, green)**



Respondents were asked if they were aware of each of three illegal practices occurring in their venue. Frontline staff were significantly more likely to reply 'yes' to each practice compared to supervisors/managers (Figure 20), although these effect sizes were small (largest effect size was  $\chi^2(1, n=2,193) = 20.12, p < .001, \phi = .10$  for supplying credit).

**Figure 20. Percentage of respondents aware of illegal practices in their venue, frontline staff (n=1353, orange) and supervisors/managers (n=840, green)**



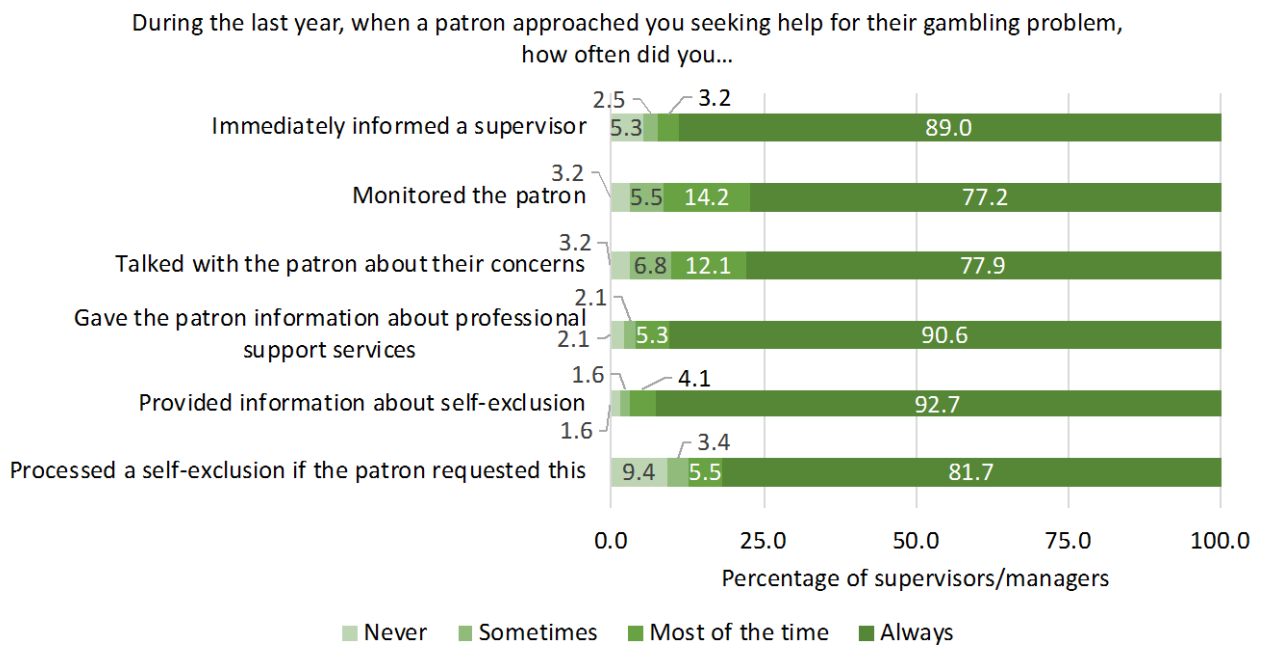
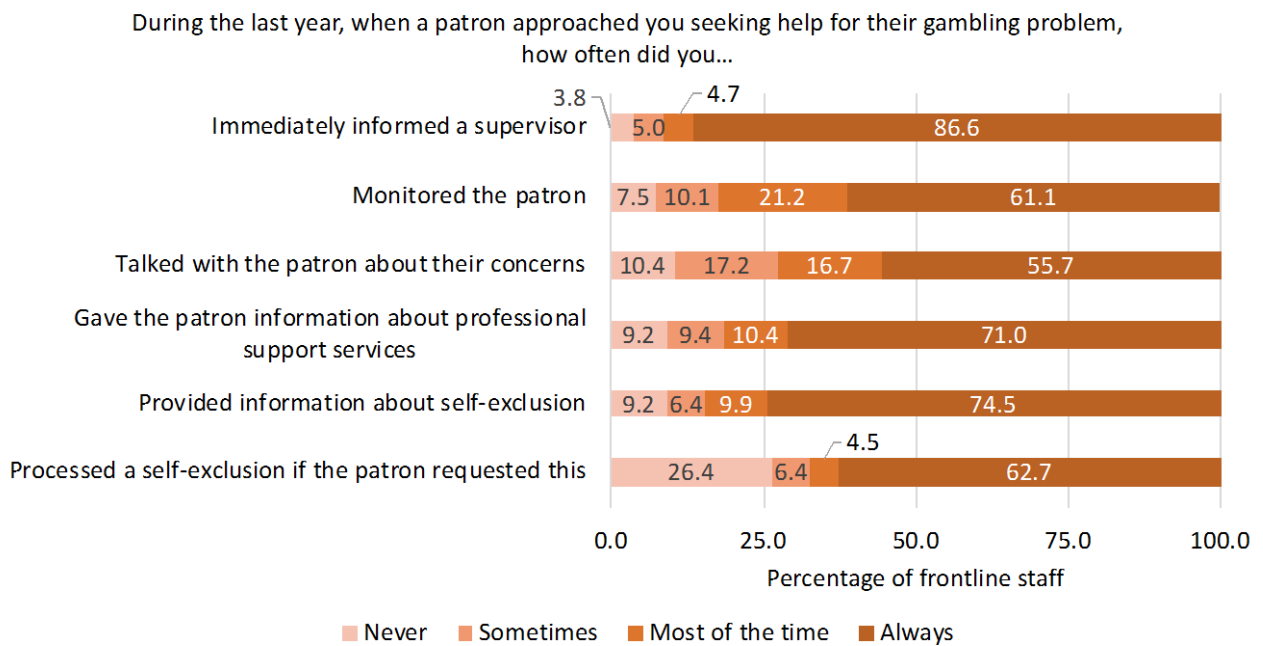
#### A5.4 Section 4: Responding to patrons who ask for help for a gambling problem

Most respondents (82.1%) reported that their venue has an established policy or procedures for patrons seeking advice or assistance for a gambling problem, 5.8% said their venue does not, and 12.0% did not know. Supervisors/managers were more likely to report that their venue did (88.8% vs 78.0%), and less likely to reply 'don't know' (5.0% vs 16.4%),  $\chi^2(2, n=2,193) = 63.73, p < .001, \phi = .17$ .

Respondents reported between 0 and up to 1000 patrons seeking advice or assistance during the last year, although only one respondent reported 1000 patrons, with the next highest answer being 150. The mean number of patrons seeking assistance was 2.2 ( $SD = 22.2$ ), and the median was 0. No significant differences was observed between frontline staff and supervisors/managers (Welch  $t_{(862.12)} = 1.89, p = .060$ )

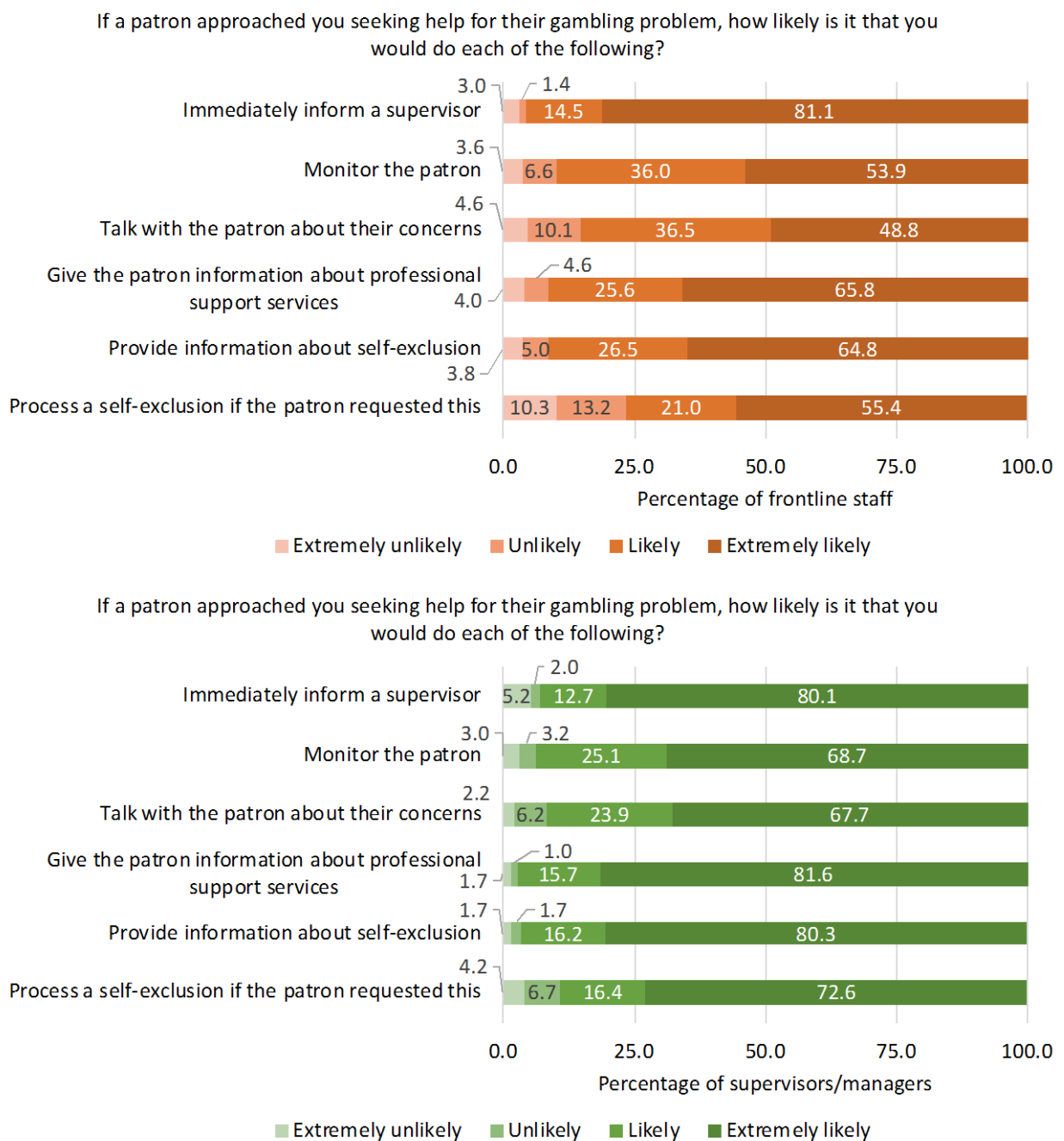
Those who reported that they had been approached in the last year were asked how often they had taken each of six actions. Most reported that they always took each action. For almost all practices, except immediately informing a supervisor, supervisors/managers were significantly more likely to indicate 'always' than frontline staff (effect sizes generally small to medium; Figure 21).

**Figure 21. Percentage of respondents reporting how often they took actions when approached by a patron seeking help for a gambling problem, amongst those who had been approached, frontline staff (n=424, orange) and supervisors/managers (n=438, green)**



Respondents who had NOT reported that they had been approached were asked which actions they would take if a patron approached them. Once again, no difference was observed for 'immediately inform a supervisor', but for all other items, supervisors/managers were significantly more likely to report being 'extremely likely' to take each action. Effect sizes were once again small to medium (Figure 22).

**Figure 22. Percentage of respondents reporting the likelihood of taking actions if they were approached by a patron seeking help for a gambling problem, amongst those who had NOT been approached, frontline staff (n=929 orange) and supervisors/managers (n=390, green)**



## A5.5 Section 5: Responding to family and friends concerned about a patron's gambling

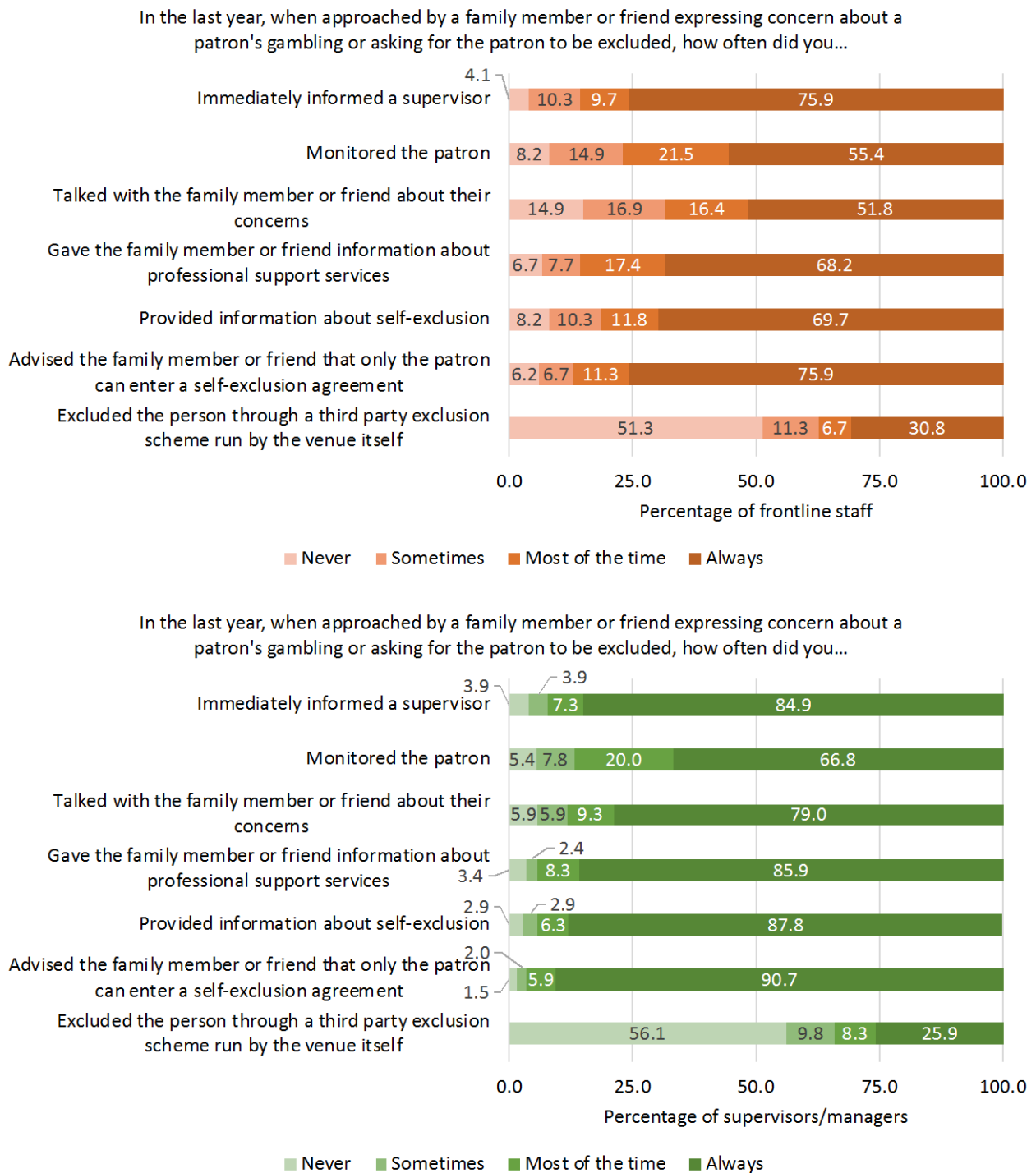
When asked if their venue had an established policy or procedures for situations when a family or friend expressed concern about a patron's gambling, frontline staff were significantly more likely to state that they 'did not know' (42.6% vs 17.7% for supervisors/managers), while supervisors/managers were more likely to reply either yes (60.7% vs 46.3% for frontline staff) or no (21.5% vs 11.1% for frontline staff),  $\chi^2(2, n=2,193) = 154.90, p < .001, \phi = .27$  (a medium effect size).

Approaches from family and friends were relatively rare for both frontline staff and supervisors/managers, although supervisors/managers reported a higher number per year on average ( $M=.30, SD=1.54$  for frontline staff,  $M=.67, SD=2.82$  for supervisors/managers, Welch  $t_{(1151.16)}=2.65, p=.008$ , a small effect size).

Those who had been approached by family and friends were asked how often they did each of seven actions. Statistically significant differences were observed for all behaviours apart from 'immediately informed a supervisor' and 'excluded the person through a third party exclusion scheme run by the venue itself', with supervisors/managers indicating that they were more likely to 'always' do each action. These were small effect sizes for all statistically significant differences (Figure 23).

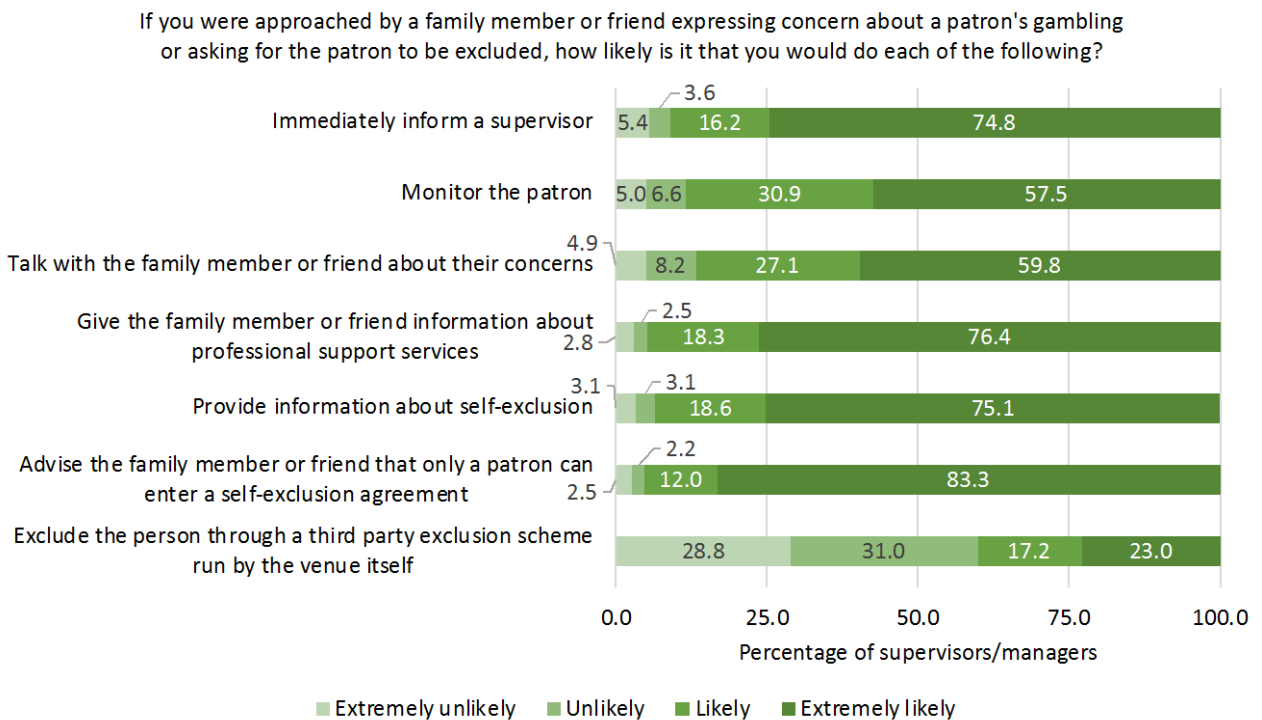
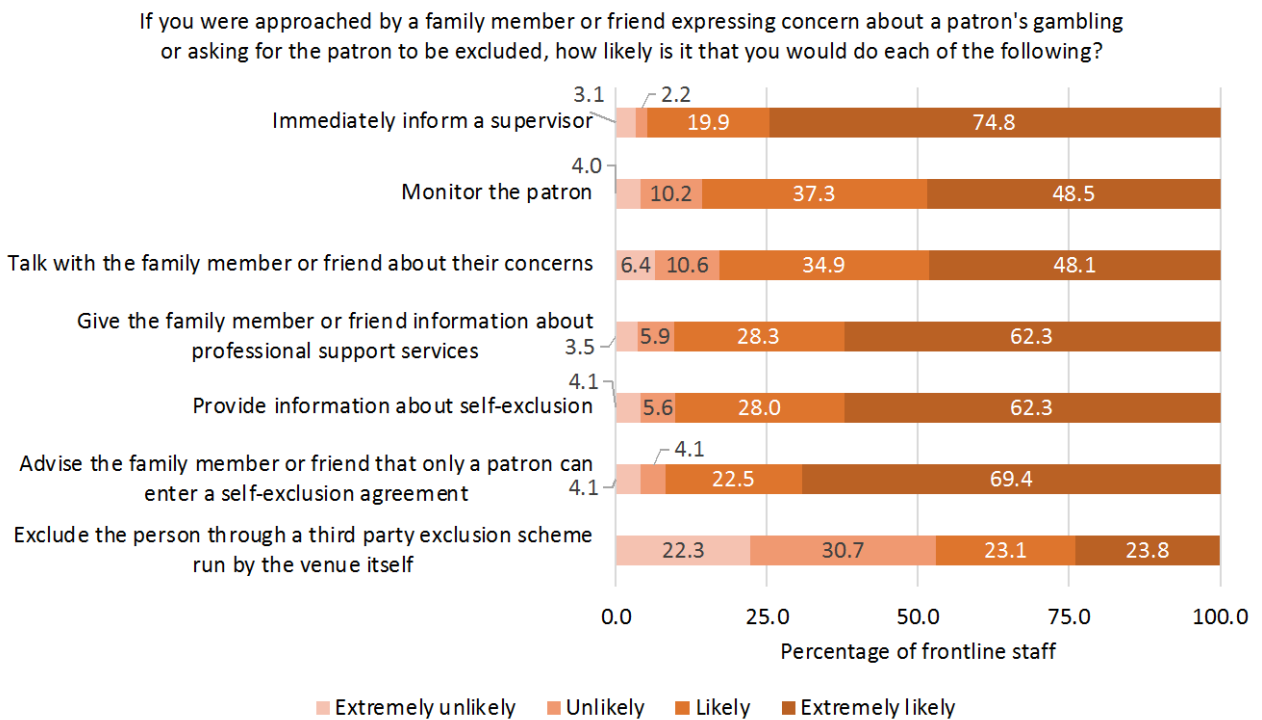


**Figure 23. Percentage of respondents reporting how often they took actions when approached by a third party about a patron's gambling, amongst those who had been approached, frontline staff (n=195, orange) and supervisors/managers (n=205, green)**



Amongst those who had NOT been approached by family and friends, statistically significant differences were observed for frontline staff vs supervisors/managers, with managers significantly more likely to report that they were extremely likely to do each action, apart from immediately informing a supervisor and excluding the patron through a third party exclusion scheme run by the venue (Figure 24)

**Figure 24. Percentage of respondents reporting the likelihood of taking actions if they were approached by a third party about a patron's gambling, amongst those who had NOT been approached, frontline staff (n=1158, orange) and supervisors/managers (n=635, green)**



## A5.6 Section 6: Responding to patrons who show signs of problem gambling

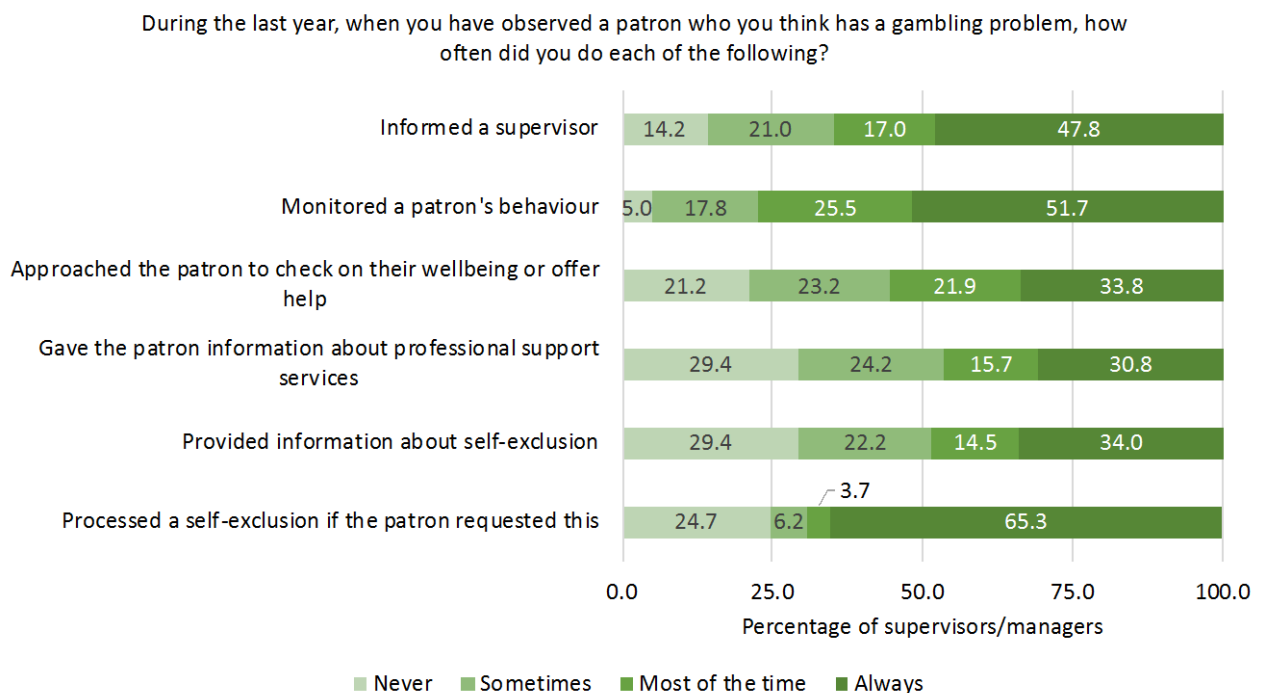
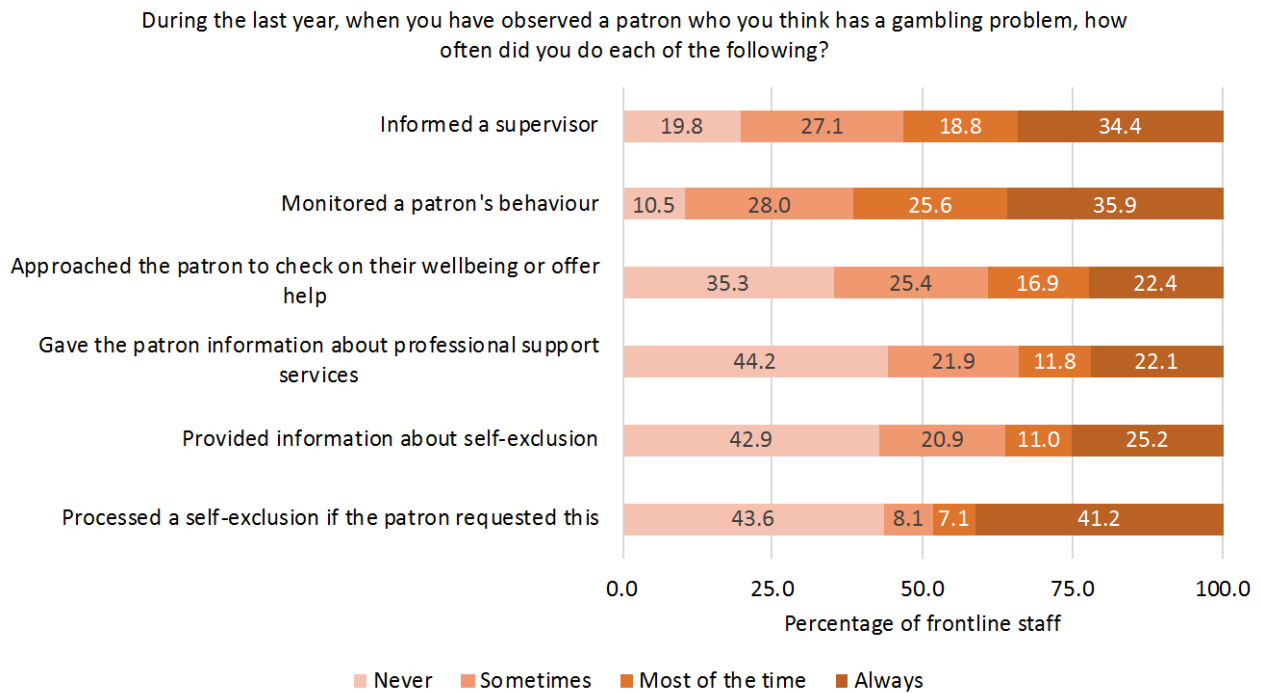
Frontline staff were significantly more likely to state that they did not know if their venue had an established policy or procedure for what staff should do when they observe a patron showing signs of problem gambling but who hasn't asked for help (35.0% vs 15.0% for supervisors/managers), while supervisors/managers were significantly more likely to reply either 'yes' (58.7% vs 45.8% for frontline staff) or 'no' (26.3% vs 19.3% for frontline staff),  $\chi^2(2, n=2,193) = 104.32, p < .001, \phi = .22$  (a small to medium effect size).

Frontline staff were significantly more likely to be 'not at all confident' (5.5% vs 3.6% for supervisors/managers) or 'somewhat confident' (56.8% vs 50.7% for supervisors/managers) that they could identify problem gamblers in their venue, compared to supervisors/managers. In contrast, supervisors/managers were significantly more likely to say that they were extremely confident (45.7% vs 37.8% for frontline staff), although the effect size was small,  $\chi^2(2, n=2,193) = 15.44, p < .001, \phi = .08$ .

Frontline staff were significantly more likely to say that they saw patrons showing signs of problem gambling when at work 'most of the time' (17.0% vs 9.8% for supervisors/managers) or 'always' (8.4% vs 5.0% for supervisors/managers), while supervisors/managers were more likely to say sometimes (68.0% vs 59.1% for frontline staff), with no significant difference for 'never' (15.4% for frontline staff, 17.3% for supervisors/managers). The omnibus statistical test indicated a small effect,  $\chi^2(3, n=2,193) = 35.18, p < .001, \phi = .13$ .

Of those who reported seeing patrons showing signs of gambling-related problems, but not asking for help, supervisors/managers were significantly more likely to report that they 'always' took each action compared to frontline staff, while frontline staff were significantly more likely to 'never' or 'sometimes' take each action (Figure 25). Effect sizes were small to medium.

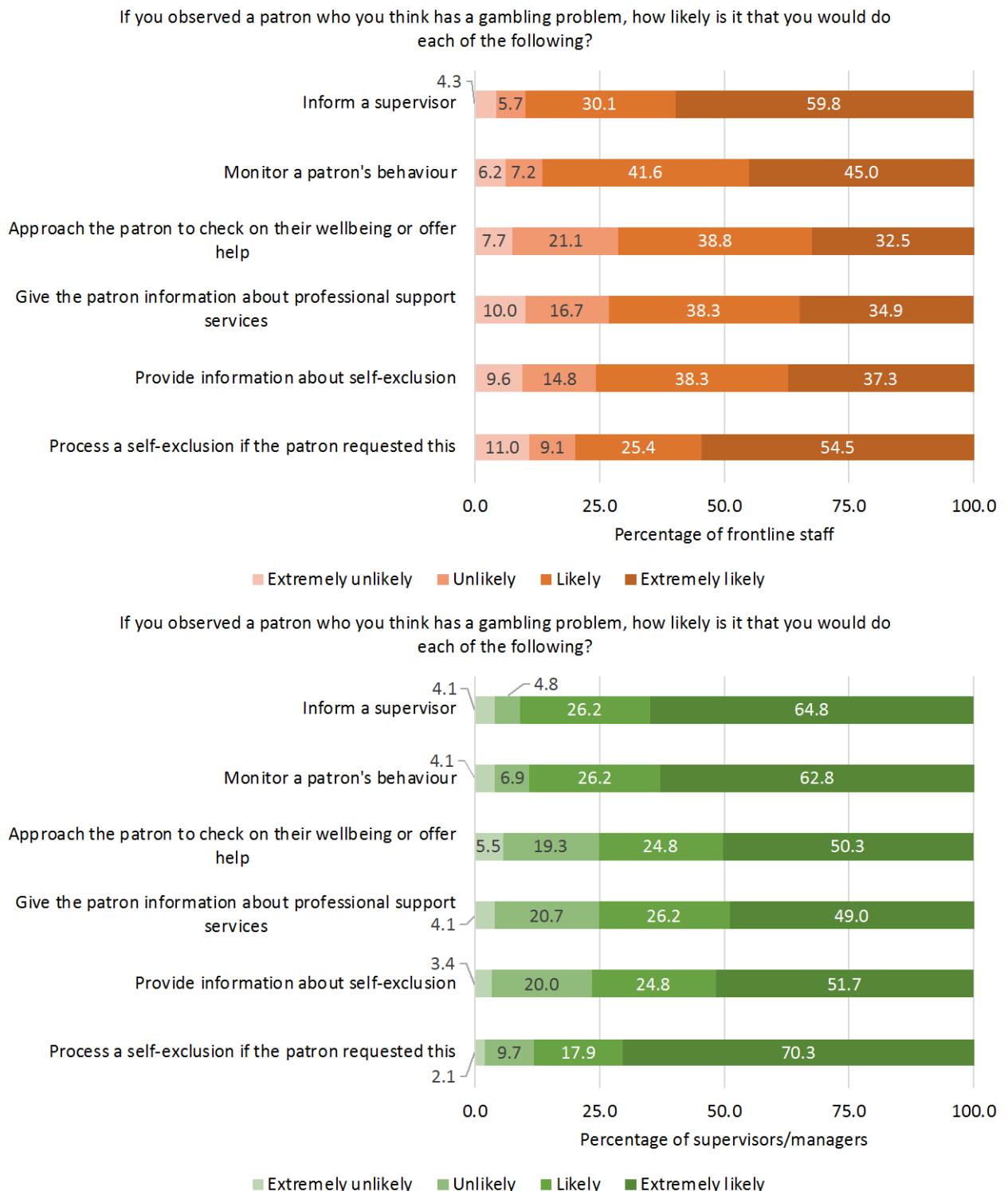
**Figure 25. Percentage of respondents reporting how often they took actions when they observed a patron showing signs of problem gambling, amongst those who had observed a patron showing signs of problem gambling, frontline staff (n=1144, orange) and supervisors/managers (n=695, green)**



No significant difference was observed between frontline staff and supervisors/managers in terms of the reported number of times that they had approached a patron because they thought they might have a gambling problem in the last year ( $M=.94$ ,  $SD=4.70$  for frontline staff;  $M=1.27$ ,  $SD=4.60$  for supervisors/managers;  $t_{(2191)}=1.64$ ,  $p=.102$ ).

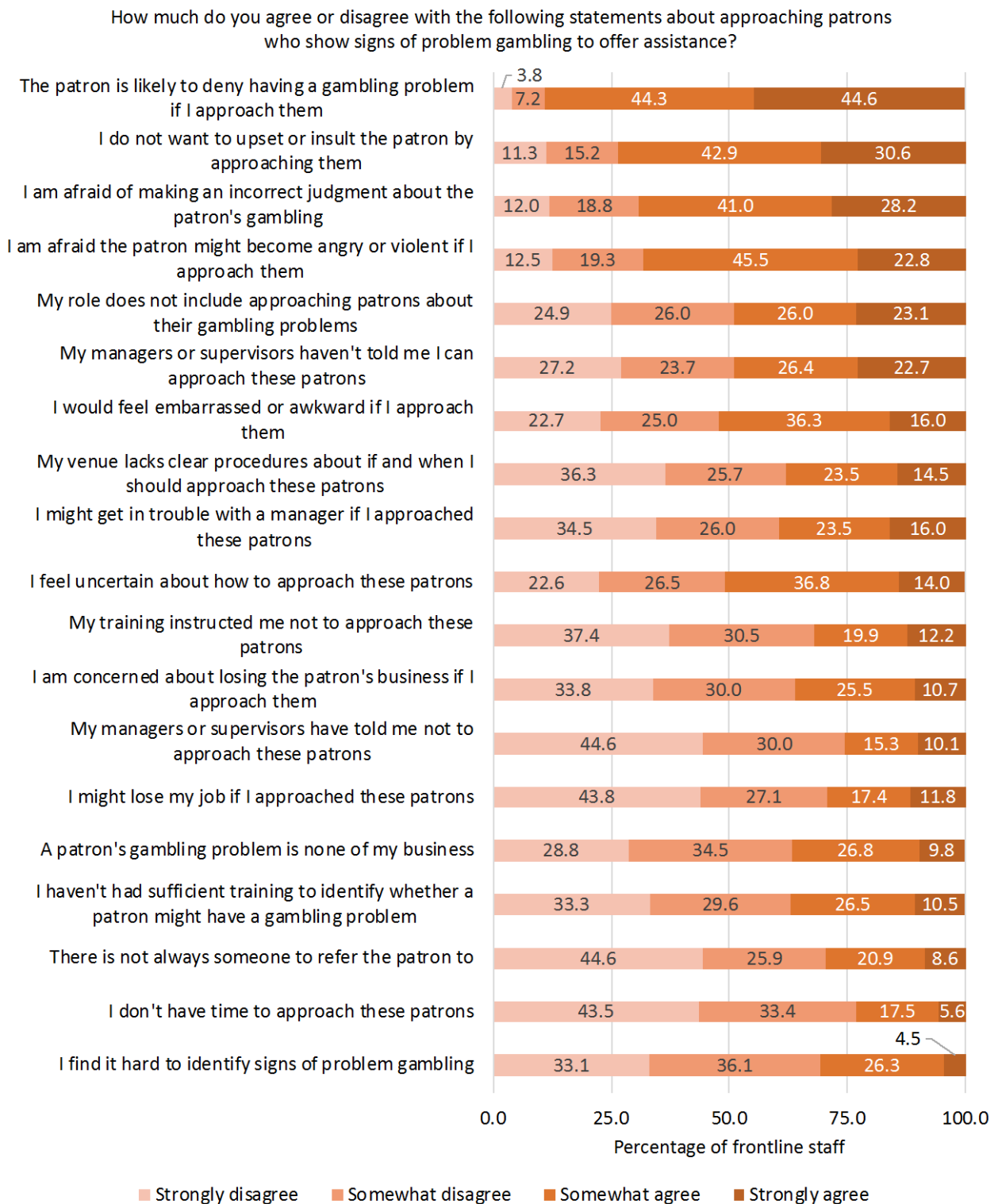
Amongst those who had NOT observed patrons showing signs of problem gambling, supervisors/managers were significantly more likely to say that they were 'extremely likely' to take each action, apart from 'inform a supervisor', with effect sizes being small to medium.

**Figure 26. Percentage of respondents reporting the likelihood of taking actions if they observed a patron showing signs of problem gambling, amongst those who had NOT observed a patron showing signs of problem gambling, frontline staff (n=209, orange) and supervisors/managers (n=145, green)**

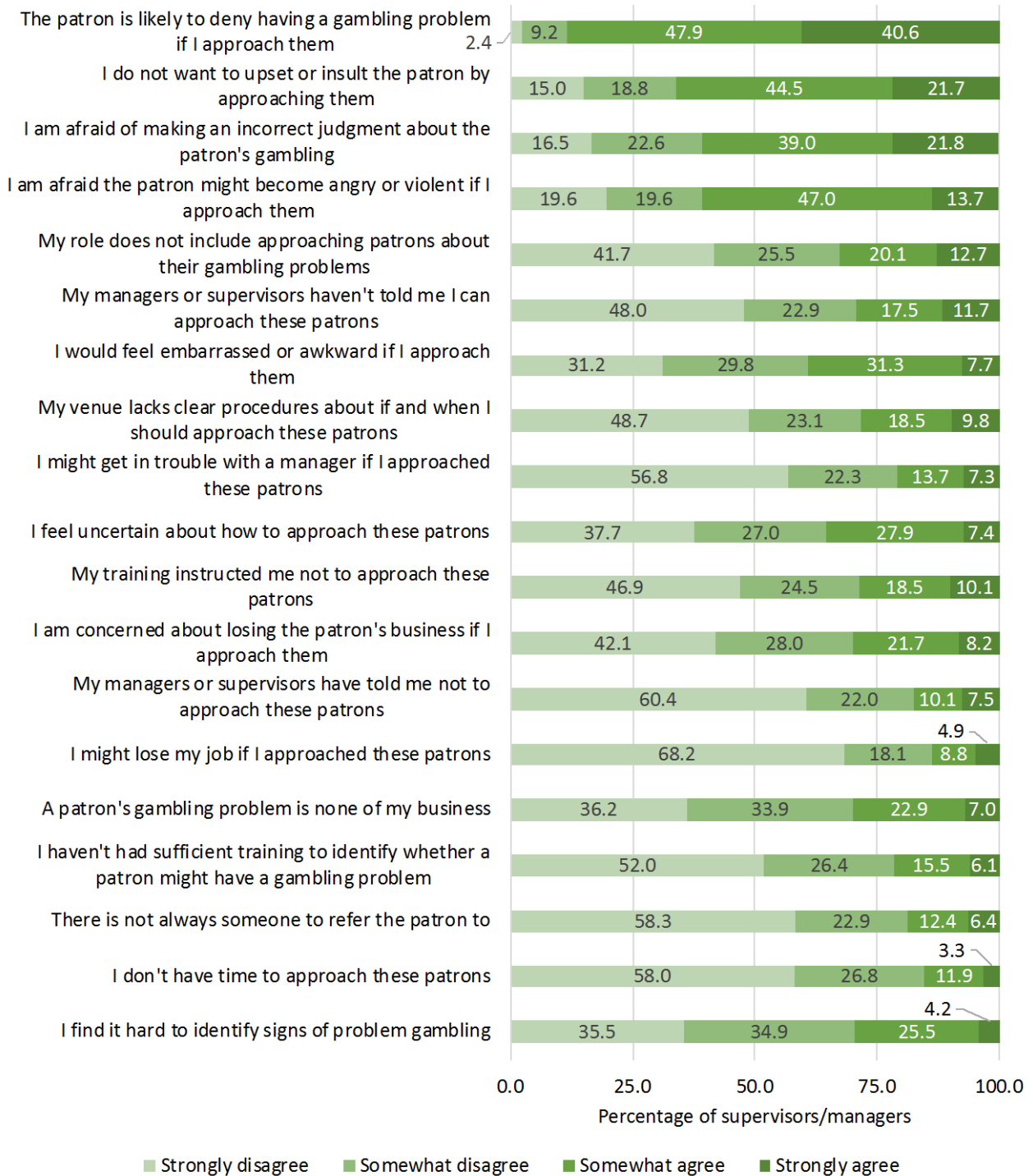


When asked about 19 statements related to approaching patrons showing signs of problem gambling, but who had not asked for help, frontline staff were significantly more likely to 'agree' and/or 'strongly agree' with all except 'I find it hard to identify signs of problem gambling', 'The patron is likely to deny having a gambling problem if I approach them', and 'My training instructed me not to approach these patrons', where no significant differences were observed between frontline staff and supervisors/managers. Effect sizes were generally small (Figure 27).

**Figure 27. Agreement or disagreement with barriers to approaching patrons showing signs of problem gambling, frontline staff (n=1353, orange) and supervisors/managers (n=840, green)**



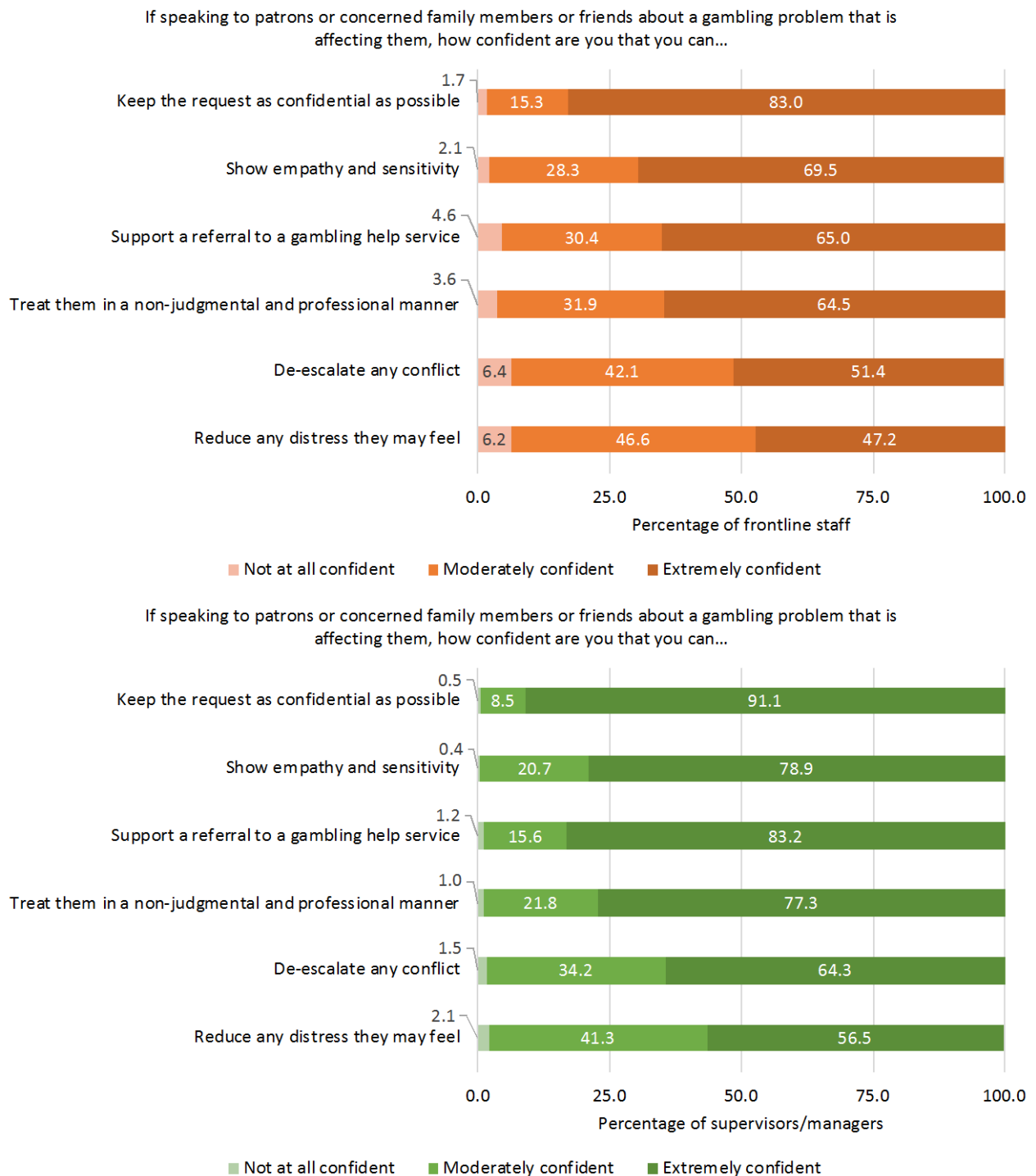
How much do you agree or disagree with the following statements about approaching patrons who show signs of problem gambling to offer assistance?





Most staff were extremely confident about their ability to speak to patrons or concerned family members or friends about a gambling problem that is affecting them in an appropriate and sensitive way. However, supervisors/managers were more likely to reply 'extremely confident' than frontline staff for each statement, although the differences were small effect sizes (Figure 28).

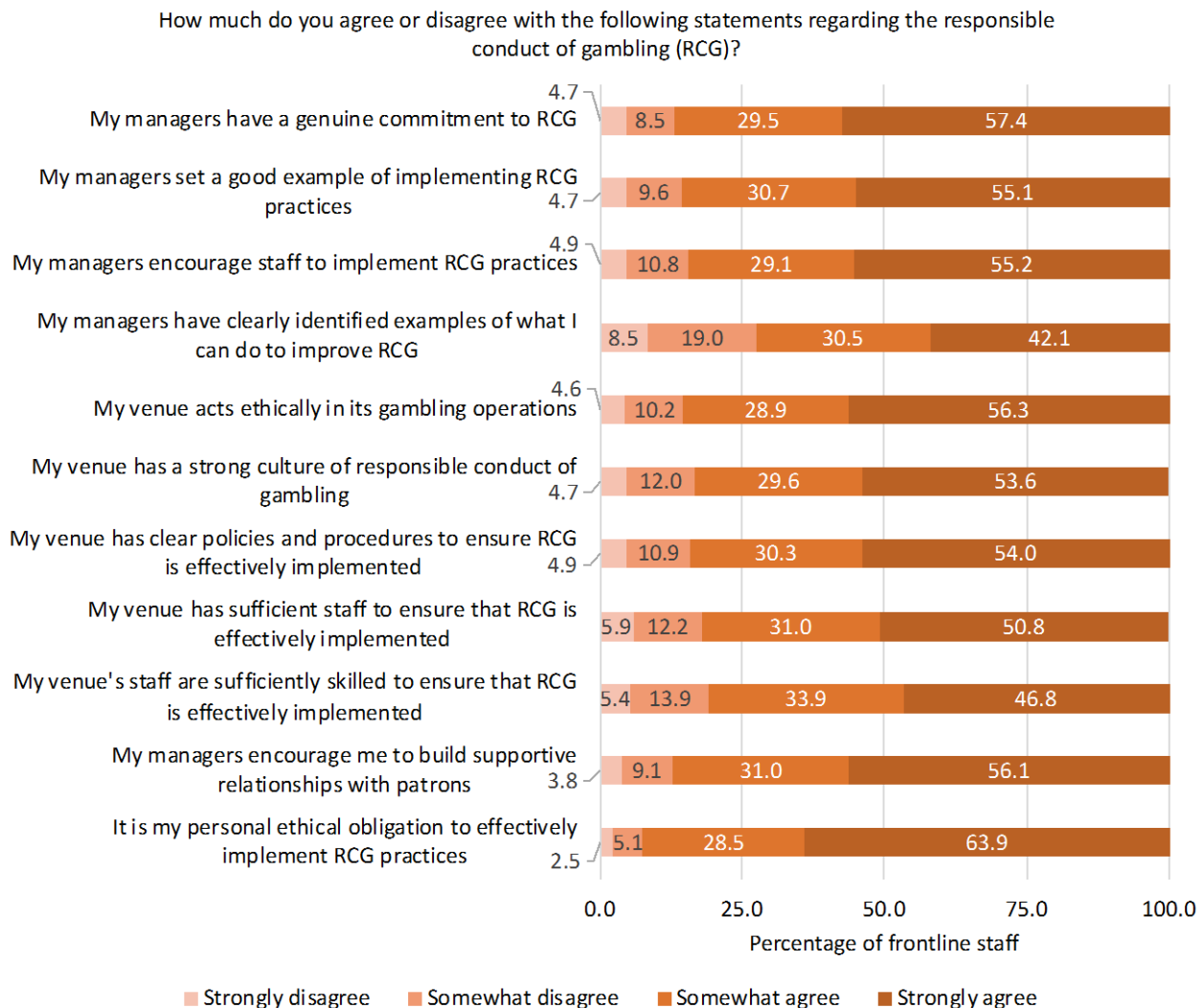
**Figure 28. Reported confidence in respondents' abilities to approaching a patron, frontline staff (n=1353, orange) and supervisors/managers (n=840, green)**

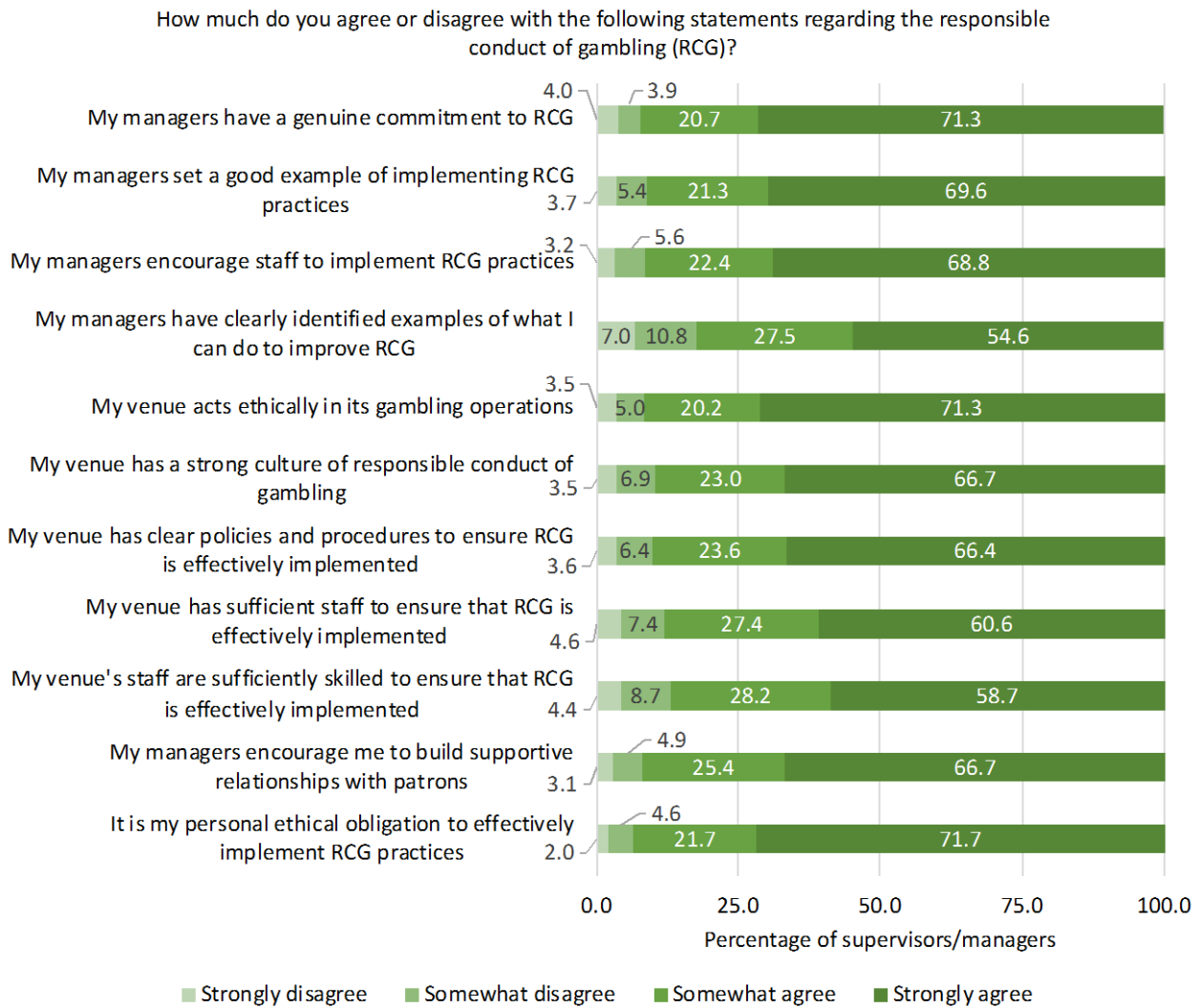


## A5.7 Section 7: Venue support for RCG

When asked about their venue's support for RCG, most respondents indicated that they 'somewhat' or 'strongly' agreed with each statement, indicating that their venue supported RCG practices. Supervisors/managers were significantly more likely to indicate that their venue supported each practice compared to frontline staff, although effect sizes for these differences were small (Figure 29).

**Figure 29. Agreement or disagreement with their venue's support for RCG, frontline staff (n=1353, orange) and supervisors/managers (n=840, green)**



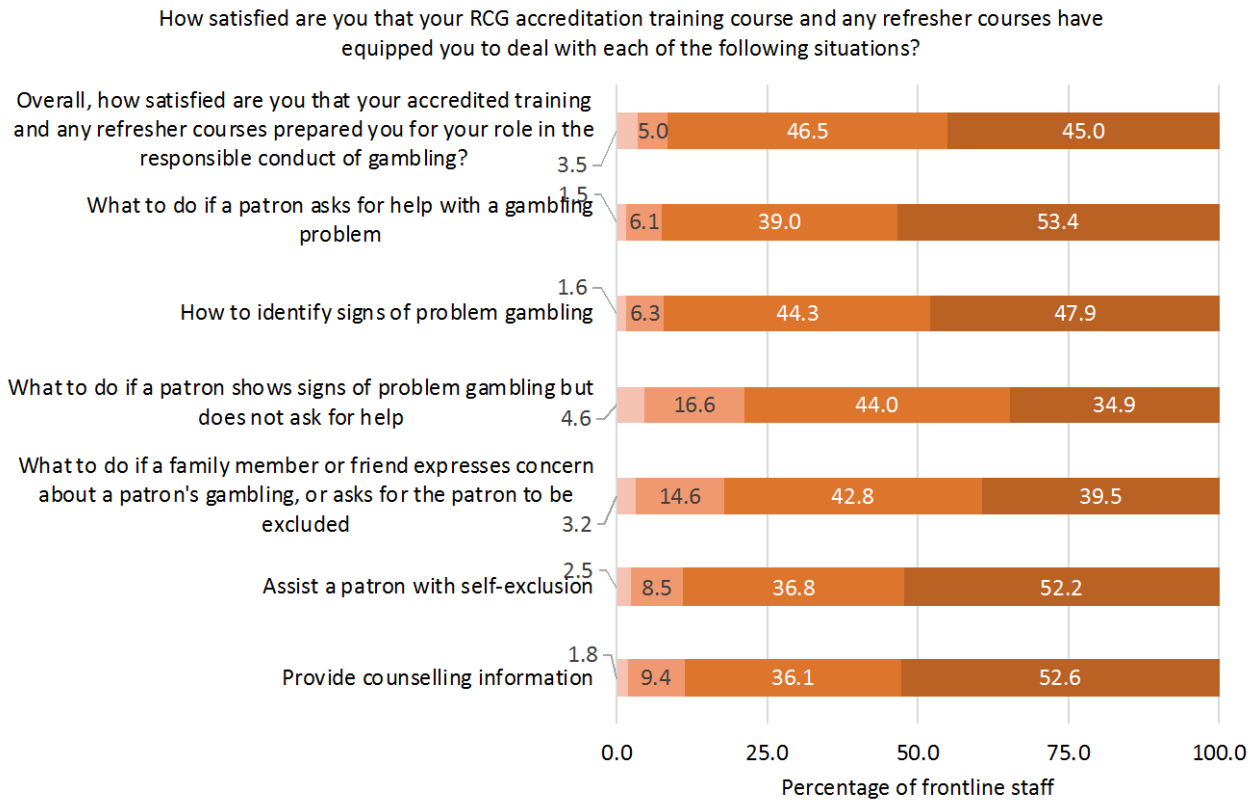


### A5.8 Section 8: Training and refreshers in RCG

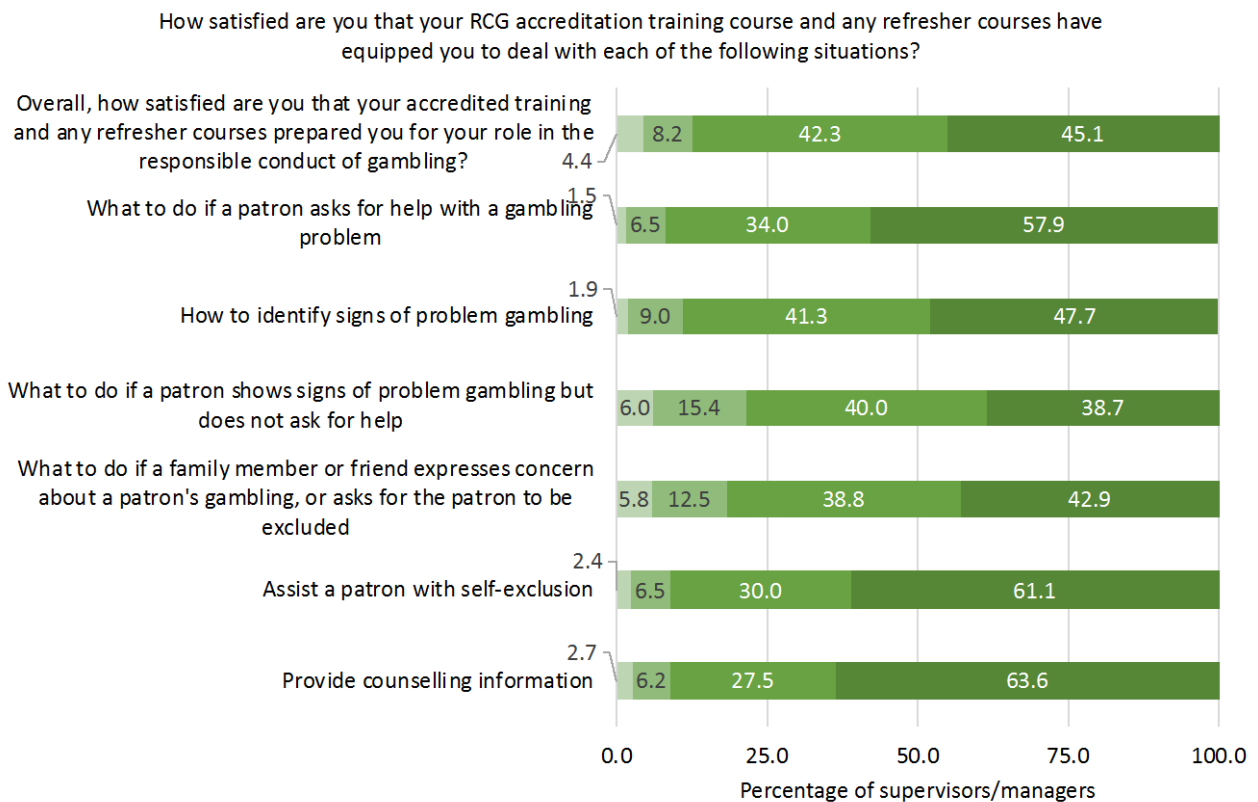
Supervisors/managers had completed a slightly higher number of RCG refresher courses on average ( $M=.95$ ,  $SD=.89$ ) compared to frontline staff ( $M=.64$ ,  $SD=.95$ ), Welch  $t_{(1863.32)}=7.72$ ,  $p<.001$ .

There were few differences between frontline staff and supervisors/managers in their satisfaction with the RCG accreditation training and refreshers. Significant differences that did emerge indicated very little meaningful difference in responses (e.g., 9.0% of supervisors/managers were somewhat dissatisfied about 'how to identify signs of problem gambling' vs 6.3% of frontline staff, with no significant differences for the other responses: 'extremely dissatisfied', 'somewhat satisfied' and 'extremely satisfied'). These differences were most likely significant due to the large sample size, and therefore we conclude that there is little difference between frontline staff and supervisors/managers in their appraisal of the course content.

**Figure 30. Satisfaction with aspects of the accredited RCG training and refresher courses, frontline staff (n=1353, orange) and supervisors/managers (n=840, green)**



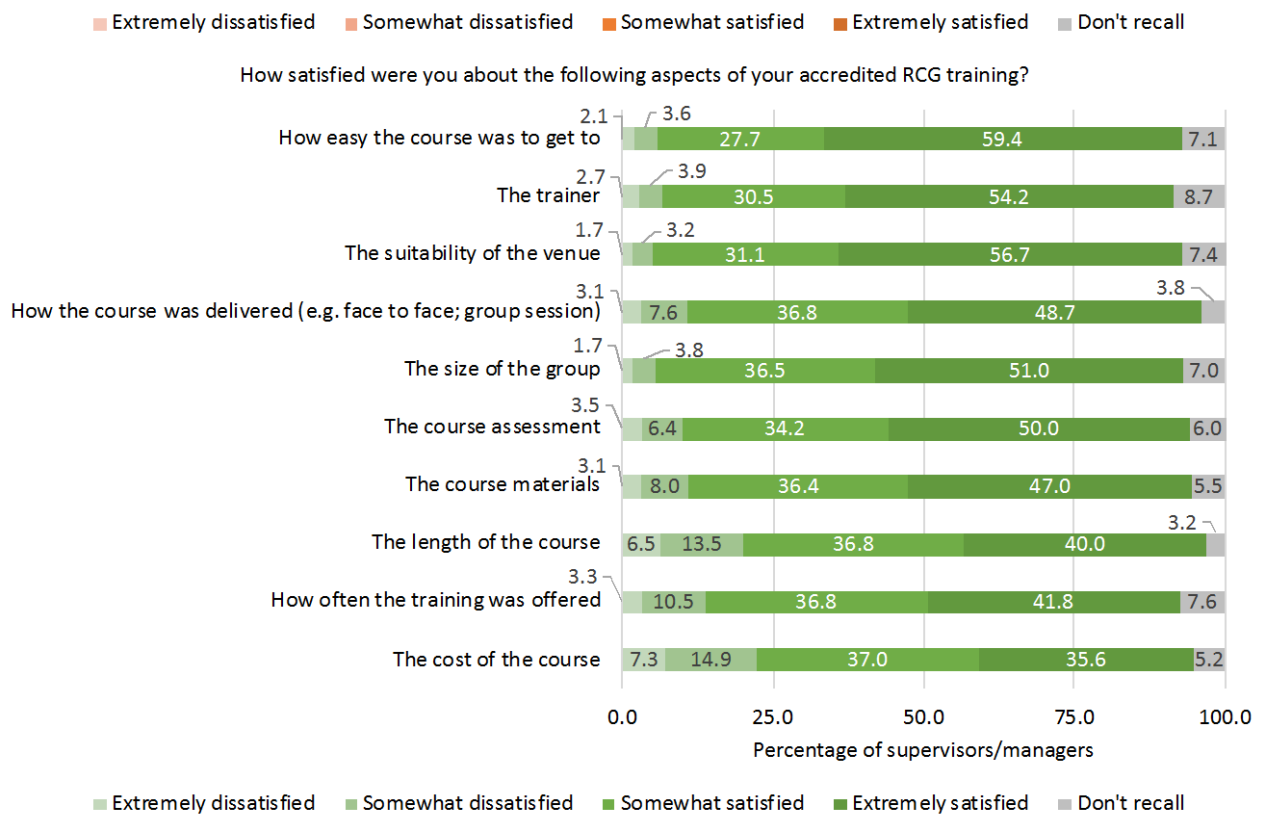
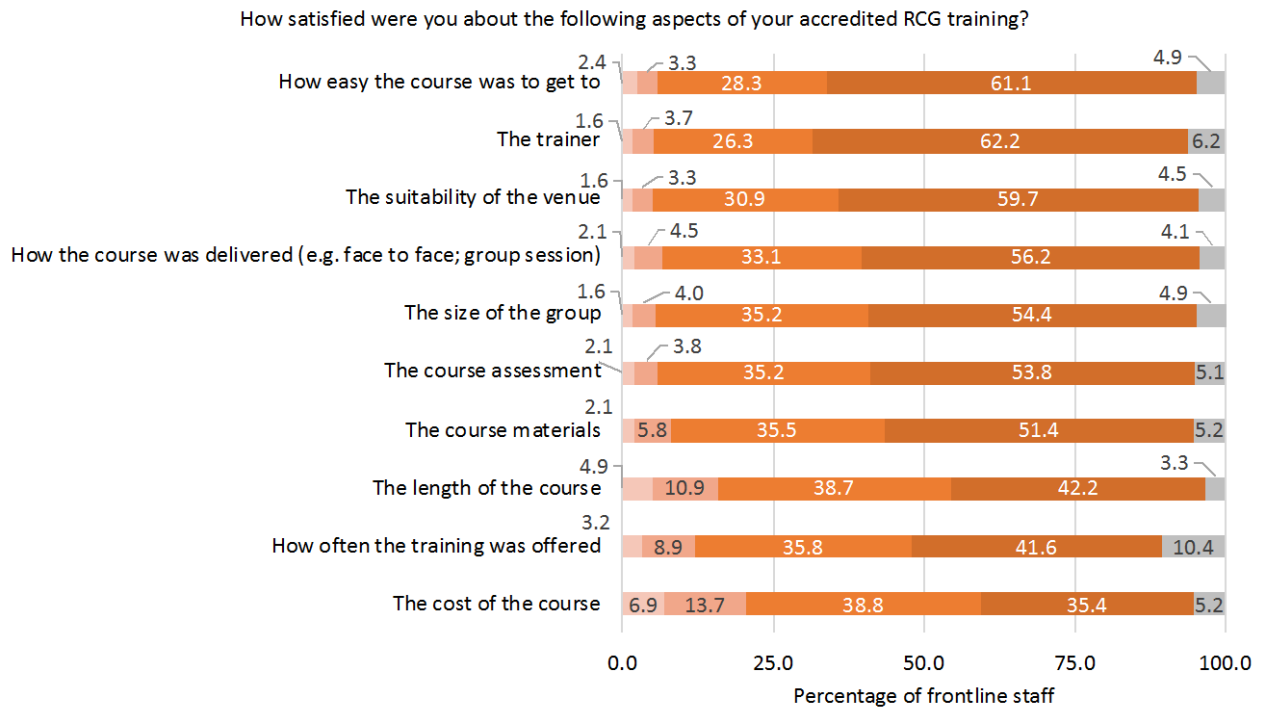
Extremely dissatisfied Somewhat dissatisfied Somewhat satisfied Extremely satisfied



Extremely dissatisfied Somewhat dissatisfied Somewhat satisfied Extremely satisfied

Like the course content, there were generally few differences between frontline staff and supervisors/managers in terms of their satisfaction with aspects of course delivery. Frontline staff were significantly more likely to be 'extremely satisfied' with how the course was delivered (56.2% vs 48.7% for supervisors/managers) and with the trainer (62.2% vs 54.2%), but no other statistically significant differences emerged. Both were small effect sizes.

**Figure 31. Satisfaction with the accredited RCG training administration, frontline staff (n=1353, orange) and supervisors/managers (n=840, green)**



Supervisors/managers were significantly more likely to have undertaken further RCG training (81.7% vs 77.9% for frontline staff), although this effect size was small,  $\chi^2(1, n=2,193) = 4.48, p = .034, \phi = .05$ . Supervisors/managers who undertook additional training did so slightly more frequently than frontline staff, particularly 'about once a year' and 'a few times a year', whereas frontline staff were more likely to have completed additional training 'less than once a year'. Once again, this effect size was small,  $\chi^2(3, n=1,740) = 22.90, p < .001, \phi = .12$ .

### A5.9 Section 9: Suggested improvements to RG practices

These findings are discussed in Chapter 3 (see section 3.9). Where applicable, supporting quotes have been provided from supervisors/managers and frontline staff.

### A5.10 Section 10: Your gambling

Supervisors/managers were significantly more likely to report gambling in the last 12 months (73.6% vs 64.2% for frontline staff), although the difference was characterised by a small effect size,  $\chi^2(1, n=2,193) = 20.73, p < .001, \phi = .10$ .

Those who gambled completed the Problem Gambling Severity Index (Ferris & Wynne, 2001). There was no significant difference between frontline staff and supervisors/managers in terms of PGSI categories,  $\chi^2(3, n=2,193) = 1.94, p = .584$ .

### A5.11 Conclusion

In summary, while some differences were observed between frontline staff and supervisors/managers, the differences were generally small. Mostly, these came down to frontline staff replying 'don't know' when the option was available, being less likely to reply 'always' taking actions (or being 'extremely likely' to take actions if a circumstance arose), and being less confident about approaching patrons. In general, frontline staff and supervisors/managers had no or very little differences in terms of how they evaluated the RCG training course and refreshers. Differences between these groups were mostly significant due to a large sample rather than any major differences, and as such should be treated with caution.

## Appendix 6. Location of respondents' venues for the staff survey

The 2,298 respondents who completed the online survey were asked to provide either the postcode or suburb of their main venue. Suburb names were converted to postcodes, and postcodes then converted to regions of NSW using the Statistical Area 4 classification from the Australian Bureau of Statistics, with the four Sydney SA4 areas combined. Nine respondents provided location information that could not be converted into a postcode (e.g., 'NSW'), and are those coded as missing for this analysis. It is important to note that postcodes do not have exact geographical boundaries defined by Australia Post, and some postcodes overlap two or more SA4 regions. All efforts have been made to make the following analysis as accurate as possible, but it is noted that there may be a small degree of error for some cases near boundaries.

As indicated in Table 13, there were respondents from all regions of NSW, indicating a good spread of responses across metro and other areas.

**Table 13. Location of respondents for the staff survey**

SA4 region	Number of respondents	% of sample
Sydney	1,002	43.8
Illawarra	150	6.6
Newcastle and Lake Macquarie	138	6.0
Central West	116	5.1
Mid North Coast	111	4.8
Capital Region	110	4.8
Central Coast	107	4.7
Murray	94	4.1
Hunter Valley excluding Newcastle	86	3.8
Richmond-Tweed	83	3.6
New England and North West	67	2.9
Far West and Orana	64	2.8
Riverina	62	2.7
Southern Highlands and Shoalhaven	50	2.2
Coffs Harbour - Grafton	49	2.1

Note: % of sample is based on a total of 2,289 with valid responses for location.



## Appendix 7. Focus group information sheet and discussion guide



### **Responsible Conduct of Gambling**

**Project Team: Professor Nerilee Hing, Dr Alex Russell and Mr Vijay Rawat**

#### **INFORMATION SHEET**

Thanks for your interest in this study. It is being conducted by CQUniversity on behalf of the NSW Office of Responsible Gambling.

This study examines how responsible conduct of gambling (RCG) is currently being implemented in hotels and clubs in NSW, including ways to make it work better, to effective implementation.

Thank you for responding to our earlier survey for this study and for volunteering to be invited to a focus group. As employees and managers in these venues, we want to hear more about your experiences and views. Your contribution will help to improve RCG training and practices in NSW.

#### **What you will be asked to do**

You would attend a group discussion for up to 2 hours about how responsible conduct of gambling (RCG) is being implemented in hotels and clubs in NSW, including what changes could be made to make RCG better. Focus group discussions will be audio-recorded.

#### **Compensation for participating**

At the end of the focus group, you will receive an \$80 shopping voucher to compensate you for your time. This voucher may be deemed assessable income. Please seek financial advice if unsure.

#### **How your confidentiality will be protected**

We will de-identify your responses so that nobody can identify you. Your responses will be combined with those of other participants in the group so no one will be able to tell

what your individual answers were. No one in your workplace will have access to your data. The data will be kept securely by CQUniversity for five years.

### **Participation is voluntary**

Your participation is completely voluntary. You can withdraw at any time.

### **How you will receive feedback**

Information about the results will be shared on the website of the NSW Office of Responsible Gambling: [www.responsiblegambling.nsw.gov.au](http://www.responsiblegambling.nsw.gov.au)

### **Where you can get further information**

If you want any more information or have any questions, please contact Vijay Rawat on [v.rawat@cqu.edu.au](mailto:v.rawat@cqu.edu.au). You are also welcome to contact the Ethics Coordinator at CQUniversity's Office of Research on 07 4923 2603.

The group discussion will focus on responsible conduct of gambling. If you experience discomfort at any point, you can contact **Gambling Help on 1800 858 858 or [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au) or Lifeline on 13 11 14**

These are free and confidential telephone and online help services that operate 24 hours a day, 7 days a week.

**Thank you very much. We greatly appreciate your input into this important study.**

**CQUniversity Ethics Approval No: 21907**



## Consent form

I consent to participation in this research project and agree that:

1. I have read and understood the Information Sheet.
2. Any questions I had about the project were answered by either the Information Sheet or the researchers.
3. I understand I have the right to withdraw from the project at any time.
4. I understand the focus group will be audio-recorded
5. The research findings will be included in publications which may include reports, articles and conference presentations.
6. My name will not be used in any publication.
7. I am providing informed consent to participate in this project.
8. I am aged 18 years or over.

Name \_\_\_\_\_

Signature (please enter your initials) \_\_\_\_\_

Date \_\_\_\_\_

## **Responsible Conduct of Gambling Discussion guide for focus groups**

The aim is to further explore how responsible conduct of gambling (RCG) is being implemented in hotels and clubs in NSW, and how we can make it work better. Specifically, the focus groups aim to gain a richer understanding of the survey results, to gain a greater understanding of RCG practices that are difficult for venues and staff to implement, why this might be so, and ways that RCG practices and training can be improved to minimise gambling harm.

The discussion should drill down into:

- How well RCG is currently functioning in NSW
- Responding to at-risk and problem gamblers in the venue
- Responding to family or friends concerned about a patron's gambling
- Effectiveness of other RCG and venue practices
- Barriers and enablers to effective RCG practices
- Suggested improvements to RCG practices
- Perceptions of and suggested improvements to RCG training

### **Introduction (10 mins)**

- Introduction by the facilitator, noting other academic collaborators and ORG
- Purpose
  - Conducting research on behalf of the NSW Responsible Gambling Fund
  - Interested in how responsible conduct of gambling (RCG) is being implemented in hotels and clubs in NSW, especially effective implementation.
  - We'd like to get your feedback – we want to gain a greater understanding of RCG practices that are difficult for venues and staff to implement, why this might be so, and ways that RCG practices and training can be improved to minimise gambling harm.
- Please turn off or put on silent mode mobile phones
- Confidentiality and anonymity
- Reminder that you are being observed and audio-recorded; as discussed during recruitment (where relevant)
- Housekeeping – up to 2 hours, catering, amenities, fire-exits (as needed)
- Group rules – different points of view encouraged, no right or wrong answers, keep from criticising other contributors, moderator and participant roles.
- Ice-breaker for participants to introduce themselves.

**Discussion topic: Responding to at-risk and problem gamblers in the venue (20 mins)**

- Do you think many patrons in your venue experience harm from their gambling?
- Do you think venues have an obligation to try to assist patrons who are being harmed by their gambling?
- Do staff in your venue try to identify signs of possible problem gambling in your patrons? How do they do this; what procedures do they follow?
- How confident are you that you can identify signs of possible problem gambling in your patrons? What makes this easy or difficult?
- What signs would you need to see before you would respond?
- How would you respond? Do you think you are responding well enough? If you refer to someone else, what happens then?
- Do you think that your venue responds appropriately to patrons showing signs of being harmed by their gambling? What more could or should they do?
- What makes it easy or difficult to respond to these patrons?
- What could be done to make this response easier?

**Discussion topic: Responding to family or friends concerned about a patron's gambling (5 mins)**

- What would you do if approached by a family member or friend who is concerned about a patron's gambling or asks the venue to intervene?
- Do you think you are responding well enough? If you refer to someone else, what happens then?
- Do you think that your venue responds appropriately when a family member or friend raises concerns about a patron's gambling? Are there protocols in place? What more could or should your venue do?
- What makes it easy or difficult to respond to these patrons?
- What could be done to make this response easier?

**Discussion topic: Effectiveness of other RCG and venue practices (15 mins)**

- Do you think the RG signage and player information in your venue is adequate and effective? Why or why not? How might this be improved?
- How well does self-exclusion work in your venue? What are the barriers to its effective implementation and monitoring? Can you sign people up easily? How might this be improved?
- How well does your venue connect people with gambling help services? Do patrons need to specifically request help for staff to connect them with these services? How might this be improved?
- Do you think there are any other aspects in the way gambling activities are facilitated at your venue that affect how well patrons are able to control their gambling? Why?

### **Discussion topic: Barriers and enablers to effective RCG practices (20 mins)**

- How might characteristics of the venue affect the effective implementation of RCG (e.g., size, number of EGMs, number of staff, management structure, type of patrons)? What could be done to overcome the challenges identified here?
- How would describe your venue's culture in relation to responsible gambling?
- How might management and the workplace culture affect the effective implementation of RCG practices? What could be done to improve this? How might venues and management better support staff in carrying out RCG practices?
- How is the effective implementation of RCG influenced by staff, e.g. their knowledge, skills, attitudes, experience? What could be done to assist any challenges here?
- Are there any other barriers to the effective implementation of RCG? What could be done to improve this?

### **Discussion topic: Suggested improvements to RCG practices (15 mins)**

- Overall, how well do you think RCG is currently functioning in NSW?
- Overall, how effective is it in minimising gambling-related harm?
- What are the main improvements, if any, that you think should be made to RCG practices to help prevent, detect and minimise gambling harm?
- Are there any different or innovative RCG practices that venues could implement?
- If there was one thing that you could change or do, to prevent gambling harm, what would it be?

### **Discussion topics Perceptions of and suggested improvements to RCG training (15 mins)**

- What do you think of the content of the accredited RCG training you have received? How well did it prepare you for your role?
- How could the content of the training be improved? Are there areas you'd like more or different training in?
- What do you think of the RCG refresher training? Is it frequent enough? Could the content be improved? How?
- What do you think of the delivery of RCG training (e.g. trainers, course materials, accessibility, length)? Could it be improved? How?
- How has the training influenced your behaviour or confidence in implementing RCG practices?

### **Close**

- Are there any questions?
- Thank you for your participation
- Provide vouchers



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