RESEARCH REPORT

Gambling and homelessness among older people: an exploratory study

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Conflict of interest declaration

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Gambling and homelessness among older people: an exploratory study

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Monash University

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Table of Contents

Executive summary

Background

This report presents the findings of a study on the link between gambling and homelessness among older people. While homelessness is one of the most severe gambling-related harms, and older people appear to be more at risk, there has been limited research on how gambling and homelessness are linked, the role of contributing factors, and the adequacy of current service responses. In this exploratory study we review the existing research literature, and undertake an empirical investigation of gambling and homelessness among older people (aged 50+ years) in Victoria, Australia.

Aims

The study aims to address the following questions:

- How are gambling and homelessness linked among older people?
- How do individual, structural and other factors contribute to gambling and homelessness co-occurring among older people?
- How do service providers currently identify, understand and respond to the co-occurrence of gambling and homelessness among older people?
- How can service provision be improved to prevent and minimise the harm associated with gambling and homelessness among older people?

Approach

The study involved two components. First, a systematic search and rapid review of the international peer reviewed research and grey literature on gambling and homelessness was conducted. Second, a qualitative empirical investigation of the link between gambling and homelessness among older people in Victoria was conducted. For the latter, we recruited a purposive sample (n=48) of key informants (approx. 5–10 years experience) currently working in service provision for older people experiencing gambling related harm and homelessness, including: aged care services, primary care services, and specialist homelessness services. In-depth semi structured interviews were used to gather data. Interviews were conducted face-to-face, audio recorded, transcribed verbatim, and a thematic analysis of the data was conducted. We took a critical realist perspective, focussing on identifying the underlying conditions and causal mechanisms of the phenomena observed.

Results

The rapid review identified a small body of peer reviewed research articles on gambling and homelessness (n=57), though very few articles report findings relating to older people specifically. Although the heterogeneity in methods, settings, samples, and measures precluded us from performing a meta-analysis, some broad observations are possible, including:

- A large proportion of homeless populations do not gamble, but those who do gamble are often more likely to be harmful gamblers.
- The prevalence of harmful gambling among homeless populations is often higher than it is in the general community, and this is a consistent finding across multiple countries.

- The direction of the relationship between gambling and homelessness has not been rigorously investigated and, hence, remains an open question.
- A range of multi-level factors appears to contribute to the relationship, including individual factors (e.g. mental illness, substance use, trauma), interpersonal factors (e.g. relationship breakdown), community factors (e.g. availability of gambling), and broader structural factors (e.g. poverty).

In our qualitative empirical study, we identified four main themes. Overall, participants believed that gambling and homelessness among older people is often linked, but the relationship is complex. We found two substantively different routes through which gambling and homelessness are linked (Themes 1 and 2). We also identified a range of key contributing factors (Theme 3), and important ways of responding to gambling and homelessness (Theme 4).

Main themes:

1. **Hidden and overlooked: Gambling among older people experiencing long-term homelessness.**

   Gambling among older people experiencing long-term homelessness is often hidden and, partly because of this, service providers frequently overlook it. The underlying conditions of long-term homelessness tend to contribute to the appeal of gambling, and influence gambling behaviour. In turn, the harmful effects of gambling can exacerbate the conditions of long-term homelessness among older people.

2. **Rapid losses and ruin: High intensity gambling and becoming newly homeless.**

   Gambling can also precipitate homelessness among older people, particularly in cases of first-time homelessness later in life. Large and rapid gambling losses, debts, and financial ruin from high-intensity gambling characterised this route to homelessness. Relationship breakdown often occurred concurrently. Major life events/changes are an underlying trigger for gambling related harm and subsequent homelessness in many cases.

3. **Multiple and complex: Factors contributing to gambling and homelessness among older people.**

   The link between gambling and homelessness is rarely linear, with multiple and complex factors often playing a role. We identify clusters of individual, interpersonal, and structural conditions which, when activated, can become part of causal mechanisms for co-occurring gambling and homelessness. Some conditions appear to aggravate gambling and homelessness, as well as result from gambling and homelessness (e.g. poverty, co-morbidities). Hence, directionality is difficult to untangle.

4. **Recognising and responding: Perspectives on building a public health approach to gambling and homelessness among older people.**

   Some current responses to co-occurring gambling and homelessness among older people are effective (e.g. financial counselling, crisis support), but there are also gaps in the service system. A key challenge is to not only respond to the needs of homeless individuals with gambling issues, but also to recognise these issues in the first place. A complementary range of service improvements is needed, particularly in homelessness services (e.g. routine screening for gambling, reducing stigma of help-seeking). Together with community-wide initiatives, these could contribute towards building an overall public health approach to preventing and reducing the co-occurrence of gambling related harm and homelessness among older people.

Conclusions

Gambling and homelessness among older people is a complex and multi-dimensional public health challenge for the Victorian community and is not adequately addressed at the present time. The findings of this exploratory study provide a detailed description of the problem and identify possible underlying causes, based on the views of key informants working in service provision who have direct contact with those affected.

Our findings highlight where there is a need for action to address co-occurring gambling and homelessness among older people in Victoria. This should include:

- Expanding screening and early detection of gambling issues across the population of older people who are homeless, or at risk of becoming homeless. In order to facilitate this, some increase in the capacity of state-wide Gambler's Help services to reach homeless persons could be considered.
- Increasing access to financial counselling services for older people who are homeless, or at risk of becoming homeless. This can be an effective way of uncovering and addressing gambling issues that are hidden.
- Providing education and training for the service delivery workforce within housing, homelessness, health and related services, to increase their confidence and capacity to recognise, respond, and refer gambling issues among older people experiencing homelessness.
- Building the evidence base to inform policy and programs, by undertaking a public health surveillance study of harmful gambling among older people attending housing and homelessness services.

1. Background

This report presents the results of an exploratory study on the link between gambling and homelessness among older people. While homelessness is one of the most severe gambling related harms, and older people appear to be more at risk, there has been relatively little research on how gambling and homelessness are linked, the role of contributing factors, and the adequacy of current service responses (Bramley et al., 2018; Sharman, 2019). In this exploratory study, we begin by reviewing the existing body of research on the subject, and then investigate key informants' views on gambling and homelessness among older people in Victoria, Australia. For the latter, we use qualitative research techniques to gain a deeper insight into the incidence, contributing factors, consequences, and responses surrounding gambling and homelessness among older people.

The report is organised as follows. Chapter 1 provides some background and context for this study, and the aims of our research. Chapter 2 presents the methods used for the systematic search and rapid review of the literature, and the methods used for our empirical investigation in Victoria. Chapter 3 presents a summary of the results from the rapid review, and Chapter 4 presents the results of our empirical investigation. In Chapter 5, we discuss the significance of our main findings, and the implications for policy and further research.

1.1 Public health and gambling related harm

For consistency, in this report we generally use the term 'gambling related harm' to encapsulate the adverse consequences of gambling behaviour, of which homelessness is one example. There are various terms used in the research literature to describe the severity of harmful gambling behaviour, such as disordered gambling, problem and pathological gambling, and problematic gambling, for example. Because these terms have different definitions and meanings, we generally cite the original source of the term wherever they are used. In all other instances, we use the term 'harmful gambling' (or 'harmful gambler') to broadly capture any gambling behaviour, regardless of where exactly it may sit along a continuum of severity, because it acknowledges that all gambling comes with some propensity for causing harm.

1.1.1 Gambling prevalence and harm in Victoria

The expansion of commercial gambling over recent decades and associated increases in harms at an individual and societal level represent a growing but often under-recognised public health issue for communities around the world (Sulkunen et al., 2018). A key challenge for policy makers is the tension between public health concerns about the harms from gambling, and the social, economic and cultural embeddedness of gambling in the community. In Victoria, for example, participation in gambling is widespread, with more than two thirds (71.1%) of the population reporting at least one form of past-year gambling (Hare et al., 2015). Older people, in particular, are more likely to participate in gambling, with 78.0% of Victorians aged 55–64 years and 80.0% of those aged 65+ years reporting past-year gambling. Furthermore, there is some evidence that the gambling population is ageing, with participation among the oldest group (aged 65+ years) increasing significantly between 2008 and 2014 (Hare et al., 2015). It is notable that the current cohort of older Victorians has been among the first adults to witness and participate in the unprecedented introduction and rapid expansion of many forms of commercial gambling across the state, such as electronic gambling machines (EGMs) and casino gambling, over the past three decades.

Because many forms of gambling are legal and widely available in Victoria, the commercial gambling industry is highly profitable. Total expenditure (i.e. net losses by individuals) on commercial gambling in Victoria in 2016–17

was $5.2 billion, and although a relatively small proportion of the population use intensive forms of gambling such as EGMs, this gambling accounts for around half (48.2%) of the total expenditure (QGSO, 2018). Gambling is also a lucrative source of revenue for governments. Total revenue from gambling in Victoria during 2016–17 totalled $1.6 billion.

In this context, the reported prevalence of 'problem gambling' appears to be remarkably low, affecting less than one per cent of the Victorian population (0.8%) (Hare et al., 2015). However, the breadth and magnitude of harm from gambling in the population is substantially greater than that attributable only to what is defined as problem gambling. This is because the relationship between the severity of individuals' problem gambling behaviour and the harm resulting from their gambling is not linear. The bulk of total gambling related harm in the community is attributable to the vast majority of gamblers who are classified as low- or moderate-risk gamblers. For example, in Victoria, it is estimated that 50% of all gambling related harm occurs among low-risk gamblers and 34% among moderate-risk gamblers, while just 15% occurs among problem gamblers (Browne et al., 2016). This challenges the view that gambling is mostly harmless, and has clear implications for public health responses to preventing and reducing gambling related harm in the population.

The harm from gambling affects not only individual gamblers, but also those around them, and the wider community in which they live. It is estimated that a typical problem gambler in Australia affects six others (Goodwin et al., 2017). The total harmful impact of gambling in Victoria is estimated to be in the same vicinity as that from alcohol and depression, and is greater than the combined harm from cannabis dependence, schizophrenia, epilepsy, and eating disorders (Browne et al., 2016). The most readily apparent type of harm from gambling is financial loss, but the harmful effects of gambling also include poorer health, emotional and psychological distress, relationship conflict, employment difficulties, and crime, and these come at a great cost not only to gamblers but also their households, services, government, and society in general (Latvala et al., 2019). Gambling also aggravates poverty, and increases social inequality, because poorer households lose a larger proportion of their income from gambling than wealthier households, and have few resources to cushion the losses (Sulkunen et al., 2018).

1.1.2 Risk factors for gambling related harm

There is a growing body of research on how structural and individual factors contribute to gambling related harm. Structural factors such as the availability and accessibility of gambling, the characteristics of gambling products, regulatory controls, and the cultural place of gambling in the population are well established in the research as significant contributors to the risk of gambling related harm (Sulkunen et al., 2018; Vasiliadis et al., 2013). In terms of individual factors, there has generally been more research examining the factors that affect gambling behaviours (variously defined and measured), rather than gambling harm. For example, a systematic review of the individual level risk factors for pathological gambling found that the most well established risk factors include demographic variables (age, gender), cognitive distortions (erroneous perceptions, illusion of control), sensory characteristics, schedules of reinforcement, comorbid disorders (OCD, drug abuse), and delinquency/illegal acts (Johansson et al., 2009).

More recently, research examining the individual risk factors for gambling related harm found that trait impulsivity and early exposure (i.e. during childhood) to gambling were the most important underlying ('distal') risk factors, and that gambling fallacies, a lack of using safe gambling practices, and excessive gambling consumption were the most important direct ('proximal') risk factors (Browne et al., 2019). These findings lend support to the seminal 'pathways model' of problem and pathological gambling developed by Blaszczynski & Nower (2002). They identified three distinct groups of problem gamblers, including: (i) behaviourally conditioned problem gamblers (i.e. they develop problems after being introduced to gambling); (ii) emotionally vulnerable problem gamblers (i.e. they have pre-existing anxiety/depression, adverse childhood experiences); and, (iii) antisocial, impulsivist

problem gamblers (i.e. they have impulsivity and antisocial personality disorders). This pathways model has been influential in approaches to identifying and treating individual gamblers according to their distinct issues and clinical presentations. However, it has also drawn attention to the significance of broader environmental ('ecological') characteristics that surround individuals as a further layer of risk factors for harmful gambling in the population.

> *'The starting block common to the three pathways must be availability and access to gambling. Ecological determinants are those that relate to public policy and regulatory legislation that create and foster an environment in which gambling is socially accepted, encouraged and promoted'*
> (Blaszczynski & Nower, 2002: 491).

In some ways, this aligns with the public health approach to gambling. However, the public health approach extends further to consider the harm not only among the relatively small group of individuals with identifiable problematic and pathological gambling behaviours, but also the much larger harm distributed across the continuum of gambling participation (from minimal to severe) and the far reaching impacts beyond the individual gambler (Rogers et al., 2019). Korn and Shaffer (1999) were among the first to articulate the objectives in taking a public health approach to gambling. This approach focuses on addressing all levels of prevention and treatment of gambling related harm and views gambling behaviours of individuals within a social milieu influenced by cultural, family, and community values and public policy (Korn and Shaffer, 1999: 306). Adopting a public health approach enables research to undertake comprehensive analysis of the biological, behavioural, social and economic determinants of gambling related harm. Also, importantly, a public health approach to gambling highlights multiple strategies and points of intervention to prevent and reduce harm.

1.1.3 Older people and gambling harm

An important principal of the public health approach to gambling is to give priority to protecting the most vulnerable and disadvantaged people in the community (Korn, 2001). Older people have been identified as a group that are particularly vulnerable to developing harmful gambling behaviours, and experiencing gambling related harm (Bramley et al., 2017). However, in general, there has been a lack of research on gambling among older people and more investigation in this area has been recommended (Matheson et al., 2018). Older people are more likely to gamble frequently because they have more spare time, fewer dependents, and more disposable income to gamble (Tse et al., 2012). They are also more vulnerable to developing harmful gambling behaviour and experiencing gambling related harm. This is thought to be because of their higher potential for social isolation, possible loss of 'meaning' in life after retirement, limited access to alternative recreational activities, illness and disability, bereavement, and their dependence on a fixed income (Matheson et al., 2018; Subramaniam et al., 2015).

A systematic review found that older people most at risk of gambling disorders are older males, those who are older but not yet very aged, and those who are single or divorced/separated (Subramaniam et al., 2015). A more recent scoping review found that, in addition to being male, accessibility to gambling, parental gambling, having a limited and fixed income, and limited future earning potential, are the main risk factors for disordered gambling among older people (Sharman et al., 2019). They also found that older people with disordered gambling are more likely to have co-morbid physical and mental health problems. Across all age cohorts, loss of a partner and living alone is also an important risk factor, as it often contributes to loneliness and a smaller and less satisfying social network.

In another review of the literature, dementia and other conditions among older people that can affect their mental capacity and cognitive ability are highlighted as risk factors for gambling related harm (Bramley et al., 2017). A lack of personal financial management experience and skills among some older people is also reported to be a risk factor for gambling related harm. Another review of the evidence found that an older person's gambling problems

may often lie hidden or not detected by health professionals, despite the relatively high frequency of health care that many older people receive (Matheson et al., 2018).

1.2 Homelessness

Homelessness is another risk factor for harmful gambling among older people (Crane et al., 2005; Rota-Bartelink & Lippman, 2007). In Australia, older people are overrepresented in presentations at homelessness services where gambling is recorded as one of the person's issues (AIHW, 2009). However, as discussed further below, the relationship between gambling and homelessness is complex, and not fully understood.

1.2.1 Defining homelessness

Being homeless is a significant risk factor for a range of social, economic, and health problems. In western countries, homeless individuals are considerably more likely to experience alcohol and drug dependence, as well as psychotic illnesses and personality disorders, compared to the general population (Fazel et al., 2008). Homeless individuals also have higher rates of premature mortality, particularly from suicide and unintentional injuries, and also experience accelerated ageing related to the high rates of non-communicable diseases (Fazel et al., 2014). Hence, researchers, service providers and policy makers now recognise that homeless individuals tend to age faster and become 'older' at a much younger age than their counterparts in the general population. However, there is no consensus as to the age at which 'older' homelessness begins, with starting ages ranging from 45 to 65 years having been applied (Crane and Joly, 2014).

While the definition of homelessness differs across jurisdictions and cultures, it is now widely recognised that homelessness refers to the circumstances of people in a much wider range of situations than only those sleeping rough in public places. In Australia, for example, a well-established definition of homelessness recognises three different levels: primary homelessness (e.g. sleeping rough or living in an improvised dwelling); secondary homelessness (e.g. staying with friends or relatives or specialist homelessness services/shelters); and, tertiary homelessness (e.g. living in boarding houses, caravan parks with no secure lease and no private facilities) (Homelessness Taskforce, 2008). In Europe, many researchers have used the definition of homelessness adopted by ETHOS (see Edgar, 2009), which recognises homelessness can occur in either a physical, legal or social sense, and in combination. For example, homelessness may be measured as being roofless (e.g. having no dwelling), being houseless (e.g. having a dwelling, but no legal security or private/safe social space), or experiencing housing exclusion (e.g. having a dwelling, but one that is inadequate or has limited legal security). Researchers elsewhere have also used definitions of homelessness that reflect legislation (e.g. statutory homelessness, as applied in the United Kingdom and United States).

What most of these definitions have in common is defining homelessness as a lack of shelter or lack of an abode. However, homelessness is potentially more multidimensional than this. A more inclusive definition of homelessness is that it involves 'deprivation across a number of different dimensions of life – physiological (lack of bodily comfort and warmth), emotional (lack of love or joy), territorial (lack of privacy), ontological (lack of rootedness in the world, anomie) and spiritual (lack of hope, lack of purpose) (Somerville, 2013). However defined, an important consideration is that homelessness is essentially the lack of a home, and hence it is the meaning of 'home' to different individuals that ultimately defines what it is to be home-less.

1.2.2 Explanations of homelessness

The causes of homelessness are complex, and it is now widely recognised that contemporary homelessness is rarely explained by a single factor. For example, as the *Australian Homelessness Monitor* reports:

> For an individual, loss of suitable accommodation may result from the coincidence of several problematic life events although it may be triggered by a single catastrophic event. It can be viewed in aggregate as a problem that needs to be quantified and addressed, or at the level of an individual person as a process that reflects (and results from) extreme stress, often accompanied by vulnerability and disadvantage (Pawson et al., 2018).

This reflects the evolution of explanations for homelessness that have moved beyond conceptual frameworks with a narrow focus on sets of mutually exclusive structural or individual level factors (Neale, 1997). A more open stance, employing a critical realist perspective, sees homelessness as a 'layered social reality' and takes into account a much wider range of causal factors than dichotomous individual/structural explanations have allowed (Fitzpatrick, 2005). This critical realist perspective has influenced the conceptual framework on the causes of homelessness adopted by both *The Homelessness Monitor: England* (Fitzpatrick et al., 2019) and the *Australian Homelessness Monitor* (Pawson et al., 2018). Both take the following view:

> Theoretical, historical and international perspectives indicate that the causation of homelessness is multi-dimensional, with no single "trigger" that is either "necessary" or "sufficient" for it to occur. Individual, interpersonal and structural factors all play a role – and interact with each other – and the balance of causes differs over time, across countries, and between demographic groups (Fitzpatrick et al., 2019).

This perspective accepts that economic structures (e.g. poverty) or housing structures (e.g. lack of shelter) can be all-important in some cases of homelessness, while interpersonal or individual factors can be more important in other cases (Fitzpatrick et al., 2019). For example, unemployment and housing exclusion may contribute more in the case of an older person who is homeless over a long period of time, while relationship breakdown or personal crises (e.g. job loss, bereavement) may contribute more in cases where an older person becomes homeless for the first-time later in life. This theoretical flexibility is important given the empirical evidence showing that some older people are homeless sporadically or continuously for years, and age while homeless, while others become homeless quite unexpectedly for the first time later in life (Crane and Joly, 2014).

Internationally, the homeless population is ageing. Contributing factors to this vary between countries, but commonly include: demographic factors (e.g. homeless individuals within the large baby boomer cohort are now ageing); declining housing affordability for older people in many wealthy countries; unstable economic conditions and industrial change which is contributing to unemployment among older people; and, increased rates of problematic behaviours (e.g. drug and alcohol use, gambling, criminality) among older people reflecting demographic shifts as well as shifts in social and economic conditions (Crane and Joly, 2014).

The needs of older homeless people can differ depending on their past experience of homelessness. For those who become homeless for the first time later in life, they may have some resources and skills to cope in the short term, and may be able to find support and accommodation. However, among those who have been homeless long-term and have multiple and complex needs and issues (e.g. mental illness, drug and alcohol problems), they are more likely to have poor health and less able to live unsupported (Crane and Joly, 2014). A compounding factor in the health and general living conditions among older people who are homeless is that there are few homeless services purposefully designed and operated for older people, and older people are reluctant to use all-age homeless services, often out of fear of younger service users (Crane and Joly, 2014).

1.2.3 Homelessness in Victoria

In Australia, older people (aged 55–74 years) are the fastest growing age cohort within the homeless population. In the ten years to 2016, this group grew in number by 55 per cent, compared to 30 per cent across all age groups in the homeless population (Pawson et al., 2018). The available evidence indicates that older people experiencing homelessness in Australia are a diverse population with different experiences of homelessness, different support needs, and varying contact with services (AHURI, 2016). In the state of Victoria, the homeless population aged 55+ years is estimated to number more than three thousand persons (62% male, 38% female) (ABS, 2018). Their living circumstances vary and include: residing in boarding houses (32%); supported accommodation for the homeless (24%); staying temporarily with other households (19%); 'severely' crowded dwellings (17%); improvised dwellings, tents or sleeping out (6%); or, in other temporary lodgings (1%). These older people are part of a much larger population of individuals experiencing homelessness in Victoria. On any given day more than 24,000 people in Victoria are sleeping rough or living in emergency or unsafe accommodation (AIHW, 2018), and two in five households that are dependent on social security are in housing stress (i.e. paying >30% of their income on rent) (ABS, 2018).

Homelessness is increasing in Australia, faster than the rate of overall population growth. Two socio-economic trends are believed to be contributing to the recent increases in homelessness in Australia, including:

- the increasing proportion of social security benefit recipients who are dependent on the Newstart allowance (the main unemployment benefit in Australian as at February 2020), which provides a considerably lower payment than other benefits such as the Disability Support Pension and the (Single) Parenting Payment; and,
- the fivefold increase in the number of benefit sanctions recorded between 2011 and 2016, which can involve complete cessation of social security payments to individuals (Parwson et al., 2018).

The recently endorsed *National Housing and Homelessness Agreement* recognises that Victoria is facing increasing demand for housing and homelessness support, driven by population growth, housing unaffordability, income levels, family violence, unemployment and increasingly complex mental health, drug and alcohol issues (CFFR, 2018). Some anecdotal evidence suggests that gambling is also likely to be a contributing factor, but as yet, little research has investigated this in a Victorian context.

1.3 The link between gambling and homelessness

The link between gambling and homelessness is complex and remains an open question in the research. There has been only a small amount of research in the area in Australia and internationally, as discussed in the rapid review we present later in this report. The dearth of research perhaps reflects that these are challenging phenomena to investigate, as both gambling related harm and homelessness are each relatively hidden. Some argue that the existence of a link between gambling and homelessness is almost intuitive, given the range of mutually reinforcing adversities and behavioural issues (e.g. unemployment, mental illness, addictions) that are often prevalent among homeless populations and people vulnerable to gambling related harm (Matheson et al., 2014). It is also well established that gambling related harm is unequally distributed across the population, falling more on socio-economically disadvantaged households (Sulkunen et al., 2018). However, it is also plausible that people experiencing housing stress or homelessness are less prone to gamble because many have few resources to do so.

While some empirical studies have attempted to measure the prevalence and the significance of an association between gambling and homelessness, and explain the route between the two, so far researchers have been unable to unequivocally determine the existence and direction of a causal relationship between gambling and homelessness. Studies involving samples of individuals experiencing homelessness across a range of jurisdictions

have shown that rates of harmful gambling behaviour are higher in these groups compared to the general population (Matheson et al., 2014; Nower et al., 2015; Sharman et al., 2015). However, the studies also find that people experiencing homelessness are more likely to be non-gamblers, compared to the general population. The latter may contribute to perceptions that gambling is a lessor concern among the homeless population compared to, for example, problems related to mental disorders and substance use. Overall, the distribution of gambling and associated problems across the homeless population can possibly be described as a 'harm paradox', where although they may be less likely to gamble, people who are homeless or at risk of homelessness are more likely to experience gambling related harm.

There is some theoretical basis, and a small amount of empirical evidence, to suggest that a causal relationship between gambling and homelessness does exist and that it may run in both directions, depending on the individual circumstances (Crane et al., 2005; Sharman et al., 2016; van Laere et al., 2009). However, a difficulty in much of the research on gambling related harm, in general, is the complexity of causal attribution, because some of the same underlying individual and societal conditions that lead to gambling are also likely to follow from it (e.g. addictions, poverty) (Sulkunen et al., 2018). The contributing factors and mechanisms in the causal pathways between gambling and homelessness are no different in this regard, as a small number of studies have shown them to be multiple, complex, and possibly bi-directional (Holdsworth et al., 2011; Holdsworth & Tiyce, 2013). These can include, for example, relationship breakdown, loss of social support networks and isolation, job loss, and co-morbidities such as alcohol and drug problems and mental illness.

While theoretical explanations for a link between gambling and homelessness are not yet well developed, the link between gambling and poverty is seen by some as explainable by the perceived potential for generating income, possibly even a life changing win, among individuals living in poverty. This 'psychoeconomic' mechanism for gambling is thought to promote greater risk-taking behaviour among some of the poor who believe they have relatively little to lose, but much to gain, from gambling (Shaffer et al., 2002). However, even occasional gambling among people living in poverty, or homelessness, can have harmful consequences given their impoverished situation and limited resources to cope with even small financial losses (Bramley et al., 2017).

Qualitative studies on gambling and homelessness are comparatively rare, but are regarded as vital to begin disentangling the complex relationship between gambling and homelessness, and identifying opportunities for intervention (Matheson et al., 2014). Homelessness comes at enormous cost to those experiencing it, the wider community, and the economy, and the costs increase the longer a person remains homeless (Steen, 2018). If it is the case that gambling contributes to homelessness, further entrenches homelessness, and inhibits recovery, then it is imperative that we develop a better understanding of how gambling and homelessness are linked and what sort of preventive and supportive responses are needed. These are key motivations for our study.

1.4 Aims of the study

This study aims to address gaps in the research on gambling and homelessness, particularly in an Australian context and in relation to older people. There are evidence gaps regarding both the nature and extent of co-occurring gambling and homelessness, and hence a need for both qualitative and quantitative research, respectively. In this exploratory study we review the existing international research literature, and undertake a qualitative investigation of service providers' views on gambling and homelessness among older people in Victoria, Australia. An advantage of qualitative research is that it enables in-depth and contextual exploration of the meanings in participants' views and experiences, and can also usefully identify and define areas of research for subsequent quantitative or mixed methods inquiry. Furthermore, in our qualitative study, we look for the underlying conditions and causal explanations of the phenomena observed, which makes the research findings particularly relevant for informing policy and programmatic responses.

2. Approach

In this chapter we provide a summary of the methods used in (i) our rapid review of the international research literature, and (ii) our qualitative investigation of service providers' views on gambling and homelessness among older people in Victoria, Australia.

2.1. Methods used in the rapid review

We undertook a systematic search and rapid review of quantitative and qualitative studies that provide empirical evidence on the co-occurrence of gambling and homelessness in (i) the general population and (ii) in help-seeking populations and settings (e.g. harmful gamblers, people experiencing homelessness). To our knowledge, there have been no systematic reviews of this literature. While a systematic review is the gold standard in knowledge synthesis, one disadvantage is that it requires considerable time and resources to undertake (e.g. multiple reviewers for study selection, data extraction, detailed critical appraisal, etc.). A rapid review is a type of knowledge synthesis where some components of the systematic review process are simplified or omitted, with the aim of synthesising evidence on emergent issues in a timely and accessible form (Khangura et al., 2012). Despite the expediency that is inherent in a rapid review, there is no evidence to suggest that rapid reviews should be avoided or that they produce misleading findings if systematic and transparent procedures are followed (Haby et al., 2016).

2.1.1 Review questions

This rapid review aims to address the following questions:

- what is known about the prevalence of co-occurring gambling and homelessness?
- what is known about the individual and societal level factors that contribute to co-occurring gambling and homelessness?
- what is known about the role and effectiveness of policy and program responses to gambling and homelessness?

In addressing these questions, we highlight any evidence that relates to older people.

2.1.2 Review method

Our approach reflects the guide to conducting rapid reviews produced by the *World Health Organisation* (Tricco, Langlois & Straus, 2017). We also prepared a protocol that follows the 17-item PRIMSA checklist for systematic reviews (Moher et al., 2015) [available from the authors upon request].

2.1.3 Searches

One reviewer (BV) searched electronically for eligible articles (English language only) in bibliographic databases, Google Scholar, key journals, and also hand searched the reference lists of eligible articles. There were no restrictions on publication date. In the bibliographic databases we performed Boolean searches

combining keywords and operators with the aim of identifying any articles that contained both 'gambling' and 'homelessness', or variants of these (e.g. gambl* OR betting OR wager* AND homeless* OR roofless* OR shelter* OR housing OR rent* OR evict* OR mortgage* OR foreclos*). The initial searches were performed in October 2018 and updated in August 2019 to retrieve any additional articles. A search for any new articles, before finalising the rapid review, was conducted in April 2020.

2.1.4 Inclusion criteria and screening

To be eligible for inclusion, articles had to be peer-reviewed original research on humans, and report quantitative or qualitative findings on the co-occurrence of gambling and homelessness, with either condition as the exposure or outcome. We allowed for any measures of gambling behaviours/harms and homelessness, regardless of validation, provided that the definition/meaning of such measures was made reasonably clear. Articles have been excluded from the synthesis if they were not peer reviewed. Given the small body of research on gambling and homelessness overall, we also examined any relevant grey literature (i.e. not found in peer-reviewed commercial publications) on gambling and homelessness. However, we keep the grey literature separate from our main syntheses of the peer-reviewed articles. Examining evidence found in grey literature as part of a systematic review can enrich the review's findings and reduce the possibility of publication bias, particular where there is limited available evidence in commercial publications, a lack of consensus about the research question, or where the setting/context of the research can affect outcomes (Paez, 2017). All search results were imported into the bibliographic management program *Endnote X8* (Clarivate Analytics, 2013*).* After duplicates were removed, articles were screened for eligibility by one reviewer (BV), by assessing the title and abstract against our inclusion criteria. The full text of each eligible article was then assessed by one reviewer (BV) to determine eligibility for potential inclusion in the synthesis. A thorough exclusion log was recorded by the reviewer.

2.1.5 Data extraction

For the articles selected for potential inclusion in the synthesis, key study level information was extracted by one reviewer (BV) and entered into an MS Excel spread sheet, including: year and country of the study, study context (e.g. clinical or community), study design, sample characteristics (e.g. size, mean age, sex), exposure and outcome measures used (i.e. measure/s of gambling and homelessness), method of analysis (e.g. the type of quantitative or qualitative approach), any statistics regarding prevalence (i.e. % of population with co-occurring gambling and homelessness) in the total sample and in sub-groups, the main themes identified (in qualitative analyses), and the key study findings.

2.1.6 Synthesis

For the quantitative research articles, we anticipated limited scope for quantitative synthesis (i.e. meta-analysis) because of the expected heterogeneity of exposures and outcomes measured across a relatively small number of studies. Therefore, one reviewer (BV) performed a 'narrative synthesis' of the quantitative research articles (Popay et al., 2006). For the qualitative research articles, one reviewer (BV) performed a 'textual narrative synthesis' (Lucas et al., 2007). Quality assessment (risk of bias) of articles was performed by one reviewer (BV), guided by checklists for critical appraisal of prevalence studies (JBI, 2017a) and qualitative studies (JBI, 2017b).

2.2 Methods used in the qualitative study

2.2.1 Research questions

The second component of our exploratory study is a qualitative empirical investigation of service providers' views on gambling and homelessness among older people in Victoria, Australia. This investigation addresses the following research questions, which aim to address gaps in the existing research, potentially inform policy and programmatic responses, and help guide further research in the area:

- how are gambling and homelessness linked among older people?
- how do individual, structural and other factors contribute to gambling and homelessness co-occurring among older people?
- how do homelessness services currently identify, understand and respond to the co-occurrence of gambling and homelessness among older people?
- how can service responses be improved to prevent and minimise the harm associated with gambling and homelessness among older people?

We define 'older people' as those aged 50+ years. While this is younger than the definition of older people often used in gambling research, it accounts for the likelihood of premature ageing and mortality of people who are homeless or have previously experienced homelessness.

2.2.2 Methodological and theoretical approach

Qualitative methodology

Given the initial exploratory nature of the research questions we aim to address, a qualitative research methodology was considered appropriate for our empirical investigation. A key goal of qualitative research is to access the subjective meanings in participants' views and experiences and develop concepts that help us better understand and explain complex social phenomena (Pope and Mays, 1995). Ultimately, this can lead to important new theory, policy and practice. Qualitative research is not only valuable in its own right, but can also usefully identify and define areas of research for subsequent quantitative or mixed methods inquiry, particularly where an issue is newly emerging and not well understood (Neale et al., 2005). A distinct advantage of qualitative research is that it enables in-depth and contextual exploration of participants' views and experiences in a natural setting (e.g. where they usually live or work), and is especially useful for investigating issues that affect marginalised and vulnerable populations who are often silenced and difficult for researchers to access (Liamputtong, 2018). Qualitative research involving those with firsthand experience and/or knowledge of addictions can demystify behaviours, challenge stereotypes, and replace myths about them through exploration of their unique perceptions and practices (Neale et al., 2005).

Critical realist approach

We take a critical realist (CR) perspective in our empirical investigation of how gambling and homelessness are linked among older people (Bhaskar, 1978). The primary goal of research adopting a CR perspective is to explain social phenomena by identifying a range of possible underlying causal mechanisms, thereby going a step beyond merely describing what we observe about the phenomena (Sayer, 2000). A CR perspective is well suited to our

exploratory study of the links between gambling and homelessness where research on the structures and causal mechanisms is currently limited, and conceptual understandings of the links and pathways are underdeveloped (Sharman, 2019).

Others have usefully applied a CR approach in research aimed at understanding the causes of homelessness. For example, Fitzpatrick (2005) explores how the necessary conditions for homelessness are multiply-layered and complex (i.e. economic structures, housing structures, interpersonal and individual factors), and can activate differently in each case of homelessness (Fitzpatrick, 2005). CR recognises that 'varying circumstances of each homeless person is to be expected in an open social system where a multitude of structures are contingently (and unpredictably) related, and where there is scope for human agency within the range of options that these structures enable' (Fitzpatrick 2005: 6).

For social research, the vantage point that a CR approach offers is exploration of the qualitative nature of all recurring factors in the available data, referred to as themes, or 'demi-regularities' (Fletcher, 2017). Our analytical approach begins with induction from the data, using thematic analysis, to identify demi-regularities. However, we extend this to include the CR analytical process of retroduction (Bhaskar, 1978). In summary, retroductive analysis involves describing the phenomena of interest and proposing some possible underlying explanatory conditions and mechanisms of the phenomena, followed by eliminating those likely to be false and identifying those likely to be correct (Mingers et al., 2013).

2.2.3 Study design

To ensure we provide appropriate detail in reporting our study design, analytical approach, and findings, we follow the consolidated criteria for reporting qualitative research (COREQ) 32-item checklist (Tong et al., 2007).

Participant selection

Use of key informants

Because this is an exploratory study, we sought to recruit a sample of key informants working in a diverse range of service provision roles that support older people who are experiencing, or are at risk of, co-occurring gambling and homelessness in Victoria. Key informants are individuals whose position in a research setting provides them with specialist knowledge about other people, processes, or events that is more extensive, detailed or privileged than ordinary people, and makes them valuable sources of information in preliminary, exploratory studies (Payne & Payne, 2004). An advantage of using key informants is that they are usually highly visible, hence able to be recruited relatively quickly, and can provide the researcher with both firsthand and aggregate-level information about a population of interest (Marshall, 1996). However, it is important to recognise that key informants are not representatives of others; they are informants about them (Marshall, 1996).

The utility of service providers as key informants in qualitative research on gambling and homelessness is reasonably well established, as shown in the range of studies that have drawn on them as a principal data source (e.g. Bramley et al., 2019; Hamilton-Wright et al., 2019; Holdsworth & Tiyce, 2013). The importance of service providers as key informants is also demonstrated in monitoring and surveillance studies of homelessness more generally. For example, the annual *Homelessness Monitor* for England, (Fitzpatrick et al., 2019) and the *Australian Homelessness Monitor* (Pawson et al., 2018) both draw upon qualitative data from interviews with key informants (e.g. workers in homelessness services, policy makers, advocates) regarding the nature of homelessness, emerging issues, contributing factors and the responses required.

While some previous qualitative studies have involved data collection directly from people with personal lived experience of gambling and homelessness (e.g. Guilcher et al., 2016; Holdsworth et al., 2011) we considered this impractical for our preliminary, exploratory study. In contrast to key informants that are easily identifiable within service organisations, people with lived experience of homelessness are a relatively hidden and vulnerable population, and can be difficult to engage with on complex and sensitive research topics (Liamputtong, 2007). Research directly involving homeless populations can encounter difficulties relating to sampling (e.g. it is often not possible to draw a representative sample without large resources), data collection (e.g. it can be time-intensive to gain access and build trust and rapport with participants), ethics (e.g. participants may disclose personal issues that mandate responsive action by the researcher), and fieldwork (e.g. it can be difficult to ensure safety for the researcher and participants) (Booth, 1999). To overcome some of these issues, researchers often attempt to draw samples of homeless populations from among those attending shelters and aid organisations (i.e. help-seeking populations), but the 'gatekeepers' in these settings can sometimes act as a further barrier to recruitment and data collection (Bonevski et al., 2014).

Sampling

The study population (sampling frame) for our research are individuals currently employed within the service sector for older people who are experiencing, or at risk of, co-occurring gambling and homelessness in Victoria. We considered this sampling frame as a feasible and appropriate source of key informants who would be able to provide information relating to our main research questions, within the constraints of our available time and resources for this exploratory study. The service sector for older people who are experiencing, or at risk of, co-occurring gambling and homelessness in Victoria is large and complex, and broadly comprises three main sub-sectors, including:

- aged care (e.g. aged care assessment teams, residential aged care, home support)
- primary care (e.g. public hospitals, community health services, street outreach, financial counselling, problem gambling services)
- specialist homelessness services (e.g. initial assessment and planning, crisis accommodation, case management, material aid).

We generated a sampling frame for our study from publicly available service directories and lists of government-funded programs and charitable programs. We used purposive sampling, which focuses on identifying and selecting research participants that are particularly knowledgeable about, or experienced with, a phenomenon of interest (Patton, 2002). Using our sampling frame as a guide, we consulted with peak bodies and regional networks representing the three sub-sectors to begin compiling a short list of individuals who would be potentially valuable as key informants. We also consulted with homelessness and gambling researchers, government policy officers, and subject matter experts in Victoria to further refine the short list. We also spent time attending regional network meetings of homelessness service providers to distribute information about the study, to observe discussions about the issues, and to identify potential participants. Further refinement of our short list occurred as we began interviewing participants and followed up their suggestions of others to interview.

We aimed for maximum variation in our purposive sampling, in order to document unique or diverse variations in participants' views and experiences, and to identify those that cut across variations (Palinkas et al., 2015). For example, in addition to seeking participants from across the three service sub-sectors defined above, and across different organisational sizes (small, medium, large) and types (government, community-based, church-affiliated), we sought participants in a diversity of roles (management, direct service delivery) and geographic areas (urban, rural/regional). In effect, this enabled 'triangulation' of data sources, which is important for strengthening the credibility of qualitative research (Krefting, 1990). Our final short list of potential participants reflected a diversity of data sources, who were then invited via email or telephone, with at least one follow-up email or telephone call

(or both) if required. We periodically reviewed the sample during data collection to ensure maximum variation was achieved.

All invited participants were provided with a short written explanatory statement (2-pages) about the study before agreeing to participate. Prior to confirming our selection of invited participants for inclusion, we screened for their suitability. This involved an assessment of their availability, their willingness to participate, the relevance of their knowledge and expertise in relation to our main research questions, and their ability to communicate views and experiences in an articulate and reflective manner (Palinkas et al., 2015). Importantly, the iterative nature of purposive sampling allowed us to identify and recruit additional participants as the number of interviews progressed, until the point where we felt a level data saturation had been achieved (i.e. until no new information was emerging from additional interviews) (Guest et al., 2006).

Participant characteristics

In total, we recruited a sample of 48 participants who took part in one of eight group interviews (n=36) or in one of twelve individual interviews (n=12). In most of the group interviews, there were multiple participants employed with the same service provider. The majority (73%) of participants were female (n=35). Participants were currently employed in the aged care (n=11), primary care (n=30) or homelessness services (n=17). The majority of participants were employed in roles involving direct client service delivery (n=41), with the remainder employed in associated managerial roles (n=7). The types of service delivery that participants performed included accommodation, aged care, housing support, health care, problem gambling counselling, and financial counselling. In terms of geographic representation, participants were recruited from metropolitan based services (n=30), regional and rural based services (n=8), and state-wide services (n=10).

Non-participation of some invited participants occurred for a range of reasons, including: they did not respond to our initial or follow-up phone calls or emails (n=9); they stated that they felt unable to provide informed views (n=6); they were unavailable on any of the days/times interviews were being held (n=3); they did not have their organisation's approval to participate (n=1); or they declined without giving any reason (n=2). Non-participation occurred across all sub-sectors, organisational types and locations, and did not appear to be systematically related to any characteristics of invited participants. Our large sampling frame and use of purposive sampling meant that it was not difficult to identify and select additional participants where non-participation had occurred.

2.2.4 Data collection

Interviews were conducted in 2018/19, with the majority conducted between November 2018 and April 2019. Ethics approval was obtained from the Monash University Human Research Ethics Committee (Project ID: 14596).

Prior to each interview, participants were asked to give their written consent to the following: to be interviewed and audio-recorded; for the recordings to be transcribed; and, for the de-identified transcriptions to be securely stored and used by the research team for later analysis and re-analysis as required. We aimed for 'contextual naturalness' in the interviews (Irvine et al., 2012), and therefore conducted all interviews face-to-face, with one exception that was conducted via telephone for logistical reasons (i.e. participant based in remote rural location). The majority of interviews were conducted in a private meeting room at one of the participants' work sites (i.e. within the same building as where service delivery occurred). Average interview duration was 50 minutes (range: 33–89 minutes).

All interviews were conducted by a male member of the project team (BV) who is a suitably qualified social researcher (PhD in health economics, Masters in public health) currently employed at an Australian university, and has training and early career research experience in conducting qualitative investigations in public health. For this project he was supported by three experienced mixed-methods researchers (KOB, CL, AC) who were

appointed as project mentors. The interviewer also has previous professional experience working in broadly relevant areas of public health policy and programs (e.g. management of health services for homeless injecting drug users) within the same geographic region as the present study. This provided some firsthand understanding of the research setting and assisted with participant recruitment and rapport building during data collection. As such, the interviewer was neither a complete outsider nor a true insider, and while conscious of this status, it was not considered an impediment to conducting the research. As Dwyer and Buckle (2009: 59) note, what matters most in qualitative research 'is not insider or outsider status but an ability to be open, authentic, honest, deeply interested in the experience of one's research participants, and committed to accurately and adequately representing their experience'.

An interview guide was developed and piloted in a small group interview (n=6). Piloting found that while some participants were initially tentative in recognising any link between gambling and homelessness, this changed as the interview progressed and as they spent more time reflecting. Accordingly, some adjustments were made to the interview guide (e.g. allowing more pauses, encouraging more reflection by participants). The final interview guide [see Appendix 2] comprised an introduction followed by a set of standardised open-ended questions. The introduction included an explanation of the purpose of the interview, the format, expected duration, an outline of the questions of the interview, an opportunity for participants to ask any questions of clarification, and confirmation of participants' consent to be interviewed and audio-recorded. Standardised open-ended questions in the interviews were developed to reflect issues and themes found in our rapid review of the literature, and to ensure we collected information from participants relating to our overall research questions for the study.

An advantage of using open-ended style questioning in exploratory studies is that it allows the interviewer to introduce follow-up questions, probing, and prompts in order to obtain optimal responses from participants (Turner, 2010). The ordering of questions during interviews was carefully designed so that questions about personal experiences were introduced first (e.g. Can you tell me about any link between gambling and homelessness that you've seen?) and questions about motivations and attitudes were introduced later (e.g. Can you tell me about any gaps in your agency's current service responses?). In this way, ordering of questions also moved from general to specific. This ordering is known to be more effective in eliciting full responses from interviewees (Ritchie & Ormston, 2013). Towards the end of the interview, the researcher introduced topics that signalled the conclusion of the discussion, which included future-looking questions such as suggestions for service improvements (e.g. Do you have any suggestions for how service responses could be improved?) and suggestions for other potential study participants.

Brief notes were taken by the interviewer during the interviews, mostly to aid recall of important responses by participants to be examined later (e.g. new issues, negative cases, contradictions with other participants). The interviewer listened to the audio-recordings of each interview a short time after each interview and further notes were taken in a reflexive journal. Audio-recordings were transcribed verbatim by a third party and checked for accuracy by the interviewer.

2.2.5 Analysis

We performed thematic analysis of the data as this is a theoretically flexible method for identifying, analysing and reporting meaningful patterns (i.e. themes) found within qualitative data (Braun & Clarke, 2006: 79). In our analysis, themes captured something we judged as important in relation to our main research question, and not necessarily the most prevalent views or experiences reported by participants. As discussed further below within our rapid review of the literature, the link between gambling and homelessness is not yet well-theorised and pre-defined themes to structure our analysis were not seen to be readily available. We therefore initially took an inductive approach to theme development, whereby coding and theme identification involved working 'bottom up' from the data to explore and interpret the meanings in it. However, this did not mean we denied the subjective influence

on the coding and theme development process that is likely to come from our own social position, theoretical perspective and our *a priori* knowledge of the existing research evidence on the topic (Terry et al., 2017). Furthermore, it has been suggested that the quality of findings from inductive thematic analysis can generally be improved when the analyst applies their understanding of the subject area and thus avoids 'reinventing the wheel' (Joffe, 2012). Moreover, by taking a CR perspective and applying retroduction in our analysis, we drew upon existing knowledge and theory to identify and assess potential explanations, underlying structures, and causal mechanisms in the link between gambling and homelessness.

We followed the six-step guide to thematic analysis outlined by Braun & Clarke (2006), which is an iterative and recursive process involving movement back and forth between the steps as required. The steps in the process can be summarised as follows.

1. Familiarisation with the data (step one) involved one team member (BV) checking the accuracy of interview transcripts by listening to audio recordings, followed by re-reading hard-copies of each transcript, and taking notes of initial impressions from the data and emergent ideas that may be useful for coding. All transcripts were then entered into NVIVO 12 (QSR International, 2012), a qualitative software package that assisted with storage and organisation of the dataset during analysis.
2. Generating initial codes (step two) involved one team member (BV) coding as much data as possible to identify all potential themes. The coding of a selection of interviews were independently checked by a second team member (KOB) who is highly experienced in qualitative research, to ensure reliability of the coding structure.
3. Developing candidate themes (step three) involved one team member (BV) sorting codes into a set of meaningful overarching themes, and sub-themes within these. We coded data and identified themes by sifting through semantic (explicit) views of participants and looked also for the multiply layered (latent) meanings that underlie these.
4. Reviewing and refining themes (step four) involved assessing their internal homogeneity, which meant reviewing whether the coded data used to generate each theme were a suitable fit with the meaning of that theme. This step is similar to what is referred to in CR analysis as identifying 'demi-regularities' (Fletcher, 2017). External homogeneity was also assessed, which meant reviewing whether the set of candidate themes adequately reflected the overall dataset. This reviewing and refinement of themes was achieved through discussion between two team members (BV and KOB), with any discrepancies discussed until a consensus was reached. To assist with this phase, we used a process of visually exploring the candidate themes (i.e. thematic mapping).
5. Defining and naming themes (step five) involved developing a succinct and meaningful title for each theme and a brief narrative that encapsulated the main substance of each theme.
6. Reporting the findings (step six) involved producing a narrative summary of each theme with supporting evidence (i.e. extracts from the data), which we present in Chapter 4 of this report.

   To ensure we follow a systematic approach to coding, theme development, analysis, and reporting, we follow Braun and Clarke's (2006) 15-item checklist for good thematic analysis. We also apply the four criteria proposed by Lincoln & Guba (1985) to improve rigour and trustworthiness in qualitative research, using various strategies outlined by Krefting (1990), including:

   (i) *Credibility* strategies: we used 'prolonged engagement' by attending network meetings; we performed informal 'member checks' with select participants in early stages of the study; we actively sought to identify 'negative cases'; we used 'triangulation of data collection' from diverse sources; and, we maintained a 'reflexive journal'.

   (ii) *Transferability* strategies: we used subject matter experts to guide sample selection; and, provided a detailed 'context' description of the study setting.

(iii) *Dependability* strategies: we provided 'a detailed stepwise method' to enable study replication; and, we used a second team member (KOB) to advise on the research plan and implementation.

(iv) *Confirmability* strategies: we kept an 'audit trail' of research processes (data collection, analysis); we provided 'supporting evidence' (i.e. data extracts) for the main findings; and, we report the final code hierarchy [available from the authors upon request].

In reporting the results, we include a selection of short extracts (i.e. single words, short statements) and extended extracts (i.e. longer statements) from the interview transcripts as illustrative evidence. To protect the anonymity of key informants, the attribution of extended extracts are labelled according to the participant's gender (M or F) and the type of service delivery the participant was involved in providing (i.e. accommodation, aged care, financial counselling, health care, housing support, or problem gambling services).

3. Results of the rapid review

3.1 Findings of the systematic search

3.1.1 Articles identified and included

The initial search in October 2018 yielded 1,172 articles from bibliographic databases, and 157 articles from other sources (e.g. a Google Scholar search, a general Google search, searching key journals, hand-searching reference lists). With an additional 24 articles identified in an updated search in August 2019, a total of 1,351 article records were identified. Once duplicate records were removed, 912 article records remained and were screened against the inclusion criteria based on title and abstract. Of these, 75 studies met the eligibility criteria for full-text assessment, through which 18 articles were identified as ineligible. In total, 57 articles were deemed eligible for inclusion in the synthesis, representing 50 unique studies [see Figure 1 for full search details].

3.1.2 Characteristics of the articles included

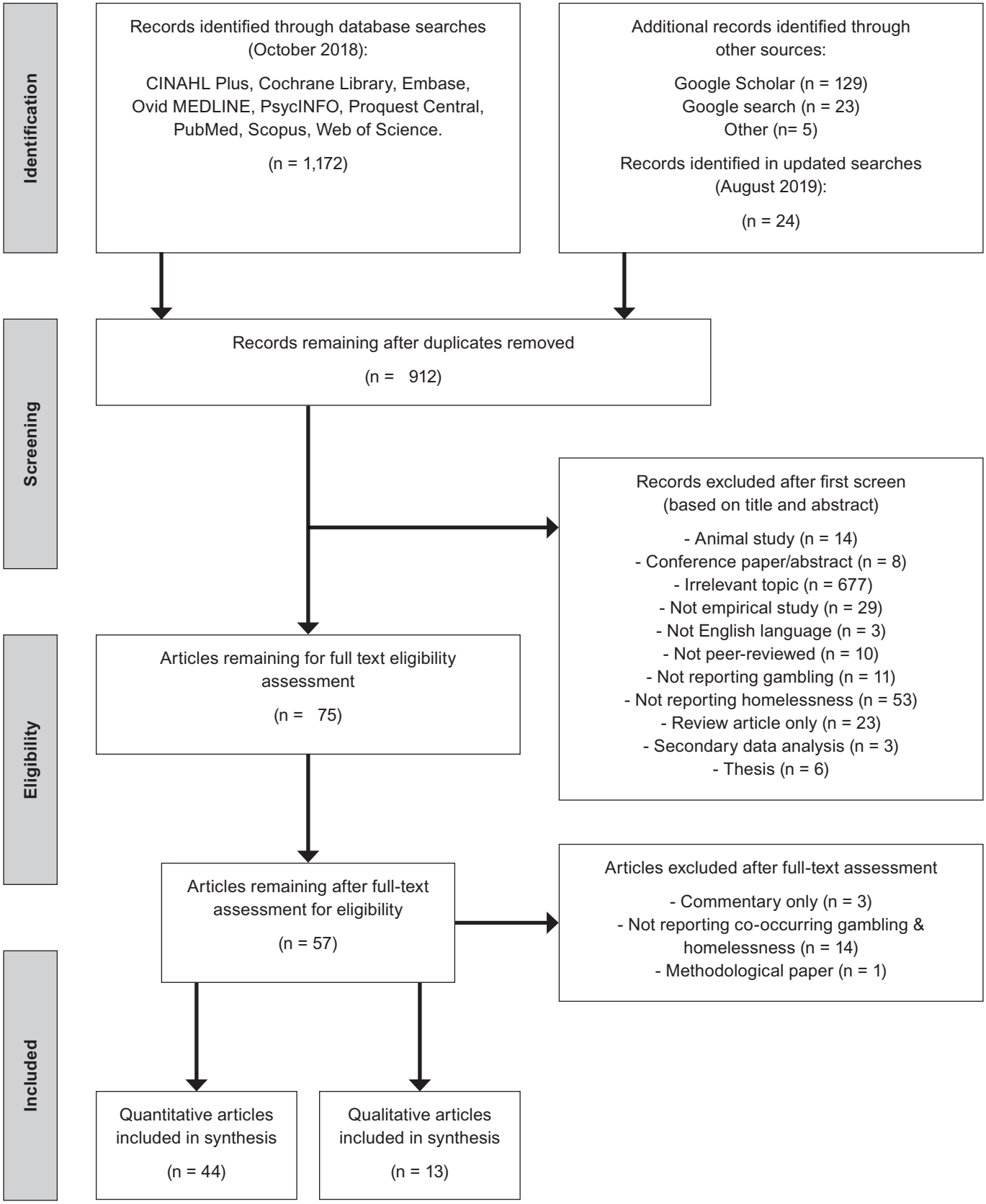
Table A1 in the Appendix to this report describes key characteristics of the articles included in the review. Overall, the body of empirical research on gambling and homelessness we identified is modest in size and appears to be still in its infancy, with 79 per cent (n=45) of the articles published within the last ten years, and 53 per cent (n=30) within the last five years. Most articles employed quantitative methods (n=44), with a smaller number employing qualitative or mixed methods (n=13). While many of the articles included an explicit aim to examine the co-occurrence of gambling and homelessness, a number reported on this only as a corollary to their other research aims. The articles report study findings in twelve jurisdictions. Around one third (30%) originate from the United States (n=17), around one quarter (26%) from Australia (n=15), with a smaller number from Canada (n=7), the United Kingdom (n=7), Japan (n=3), France (n=1), Holland (n=1), India (n=1), New Zealand (n=1), Poland (n=1), Sweden (n=1) and Uganda (n=1). The majority of studies (72%) used help-seeking/clinical samples (n=41), while the remainder used samples of the general community (n=12). A small number (n=3) included samples recruited from both help-seeking settings and the general community.

3.1.3 Organisation of synthesis

We have organised our main synthesis of the articles included in the rapid into three sections of this chapter, shown in the table below. For brevity, only a summary of our synthesis and key findings are presented in the report. A more detailed synthesis is available from the authors upon request.

Types of research	Our method of synthesis	Section title
Quantitative research articles	Narrative synthesis	3.2.1. Prevalence of homelessness among gambling populations
		3.2.2. Prevalence of gambling among homeless populations
Qualitative research articles	Textual narrative synthesis	3.3.1. Views and lived experiences of gambling and homelessness

Figure 1. Rapid review flowchart based on PRISMA flow diagram of search results (Moher et al., 2015).



3.2 Quantitative research articles

We identified 44 peer-reviewed articles that report on the prevalence of co-occurring gambling and homelessness, and we provide a narrative synthesis of these below. Where available, we highlight any age-specific findings that relate to older people. Table 1 presents the prevalence estimates reported in the studies, grouped according whether gambling is the exposure and homelessness is the outcome [see upper panel of the table], or vice versa [see lower panels of the table]. Articles are sorted according to the diagnostic/epidemiological measure of gambling behaviour that is used [see second column of the table].

Most of the prevalence estimates come from studies undertaken in the United States (n=19) or other high-income and mainly English-speaking countries, such as Australia, Canada and England (n=17). While a variety of study designs are used, the majority of analyses reported are cross-sectional. However, there is considerable heterogeneity across the articles in terms of study settings (e.g. community-based versus help-seeking/clinical), sample sizes and characteristics, and the measures of gambling and homelessness used. This limits the comparability of findings and, therefore, we decided that performing a quantitative synthesis (i.e. meta-analysis) was not appropriate for this report.

Importantly, we observed that prevalence studies differed according to whether gambling is treated as the exposure and homelessness as the outcome (n=14), or vice versa (n=31). Accordingly, for our narrative synthesis below, we have categorised each of the prevalence studies into one of these two different perspectives. In part, these two different perspectives appear to reflect different assumptions about the direction of the relationship between co-occurring gambling and homelessness, which remains an open question in the literature (Sharman, 2019).

Table 1. Prevalence estimates (%) according to how harmful gambling behaviour and homelessness status was measured.

Prevalence of homelessness among people with harmful gambling behaviours			
Article	**Measure of harmful gambling**	**Measure of homelessness**	**Estimate (%)**
Diagnostic/epidemiological measures:			
Edens et al., 2012	DSM-IV (PY pathological gambling)	Past-year use of homeless services	25.6
Gattis et al., 2011	DSM-IV (LT pathological gambling)	Living in unstable housing	27.1
Moghaddam et al., 2015	DSM-IV (LT pathological gambling)	Lifetime experience of homelessness	1.4
Westermeyer et al., 2005	DSM-IV (LT pathological gambling)	Self-reported as homeless	8.6
Bergh and Kühlhorn, 1994	DSM-III-R (LT pathological gamb.)	Self-report losing lodgings	30.0
Westermeyer et al., 2008	DSM-III-R (LT gambling 5+ occas.)	Self-reported as homeless	7.5
Dufour et al., 2016	PGSI (PY problem gambling)	Recently slept rough, in shelter	62.8
Hare et al., 2015	PGSI (PY problem gambling)	Living in public/community housing	2.7
Hing et al., 2014	PGSI (PY problem gambling)	Lifetime experience of eviction	17.2
Roberts et al., 2019	PGSI (problem gambling)	Lifetime experience of homelessness	29.3
ANPAA et al., 2011	DEBA-jeu (PY problem gambling)	No stable housing	28.3
Gallaway et al., 2016	NODS-CLiP (LT problem gambling)	Self-reported as homeless	2.5
Roberts et al., 2017	SOGS (LT pathological gambling)	Lifetime experience of homelessness	16.8
Schluter et al., 2007	Criticised by others for PY gambling	Financial difficulty with housing costs	44.2

Prevalence of harmful gambling behaviours among people experiencing homelessness

Article	Measure of harmful gambling	Measure of homelessness	Estimate (%)
Diagnostic/epidemiological measures:			
Edens et al., 2011	DSM-IV (PY pathological gambling)	Past-year use of homeless services	0.54
Gattis et al., 2011	DSM-IV (LT problem gambling disorder)	Living in unstable housing	27.8
Pluck et al., 2015	DSM-IV (LT pathological gambling)	Recently used services for homeless	31.3
Cowlishaw et al., 2017	PGSI (PY problem gambling)	Attended health service for homeless	29.4
Sharman et al., 2015	PGSI (PY problem gambling)	Recently used services for homeless	11.6
Sharman et al., 2016	PGSI (PY problem gambling)	Recently used services for homeless	23.7
Wieczorek et al., 2019	PGSI (PY problem gambling)	Living in rehab/night shelter	11.3
Castellani et al., 1996	SOGS (LT problem gambling, 5+)	Reported living in unstable housing	14.3
Lepage et al., 2000	SOGS (LT pathological gambling)	Recently used services for homeless	17.2
Majer et al., 2011	SOGS (LT pathological gambling)	Residing in drug treatment	19.7
Taylor et al., 2008	SOGS (LT pathological gambling)	Residing in homeless accomm.	40.5
Nower et al., 2015	SOGS (LT gambling disorder)	Recently slept rough, marginal housing	12.0
Shaffer et al., 2002	MAG (PY Level 3 pathological gambling)	Currently or recently homeless	5.5
Matheson et al., 2014	NODS-CLiP (LT pathological gambling)	Recently used services for homeless	24.6
Self-report measures:			
Crane et al., 2005	Self-report gambling problems	Living on street, shelter, with others	15.1
Rota-Bartelink et al., 2007	Self-reported gambling problems Case worker assessed gambling problems	Living on street, shelter, with others	28.8 41.6
Heffron et al., 1997	Self-reported gambling problems	Attended health service for homeless	9.0
Stevens et al., 2009	Self-reported PY gambling problems	Living in overcrowded housing	34.1
Stevens et al., 2012	Self-reported PY gambling problems	Living in overcrowded housing	46.8
Bender et al., 2015	Self-reported recent gambling for income	>2 weeks away from home past month	10.8
Dufour et al., 2014	Gambled daily, gambled $100+/month, or have gambling debts	Recently slept rough, or with others	12.6
Harris et al., 2017	Self-report PY gamb. more than could afford	Past-year experience of homeless	22.4
Johnson et al., 2014	Used gambling support services	Current chronic unstable homeless	3.6
Nielssen et al., 2018	Problem gambling (not defined)	Attended health service for homeless	12.1
Nishio et al., 2015	Self-reported regular gambler	Residing in homeless shelters	33.3
Shelton et al., 2009	Self-reported LT gambling problems	Lifetime experience of homelessness	0.9
Tevendale et al., 2011	Recently gambled to support self	Recently used services for homeless	12.3
van Laere et al., 2009	Self-reported gamb. before/after homeless	Currently homeless	18.3

Notes: DEBA-jeu = Détection et Besoin d'Aide en regard du Jeu Excessif; DSM-IV = Diagnostic and Statistical Manual of Mental Disorders, fourth edition; PGSI = Problem Gambling Severity Index; MAG = Massachusetts Gambling Screen;.NODS = NORC Diagnostic Screen for Disorders; NODS-CLiP = National Opinion Research Center Diagnostic Screen - Loss of Control, Lying, and Preoccupation Screen; SOGS = South Oaks Gambling Screen; PY = past-year; LT = lifetime.

3.2.1 Prevalence of homelessness among gambling populations

Fourteen articles report the prevalence of housing problems or homelessness among those identified as gamblers, using various measures of individuals' housing or homelessness status and their gambling behaviours (ANPAA et al., 2011; Bergh and Kühlhorn, 1994; Dufour et al., 2016; Edens et al., 2012; Gallaway et al., 2016; Gattis et al., 2011; Hare et al., 2015; Hing et al., 2014; Moghaddam et al., 2015; Roberts et al., 2017; Roberts et al., 2019; Schluter et al., 2007; Westermeyer et al., 2005; Westermeyer et al., 2008) [see upper panel of Table 1]. There is some likelihood of bias in these gambling prevalence studies related to sampling and recruitment. For example, the survey methods commonly used in community-based studies of gambling prevalence (e.g. computer assisted telephone interviewing, self-complete questionnaires) means that people who are homeless are often systematically excluded (Lesieur, 1994). Also, certain sub-groups within the homeless population are at greater risk of being excluded, such as older people, for example, where gambling prevalence studies do not include institutionalised groups (e.g. those living in supported aged care facilities) or those too frail or cognitively impaired to participate (Kelfve et al., 2013). More fundamentally, gambling prevalence studies in help-seeking settings (e.g. problem gambling services) can also be biased because they include only those who choose to seek help (i.e. self-selection bias) and often exclude those unable to attend for reasons related to their homelessness, health or other factors.

Community based samples

While it might be assumed that people experiencing housing problems or homelessness are less likely to gamble because they cannot afford to do so, the empirical evidence does not fully support this. Several community-based gambling prevalence studies show that people who are experiencing housing problems or homelessness are over-represented among harmful gamblers, particular among those at the upper end of problem gambling severity (e.g. pathological gamblers).

We identified six articles that report housing/homelessness status among gamblers from community-based gambling prevalence studies. Some provide evidence to support the view that most people who are homeless do not gamble, or do so in a relatively low-risk manner. For example, a large nationally representative US study found that the majority of those with experiences of being homeless do not gamble (Moghaddam et al., 2015). However, the authors report that among the ever-homeless who do gamble, their gambling behaviour is more likely to be harmful compared to the general population.

Similarly, a smaller US study reported that the prevalence of a pathological gambling disorder was considerably higher among the homeless compared to those in stable housing (Gattis et al., 2011). Furthermore, their multivariate analysis controlling for alcohol and drug use and socio-economic characteristics found that being at-risk of problem gambling status was a more significant predictor of having reduced housing stability.

This right-tailed distribution towards the severe end of harmful gambling among those who are homeless or at risk of homelessness (e.g. housing difficulties) was also found in studies involving community based samples in England, Scotland and Wales (Roberts et al., 2017), Australia (Hare et al., 2015; Hing et al., 2014), and New Zealand (Schluter et al., 2007).

Help-seeking/clinical samples

Four studies involving samples recruited from help-seeking/clinical settings shed further light on whether homelessness is more prevalent among gamblers. Two studies from Europe find housing problems are highly prevalent among gamblers attending addiction treatment (Bergh and Kühlhorn, 1994; ANPAA et al., 2011). Problem

gambling is reported to be significantly associated with housing problems, as was being male, unemployed, living alone, tobacco dependent, and alcohol dependent (ANPAA et al., 2011). Similarly, a Canadian study of cocaine users found a high prevalence of problem gambling among those who reported recent homelessness (Dufour et al., 2016).

While some research suggests homelessness can be common among individuals attending treatment for gambling disorders, it is unclear whether the experience of homelessness influences their treatment outcomes. For example, a study from England reported that among those who completed treatment, compared to those who terminated treatment, there was no significant difference in the proportion who had ever been homeless (Roberts et al., 2019).

Studies of military populations

Of the four remaining articles on the prevalence of homelessness among gamblers that we identified, all are based on studies of current or retired US military personnel. These studies provide mixed findings, with three out of the four reporting no evidence of significantly higher rates of homelessness among problematic gamblers (Gallaway et al., 2016; Westermeyer et al., 2005; Westermeyer et al., 2008). Instead, they report a range of factors other than homelessness to be significantly associated with problematic gambling, including: being male, older, unmarried, retired, low education, minor depression, anxiety, antisocial personality disorder, and substance use.

In contrast to these findings, a separate US study involving ex-military personnel reported that the prevalence of homelessness among pathological gamblers was significantly higher (Edens et al., 2012). Their multivariate analysis, controlling for various diagnoses and socio-economic characteristics, found that homelessness was one of the largest significant predictors of problem gambling, along with alcohol use disorders, bi-polar disorders, personality disorders, and being aged 65-74 years.

Summary

Overall, the small number of studies that report estimates of homelessness prevalence among gambling populations, and the heterogeneity across studies in their methods, settings, participants, and measures, limits the comparability and generalizability of the findings summarised above. Also for these reasons, it is unsurprising to find that the reported prevalence rates of homelessness among gamblers (variously measured) differ substantially. While the rates were highest among help-seeking samples, they ranged widely from 28.3 per cent to 62.8 per cent. The rates were comparatively lower among community samples (ranging from 1.4% to 27.1%) and among military samples (ranging from 2.5% to 25.6%). However, again, we advise against drawing any inferences from this comparison of reported prevalence rates given the measures of gambling and homelessness differ between studies.

Several individual characteristics were reported to be significant predictors of homelessness among gambling populations, including being male, unemployed, unmarried, living alone, mental illness, problematic alcohol and drug use, and experiences of domestic violence (as a child or adult). Although most studies include large numbers of participants aged 50+ years, and several report a mean sample age of >40 years, little is reported specifically about the prevalence of housing problems/homelessness among older people who gamble. Furthermore, females are under-represented in the majority of the studies.

3.2.2 Prevalence of gambling among homeless populations

In addition to the 14 articles described above, we identified 31 articles that report the prevalence of gambling behaviours and related problems in samples of homeless populations, using a wide range of recruitment strategies and various measures of gambling [see the two lower panels in Table 1]. The predominant focus of these articles is the frequency and severity of harmful gambling behaviours among individuals identified as homeless, with comparisons sometimes made to the prevalence of equivalent behaviours in the general community.

Some apparent strengths and weaknesses in many of the articles we discuss below should be noted. One the one hand, a strength in most of the studies is their sampling from homeless populations, many who would otherwise typically be excluded and/or under-represented in community-based surveys of gambling prevalence. However, a potential weakness in most studies is their reliance on a small sample, reflecting the challenges involved in accessing people who are homeless for research purposes. For example, around half of the articles (n=15) are based on studies with a sample of ≤300, and most studies have employed non-probability sampling (e.g. purposive or convenience). This limits their statistical power and generalizability. Additionally, the characteristics of the help-seeking environments from where homeless study participants are recruited may further bias findings. For example, some people who are homeless never attend homelessness services, some homelessness services have age and gender restrictions, and homelessness services are often clustered in inner city areas. The latter means that persons attending homelessness services may often be transient and not representative of the local population. A further consideration is that people who are homeless may have sporadic patterns of gambling over time (Griffiths, 2015) (e.g. they may cease gambling temporarily when all funds have been exhausted). Therefore, cross-sectional surveys that only measure current or recent behaviour may not always provide an accurate estimate of the prevalence of harmful gambling among those who are homeless. Indeed, this is an issue in gambling prevalence studies more generally.

Studies in health care, problem gambling and substance treatment settings

Eight articles report the prevalence of gambling among people who are homeless and are receiving treatment for harmful gambling, substance dependence, or other health care needs (Cowlishaw et al., 2017; Heffron et al., 1997. Majer et al., 2011; Nielssen et al., 2018 ; Nishio et al., 2015; Pluck et al., 2015 ; Shaffer et al., 2002; Yamamoto et al., 2018). These studies indicate that the prevalence of harmful gambling behaviour is substantially higher among people experiencing homelessness than it is among control groups or the general community. It is notable that this finding is consistent across independent studies undertaken in different time periods and jurisdictions.

While these cross-sectional studies cannot provide evidence of causality (i.e. the direction of a relationship between gambling and homelessness), some articles indicate that a history of homelessness, along with mental illness, is a contributing factor to the prevalence of harmful gambling in homeless populations. For example, in a US study, those patients diagnosed as the most severe problem gamblers had been homeless more often, had become homeless at a younger age, and had a history of psychiatric treatment (Shaffer et al., 2002). Other research suggests that gambling and homelessness may share a bi-directional relationship. For example, an Australian study reported relatively high rates of gambling problems across both chronically homeless (i.e. >1 year) and newly homeless patients attending mental health clinics within homeless shelters (Nielssen et al., 2018).

Studies in homelessness services and shelters

Fifteen articles report the prevalence of gambling among people who are receiving daily practical support at homelessness services, such as shelters, meals services, and material aid providers (Bender et al., 2015; Crane et al., 2005; Dufour et al., 2014; Ferguson et al., 2015; Ferguson et al., 2016; Lepage et al., 2000; Matheson et al., 2014; Nower et al., 2015; Rota-Bartelink & Lippman, 2007; Sharman et al., 2015; Sharman et al., 2016; Taylor & Sharpe, 2008; Tevendale et al., 2011; van Laere et al., 2009; Wieczorek et al., 2019).

A generally consistent finding from these is that a large proportion of the homeless population do not gamble at all, but the prevalence of harmful gambling is relatively high compared to the general community. This finding holds across time periods and several jurisdictions. For example, in England, researchers found that while a large proportion of homeless service users report that they do not gamble, among those who do gamble there is a relatively high rate of harmful gambling compared to the general community (Sharman et al., 2015; Sharman et al., 2016). Notably, venue-based forms of gambling (i.e. EGMs, sports/horse betting) were the most common among homeless problem gamblers.

The experience of both becoming homeless, and being homeless, appears to contribute to gambling. For example, some research reports that the severity of homelessness (e.g. rough sleeping) can increase the likelihood of problem gambling (Sharman et al., 2015). However, in contrast, other studies find that a large proportion of problem gamblers also report experiencing gambling problems prior to becoming homeless (Sharman et al., 2016; van Laere et al., 2009). A three-nation study of older homeless services users in Australia, England and the US also reported an apparent link between an individual's gambling history and later homelessness (Crane et al., 2005). In particular, among the Australian sample, a large proportion believed gambling had been a contributing cause of their homelessness because it led to irresponsible spending and rent arrears. Notably, separate analysis of the Australian arm of the same study (see Rota-Bartelink & Lippman, 2007) indicates that the prevalence rates of problem gambling based on self-reporting by older homeless individuals may be under-estimates, as they are substantially lower than case workers' assessments for the same individuals.

Community based studies

Five articles report the prevalence of gambling among people who were identified as homeless in community-based studies. These studies are of varying quality, with some using small samples sizes that limit their power, and recruitment and data collection methods that have a high potential for biasing the results (e.g. Gattis et al., 2011).

Some research indicates that the severity of homelessness may affect an individual's needs for gambling support services. For example, an Australian longitudinal study found that compared to individuals who are homeless but stable (i.e. housed), those who are experiencing chronically unstable homelessness (e.g. sleeping rough) had considerably higher average usage of problem gambling support services each month (Johnson et al., 2014).

There has been a small amount of research on gambling and homelessness among indigenous communities. We identified two Australian articles that report findings from studies of gambling problems among Indigenous Australians. Both report a high prevalence of gambling problems among households at risk of homelessness, where homelessness is indicated by living in overcrowded housing (Stevens et al., 2009; Stevens and Bailie, 2012).

Studies of military populations

Three studies report prevalence estimates of gambling among US military (retired) personnel with experiences of homelessness (Castellani et al., 1996; Edens et al., 2011; Harris et al., 2017). While the findings are informative about the prevalence of gambling among people experiencing homelessness, each study uses a different measure of gambling and homelessness, which limits their comparability. One study found that although the prevalence of

pathological gambling among homeless veterans is small, it is higher than that among non-homeless veterans, and is one of the strongest predictors of homelessness for veterans, second only to drug use disorders (Edens et al., 2011). Findings from another US study of ex-military personnel, which included a measure for duration of homelessness, suggest that gambling among those who are homeless may decrease over time because funds to participate gradually become scarcer, and hence greater attempts are made to retain them (Harris et al., 2017).

Summary

Overall, the studies summarised above indicate that the prevalence of harmful gambling behaviour among people experiencing homelessness is substantially higher than the prevalence of equivalent harmful gambling behaviours found in control groups (i.e. non-homeless) or in the general community. For example, the respective rates were 24.6 per cent compared to 1.6 per cent in Canada (Matheson et al., 2014), 12.0 per cent compared to 0.9 per cent in the US (Nower et al., 2015), and 11.6 per cent compared to 0.7 per cent in England (Sharman et al., 2015). This finding of a disparity between the homeless and general population in terms of the prevalence of harmful gambling is generally consistent across time periods, different age groups, and different settings where large numbers of homeless persons attend (e.g. health services, homeless services). However, the findings are not readily generalizable as most are based on small samples recruited from settings that are not fully representative of the wider homeless population. Furthermore, different measures of gambling (some not validated) and homelessness are used across the studies. This varying reliability and heterogeneity in measures, and the small number of studies overall, precluded us from performing a quantitative synthesis (i.e. meta-analysis) of the prevalence of gambling in homeless populations.

Several studies indicate that a large proportion of people experiencing homelessness are unlikely to gamble at all, which may contribute to perceptions among service providers, policy makers, and the wider community that gambling is not an issue of concern among the homeless population. However, among those who are homeless and do gamble, the studies find that there is a disproportionately higher rate of harmful gambling (i.e. a right-skewed distribution). Hence, overall, the situation could be described as a ‘harm paradox’. Furthermore, a study of older individuals who are homeless indicates that rates of problem gambling based on self-reporting may be under-estimates, as they are substantially lower than caseworkers’ assessments for the same individuals.

There are mixed findings on whether frequency or duration of homelessness affects the severity of problem gambling behaviour, but there is some clearer evidence that a worsening of an individual’s homeless conditions (e.g. sleeping rough) increases the likelihood of harmful gambling and increases their need for problem gambling support services. Several individual characteristics were reported to be significant predictors of harmful gambling among people experiencing homelessness, including: being male; starting gambling early in life, having co-morbidities such as mental illness and harmful alcohol and drug use, and experiencing adverse life events (e.g. job loss, death of family member, trauma, eviction). While little is reported on which forms of gambling are prevalent among people experiencing homelessness, venue-based forms of gambling (e.g. EGMs) were most commonly cited in the studies.

Prevalence estimates in the grey literature

In addition to the 44 quantitative studies in the peer-reviewed literature that we include in our synthesis above, we identified six articles in the grey literature that provide prevalence estimates of co-occurring gambling and homelessness. One is a US-based study (IUGM, 1998) and five are Australian-based studies (AIHW, 2009; Antonetti and Horn, 2001; Lipmann et al., 2004; Rogers, 2005; Seymour, 2003).

Similar to the peer-reviewed literature, the reported prevalence estimates of co-occurring gambling and homelessness vary widely across the grey literature, reflecting the differences in study design, sampling, and measures used. For example, a US study of homeless service users found that 37.0 per cent of individuals

continued to gamble after becoming homeless (IUGM, 1998). An Australian study also indicates a high prevalence of gambling, with 28.8 per cent of older homeless persons reporting to have gambling problems (Lipmann et al., 2004).

However, another Australian study reported comparatively low prevalence of gambling among those who are homeless (AIHW, 2009). Their analysis of client presentation data from homelessness services found that gambling was identified as a reason for seeking assistance among only 1.2 per cent of the total presentations at homelessness services. However, it should be noted that this is potentially an underestimate of the prevalence of gambling problems among people experiencing homelessness. This is because the data is over-represented with counts of presentations at youth-only services, and also because gambling problems may not always be reported by clients or identified by intake workers if they present with other issues that are deemed more urgent (e.g. requiring accommodation, material aid). It should also be noted that where an individual presenting with gambling problems has been recorded in the data, it is based solely on the individual's self-reporting and/or the intake workers' assessment, rather than a formal screen for problem gambling. Notably, another study in the grey literature indicates that it is uncommon for homeless persons to seek help for gambling issues. This Australian study by Lipmann et al (2004) reported that 85 per cent of older homeless persons who reported gambling problems had not sought assistance for their gambling.

Some studies in the grey literature suggest that gambling contributes to individuals becoming homeless. For example, the US study reports that 18.0 per cent of homeless service users believe gambling is a cause of their homelessness (IUGM, 1998), and in Australian research 31.3 per cent of older homeless persons attribute their housing crisis to gambling (Antonetti and Horn, 2001).

While the body of grey literature on the prevalence of gambling and homelessness is limited, it usefully adds to the findings from the peer-reviewed literature. Specifically, the grey literature highlights the differences in gambling prevalence among homeless populations depending on how it has been measured and, related to this, highlights the need to carefully interpret the analysis of client presentation data collected at homelessness services.

3.3 Qualitative research articles

3.3.1 Views and lived experiences of gambling and homelessness

We identified 13 peer-reviewed qualitative research articles that report on views and lived experiences of gambling and homelessness, from the perspectives of people who have personally experienced gambling and homelessness, people who have been affected by others' gambling and homelessness (e.g. family members), and key informants such as people who work in roles that support those affected by gambling and homelessness (e.g. social workers, housing workers, financial counsellors) or in related policy and program areas in the wider community and institutions (e.g. government).

We performed a textual narrative synthesis of the articles, a method others have usefully applied in systematic reviews and synthesis of qualitative research on people's views and lived experiences of diverse public health issues (e.g. Harden et al., 2004; Lucas et al., 2007). In summary, textual narrative synthesis of qualitative research involves dividing articles into relatively homogenous groups, examining the study characteristics within each group, and examining similarities and differences among the groups. Where possible, we attempt to draw conclusions across studies, bearing in mind study heterogeneity and the limitations of data (Lucas et al., 2007). As an additional

step to control for publication bias, we examine the qualitative research findings from grey literature (10 articles) separately from our main synthesis.

Overview of the qualitative peer-reviewed research

We extracted key data from the thirteen articles (i.e. data collection methods, sample characteristics, theoretical perspectives, analytical approaches) and present this in Table 2 (see below). Five countries are represented in the articles we review, with more than half of the articles coming from Australia (=7), followed by Canada (n=3), England (n=1), India (n=1), and Uganda (n=1). Most of the literature is relatively recent, with all but one of the 13 articles published in the period since 2011, and five of these published in 2019 alone.

Sample sizes are generally those expected for in-depth qualitative research, with eight articles reporting samples of 35 or fewer participants. For sampling, all of the articles report using non-probability sampling approaches, with the majority using purposive sampling (n=7) or purposive combined with key informant sampling (n=2), and the remainder using snowball sampling (n=2), cluster sampling (n=1), or convenience sampling (n=1). Recruitment of participants in the majority of the articles was undertaken in help-seeking and/or clinical settings (n=11). Only two articles recruited participants from the general community.

Participant characteristics vary across the studies. The majority (n=11) of articles include participants who describe their personal, direct lived experience (e.g. people with harmful gambling behaviours, people experiencing homelessness, people employed in service provision). Seven of the articles include participants who acted as key informants about gambling and homelessness. In general, these participants are workers in help-seeking/ clinical settings (e.g. social workers, health care workers) or institutional settings (e.g. government agencies). One article includes only participants who are affected others (children of a parent/s with harmful gambling behaviours) (Darbyshire et al., 2001), and another includes only participants who are health care professionals (Bramley et al., 2019). While both male and female participants are included in the majority (n=10) of articles, three articles involve only male participants. Some studies focus exclusively on children and adolescents, several focus on adults of all ages, but few focus on older people. This limits the generalisability of the qualitative findings to older people.

The main methods of data collection are semi-structured group interviews/discussions, semi-structured in-depth individual interviews, or a combination of these. Two articles also report using observational methods, in addition to using group and individual interviews (i.e. mixed methods studies). Face-to-face interviewing is the primary mode of data collection reported across all articles. Telephone interviewing is used in a minority of cases, usually only where face-to-face was not practicable. Ethics approval from the researchers' institution is reported in all but one of the articles. Most articles report that interviews were audio recorded and then transcribed for analysis. The duration of fieldwork, where reported, ranges between three months to a year across the articles.

The majority (n=11) of articles include a theoretical perspective/framework which informs their qualitative research methodology, such as interpretivism, constructivisim, or grounded theory. All of the articles state thematic analysis as their main analytical approach. Most articles state an explicit aim to explore an aspect of the gambling and homelessness relationship, though some articles state aims relating to a broader range of issues (e.g. poverty, childhood neglect, social disadvantage). While those articles with broader aims tend to provide less detail about homelessness, they are useful for contextualising homelessness within a broad range of social issues and gambling related harms. There is some ambiguity across the studies with regards to how gambling and homelessness is defined and measured. Several articles report only broad descriptions about participants' gambling behaviours (e.g. previous gambler, recent gambler, problem gambling severity) and their homelessness status (e.g. previously homeless, currently having housing problems). This limits the comparability of studies.

Table 2. Qualitative studies: summary of methods, sample characteristics, and analytical approaches.

Author, date of article	Data collection method	Description of participants	Theoretical perspectives & analytical approaches.
Bramley et al., 2019	Individual semi-structured interviews.	23 workers in help-seeking settings for people with gambling problems.	Thematic analysis.
Breen et al., 2011	Individual semi-structured interviews, small group interviews, and participant observation.	169 Indigenous Australian adults.	Social constructivist approach; thematic analysis.
Browne et al., 2016	Individual interviews and focus groups.	30 workers in help-seeking settings for people with gambling problems; and, 23 gamblers and affected others (15% aged 56-70 years).	Public health perspective; thematic analysis.
Darbyshire et al., 2001	Unstructured individual and group interviews.	15 children and adolescents (aged 7-18 years) in families where a parent has gambling problems.	Interpretive perspective; thematic analysis.
Guilcher et al., 2016	Individual semi structured interviews with open ended questions.	30 men (mean age: 48 years) with history of problem gambling.	Grounded theory; thematic analysis.
Hamilton-Wright et al., 2016	Individual semi structured interviews with open ended questions.	5 men who are problem gamblers and have youth experience of gambling and other vulnerabilities.	Grounded theory; thematic analysis.
Hamilton-Wright et al., 2019	Knowledge translation and mobilization event (World Café method).	14 service providers, clinicians, and policy makers; 2 service users.	Thematic analysis.
Holdsworth & Tiyce, 2012a	Individual semi-structured interviews and a focus group.	17 service users who are homeless and experiencing gambling problems (aged 22-63 years), and 18 service providers in help-seeking settings for people with housing, gambling and related problems and needs.	Grounded theory; thematic analysis.
Holdsworth & Tiyce, 2013	Same as above.	Same as above.	Same as above.
Holdsworth et al., 2011	Same as above.	Same as above.	Same as above.
Kamara et al., 2019	Individual interviews and focus groups with open ended and probing questions.	136 individuals representing homeless youth, community leaders, young workers, students, teachers, and caregivers (aged 19-37 years).	Structuration theory; thematic analysis.
Rintoul & Deblaquiere, 2019	Survey, individual interviews, focus group discussions, and observations.	64 gamblers (36% aged 45+ years) and affected others; 30 workers in venues, local government, and help-seeking settings for people with gambling problems; 27 English speaking residents; and, 38 Vietnamese speaking residents.	Social determinants of health perspective; thematic analysis.
Saldanha et al., 2019	Survey, individual interviews, focus group discussions, and observations.	70 street youth (aged 12-24 years) who were actively gambling when contacted by outreach workers/researchers.	Social constructivist perspective; thematic analysis.

3.3.2 Synthesis of the qualitative research

Grouping the qualitative research

An initial step in textual narrative synthesis of qualitative literature is to classify the articles into relatively homogenous groups. In doing this, we gave consideration to the types of participants recruited (e.g. harmful gamblers, homeless youth, key informants), the types of data collected from participants (i.e. lived experiences or views), and the aspects of gambling and homelessness explored in the articles (e.g. causes, consequences, services responses). We allowed articles to overlap into more than one group, because some studies explored multiple aspects of gambling and homelessness, as shown in Table 3 below. However, we found some articles could be categorised exclusively into one of the six groups.

Table 3. Groupings of the qualitative research

Group characteristics	No. of articles	Articles included
1. Gambling as a pathway to homelessness	4	Browne et al., 2016; Hamilton-Wright et al., 2016; Holdsworth et al., 2011; Rintoul & Deblaquiere, 2019.
2. Costs and benefits of gambling during homelessness	7	Bramley et al., 2019; Breen et al., 2011; Hamilton-Wright et al., 2016; Holdsworth et al., 2011; Kamara et al., 2019; Rintoul & Deblaquiere, 2019; Saldanha et al., 2019.
3. Forms of gambling linked to homelessness	6	Bramley et al., 2019; Breen et al., 2011; Brown et al., 2016; Darbyshire et al., 2001; Holdsworth & Tiyce 2013; Rintoul & Deblaquiere, 2019.
4. Contributing factors to gambling harm during homelessness	4	Bramley et al., 2019; Hamilton-Wright et al., 2016; Holdsworth and Tiyce, 2013; Rintoul & Deblaquiere, 2019.
5. The effects of gambling and homelessness on others	4	Breen et al., 2011; Brown et al., 2016; Darbyshire et al., 2001; Rintoul & Deblaquiere, 2019.
6. Responding to gambling and homelessness	6	Bramley et al., 2019; Browne et al., 2016; Guilcher et al., 2016; Holdsworth & Tiyce., 2012a; Holdsworth & Tiyce, 2013; Hamilton-Wright et al., 2019.

Study characteristics within each group

The next steps in textual narrative synthesis are to summarise studies in relation to the group they belong, summarise the differences and similarities across the groups of qualitative studies and, if possible, draw some conclusions across the literature (i.e. the synthesis). For brevity, we present the abridged results of our synthesis below, focusing on the most salient findings in relation to the aims and questions of our rapid review. A more detailed version of the synthesis is available upon request from the authors.

1. Gambling as a pathway to homelessness

- There is evidence of a bi-directional relationship between gambling and homelessness.
- A key contributing factor to becoming homeless from gambling is financial strain.
- Other contributing factors include relationship breakdown, social isolation, substance use, mental illness, and past experience of adversity, trauma or abuse.
- Socio-economically disadvantaged communities appear more at risk.

2. Costs and benefits of gambling during homelessness

- Gambling can appeal to older people experiencing homelessness because it might relieve social isolation and provide some social connection with others.
- Gambling venues can be appealing because they offer safety, comfort, and amenities.
- Gambling can also be appealing because it is perceived to be an escape, a fun activity, exciting, a boost for self-esteem, and potentially financially rewarding.
- Regarding the latter, gambling can offer a sense of hope to older people experiencing homelessness that their financial circumstances might unexpectedly improve.
- However, gambling usually contributes to worsening many of the problems faced by older people experiencing homelessness.

3. Forms of gambling linked to homelessness

- EGM gambling is the form of gambling most frequently associated with housing problems and homelessness, especially in the Australian studies.
- Other forms of gambling reported in the Australian studies that are associated with homelessness include horseracing, card games, and sports betting through clubs, hotels, T.A.B., casinos, and online.
- Gambling activity among people experiencing homelessness often increases around the day of the week that social security payments are received.

4. Contributing factors to gambling harm during homelessness

- Gambling, housing problems, combined with other multiple and complex contributing factors, can have a mutually amplifying and intensifying effect over time that leads to/worsens homelessness.
- Contributing factors to the experience of gambling related harm during homelessness include: financial loss, relationship breakdown, co-morbidities, substance abuse, mental illness (especially depression and anxiety), and the stigma associated with having a gambling problem.
- For older people, there are additional vulnerabilities for gambling and homelessness, including: ageing, dementia, major life events/changes (e.g. bereavement, job loss), loneliness, isolation, learning disabilities, mobility problems, cognitive impairment, and the use of dopamine agonist drugs.
- Poverty and pre-existing financial problems can accelerate the risk of co-occurring gambling and homelessness.
- A sequence of interrelated financial and housing problems due to gambling can result in homelessness, including large losses, accumulating debts, high interest loans, difficulties making mortgage or rental payments, and eviction or repossession of housing.
- Broader environmental factors also contribute to the risk of gambling and homelessness, including the availability of gambling in local communities and the lack of alternative venues and activities, especially for older people.

5. The effects of gambling and homelessness on others

- Harms to others from the co-occurrence of gambling and homelessness include loss of housing, financial loss, relationship breakdown, and a range of decrements to individual physical and mental health.
- The effects can be immediate, as well as long-term and intergenerational.
- The experience of becoming homeless due to another person's gambling can include both a deep sense of loss, and a material loss.
- Affected others often include a partner/spouse, children, parents (especially in the case of elder abuse), friends, co-workers, as well as the broader service system, government and the wider community.

6. Responding to gambling and homelessness

- Service users and service providers have different views on what they regard as vital in responding to gambling and homelessness.
- Service users, especially men, value person-centred responses that offer empowerment, autonomy, respect, and holistic support that addresses issues beyond their gambling and homelessness.
- Both service users and service providers acknowledge that users often conceal their gambling from providers, often because of feelings of shame, stigma, and fear.
- For service providers, the nondisclosure of gambling hampers their ability to support individuals with gambling issues.
- An additional challenge faced by service providers is the multitude of other complex issues for which a homeless person may need urgent support.
- Responding to gambling and homelessness can be strengthened through improving the accessibility of services (e.g. flexible opening hours, accessible locations, de-stigmatizing environments, allowing time for rapport building) and increasing the capacity of homelessness and healthcare workers to systematically identify and respond to gambling (e.g. routine screening and referral).
- Most of the suggested responses to gambling and homelessness focus on individual level needs and the requirements of particular types of services; relatively little consideration is given to the need for community-wide responses (i.e. public health strategies).

Qualitative research findings in the grey literature

In addition to the 13 peer-reviewed articles described above, we identified ten others in the grey literature that report views and lived experiences of gambling and homelessness. We summarise the main insights from these briefly below, separately from our main synthesis.

Nine of the ten articles are from Australian research (Antonetti and Horn, 2001; Carroll et al., 2011; Financial Counselling Australia (FCA), 2015; Marsden, 1999; Rogers, 2005; Saugeres et al., 2012; Tiyce and Holdsworth, 2011; Holdsworth and Tiyce, 2012b; Welfare Rights Centre, 2002) and one is from England (Sharman and D'Ardenne, 2018).

While most of the grey literature generally aligns with, or extends, findings in the peer-reviewed literature, we identified some minor differences. For example, relationship problems associated with gambling (secrecy, loss of trust, etc.) are emphasised as a key mechanism in the link between gambling and homelessness in some of the grey literature. This contrasts with most of the peer reviewed literature, which emphasises financial harm from gambling as the key mechanism for becoming homeless.

The grey literature also reports that the path from gambling to homelessness differs between individuals: for some it is gradual, but for others it is rapid. Related to this, it is also reported in the grey literature that people who become homeless because of gambling often have quite different backgrounds and characteristics to those who gamble because of their homelessness.

Summary

In general, most of the qualitative studies assume that the link between gambling and homelessness is not fundamentally a housing issue. Hence, few explore issues such as housing costs and housing histories of those affected. This runs somewhat counter to the focus of major reports on homelessness where socio-economic disadvantage and the lack of affordable housing are regarded as the key drivers of homelessness, and gambling is usually not considered at all (e.g. Australian Government, 2008). In contrast, most of the studies we have reviewed recognise harmful gambling can be an important contributing factor to the main generative mechanisms

of homelessness (i.e. financial crisis, relationship breakdown), and also a factor that entrenches homelessness. However, the individual experiences of this appear to vary widely and often reflect context, individual life circumstances, and a range of other co-occurring issues that people may be experiencing.

Overall, financial problems due to gambling, along with associated relationship strain or breakdowns, appear to be key mechanisms through which homelessness from gambling occurs. However, studies differ in terms of other contributing factors they emphasise as important in the link between gambling to homelessness. These include individual level issues (e.g. alcohol and drug use, mental illness, unemployment, experiences of childhood trauma and neglect), family level issues (e.g. conflict, domestic violence), community level issues (e.g. the availability and promotion of gambling), and broader structural issues (e.g. poverty, unemployment, housing affordability).

The qualitative research highlights that for many people experiencing homelessness, gambling is appealing because it offers a chance to win money, to escape, to socialise, to have fun, to block out unwanted feelings and thoughts, and because gambling venues made them feel safe, comfortable and welcome. However, the studies also emphasise that, ultimately, gambling creates debts and further entrenches poverty for those experiencing homelessness, and that attending gambling venues is often a last resort because of the lack of alternatives. Certain forms of gambling appear closely implicated with homelessness (e.g. EGMs), but there are few insights from the qualitative research on how different forms of gambling are linked to homelessness.

We found very little qualitative research evaluating policy or programmatic responses to prevent and reduce the risk of harmful gambling and homelessness. However, several qualitative studies report that the stigma associated with gambling deters help-seeking, and workers often lack knowledge and resources to intervene. Accordingly, some studies stress the need for a system wide approach to reduce the stigma of help-seeking and improve responses to gambling and homelessness.

Some qualitative studies identify early life experiences as well as ageing as risk factors for gambling and homelessness events (e.g. life changes, grief, relationship problems, job loss). However, overall, there is limited evidence in the qualitative research to draw conclusions regarding older people specifically. While some studies include older people or service providers for older people as participants, few studies investigate the relationship between gambling and homelessness that may be unique to older people.

3.4 Main findings from the rapid review

In our rapid review we undertook a synthesis of the peer-reviewed quantitative and qualitative literature on gambling and homelessness, with a focus on older people. Research published in the grey literature was also retrieved, but examined separately from our synthesis. With regards to the three questions we aimed to address in this rapid review, our main findings are summarised below.

Prevalence of co-occurring gambling and homelessness

The use of small, non-probability samples in much of the quantitative literature precludes the generalizability and transferability of most study findings and conclusions. However, some broad observations are possible. The findings from several prevalence studies challenge the view that people experiencing housing problems or homelessness are unlikely to gamble because they cannot afford to do so due to their general impoverishment and other competing demands for their limited resources. While several studies find a large proportion of homeless populations do not gamble, those who do gamble are often more likely to be harmful gamblers (variously measured). A number of studies also report higher prevalence of harmful gambling behaviour among homeless populations compared to control groups (i.e. non-homeless) or the general community. That is, in contrast to stepwise decrease in prevalence along the continuum of harmful gambling severity that is typically found in surveys

of the general community, some surveys of homeless samples show an increase in prevalence towards to the severe end of the harmful gambling continuum (i.e. a right tailed distribution).

The direction of the relationship between gambling and homelessness remains an open question in the literature, and this is reflected in the starting assumption of the prevalence studies, with some treating gambling as an exposure and homelessness as an outcome, while others (the majority) treated homelessness as an exposure and gambling as an outcome. Because of the cross-sectional design used in almost all of the quantitative studies we reviewed, the temporal ordering of the gambling-homelessness relationship remains somewhat uncertain. For example, using survey questions that relied largely on recall by participants, a small number of studies report that gambling often precedes individuals' experiences of homelessness. In contrast, some studies also found that individuals' gambling began only after becoming homelessness. Hence, the limited empirical evidence available is suggestive of a complex and possibly bi-directional relationship between gambling and homelessness. However, reliable evidence on the chronology of gambling and homelessness experiences remains as a key gap in the research.

While older people were often included in samples used in prevalence studies, there is a paucity of research in the literature on the prevalence of gambling and homelessness among older people specifically. Notably, there is some evidence that self-report measures of gambling among older people experiencing homelessness are likely to be unreliable. Moreover, it is possible that many older people experiencing gambling and homelessness are systematically excluded from prevalence studies because they do not attend the sorts of services and/or reside in places where data is collected, or may lack capacity to participate in surveys. Future research on the prevalence of gambling and homelessness among older people should be carefully designed to ensure more representative inclusion of this population.

Contributing factors to gambling and homelessness

Some of the quantitative and qualitative research we reviewed examined factors that contribute to the incidence of gambling and homelessness. However, there is not yet a consensus on how, and to what extent, all of the various factors contribute to gambling and homelessness. Overall, monetary losses, debts, and ensuing financial problems from gambling emerge as the key mechanisms through which homelessness from gambling manifests. However, this appears to be often contingent on a range of other co-occurring issues in the lives of those affected, especially relationship strain and breakdown, often stemming from conflict with an individual about their gambling behaviours (e.g. secrecy, loss of trust).

Several other factors also appear to be important underlying conditions that can activate the co-occurrence of gambling and homelessness, including a host of complex individual level, family level, community level, and broader structural issues. Importantly, the backgrounds and characteristics of individuals who become homeless because of gambling are often different to those who gamble because of their homelessness. It is notable that access to, and availability of, safe, secure, appropriate and affordable housing was seldom examined in the literature we reviewed, despite this known to be a key determinant of homelessness in many cases. Ageing, and various issues associated with being older (e.g. bereavement, job loss, isolation, declining health) also appear to be a factor in gambling and homelessness. However, research pertaining to older people is particularly scant. In terms of gender, men appear to be more vulnerable than women to experiencing gambling and homelessness, but women are also at risk, often as affected others. Moreover, women are underrepresented in the research and hence much less is known specifically about their experience of gambling and homelessness.

Venue based forms of gambling (e.g. EGMs) emerge as the most popular among those with experiences of gambling and homelessness, but forms of gambling are likely to vary across homeless populations for a range of reasons, such as the accessibility, availability, and their cultural acceptability. Gambling can appeal to homeless individuals for a variety of reasons, but most commonly for those facing the daily reality of homelessness, gambling

provides a temporary departure from the social isolation, stigma, exclusion, hardship, and perceived hopelessness of their circumstances. Related to this, people experiencing homelessness are often motivated to gamble because of the perceived opportunity to generate income and/or potentially have a 'big win' that might enable them to exit homelessness. However, gambling can also further entrench poverty and a cycle of homelessness, worsening an individual's isolation and living conditions and their prospects of recovery. It is notable that many of the risk factors for gambling and homelessness that have been identified in the literature are modifiable through policy and program interventions at the individual and societal level. This points to the potential for a public health response in preventing and reducing some of the incidence and severity of gambling and homelessness, and providing individuals with pathways to recovery.

Addressing gambling and homelessness

The question of how to best respond to gambling and homelessness is receiving growing interest in the research, but a sufficiently full answer is yet to emerge from the literature. Nonetheless, we identify four key learnings from our synthesis of the research. First, the nature and extent of gambling and homelessness in the population warrants a targeted set of responses. At minimum, this should include: (a) routine screening for gambling issues by service providers (e.g. homelessness services, alcohol and drug services, etc.) of individuals who are experiencing, or are at risk of, homelessness; and (b) increasing their awareness of, and access to, specialist problem gambling services as well as more general support services such as financial counselling. Second, while responding to gambling and homelessness in these ways is important, it is often difficult because of the other complex and multiple needs of the individuals affected. Third, the reluctance of service users to disclose and engage with others about their gambling, because of the shame and stigma associated with gambling, and their fears about this impacting on service provision, creates a barrier to service delivery. Some research reports very low rates of help-seeking for gambling problems among people experiencing homelessness, compared to the much higher rates of help-seeking for alcohol and drug problems, for example. Fourth, the limited capacity and competing priorities of service providers is often felt to constrain them in responding to gambling issues among individuals experiencing homelessness.

Some research suggests a way forward in overcoming these issues is through the careful and considered design of responses. Suggested guiding principles are that responses should aim to be accessible, flexible, and non-stigmatising, and that service provision should aim to assist individuals with both their immediate needs (e.g. accommodation, financial issues, material aid), their co-occurring problems (e.g. mental illness, alcohol and drug issues), as well as their longer term ongoing needs (e.g. healthcare, treatment, income management, recovery). The research also highlights the need for increasing awareness and capacity building (e.g. training, resources) in key parts of the service workforce to undertake the routine screening and referrals described above. Building rapport with service users in order to understand their co-occurring gambling and homelessness issues is also essential, given the stigmatisation and concealment of gambling among people experiencing homelessness. Finally, there is also a need for a public health oriented response, such as increasing community awareness about how gambling can lead to homelessness, reducing the stigma associated with this, and shifting the focus of prevention programs to all gamblers at risk, rather than only those at the most severe end of problem gambling.

4. Results of the qualitative study

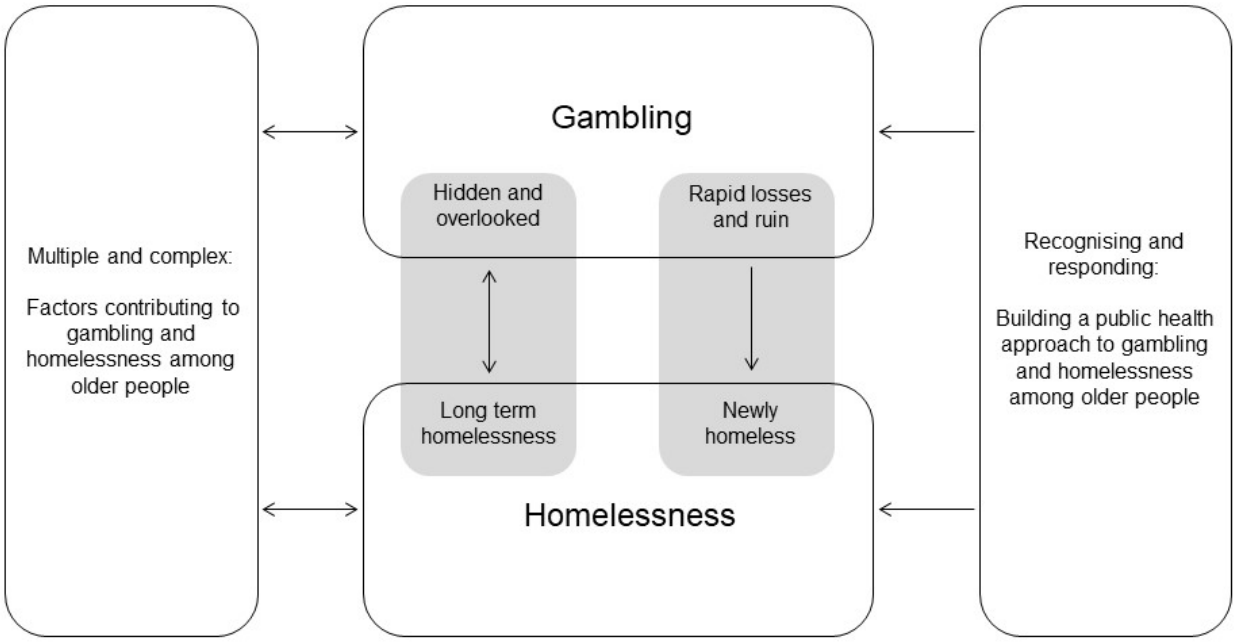
This chapter presents the results of our qualitative empirical study on the link between gambling and homelessness among older people in Victoria, Australia. We report the findings from our analysis of interview transcripts with key informants. We aim to address the following four questions, which address some keys gaps in the existing research, as highlighted in our rapid review of the literature.

1. How are gambling and homelessness linked among older people?
2. How do individual, structural and other factors contribute to gambling and homelessness co-occurring among older people?
3. How do homelessness services currently identify, understand and respond to the co-occurrence of gambling and homelessness among older people?
4. How can service responses be improved to prevent and minimise the harm associated with gambling and homelessness among older people?

In our analysis we identify four main themes (demi-regularities), each with sub-themes. We describe each of these four themes separately in this chapter and, taking a critical realist perspective, we have sought to identify the underlying conditions and causal mechanisms that explain the phenomena we have observed. We summarise graphically the relationships between the four main themes in a thematic map (see Figure 2).

Overall, we found that gambling and homelessness among older people is often linked, but the relationship is complex. Two substantively different explanations have emerged for the link between gambling and homelessness (themes 1 and 2). We also identified a range of possible contributing factors (theme 3), and a range of ways for service providers and others to recognise and respond to gambling and homelessness (theme 4).

Figure 2. Gambling and homelessness among older people: summary of the main themes identified



4.1. Theme One | Hidden and overlooked: Gambling among older people experiencing long-term homelessness.

A link between gambling and homelessness among older people was recognised by almost all participants. While their views and experiences often draw attention to the importance of autonomous human agency in this link, the significance of social and economic structures in this link also emerged in our analysis.

We frequently heard the view that gambling appeals to older people experiencing long-term homelessness because of their desire to satisfy various social and material needs. However, there also appears to be deeper, structural conditions underlying the motivation and decision to gamble among homeless individuals, including poverty, a lack of shelter, and social exclusion. While gambling was perceived to offer individuals some temporary reprieve from these, ultimately it had the potential to exacerbate these conditions and further entrench their homelessness.

A key challenge for research, policy and programs we observed is that gambling among homeless individuals is often hidden and, related to this, it is frequently overlooked by service providers. The perceived social stigma and shame associated with gambling appears to be an underlying explanation for homeless persons' efforts to hide their gambling from others. In addition, the limited capacity and inconsistent efforts of many service providers to detect and respond to gambling issues appears to explain why gambling among the older homeless population is frequently overlooked.

4.1.1 The appeal of gambling

Participants cited a variety of reasons for why they believed gambling might appeal to older people experiencing homelessness. However, overall, it appears that the needs of homeless individuals in a weakened social and emotional state is an underlying factor in the appeal of gambling. For example, some participants believed gambling was frequently used as a 'coping strategy' with the circumstances of homeless life, particularly 'social isolation' and 'loneliness'. Isolation from family and friends was reported by many participants as common among older people who are homeless. Some described individuals in this situation as having 'no friends' because 'they've burnt all their bridges' and 'have lost contact' with family.

> *I'm seeing people in boarding houses or rooming houses, that's where I spend my time. These are people that have been really itinerant. They're people that don't have family that they're engaged with. Mostly, I mean, they're very alone and lonely. And I think the loneliness perhaps more than anything, and the disengagement, is what people tell me is part of the compulsion to gamble. It's around just feeling lost and lonely.* (Housing support, F)

Participants reported that gambling provided an opportunity for social interaction for those who 'craved social connection' and were 'desperately looking for socialising'. Gambling venues were seen as places where it was 'easy to fit in' and 'hang out'. They provided a way of 'being around people', 'a social sense of belonging', a way to 'feel more part of a group', 'feel like you're part of society', as well as 'a way of normalizing' their situation. For older people who are homeless and have few alternatives for socialising and entertainment, gambling was seen as filling a gap in their lives. Several participants recognised that for older people who are homeless, gambling provides a 'social outing' that is 'accessible', 'inexpensive', and 'exciting'. Gambling was seen as 'entertainment'

and ‘recreation’, offering a ‘quick thrill’ and ‘a ‘pleasurable experience’ that was often in stark contrast to the circumstances of homelessness.

> *Like, you’ve literally got not enough money for food. Like, these boarding houses people are living in, they’re getting charged $200 a week to live in a room without a kitchen, without proper sanitation. So, then, you know, that is hopeless. And it’s a constant crisis. So, of course gambling’s great. It’s like a quick, it’s a quick thrill. There’s a connection. Part of it, it passes time, you know. And there’s also that idea in a hopeless world that you could win. So, I really understand that idea*. (Health care, F)

Participants also viewed gambling as a way for people who are homeless to relieve the ‘boredom’ of homeless life, to ‘pass the time’, to ‘fill a void’, and ‘escape’ from their daily circumstances.

> *And if you’ve got nowhere else to be ... Well it’s a place to be. It’s a place to hang out. If you don’t want to be at home. If you don’t have a home. If you have a home but your home environment’s maybe not great. Its an escape*. (Housing support, F)

Related to the appeal of gambling as an escape from reality, some participants believed that homeless individuals often sought an intense absorption in gambling activities because it allowed them ‘to completely zone out’. Some participants described these appealing effects of gambling as ‘dissociation’, enabling individuals to avoid painful and unwanted thoughts related to their past (trauma) and present (homeless) circumstances.

> *But I think there’s something about that’s sort of a trance-like effect when they’re doing it. They lose themselves in it. Yeah. And then you kind of lose sense of time and place. And for them that’s appealing, if you’re sitting with heavy emotions and negative feelings*. (Housing support, M)

The material deprivation of being homeless also appears to be an important explanation for the appeal of gambling. Participants believed gambling venues, particularly EGM venues and T.A.B. venues (betting shops), appealed to older homeless persons because they provide some relief from the inhospitable environments they typical reside in. Participants repeatedly mentioned the appeal of ‘free coffee’ and ‘low priced meals’ at these venues, as well as amenities within the venues such as ‘heating’, ‘air conditioning’ and ‘toilets’. The perceived ‘shelter’, ‘safety’, and personal ‘security’ that gambling venues offered people who are homeless was seen by participants as a key part of the appeal of gambling. Participants believed EGM venues, in particular, were very welcoming of older people in general. Some suggested that the perceived sense of safety within such venues can be especially important for older women with experiences of domestic violence.

Some responses we heard support a psycho-economic explanation for the appeal of gambling among older people experiencing homelessness. For example, some participants recognised the appeal of gambling as a way for homeless individuals to generate additional income from a low outlay, and also the potential to have a life changing ‘big win’. Some believed that because social security payments were insufficient to cover the basic costs of living for people who are homeless, any attempt to manage one’s finances was probably seen as futile, and this contributed to a sense of ‘hopelessness’ and ‘desperation’ that often fuelled gambling.

> *So they, a lot of the clients that I see, in order to not become homeless, have Center Pay set up. So, their rent comes out of their income and then what they’re telling me is that they will spend all of the remainder of the money in an effort to make more money because they don’t have enough money. And they know that it’s this, sort of, self-defeating process, but they’re still compelled to do it*. (Housing support, F)

Overall, views on the appeal of gambling for older people experiencing homelessness did not fit within a dichotomous framing of gambling as wholly harmful or beneficial. It appears that gambling serves as a vehicle for homeless persons to reach various social, economic, material and emotional objectives.

4.1.2 Gambling behaviour and its impacts

Most participants believed that gambling is widely prevalent in the homeless population and described what they considered to be the characteristic features and impacts of gambling among the individuals affected. Participants reported that they had seen examples of gambling addiction among homeless individuals that were not dissimilar to those in the general population, but believed the vulnerability to harmful consequences was much greater among those who were homeless.

The availability and accessibility of commercial gambling in the community appears to be a key structural condition for gambling among older people who are homeless. Participants reported that venue-based gambling such as EGM venues and T.A.B. venues (betting shops) predominated in the gambling behaviour of older people experiencing homelessness. EGM venues, in particular, were seen as highly pervasive in and around the localities where homeless individuals often resided, and highly accessible day or night. While participants recognised that gambling at EGM and T.A.B. venues might involve only small amounts of money on most occasions, for many individuals this could accumulate into large amounts over time, and sometimes involve large amounts on a single occasion. This was seen to worsen their already precarious financial situation.

Other forms of gambling that participants believed were prevalent among older homeless individuals included lotteries, scratch-and-win tickets, and bingo. While these were less common, one participant gave an example of an older person spending 'a fortune' on lotteries each week that left her vulnerable to homelessness.

In terms of the harmful impacts of gambling among those experiencing homelessness, financial problems were the most regularly described by participants. Some participants believed that the financial harm from gambling among older people experiencing homelessness was exacerbated by their reliance on fortnightly social security payments, and related to this, the underlying precariousness of their housing and economic circumstances. Indeed, the majority of individuals reliant on social security were seen to be constantly 'struggling with finances' irrespective of whether or not they were gambling. Hence, poverty appears to be an important underlying condition that shapes both the incidence and the severity of gambling related harm among homeless individuals.

Participants also described negative social impacts of gambling. This often worsened the underlying social exclusion that homeless persons were usually already experiencing. Many believed that homeless individuals' gambling behaviours further strained their tenuous relationships with family, and the relationships with others living in similar situations. Despite individuals' own perceptions, service providers believed that gambling usually increased social isolation for homeless individuals rather than reduced it. Participants saw gambling losses regularly linked to debts and unpaid loans from family, friends and fellow residents, which frequently contributed to relationship breakdowns, and a continuation of the 'cycle of homelessness'. Because these circumstances were often so common among groups of homeless persons, it possibly led to the normalisation of gambling related harm among them. For example, one participant described a succession of constant borrowing money to fund gambling within small networks of individuals who were homeless and reliant on social security payments.

> *So, not like everyone in Australia that gets Centrelink gets paid on the one day. So, you know. 'Can I borrow $50 from you, and then I get paid on Wednesday and I'll give you that back?'. So, then you're already at a deficit … It's hard, particularly if you're dealing with like $200 a week. It's not a lot of money. So, um, yeah, there's definitely borrowing.* (Housing support, F)

Economic marginalisation and housing insecurity appear to be other significant underlying conditions in the co-occurrence of gambling and homelessness among older people. Contributing to this marginalisation and insecurity was a lack of life skills and close supports (e.g. family, friends), along with erratic financial decision-making that regularly combined to worsen gambling behaviour and its negative impacts. For example, participants cited cases of homeless individuals selling their few personal belongings to raise money to pay off gambling debts and fund further gambling. The financial circumstances and poor credit history of many individuals who are homeless

prevented them from obtaining bank loans or credit cards, which led many to use payday lending services 'with little regard for the consequences'. Participants regularly described how gambling negatively impacted individuals' housing circumstances and their standard of living. Basic necessitates such as shelter, food and medications were sometimes foregone because an individual had spent all of their money gambling.

> *They become that desperate that even if they have, like, $20 left, that they can use on food, they'd rather put that in there to double it up or make some sort of jackpot.* (Problem gambling service, M)

Further evidence emerged to support a psycho-economic explanation for the gambling behaviour and subsequent harm experienced homeless persons. For example, some participants believed that homeless individuals might gamble in a high-risk way when they feel 'they've got nothing to lose'. Participants gave examples where individuals had spent their entire fortnightly social security payment on gambling within a few days of receiving it. Participants saw two-sides to this behaviour. On the one hand, it was thought to be symptomatic of individuals' feelings of 'hopelessness' and 'desperation', especially among individuals who knew their income was not enough to survive on. On the other hand, some participants believed this gambling behaviour was motivated by 'a sense of hope that they could kind of be taken out of their situation'. Ultimately, however, as one participant reported, some individuals understood this was 'a ridiculous thing to pursue' and soon after gambling, 'depression and regret sort of kicks in' for many of them.

4.1.3 Gambling as hidden

Several participants believed that gambling was much more prevalent among the homeless population than what service organisations and government assume it to be, because the behaviour and the harms are often well hidden. An underlying explanation that emerged for why gambling is hidden among homeless persons appears to relate, in part, to individuals' perceptions of stigma and feelings of shame about gambling. Deeper structural conditions also possibly explain why gambling is hidden, such as service providers' attitudes and practices in responding to gambling, as well as community-wide social norms surrounding harmful gambling.

Regarding the latter, for example, participants described gambling as something people 'don't talk about' and 'a bit like a hidden disease'. Many said they could sometimes empathise with the reasons why homeless individuals tried to hide their gambling, but they felt the 'secrecy' of gambling issues was 'one of the biggest problems' when trying support the individuals in need.

> *I reckon its hidden. It's much, it's probably much more pronounced than what we think it is. It's just that people don't talk about it that much.* (Accommodation service, M)

Stigma, shame, and embarrassment appear to be the most likely underlying reasons for why homeless persons deliberately conceal their gambling issues. For example, participants believed individuals often feared being 'judged' by others for their gambling problems. It also appears that stigma and shame is due in part to how gambling problems are viewed in comparison to other issues. For example, some participants felt that perceptions in the general community of gambling as harmless 'entertainment' meant that gambling problems among homeless individuals are not taken seriously or seen as a legitimate concern in the same way as alcohol and drug issues or mental health issues. There was also a view that societal disapproval of gambling behaviour among people who are homeless added further stigma and shame.

> *So, I think that there is a lot of shame and stigma around gambling. Particularly because, well, there's two parts to that. One is that people who are homeless, I guess the way they spend their money is often hot topic and there's also that whole kind of shame that they shouldn't be able to do something like that, that's kind of leisurely or recreational. And, the other part is that it's, yeah, it's probably something that's kind of a lot of the time led to their homelessness. And there's shame to that, I guess.* (Health care, F)

Broader social norms also appear to be an underlying factor that motivates homeless persons to avoid disclosing their gambling and keep it hidden. For example, some participants believed that because 'money problems' are often seen by society as 'too private' to disclose, this could rationalise an individual's decision to withhold details of their gambling issues from others.

The power relations and interactions between service providers and service users might also explain why gambling is kept hidden. Importantly, this appears to reveal a tension between structure and human agency, respectively. For example, many of the service providers interviewed believed that gambling often remained concealed until individuals felt they had established some rapport and trust with services, and had received support with the issues that were most important to them. Some also reported that embarrassment about their financial problems, which many homeless individuals felt, appeared to lead them into creating elaborate stories and 'smoke and mirrors' to conceal their gambling from service providers. One participant reported that they suspected their client had gambling problems because she always told 'a story about money being stolen' when her rent was due and it was 'a pattern that you saw again'. While many participants suspected gambling problems among the homeless individuals they supported, they felt it could remain hidden for a considerable time because there were few outward signs of it compared with other health and social issues.

> *When we see people's presentations, such as if people are using drugs, an observer could, you know, could kind of see that this person is probably substance affected by their behaviour, regardless of them disclosing it. Whereas with gambling, not until something like rent is needed to be paid, scripts need to be paid. It's not til then, that the kind of discovery of finances are an issue. So, that's why maybe gambling's a little bit more, kind of, insidious. Like, you can't necessarily, kind of, see it until it becomes a… someone's bottomed out. They have no money, they can't afford food, or accommodation.* (Housing support, M)

The individual context in each case of homelessness often created a further layer of complexity that could keep an individual's gambling issues hidden from service providers. Participants reported that because individuals would rarely 'voluntarily' disclose their gambling, it was only through 'unpacking financial issues' and 'a process of elimination' that their gambling would emerge as an issue. Some reported that they did not usually expect individuals to disclose their gambling problems until their other needs and issues had been addressed. One participant reported that 'we can't force someone to try and stop their gambling … they need to be ready to do that and willing to do that'. Many participants perceived the most important concerns of homeless persons were related to finances, housing, and material aid needs (e.g. food). By comparison, participants felt that homeless individuals gave much lower importance to their gambling issues.

> *They might disclose gambling once they've built a bit more of a relationship with you or they're housed. But in terms of initial assessment, it's more than likely that they would disclose some other kind of addiction or misuse issue or a mental health issue and link that to the homelessness. And the gambling might sit underneath until they're housed and you're identifying that they're still not able to pay rent.* (Housing support, F)

4.1.4 Gambling as overlooked

Compounding the hidden nature of gambling among older people who are homeless, appears to be an inconsistent level of interest and scrutiny about gambling among service providers, adding to the potential for gambling to be routinely overlooked. In turn, this can contribute to whether or not service providers recognise gambling issues among homeless persons, and whether or not they provide support to those in need.

Both individual and structural level factors appear to contribute to gambling being overlooked. For example, while the concealment and denial of gambling issues by individuals was seen as one of the reasons for why it was often overlooked, service providers also acknowledged their own role and the role of the wider service system in this. They reported several interrelated contributing factors, including: a systematic absence of routine screening and assessment of an individual's gambling issues upon presentation; a lack of staff training and confidence to recognise and respond to gambling issues; and a perception among some service providers that gambling issues are usually of relatively low importance for a homeless person upon presentation. Regarding the latter, for example, some participants believed housing is usually seen at the 'top of the list' and 'gambling is pretty low down on the list'. One participant from an accommodation service felt that gambling was not often an issue among the older people experiencing homelessness, and that it was of less importance than their need for housing or their need for support with mental illnesses and alcohol and drug problems.

> *We have over 1300 people on our waiting list for housing… there is a significant issue with all the homelessness. Is our primary concern gambling to do with that at the moment? Organisationally, I'd say no. No. That's not where our focus is. Our focus is on housing stock. Making sure that there's support for housing. Um, and probably in line with that, mental health support and, and alcohol and drug support*. (Accommodation, M)

However, in contrast to this view, some participants believed that gambling issues were prevalent and insidious among those experiencing homelessness, and felt gambling should be given greater priority by service providers.

> *Unfortunately in homelessness [services] I don't think we ask enough questions around it. I think it's very hidden. It's not sort of in any assessment forms I see for housing and for other things. It's not top priority. I think tobacco and gambling are key and very prevalent across all our cohorts, but we don't seem to be sort of putting it high on the priority to tackle as an addiction. But these two [tobacco and gambling] actually have incredibly negative impacts on our clients*. (Housing support, M)

Several participants acknowledged a lack of routine screening for gambling issues by service providers. A common view was that 'people don't ask about it enough'. Some believed that gambling was 'not captured really well' in assessment processes, and others reported that there is often no attempt at all by service providers to assess gambling among people experiencing homelessness.

> *It's my sense that it's not an issue that's often explored with people, not through the homelessness sector.* (Housing support, F)

The way gambling was seen to be overlooked by some services contrasted with their focus on other issues effecting people who were experiencing homelessness, such as alcohol and drug problems and mental illness. The focus on other issues besides gambling appeared to reflect service providers' expectations of which issues homeless individuals were more likely to be open to discussing, as well as their own confidence in being able to provide support to the individual.

> *Most people here are like specialist workers around substances, and so its probably easier to talk about that. Whereas with gambling, we know of some specialist services on gambling, but you probably have to go out for them to seek help around gambling. Like, when we're here, we probably bring up about substances. But, unless they prompt you, you're probably not going to be talking about gambling.* (Accommodation, F)

Along with professional confidence and competence to address gambling issues among homeless persons, it emerged that the limited time and resources of service providers was another underlying structural factor in why gambling was sometimes overlooked, particularly during the initial assessment of an individual upon presentation at a service. Participants reported that they felt constrained by the 'certain period of time to work with someone' where the priority was often to 'find accommodation and get them out'. Workforce capacity also emerged as a contributing factor to why gambling was overlooked. Some participants felt they lacked the required information and training to respond to gambling issues among homeless individuals they supported [see also theme 4].

The philosophical standpoint of workers in service provision also emerged as a possible explanation for why gambling was overlooked. For example, some participants felt that it was of utmost importance to engage with individuals only on 'what they're coming in for' and to respect that 'they don't have to talk about anything' if they wish. Some participants felt that it was difficult and inappropriate to directly ask a person experiencing homelessness about their gambling, compared to other issues. They reported being focused on 'trying to develop a good relationship' with individuals and sometimes avoid certain topics with their clients 'to keep the relationship open'.

The broader social and cultural view of gambling in the community is also likely to be a contributing factor to why gambling issues among older homeless individuals are sometimes overlooked, not seen as priority, and not responded to. For example, some participants believed gambling issues were ignored or downplayed because it is seen by some service providers as a 'hobby', 'interest' or 'recreation' for older people, and it is widely viewed as a 'normal' and 'legal' in the Australian community.

4.2 Theme Two | Rapid losses and ruin: High intensity gambling and becoming newly homeless.

Participants believed that gambling was not only associated with being homeless, but also that gambling can precipitate an older person becoming homeless for the first time in their life. This lends support for the hypothesis that gambling and homelessness share a bi-directional relationship. Participants reported that the financial ruin from gambling, leading to homelessness later in life, often occurred rapidly. A key mechanism for this appears to be participation in high intensity forms of gambling, resulting in the rapid accumulation of debts and the loss of an individuals' entire savings, along with their partners', and ultimately the loss of their home. Becoming homeless for these older people was often sudden and unexpected. The damage was not limited to their financial and material circumstances; often it also included the irreparable breakdown in relationships between the gambler and their partner, other family members, and friends.

In a similar vein to theme one, the importance of both autonomous human agency and structural factors emerged in our analysis. For instance, major life events and changes often appear to be an underlying trigger for an older person's harmful gambling, and subsequent homelessness. Relationship breakdown, often due to conflict about the person's gambling behaviour and debts, was frequently part of the complex sequence of events leading to homelessness. Alongside this, structural conditions such as the design and accessibility gambling products and the conduct of gambling companies and financial institutions are often significant contributing factors to individuals'

gambling behaviour and the severity of harm they experience. Importantly, many of these triggers and conditions could potentially be addressed through early intervention and preventive action.

4.2.1 Becoming newly homeless

A link between gambling and becoming homeless for the first time later in life was reported by several participants.

> *I'm 100% convinced that there's a link between gambling and homelessness. I've seen it with the gambler themselves, the person gambling, and I've seen it with the affected other.* (Financial counselling, F)

> *I've come across a few people who specifically blame their entire homelessness on gambling and, you know, basically say 'I'm homeless because I gamble'. It's pretty much just as straightforward as that.* (Problem gambling service, F)

For those who became homeless in later life due to gambling, participants reported that it often came as a shock to the individual and others who were affected. Part of the shock often stemmed from the fact that these individuals had previously been relatively high functioning in many aspects of their life (e.g. family roles, employment). Harmful gambling behaviour, therefore, seemed to be out of character and unlikely.

> *I have spoken to a couple of older guys who are, like: 'the family have got no idea. They think we've got plenty of money, that I'm retired, I've worked hard all my life, run my own businesses'. And a lot of them are really distressed, and even suicidal over the thought that as the head of the family, who supported everyone financially and built this, you know, a home and a nest egg, they're going to have to say: 'there's nothing left, and in fact we're gonna lose this house'.* (Problem gambling, F)

Similarly, a participant working in financial counselling reported that 'what I see that's unique in this area is that there's a lot of harm done in a very short period of time to a group of people who have got education and have got professions.' These accounts of a link between gambling and homelessness, where older, financially stable and secure individuals suddenly experience large gambling losses and debts that render them homeless, contrast sharply with the accounts in theme one of older people who have been homeless long-term, and whose gambling is often harmful but is usually curtailed by their impoverished circumstances.

This secrecy of gambling added a further dimension to the harmful impact on others, and made detection and preventative action difficult. Several participants reported that the shock of becoming homeless for the first time late in life was felt wider than the individual, because their gambling behaviour and the financial harms had often been kept entirely hidden from others close to them. Several participants reported that partners and family members were often unaware of the gravity of losses and debts that a gambler had accumulated until it reached a crisis stage. Participants felt that because gambling behaviour could be easily concealed, an individual was able to maintain secrecy for years. This distinguished gambling from other addictions that were more visible and therefore seen as more amenable to early intervention by others.

> *So, because you don't look drug affected, … they can get away with it. And so I've spoken to people who've been gambling for 20 years and their wives don't know. No one knows. No one knows and they've spent hundreds of thousands of dollars and no one knows. Like, I just don't, I don't know how, but it happens a lot.* (Problem gambling service, F)

Participants reported that the eventual discovery by partners and other family members of an individual's secret history of gambling losses and debts often resulted in relationship breakdown, and this invariably coincided or contributed to homelessness for the individual and sometimes for other family members as well.

> *And it wasn't just that he had lost a little bit or part of his redundancy. It was that over his entire married life, he had been gambling and she couldn't see the bank accounts … He lost the whole redundancy. I think $180,000. His wife left. And he's homeless.* (Financial counsellor, F)

4.2.2 High intensity gambling and large losses

While participants often described how individuals' independent and solitary gambling behaviour contributed them to becoming homeless, it emerged that this usually occurred within a context where broader structural conditions also played a part. Often, the necessary conditions for harm to occur included the design and accessibility of gambling products and the conduct of gambling companies and financial institutions. For example, participants reported several cases where an older person has become addicted to high intensity gambling products, often characterised by episodes of continuous gambling. These episodes have resulted in the rapid loss of large sums of money. In turn, these large losses appear to be the key mechanism of major financial harm from gambling, sparking a chain of events (e.g. personal insolvency, relationship breakdown) and eventual homelessness, for the first time in their life.

While various forms of high intensity gambling were described by participants, EGM gambling and online betting (e.g. on horse racing, sports) were highlighted as the gambling products most commonly linked to rapid financial losses, and subsequent homelessness among older people. It appears that the design of high intensity gambling products encourage and enable continuous and uninterrupted gambling episodes. For example, a participant working in financial counselling reported that she had examined her clients' online gambling expenditure statements and found evidence of episodic gambling where the individual had gambled 'nonstop for 48 hours'. The magnitude of the rapid gambling losses described by participants were substantial; often large enough to result in permanent financial ruin for entire families. As one participant reported, 'we're not talking about $5,000, we're talking about hundreds of thousands of dollars'.

Another trigger in these cases appears to be access to substantial sums of money, especially when it comes into a person's life unexpectedly.

> *What's common is that they each have a lump sum and they go through all of that in a very, very short period of time.* (Financial counselling, F)

Participants reported several examples of individuals' sudden access to money that came by way of an inheritance from a deceased family member, a divorce settlement, a redundancy payment, a retirement fund, or a compensation payment. It appears that the concurrent timing of major life events and access to money are important pre-conditions in the sequence of gambling, financial harm, and homelessness.

The conduct of gambling companies appears to be closely implicated in many cases where older people experience large and rapid financial losses from gambling that lead to homelessness. One participant working in financial counselling had studied the actions of gambling companies in cases where individuals had accumulated substantial debts, lost their savings, their home, and their relationships, because of their gambling. She reported examples where it appears that gambling companies 'plan how they harm someone'. She cited examples of grooming, where individuals who were losing heavily through online gambling products had been contacted directly by gambling companies and invited to join their 'VIP program' and then 'case managed' by a sales representative of the company. She reported that these individuals would often receive inducements from the gambling

companies to continue their gambling (e.g. matched bets, bonus bets). In some cases, after these individuals had expended all available funds in their bank account they were offered 'free credit' by the gambling companies to ensure they continued gambling.

> *So the idea is to keep them betting as long as possible. Because people will find the money from somewhere and in the middle of the night they'll be really desperate. They'll be down, and they might go and use a spouse's credit card.* (Financial counsellor, F)

The conduct of retail banks also appears to be an important underlying condition in the sequence from accessing credit to fund high intensity gambling, incurring rapid losses, accumulating debts, and subsequent homelessness. A participant working in financial counselling citied an example of a now-homeless woman who previously had access to 'eleven credit cards across nine creditors to fund gambling'. Another participant reported that she often saw examples of 'irresponsible lending' by retail banks, and 'especially with payday lenders and online lending'. One participant believed that banks are 'fully aware of the harm in the community from gambling and their clients' because 'they see it in the banking transactions' of the individuals.

The practices of gambling companies and banks were also seen to facilitate the secrecy of individuals' harmful gambling behaviour, by concealing their losses from others. For example, 'loyalty cards' provided to individuals by the gambling companies were often linked to a family bank account, but 'set up for secrecy' and designed so that 'the partner cannot see'.

4.2.3 Major life events and changes

While financial harm due to rapidly losing large sums of money through high intensity gambling was seen as a key mechanism for homelessness, participants believed that certain life events and life changes often triggered the gambling and subsequent harm. Older people were seen to be particularly vulnerable to becoming homeless from a financial crisis brought on by gambling because they often had relatively few resources and life skills to cope with experiencing such problems, especially if this had never happened to them before. They were also seen to be particularly vulnerable if they were retired, on a fixed income, or living alone.

The social, economic and emotional impact on older people when entering retirement, or experiencing sudden job loss (e.g. due to redundancy, injury, illness), appears to predispose some to harmful gambling. Men appear to be particularly vulnerable when such life changes impact their social environment.

> *What happens with the older guys is that, it's loneliness, absolute loneliness, social isolation … it's a huge, huge problem. And the fact that it's not visible to others*. (Financial counsellor, F)

The combination of loneliness, newfound spare time, and access to a large sum of money (e.g. from life savings, investments, superannuation, workers compensation) appear to be underlying conditions that leave many older people more susceptible to harmful gambling than ever before in their lives. Some participants gave examples of older people who become 'bored' during retirement, and without their old 'schedule' they start to regularly attend gambling venues because they were 'inviting', and this soon becomes their new 'routine'. However, eventually some 'find themselves in that rut', unable to 'afford food', with 'debt collectors calling them', and 'then they're kind of on the brink of losing everything'.

Experiencing the death of a partner, parents, siblings and friends is common in older age, and participants believed that the ensuing grief and loneliness was linked to harmful gambling behaviours in some individuals. Receiving sudden and unexpected wealth (e.g. an inheritance from a deceased estate) often compounded the situation.

> *He was living with his mom. His mom died, he inherited the whole house. He gambled it away. He lost the house. May have had a period of homelessness. Ended up living above this pub in north Melbourne.* (Health care, F)

The relationship between gambling and homelessness rarely appears to be linear. Often it seems that there is complex interplay between various individual level conditions that form of sequence of events involving gambling related harm, personal life changes, and homelessness. For example, participants described cases where a financial crisis from gambling, a relationship breakdown, and sudden homelessness often occurred simultaneously, and the contributory role of gambling was not completely clear.

> *He is estranged from his wife and two adult children. Because they say, the story that we got handed down to, handed over to us, is that he'd lost all their money through gambling. So that's what led to the kind of family break up. And then, he was homeless for a little bit. And he's now moved into another Office of Housing house*. (Health care, F)

In cases like this, while financial harm and relationship breakdown were the necessary conditions for the individual becoming homeless, it appears that gambling may have been an antecedent for these conditions. However, participants also reported cases where it remained unclear whether gambling was an underlying factor in an older person experiencing a relationship breakdown and becoming homeless, or whether gambling was only a corollary of the situation.

> *He became homeless because of family break down, but then he did have his own money. But then he spent that gambling, which then meant he didn't, couldn't afford accommodation anymore and he became homeless. So that's one clear example, but I think it's like a really hard line to draw. It's the same with like any form of addiction. Like, how do you say, the chicken and the egg. Like, which came first?.* (Housing support, M)

4.2.4 Affected others

Becoming homeless later in life due to gambling is not always self-inflicted. In some cases, there are other older people besides the gambler who become homeless. For example, participants gave examples where an older gambler, and those around them, had all become newly homeless due to the gambler's losses and insurmountable debts. Usually, it was a gambler's spouse or partner that experienced the most direct impact.

> *I come across a whole lot of, mostly, men. Because I work in the online betting area. Behind each of these men that goes down is, is a partner, that has their life absolutely ruined. And including losing housing security*. (Financial counsellor, F)

Loss of trust when a partner's gambling problems were discovered, particularly if it had been kept secret for many years, was also reported. This loss of trust often damaged relationships irreparably, and frequently resulted in the perpetrator leaving the home. Hence, in these situations, it was relationship breakdown that acted as the mechanism for an older person becoming homeless, though gambling and financial harm were usually the necessary conditions.

The children of older people in these situations were often affected too. One participant reported that adult children of problem gamblers often contacted their service for advice and support.

> *There's a lot of anxiety among family members about mum and dad becoming homeless, rather than mum and dad actually being homeless.* (Problem gambling service, F)

However, the reverse of this situation was also true, where elder abuse involved gambling by a younger family member or carer and this contributed to an older person becoming homeless. For example, participants described cases where an ageing parent had become homeless, or nearly so, because of 'financial abuse' from the adult child who was a harmful gambler.

> *Look, we see this all the time. Especially from, you know, adult children living in the parent's home. And so the adult is having to pay for everything. They trust them. They gain their trust. So they give them the money to go pay the bill or pay the rent or mortgage. And they've gambled it*. (Financial counsellor, F)

Another participant, working in housing support, had also seen examples of older people becoming homeless in the course of trying to help other members of their family with their harmful gambling. She reported having seen 'elderly people bailing out the child that has a gambling addiction and losing their home doing that'. Collectively, these cases highlight the widely varying conditions that can contribute to an older person becoming homeless in later life where gambling has been a key factor.

4.3 Theme Three | Multiple and complex: factors contributing to gambling and homelessness among older people.

While almost all participants recognised a link between gambling and homelessness, this was not seen to exist in isolation from layers of individual, interpersonal, and societal level factors. Some of these factors were seen to exacerbate problems directly related to gambling and homelessness, while others were seen to be a consequence of gambling and homelessness. Hence, directionality is often difficult to disentangle and, overall, service providers believed the multitude of factors added considerable complexity to their efforts in supporting the individuals affected.

A single explanation for the link between gambling and homelessness did not emerge from the data. However, our analysis of the views and experiences of service providers reveals certain clusters of factors that appear to provide the necessary conditions for gambling and homelessness to co-occur among older people. We identified three clusters: money problems, individual vulnerabilities, and toxic environments. Importantly, these clusters reveal some interplay between both human agency and structural level factors in the co-occurrence of gambling and homelessness.

4.3.1 Money problems

Money problems often appear to be at the core of co-occurring gambling and homelessness among older people. The loss of money through gambling, and the struggle to obtain, manage and live without money while continuing to gamble, emerged as an intrinsic and defining characteristic of life for older people experiencing gambling and homelessness. The very nature of gambling meant that individuals were seen to 'have an obsession with money'.

> *One of the things with gambling is the product [money] that you need to gamble is also the product you need to live on … And that's the uniqueness of … working with this kind of client, is how are we going to solve the problem when you can't have that product that's going to solve your problem?* (Problem gambling, F)

Obtaining money to fund gambling, as well as pay for essential costs of living, was something that participants viewed as a constant struggle for older people who were harmful gamblers and homeless. Participants reported that many individuals were often focused on gambling itself as one of their key means of generating income, but this invariably failed and only worsened their financial problems. Other means of obtaining money that individuals reportedly used included borrowing from others, selling personal belongings, borrowing from payday lending services, and engaging in criminal behaviour (e.g. theft, selling drugs, sex work). One participant, who worked in housing support for older people experiencing homelessness, reported that most 'would struggle to get anyone to lend them money'. Another reported that some individuals had no other option than to borrow money from payday lending services, especially if they had 'been bankrupt previously' and their 'credit rating's shot'. Participants reported that such borrowing often led to a cycle of debt for individuals who would 'get the cash and go and try and double it, and triple it at the pokies [EGMs]'.

Those experiencing long-term homelessness were usually recipients of social security payments through the Australian government's Centrelink agency, typically the Newstart Allowance [A$559 per fortnight for singles, as at February 2020], or the Age Pension or Disability Support Pension [A$933 per fortnight for singles]. Participants frequently described these social security payments as inadequate income for older people experiencing homelessness, particularly for those with multiple and complex needs and issues.

A compounding factor of an individual's inadequate income was the lack of personal financial management skills. For example, participants reported cases of individuals who would present at services seeking support and admit that 'I took all my Centrelink payment' and lost it gambling. Participants reported that sudden and erratic increases in gambling behaviour often coincided with the timing of social security payments.

> *Well, obviously pay day. People getting paid from or, you know, receiving their welfare. That would trigger a spike, definitely. Because we often don't see those people on the day or the day after.* (Health care, F)

Many participants believed it was not surprising that those who had been homeless long-term, and living with addictions, did not have financial management skills.

> *If you've never had the possibility of saving money and budgeting because you've always been living off low, minimum income, how are you going to learn that it's good to make you save? Because you've never done that.* (Housing support, F)

External, structural controls on homeless individuals' income emerged as a significant factor in how they accessed and used money and, in turn, appear to be an important determinant of their gambling behaviour. Homeless persons were sometimes restricted in how they spent their social security payments if they had Centrepay arrangements in place [Centrepay is an Australian government program that operates a voluntary, automatic debiting service from individuals' fortnightly social security payments to pay their rent and other living expenses as they nominate]. Some participants saw Centrepay as an important part of financial management for

people experiencing homelessness because, for example, it prevented them from falling into arrears with their housing expenses.

> *I make sure that a lot of them direct debit everything … 'cause you don't want to see them evicted or anything, and without power.* (Housing support, F)

Participants also reported that, in some cases, the individuals they supported who are homeless and have complex needs are subject to a personal financial administration (PFA) order. In these situations, a state appointed administrator (e.g. State Trustees) has control over the individual's financial and legal affairs to ensure, for example, that they pay their rent, medical bills, and other living expenses in full and on time. Some individuals subject to PFA orders receive a minimal fortnightly allowance from the administrator for discretionary spending.

Overall, participants expressed mixed views on whether income management arrangements, such as Centrepay and PFA orders, benefited older people who were experiencing gambling and homelessness. While some felt such arrangements were justified and beneficial in certain circumstances, some felt that such external structural controls on income were unnecessarily restrictive of individual freedoms and liberties. Many also believed these controls did little to address the underlying poverty and complex range of problems that many individuals continued to face.

> *If you're on NewStart and you've paid seventy to eighty per cent of your income on rent, even if you weren't gambling your money, I mean, you know, you've still got to feed yourself. And so prioritising a travel ticket to get to an appointment, you know, just forget it.* (Housing support, F)

Money problems also appear to impact help-seeking among those experiencing gambling and homelessness. Participants felt that the dire financial position of many individuals added to the despair they felt in the face of their other needs and issues, and added also to their reluctance to disclose and seek help with their gambling issues and financial problems.

> *People who are on Centrelink for a long time, they often accrue debts. They accrue debts from other parts of their life. So, it's overwhelming to people. And when it's coupled with other addictions, it's near impossible. So, I don't think counselling for their gambling is a priority.* (Health care, F)

While poverty was clearly a common underlying condition, and was likely to reinforce homelessness and contribute some motivation to gambling among these older people, it is also possible that a lack of money often acted as a limiting factor in an individual's harmful gambling behaviour. For example, one participant working in housing support reported that, because most of her clients were reliant on social security payments, 'I don't think a lot of our clients would have the capacity to, or the funds, to go out and gamble every night'. Another participant reported that an individual's gambling had ceased when he had exhausted all available funds.

> *Well, in that one case he stopped gambling because he ran out of money. So he wasn't able to. I don't know if he would have continued.* (Aged care, F)

It is also possible that the competing demands on an individual's money from their other addictions was sometimes a factor that limited gambling behaviour. For example, as one participant reported:

> *I would assume that they would put all their money towards their, the alcohol, or the drugs that they're addicted to, and wouldn't have anything left to gamble. Like, I wonder how common it is that people have both [gambling and substance addictions].* (Housing support, F)

4.3.2 Individual vulnerabilities

A cluster of multiple and complex individual level vulnerabilities emerged as factors that are often present in the co-occurrence of gambling and homelessness among older people. In particular, certain co-morbidities appear to be very common. Specifically, participants reported that individuals often had long-term behavioural and mental health issues, and believed these factors increased individuals' vulnerability to both harmful gambling behaviours and homelessness. The perceived common factors were summarised well by one participant, working in a health care service for people experiencing homelessness: 'most of the people that we work with, that have gambling issues, have experienced trauma in their background, and other mental health and alcohol and other drug dependencies.'

Addictions besides gambling, involving alcohol and drug use, appear to be closely associated with the co-occurrence of gambling and homelessness. Many believed that gambling and substance use 'often go hand in hand'. Some reported that 'alcoholism is always obvious' among individuals experiencing gambling and homelessness because 'that's what they talk about', and the symptoms were more evident compared to harmful gambling. Alcohol and drug use behaviours appear to closely interact with homeless individuals' gambling behaviours.

> *The other thing we hear from clients too, you know, is that link between their substance use and gambling. So they're more likely to gamble after either using alcohol. Or ice, is the other key one. That sense of, um, feeling um, feeling confident and that you can do anything. So, sometimes we sort of hear about those links too. So, sometimes they might identify gambling as the key issue, but that's sort of triggered by their substance use.* (Accommodation service, F)

Alcohol use, in particular, appears to often interact with venue-based gambling. As one participant reported, 'people will drink and then go to the T.A.B.'. Gender was also a factor in alcohol use and venue-based gambling. For example, one participant believed that alcohol use was closely linked to gambling on EGMs because 'a woman on her own can go into the pokies and maybe even have a drink and it feels safe'.

Older people experiencing gambling and homelessness often appear to have multiple addictions, and their interactions and effects were complex. For example, participants believed that, because of this, individuals' addictive behaviours were not fixed, and they sometimes appeared to 'swap one addiction for another'.

> *So they might stop drinking, but then they might start gambling as well.* (Housing support, F)

Another participant, working in an accommodation service, believed that gambling was sometimes limited where individuals had other addictions, citing the case of an older homeless woman with a history of harmful gambling who now 'chooses to spend that money on cigarettes and alcohol rather than going out and gambling'.

In addition to substance problems, past experience of trauma also appears to a highly prevalent condition among older people experiencing gambling and homelessness. One participant, working in a problem gambling service, reported that '70% of people are presenting with some kind of trauma at the point of intake', which included 'single incident trauma or child abuse or lots of other different things'. Other participants also saw this connection between childhood trauma and gambling problems in older age.

> *I would say a recurring theme for the older populations, with problem gambling, would be that trauma. Often quite chronic. … These three clients who fit all those categories, have had, um, sexual abuse, childhood sexual abuse.* (Problem gambling, M)

Past traumatic experiences appear to have a profound impact on the mental health and emotional wellbeing of older people experiencing gambling and homelessness. One participant reported that 'when you're talking about a cohort that have a history of homelessness, my sense is that it's all connected to trauma' (Housing support, F).

Other mental health issues among older people experiencing gambling and homelessness also appear to be significant. For example, participants saw depression as closely associated with harmful gambling among people who were homeless. One participant, working in housing support, reported that 'people get into a low in their life and they turn to it [gambling]' because, for them, it can 'relieve pain' and it 'takes their mind away'. Others also reported that emotional states were a trigger for individuals' gambling, and that gambling then compounded their mental health issues.

> *People who have disclosed to me that they gamble say that it's always worse when they're feeling distressed or sad.* (Housing support, F)

Another significant vulnerability, albeit recognised by fewer participants, is the presence of an intellectual disability. Individuals who were homeless and had an alcohol acquired brain injury, in particular, were seen to be 'very vulnerable to being exploited by other people'. Related to this, some participants also reported that individuals with cognitive distortions were more vulnerable to becoming harmful gamblers.

Overall, while we are able to identify a range of specific factors that appear to contribute to individual vulnerability, many participants believed that 'its always a mixture of those things' and that it was usually impossible to untangle the multiple and complex factors that co-occurred and contributed to each person's gambling and homelessness.

> *I think it's all connected. Like, social disadvantage, low income, gambling, drug and alcohol, mental health.* (Housing support, M)

4.3.3 Toxic environments

The social and economic environments surrounding older people were also seen to contribute to the co-occurrence of gambling and homelessness. This included the conditions of their family background, their housing, and the availability and marketing of gambling. Individually, and in combination, these appear to form toxic environments that increase the risk of harmful gambling and homelessness among older people.

The nature of family environments that individuals have been exposed to earlier in life appears to contribute to the likelihood of gambling and harm in later life. Participants reported examples of older people, now experiencing gambling and homelessness, who had 'been introduced to gambling by family much earlier on'. One participant believed that, for many of these older people, 'gambling is part of their life from a very young age and so it's just normalized often for them'. Another reported that gambling is 'something that they've kind of been seen as a child and then it's just kind of continued on'. In a similar vein, another participant saw that exposure to gambling related harm in the family environment at a young age was linked to experiencing gambling and homelessness in older age. For example, she described a case where an older person experiencing gambling and homelessness 'came from a family where the father was a compulsive gambler and it ruined the family, ruined his parents' marriage.'

Related to this, the experience of poverty from a young age appears to have a lasting legacy and contribute to the risk of gambling and homelessness later in life. For example, one participant described how children's exposure to economic hardship within the family environment seems to have had an enduing effect on the development of addictive behaviours.

> *The majority I've seen is more intergenerational poverty. You know, they grow up and there's no hope. And, you know, they get easily led into sort of addictive type behaviours.* (Housing support, M)

Similarly, another participant saw economic disadvantage within family environments as a risk factor for experiencing harms from gambling such as homelessness later in life.

> *If you look at the prevalence of problem gambling in lower socioeconomic households, um, for me it kind of says that these are the people that are struggling with finances, anyway. Gambling is often in response to those stresses that come with being in a lower socioeconomic situation, that strain … I can see it tipping into homelessness quite easily.* (Problem gambling, M)

Not surprisingly, it emerged that housing conditions appear to play an important role in the link gambling and homelessness. Housing options available to older people experiencing gambling and homelessness were seen to be very limited and often of poor quality. This is likely to partly explain the appeal of venue-based gambling for older people who are sleeping rough or living in unsafe and insecure housing. One participant, working in housing support, described the available housing options as 'often very violent and unsafe'. She believed the nature of these living environments reinforced individuals' harmful gambling behaviours, creating a barrier to their treatment and recovery.

> *The lack of safe and secure housing for single people on Newstart arguably would have a profoundly negative impact on people who already have a gambling problem. And I think that if people were in stable, affordable housing they would be more able to seek support, they would be less likely to become homeless again.* (Housing support, F)

Another participant felt that the nature of their housing environments added motivation for some individuals to attend gambling venues.

> *I think the state of the rooming houses, that would make you want to go and spend time somewhere else, where it was... air conditioned.* (Health care, F)

For many, the lack of shelter for homeless individuals is juxtaposed with the availability and promotion of gambling in the community. Participants saw gambling venues as 'easily accessible' and 'just walking distance' for many of these individuals. Some reported that gambling venues were located very close to the accommodation services provided for older people experiencing homelessness.

> *So there's much more easier access to gambling. I mean, its 24/7. I mean we run a property in [suburb name] and around the corner from us is a pokies venue pub. That's open 24/7. So, you know, we've had plenty of times on occasions where our residents haven't come home because they're in there. Because there's nowhere else to go.* (Housing support, F)

The marketing of commercial gambling also made it more 'socially acceptable'. Participants felt that gambling is 'so widely advertised' that they questioned the impact of 'adverts on TV about responsible gambling'. They believed gambling marketing was significant risk factor for gambling harm in the population.

> *Its a very toxic environment, with all the advertising*. (Housing support, M)

4.4 Theme Four | Recognising and responding: Perspectives on building a public health approach to gambling and homelessness among older people

A range of current service responses to co-occurring gambling and homelessness among older people appear to be effective in reducing harm and supporting people to recover. In particular, assisting older people with their financial problems due to gambling emerge as an essential response. However, there are also gaps and fragmentation in the system of service responses that point to where unmet needs remain.

One of the most pressing needs is for service providers to not only respond when homeless individuals appear to have gambling issues, but properly look for and recognise these issues in the first place. This is likely to require specific skills and tools given gambling issues can sometimes be hidden and difficult to detect. Hence, overall, both recognising and responding to gambling and homelessness among older people emerge as equally important priorities, and we have identified some specific actions that could strengthen efforts in these areas. Taken together, many of the suggestions for service system improvement could contribute to building a more comprehensive public health approach to gambling and homelessness among older people in Victoria.

4.4.1 Assessment of current responses

Financial counselling

Because money problems were often central to the needs and issues among older people experiencing gambling and homelessness, financial counselling services appear to be critically important. Coordination and collaboration between therapeutic counsellors and financial counsellors within problem gambling services emerge as a particularly effective approach to addressing the multiple and complex financial issues faced by many of these individuals. Financial counselling often appears to be a necessary first step in supporting individuals experiencing a housing crisis related to their gambling.

> *I myself like to get the financial counsellors in as soon as possible because people will find it really difficult to address the therapeutic side whilst they've got the financial concerns on their mind. Like, if you move someone from sleeping in their car to having a house through government housing … they're in a different place to kind of start working on a gambling addiction.* (Problem gambling, M)

Others had similar views. For example, a participant working in housing support felt that 'it's more realistic for them to go to the financial counsellor to get out of trouble than it is for them to come to us'. Another participant, herself a financial counsellor, believed that until an individual had addressed their immediate financial problems, other supports would not be helpful.

> *We find the initial interaction with financial counselling is the financial crisis. The gambling's taken away the money and now they're at risk, for whatever reason. They either can't buy food, can't put the kids in school, homelessness, car loans, repossession, might even have lost their job. So at this point in time, when they come to a Gambler's Help service, going to [therapeutic] counselling isn't going to help them. They want to get some relief around the financial burden and the financial crisis*. (Financial counselling, F)

The specialist skills and knowledge of financial counsellors is often invaluable for an older person in crisis due to their gambling. We heard many examples of financial counsellors assisting people who had become homeless for the first time, later in life, because of their gambling. In some cases, financial counsellors had success in having substantial parts of an individual's gambling debts waived by creditors. While this did not always prevent homelessness and other harmful impacts of their gambling from occurring (e.g. relationship breakdown), it seems to enable the individual to take steps to re-establish their financial stability and begin to recover from their housing crisis. Participants also saw financial counselling as an efficient and effective route towards intervening in a person's underlying problem gambling, which they might otherwise have been reluctant to openly disclose to service providers as a 'gambling' problem.

> *Quite a lot of people are keen to be referred to financial counselling. So, maybe when they get to that point and then they start discussing their debts and money, maybe when they're already opening up about that, that could be a good point to bring in the gambling. Because they're already comfortable.* (Housing support, F)

In contrast, many participants felt that it often took considerable time for front line workers in housing and homelessness services to identify that older people experiencing housing difficulties had financial problems that were directly linked to their gambling.

Problem gambling services and brokerage funding

Similar to financial counselling services, problem gambling services appear to be effective in both recognising and responding to housing problems and the risk of homelessness that older people can experience because of their gambling. In particular, brokerage funding that is available to clients of state-funded Gambler's Help services seems to be effective in assisting those in a crisis situation because of their gambling. Strong support for this brokerage funding, known as the Recovery Assistance Program, was expressed by many of those we interviewed. For example, one participant believed the brokerage funding enabled Gambler's Help services to provide unique, practical support to clients at risk of homelessness and reported that she 'would applaud Victoria for the Recovery Assistance Program'.

> *Victoria's the only state that has this Recovery Assistance Program. People can get up to $1500 to assist them. Pay rent, pay the gas, pay the electricity. There's a variety of things. But their affected family members can also get it. So it's a unique thing. And it's terrific, in truth.* (Problem gambling, F)

Others also believed the brokerage funding was vital because it relieved the pressure on material aid programs (e.g. emergency relief) that were often overwhelmed by demand, and the brokerage funding could be used flexibly depending on an individual's needs.

> *You can use that quite creatively to resolve homelessness issues … It pays a month's rent … It can put food on the table. It can stabilise things … So, in that respect, used appropriately, yes, Gambler's Help can work.* (Financial counselling, F)

Housing and homelessness services

Compared to financial counselling and problem gambling services, specialist homelessness services appear to be limited in their capacity to recognise and respond to gambling issues among older people. To some extent, this is unsurprising, given that people presenting to homelessness services usually request assistance with housing as their primary, and sometimes their only, immediate need.

> *Most of the people that are coming through our doors at the moment are in crisis. They are already homeless. So when they're coming to see you, all they're worried about is, 'where am I going to sleep tonight?' Yeah. And that's the end of the conversation. There's no chance to really explore everything else that's going on.* (Housing support, F)

It appears that what is underlying homelessness services' limited capacity to respond to gambling issues is often a lack of knowledge and expertise around these issues. A further impediment to homelessness services' ability to respond to gambling issues appears to be related to resource limitations. For example, a participant working in housing support acknowledged that gambling was not adequately addressed by homelessness services and expressed frustration at their inability to do this because of time and resource constraints.

> *It just blows my mind in some ways that we know that we've got the highest level of gambling as an issue out there. We've got high levels of pokie machines. Yet, the people that are coming in to seek financial assistance, whether it's for housing or their emergency relief, will very rarely disclose it [gambling]. And, I do think it's a resource thing, in regards to the limitations of what we've got. How much time we've got to speak with someone from that initial access point. We don't have a lot of time, and it takes a long time to find a bed for the night.* (Housing support, F)

Fragmentation between homelessness services and problem gambling services appears to be a further barrier to assisting older people experiencing gambling and homelessness. For example, a participant working in housing support reported that she had experienced difficulties attempting to coordinate problem gambling services for an older woman who was homeless and had requested support with her gambling issues.

> *This particular client wanted to stop. And she wanted some support. And I couldn't get her anywhere. I couldn't get her any support through this particular area, um, that she wanted to go to. So, we almost never went.* (Housing support, F)

Differing models of service delivery across the service system can also have an impact on access to services for those experiencing gambling and homelessness. A participant working in a problem gambling service believed that due to individuals' poverty, their multiple and complex issues, and their chaotic lives, 'office based services often aren't accessed by people who are homeless'.

> *Because they might not have a car. Then they've got to catch public transport. And they may not have money for public transport. They may not have the motivation … So, office based services very rarely, I think, deal with people at the really pointy end. Outreach services do that.* (Problem gambling, M)

However, another participant, also working in a problem gambling service, believed that office based services can be accessible to people experiencing homelessness if they are configured to meet their multiple needs and issues, and operate in a flexible way.

> *I think it works quite well in this building because there's other homelessness services in the building. And so a lot of the time, the way that we first engage with homeless people as part of our service is through drop-in. Like, with all homeless people, I think, they like to have things on the spot.* (Problem gambling, F)

Aged care services

Some participants working in aged care services that offer specialised supported for older people with a history of homelessness reported little familiarity with gambling issues among their resident population. This perspective appears to be an artefact of the rules and conditions of living in residential aged care facilities that residents are usually subject to, as well as the careful management of residents' finances by a third party.

> *Something like 60% of our clients have a guardian or administration order.* (Aged care, M)

Some believed the high level of support provided to residents with a history of homelessness reduced the risk of taking up, or relapsing into, harmful gambling behaviours.

> *[We're] focused on residential aged care and our clients are more supported in a homeless context than any other group of homeless. Because they're staffed 24/7, if someone was in a real issue with their gambling, there's support around here to help.* (Aged care, M)

However, other participants believed there were gaps in aged care, such as addressing structural factors that contribute to homelessness among older people. For example, underlying poverty and the scarce supply of appropriate and affordable housing for older people.

> *I'd like to see government give money for housing, you know. There seems to be a huge lack of affordable housing in Victoria.* (Problem gambling, F)

4.4.2 Strengthening responses

Our analysis identifies a clear need to strengthen parts of the current service system to better recognise and respond to gambling and homelessness among older people. Some of the most pressing service system improvements include: expanding screening and early detection of gambling issues among older people experiencing homelessness; reducing the stigma of help-seeking for gambling issues; providing more person-centred service models for those experiencing gambling and homelessness; and, adopting harm minimisation strategies at the individual and population level to prevent and reduce the harm associated with gambling and homelessness.

Screening and assessment of gambling issues

A greater focus on gambling in routine screening and assessment of persons presenting at homelessness services has emerged as a critical step in strengthening service responses. Alongside this, there is need for greater professional development (e.g. information and training) to build workforce capacity and confidence in the homelessness services workforce to recognise and respond to gambling issues among those presenting. A participant working in a problem gambling service, believed that many of the services assisting people experiencing homelessness 'just don't see gambling as a real problem' and 'don't understand that it's as much as an addiction as a cocaine addiction is.' A participant working within a homelessness service felt that it was important to not only build the capacity of homelessness services to respond to gambling issues themselves, but also strengthen their ability to refer individuals effectively to other services. This would provide flexibility to meet an individual's preferences.

> *Some people would rather go external. So, I guess you've got to offer both.* (Accommodation, M)

There is also a need to strengthen data collection and monitoring of gambling problems among clients of homelessness services. A participant working in housing support felt that it was important 'to get the accurate stats on this, and then be able to help people properly when you've got the full picture of what their issues are'. Another participant, also working in housing support, believed that it was important that services start to collect their own 'hard concrete data' on gambling among homeless clients, to increase services' recognition and improve services' understanding of the extent of issue.

> *I would suspect if I get more concrete evidence, that a good 50 per cent plus, maybe up to 80 per cent, gamble. But it'd be handy to know that … this has to be right up there, with all the other addictions, and mental health issues.* (Housing support, M)

Reducing the stigma of gambling

Community wide efforts to increase awareness and understanding of how gambling can affect people experiencing housing problems or homelessness are also vital. A key part of this is shifting community attitudes around seeking help for gambling issues, given the stigma and shame that impacts on individuals' willingness to seek help.

> *I guess, because it is so stigmatized, if people are having these issues, they're not going to talk about them. So, kind of, de-stigmatizing the issue is probably the biggest thing.* (Aged care, F)

Participants suggested various ways that the stigma of help-seeking for gambling issues could be reduced. A promising approach appears to be providing individuals with supported referral to counselling for their 'financial issues' rather than explicitly labelling these as 'gambling issues'. Some also believed that using peer educators has proven to be effective for reducing stigma around other public health issues, and that 'getting some people involved that have been through that process' of treatment and recovery from problem gambling was therefore important. Participants also believed that peer involvement could assist services in their 'framing of the questions' with clients about gambling so that they are not 'shamed or guilted' and that 'labelling' of their problems can be avoided. Some believed that reducing the stigma around harmful gambling could be achieved with a long-term, well funded community education campaign similar to the 'public health awareness campaigns around drug and alcohol addiction'.

Person-centred approaches to service provision

With regards to models of service delivery for people experiencing gambling and homelessness, the importance of person-centred approaches emerged as a core principle, given the exclusion and isolation of this population. However, there were different views on what form this should take, with some participants emphasising the need for integrated service hubs, while others believed that outreach services were most important. For example, one participant believed that hub style service models were essential to meet the needs of people experiencing homelessness because 'there's so much chaos in their lives'.

> *They like to access a service when they need it. And if you can't provide that, then you lose them.* (Problem gambling, F)

However, another participant, working in housing support, believed that outreach models were vital to support people experiencing gambling and homelessness, because 'unless they're going out to see them assertively, the clients are not likely to get to a service'.

> *I think to provide gambling support to people who are homeless, or at risk of homelessness, or in crisis accomm, there needs to be an assertive… you know. It's not going to be effective at all until there is a reaching out response.* (Housing support, F)

However, some participants questioned the suitability of an assertive outreach model to support people who were experiencing gambling and homelessness. For example, one participant believed that the effectiveness of assertive outreach in many cases was dependent on the readiness and willingness of the individual to take up the offer of support.

> *If it's not [a priority] … then we can take them there as much as they like, but we're not actually helping them because they're not really wanting to go themselves*. (Health care, F)

A person centred approach was also seen as a challenge with regards to individuals' financial problems related to gambling. Here, participants' views were somewhat divided, depending on their perception of individuals' needs, abilities and rights. Some believed that it was of utmost importance to support, empower and protect the rights of individuals to better manage their own finances.

> *It's like taking away rights of people who shouldn't have their money quarantined, or what they should spend the money on shouldn't be dictated.* (Health care, F)

However, others saw risks in relying on homeless individuals with gambling problems to manage their own finances. They believed that it was sometimes in the individual's own best interests to relinquish control of their finances to a third party, such as a guardian or administrator. Overall, there was broad support for income management arrangements as these were seen to be often an effective harm minimisation strategy for people experiencing gambling and homelessness, rather than an intrusion into their individual liberties.

> *I believe you should be forced to be on Centerpay to automatically pay your rent … I don't think that that's a human rights issue. I just think this will guarantee you save your housing … Really, what I see again and again is they choose, they opt to pull away from those things. And they come to our center and they're psychotic, and debt ridden. No house. And then it's so hard to intervene.* (Housing support, M)

Harm minimisation strategies

In addition to strengthening harm minimisation responses to gambling and homelessness at the individual level, a need for stronger harm minimisation strategies at the population level has also emerged. A range of measures will be important, particularly strategies that reduced the accessibility, availability, and marketing of gambling, all of which can potentially be affected through public policy.

Controls on the accessibility and availability of gambling are key measures. Participants across a diverse range of services saw a need to restrict the availability of gambling in the community, particularly high intensity gambling. For example, a participant working in housing support felt that there's now 'a lot more gambling companies out there' and 'not only national but international with the Internet where you can gamble'. Another participant, also working in housing support, felt that was a 'concentration of pokie venues in certain areas … where there's a lot of people who are very financially disadvantaged and stressed'. A participant working in health care believed it was necessary to 'reduce the number of machines' in the community and a participant working in financial counselling felt that there was a need for 'more protections for people' from gambling because 'it's allowed to be in the community without any restriction'. Participants also believed that there was a need to address the marketing of gambling in the community, seeing it as a 'big problem' that has 'multiplied'.

Programs that minimised harm for people in the community who are receiving treatment for problem gambling, or in recovery, were also seen as important. Participants pointed to self-exclusion programs as an example of this.

Stronger regulation of the conduct of gambling companies also emerged as vital. For example, measures such as restricting gambling companies from offering credit, banning their use of inducements, and requiring companies to provide gamblers with information about their personal gambling activity, were seen by participants as important harm minimisation strategies. A participant working in financial counselling believed that progress towards this required the adoption and implementation of harm minimisation policies and codes of conduct by gambling companies, as well as financial institutions. Government leadership on such measures is clearly required, and some progress had been made in that regard with the recent adoption of the *National Consumer Protection Framework for Online Wagering in Australia* (DSS, 2018) by the Australian government and all State/Territory governments.

4.5 Summary of findings from the qualitative study

Our analysis of data collected during in-depth interviews with key informants has identified four major themes (demi-regularities) about the link between gambling and homelessness among older people in Victoria. These themes emerged as the most important and relevant to our research questions across the entire dataset, and we did not find systematic differences in participants' views according to their gender, role, geographic location, or the type of service delivery they were involved in providing.

Theme one captures the view that gambling among older people experiencing long-term homelessness is linked but often hidden and, partly because of this, service providers frequently overlook it. We identified that the underlying conditions of long-term homelessness tend to contribute to the appeal of gambling, and influence gambling behaviour. The social connection, comfort, amenity, and safety that gambling venues offer is a temporary respite from the isolation and hostility of homeless life outside. However, the harmful effects of gambling can exacerbate the conditions of long-term homelessness among older people.

Theme two reveals that gambling can precipitate sudden homelessness among older people, particularly in cases of first-time homelessness later in life. This pathway from gambling to homelessness for older people is usually unexpected for the individual and the affected others around them. Large and rapid gambling losses, debts, and financial ruin from high-intensity gambling often characterise the route to homelessness in these cases. Access to substantial funds, from savings, retirement, loans or credit, is a key enabling factor in the gambling and harm experienced. Major life events or life changes are frequently an underlying trigger for gambling in many of these situations.

It is clear that the link between gambling and homelessness is rarely linear. Theme three captures the multiple and complex factors that contribute to co-occurring gambling and homelessness. We identified clusters of individual, interpersonal, and structural conditions which, when activated, can become part of causal mechanisms for co-occurring gambling and homelessness. Some conditions appear to aggravate gambling and homelessness, as well as result from gambling and homelessness (e.g. poverty, co-morbidities). Hence, it may not be helpful to generalise about the directionality of the relationship between gambling and homelessness.

While some current responses to co-occurring gambling and homelessness among older people appear to be effective (e.g. financial counselling, crisis support, income management), theme four reveals that there are also significant gaps and fragmentation in the service system. A key challenge appears to be not only responding to the needs of homeless individuals with gambling issues, but also recognising these issues in the first place. We identified that underlying the current gaps and barriers to service provision is a lack of service capacity and accessibility. A complementary range of service improvements emerge as important, particularly in homelessness

services (e.g. routine screening for gambling, referral to financial counselling, reducing stigma of help-seeking for gambling issues). Together with community-wide initiatives, these could contribute towards building an overall public health approach to preventing and reducing the co-occurrence of gambling related harm and homelessness among older people.

5. Conclusions

5.1 Significance of the main findings

This study has explored the link between gambling and homelessness among older people in Victoria, Australia. The study was motivated by the need to address gaps in the research into how gambling and homelessness are linked in this population, the role of contributing factors, and the adequacy of current service responses. For these reasons, the study was intentionally exploratory. Taking a critical realist perspective for the empirical component of our study, we have described the observable features of co-occurring gambling and homelessness among older people in Victoria and have also sought to identify possible underlying conditions and mechanisms that might explain the phenomena. In particular, we examine some of the interplay between human agency and structural forces. Our research was also motivated by a public health perspective, which meant taking into account the multi-layered range of societal, interpersonal and individual factors that contribute to gambling and homelessness and the need for effective interventions at all of these levels.

The uniqueness of our empirical study is the use of qualitative research methods to enable in-depth exploration of the issues, which has only been conducted in a minority of studies on gambling and homelessness to date. Additionally, because we draw upon the views of a diverse sample of experienced key informants working in service provision for older people affected by gambling and homelessness, we have been able to tap into a great breadth of knowledge on the subject. An important contribution of our study is the focus on the underlying structures and conditions that may explain the link between gambling and homelessness, especially among older people, a group that has received only limited attention in the research up to this point (Crane et al., 2005; Rota-Bartelink & Lippman, 2007). Our findings will be relevant for other jurisdictions, but have particular salience for the state of Victoria, Australia. Here, the rate of gambling participation among older people is high and has been increasing over time, along with increases in the number of older people experiencing homelessness (Hare et al., 2015; Pawson et al., 2018).

5.1.1 Explaining the link between gambling and homelessness

The primary question we aimed to address in this study was: ‘How are gambling and homelessness linked among older people?’ The key finding from our empirical research is that there are two substantively different routes through which gambling and homelessness are linked.

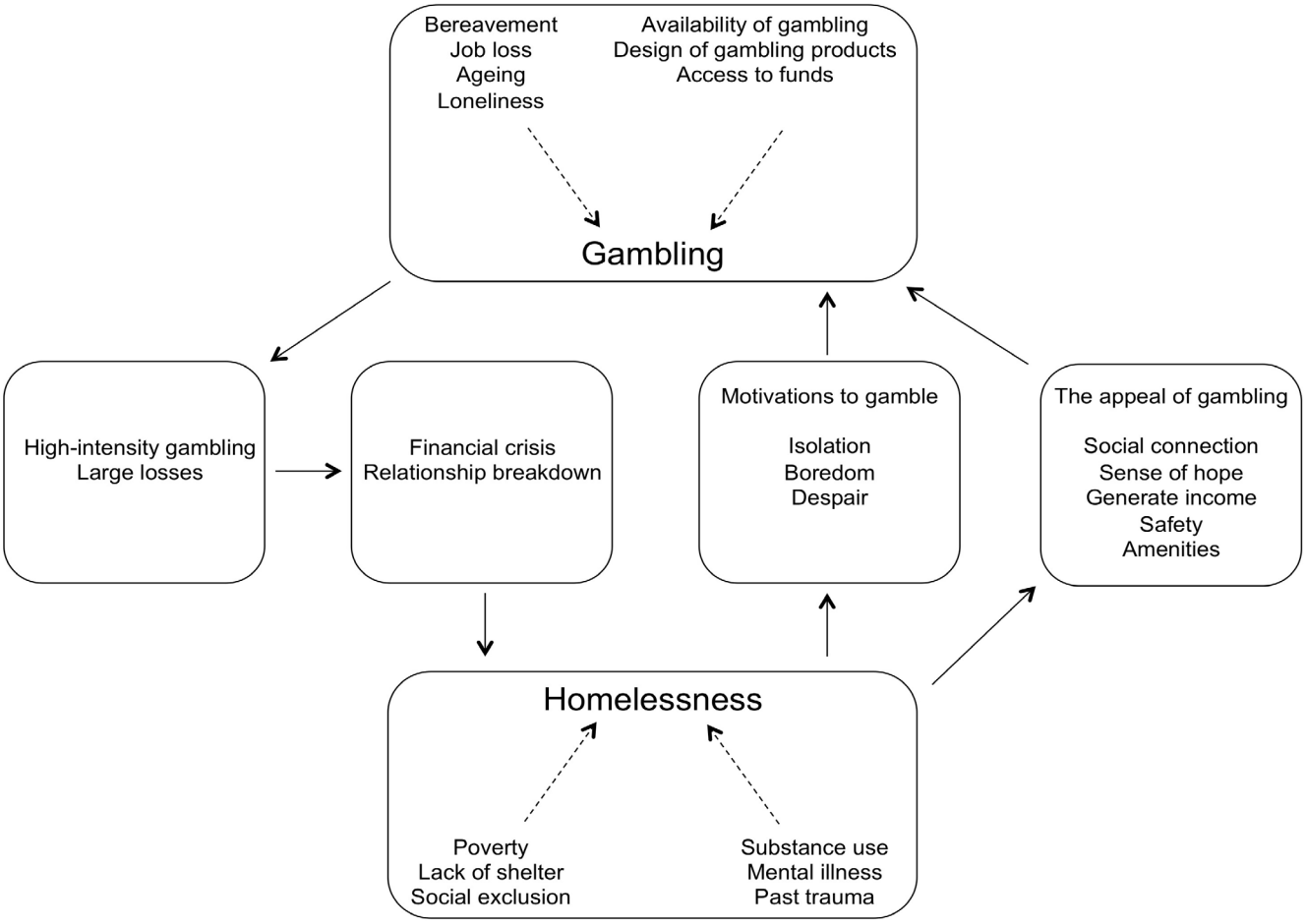
On the one hand, homelessness can be a route into harmful gambling. It emerged that the conditions of long-term homelessness contribute to the appeal of gambling for older people in this situation, and influence their gambling behaviour. In turn, the harmful effects of gambling can exacerbate the circumstances of their homelessness. The generative mechanisms for the relationship between gambling and homelessness in these cases appear to be activated by both the agential and structural conditions of long-term homelessness. That is, at one level, gambling among older people experiencing long-term homelessness is motivated by a desire to address various personal needs and issues arising from their situation (e.g. isolation, loneliness, boredom, despair, safety). While at another level, underlying their motivation and decision to gamble is inexorable poverty, a lack of shelter, and social exclusion. Participating in gambling and, in particular, attending gambling venues, offers these individuals an escape, a brief sense of hope, and temporary respite from the hostility of homeless life.

On the other hand, gambling can be a route into homelessness. We found that harmful gambling can precipitate homelessness among older people, particularly in cases of first-time homelessness later in life. Large and rapid gambling losses, debts, and financial ruin from high-intensity gambling are a distinct feature of the generative mechanisms underlying this route to homelessness. Major life events or life changes were often the trigger for an individual's harmful gambling behaviour in these cases, and access to substantial cash and credit was a key enabling factor. Relationship breakdown, often due to conflict about the person's gambling behaviour and debts, is frequently part of the complex sequence of events leading to homelessness. Alongside this, structural conditions such as the design and accessibility of gambling products and the conduct of gambling companies and financial institutions are often significant contributing factors to vulnerable individuals' gambling behaviour and the severity of harm they experience. Importantly, we note that many of these underlying structural conditions could potentially be mitigated through preventative interventions.

Although these two routes which link gambling and homelessness are not mutually exclusive, we identified them as two substantial and distinct pathways because the contributing factors, necessary conditions, and generative mechanisms differed meaningfully between them. We summarise these graphically in Figure 3. Also, there are some very apparent differences between individuals that follow the two different routes. Those experiencing long-term homelessness tend to have a longer history of adversity and often have other comorbidities (e.g. substance use, mental illness) that add to their vulnerability for experiencing gambling related harm, and hinder their recovery. In contrast, many of those who suddenly experience first-time homelessness later in life have a history of financial and social stability (e.g. secure housing and employment, close family relationships), tend to have life skills that may transfer to coping with the crisis of becoming newly homeless, and have some potential to take steps towards recovery.

These two contrasting experiences of gambling and homelessness among older people that we have found – long-term versus newly homeless, have some semblance to the clusters of homeless adults identified in other Australian research, as reported by Nielssen et al. (2018). They identified one cluster of individuals that comprised homeless adults who were long-term homeless, receiving a disability support pension, and usually had psychotic illnesses, and a second cluster of individuals that comprised newly homeless adults who had usually been married and employed previously. Notably, the high rate of gambling problems found across both clusters in their study is suggestive that gambling may be both a cause and consequence of homelessness among adults. We have reached a similar conclusion from our analysis, that gambling and homelessness among older people share a bi-directional relationship.

Figure 3. Conditions and generative mechanisms in the link between gambling and homelessness among older people.



5.1.2 Contribution to existing knowledge

Gambling and the experience of long-term homelessness among old people

While we have offered an explanation for the link between gambling and long-term homelessness among older people, this remains a very hidden phenomenon where further research is required. Because it is often hidden, gambling among older people experiencing homelessness is easily overlooked by services and subsequently, it is often left untreated. Our findings in this regard add to those from other research, also reporting that gambling is frequently hidden among homeless populations, usually because of stigma, shame, and fear of being denied service, sometimes related to a perceived power imbalance between service users and service providers (Holdsworth and Tiyce, 2012a; Sharman & D'Ardenne, 2018). Compounding this, we found, is the lack of routine screening for gambling issues in this population. As other researchers on gambling among homeless populations have observed, 'when an individual is unwilling to disclose, and the servicing agency is not actively looking, it is easy to see why gambling disorders can remain undetected' (Sharman et al., 2019: 5).

A key finding of our study is that the conditions of long-term homelessness appear to contribute to the appeal of gambling for older people, and influence their gambling behaviour. One of their motivations to gamble, we

hypothesised, could be to generate income, often out of desperation. This hypothesis derives from psycho-economic explanations of risktaking behaviour, such as gambling, among poor populations (Shaffer et al., 2002). Other Australian research has found that gambling is perceived by people on low incomes as the only conceivable way they could attain a large sum of money (Maltzahn et al., 2017). However, while it emerged in our study that gambling often provides a sense of 'hope' and can act as a temporary refuge from the harsh reality of homelessness, gambling appears to only aggravate poverty and the cycle of homelessness. Previous studies report that gambling is used by vulnerable individuals as a way of escaping their problems, but this ultimately contributes to further disempowering them (Bicego, 2002). Other researchers have also observed a vicious cycle where individuals attempt to use gambling as a way of escaping traumatic memories, but this often becomes addictive and leads to harmful gambling and a range of associated harms (Nixon et al., 2013).

Gambling and the experience of becoming newly homeless later in life

The other key finding from our study, that gambling can precipitate homelessness among older people, is relatively unexplored in the existing research literature and warrants further investigation. While previous research on first time homelessness later in life reports relationship breakdown and bereavement as antecedent events that contribute to an older person becoming newly homeless, they identify gambling only as a contributing factor (Crane et al., 2005). A recent qualitative study of first-time homelessness later in life reports that affected individuals often had stable histories of work, housing, and family life, and that homelessness came as a shock to them (Burns & Sussman, 2019). Despite having some access to supportive networks, the research suggests that many in this situation opt for being homeless rather than asking for help because of the shame and embarrassment they feel, and their reluctance to seek help was seen to further compound their homelessness.

The forms of gambling that co-occur with homelessness among older people have been given little attention in the research literature to date. However, we identified high intensity forms of gambling as a significant factor in first-time homelessness later in life. Forms of high intensity gambling that enabled episodes of continuous gambling, such as online race betting and using EGMs appear to be closely associated with the large financial losses, insurmountable debts, relationship breakdown, and eventual homelessness that characterised many of the cases participants described to us. It is well established that high frequency gambling in Australia can have catastrophic impacts on individual gamblers. An Australian government inquiry into gambling reported that a person using EGMs at high intensity could easily lose more than $1,500 in an hour (Productivity Commission, 1999). There is emerging evidence that certain forms of high intensity gambling, such as EGMs, are intentionally designed to modify a person's decision making and behaviours and that this is likely to contribute to an acceleration of harmful gambling (Yucel et al., 2018). Others have also observed that the increased availability and accessibility to online forms of gambling enables continuous gambling across multiple settings (e.g. home, work, travel) and can accelerate the risk of harms among vulnerable individuals (Rogers et al., 2019).

Our finding of a link between high intensity gambling and homelessness among older people is salient given that the estimated prevalence of participation in high intensity forms of gambling is disproportionately high among older age groups in Victoria compared to most younger age groups. For example, more than one in five (21.0%) Victorians aged 55-64 years and almost one quarter (23.5%) aged 65+ years report playing EGMs in the past year (Hare et al., 2015). The prevalence of race betting is similar, and has been increasing in recent years. More than one in four (26.7%) Victorians aged 55-64 years report race betting in the past year, a significant increase from six years earlier (14.1%). The same upward trend in race betting is also found among those aged 65+ years, increasing from 10.2 per cent to 18.1 per cent over the same period.

Factors contributing to gambling and homelessness

Another question we aimed to address in this study was: 'How do individual, structural and other factors contribute to gambling and homelessness co-occurring among older people?' We identified several individual, interpersonal,

and structural conditions which, when activated, can become part of generative mechanisms for co-occurring gambling and homelessness. Notably, some factors appear to aggravate harmful gambling and homelessness, as well as result from harmful gambling and homelessness (e.g. certain co-morbidities, poverty, exclusion). Hence, directionality is difficult to untangle.

However, we were able to uncover at least three clusters of factors that typically co-occur with gambling and homelessness among older people. We are cognisant that the three clusters – money problems, individual vulnerabilities, and toxic environments, are likely to differ in significance in each case of gambling and homelessness, and they are not intended as an exhaustive list of all necessary contributing factors. However, they emerged as important in the context of our study, and could be considered as suitable points for intervention, as well as areas for further research. Within the existing research literature on gambling and homelessness, surprisingly little attention is given to money problems, such as the loss of money, and the struggle to obtain, manage and live without money. Yet we identified money problems as important for understanding how gambling and homelessness are linked. In particular, the level of poverty among the long-term homeless population emerged as a key structural condition underlying their gambling behaviours.

The range of individual-level vulnerabilities to gambling and homelessness that we have identified includes alcohol and drug use, mental illness, and past trauma. This generally aligns with the findings of other studies that have explored risk factors for experiencing gambling and homelessness (Bramley et al., 2019; Hamilton-Wright et al., 2016; Holdsworth and Tiyce, 2013). For example, a study of homelessness service users in the US found that compared to those who are non-problem gamblers, the problem gamblers were significantly more likely to meet the criteria for specific psychiatric diagnoses, including anti-social personality disorder and bipolar disorder (Nower et al., 2015). Furthermore, they found that compared to non-gamblers, problem gamblers were significantly more likely to report substance use problems, particularly alcohol dependence and illicit drug dependence. In our study, we found some evidence that alcohol and drug use can trigger episodes of harmful gambling among older homeless individuals. However, it was beyond the scope of our study to examine the role that each of the individual-level vulnerabilities plays in gambling and homelessness. Nonetheless, we suspect that some of these factors are neither wholly a cause nor a consequence of gambling and homelessness. Instead, many may be the result of common underlying factors among this population (e.g. trauma) (Nielssen et al., 2018; Nower et al., 2015).

Toxic environments that surrounded older people now, and in their past, also appear to contribute to the risk of experiencing gambling and homelessness. This aligns with the pathways models of problem gambling (Blaszczynski and Nower, 2002) which draws attention to the importance early life exposure to gambling, and ecological factors, as determinants of gambling problems later in life. Others have also reported youth experience of gambling as a risk factor for gambling problems and homelessness later in life (Hamilton-Wright et al., 2016). We also identified that the adverse living situations of many older people experiencing gambling and homelessness contribute to harm. This aligns with previous studies that report evidence of a link between the severity of homelessness and gambling problems (Sharman et al., 2015).

Responding to gambling and homelessness

In this study we also explored service responses to gambling and homelessness. Firstly, we aimed to address the question: ‘How do homelessness services currently identify, understand and respond to the co-occurrence of gambling and homelessness among older people?’ Services that assisted older people with their financial problems due to gambling appear to be a vital and effective response. This reflected the centrality of financial crises in cases of gambling and homelessness. Furthermore, individuals with financial problems related to gambling often appear more willing to engage openly with financial counsellors, and potentially disclose their gambling issues, than they otherwise would when engaging with other support services (e.g. housing, material aid). However, there also appear to be gaps and fragmentation in the service system for people experiencing gambling and homelessness. The most apparent gap is the limited capacity of housing and homelessness services

in recognising and responding to gambling issues among their clients. In particular, the lack of routine screening and assessment for gambling issues. Researchers in other jurisdictions have observed similar gaps in the service system (Hamilton-Wright et al., 2019; Sharman et al., 2019).

We also aimed to address the question 'How can service responses be improved to prevent and minimise the harm associated with gambling and homelessness among older people? Given the identified gaps in service responses, an obvious area for improvement we identify is implementing routine screening and assessment for gambling issues within the operations of services that support older people experiencing homelessness. Reducing some of the barriers to accessing services is also identified as important. In particular, the stigma of gambling problems appears to be a major barrier to help-seeking, and this has also been recognised in previous studies (Hamilton-Wright et al., 2019; Holdsworth and Tiyce 2012a). We found that referral to financial counselling appears to be a less stigmatised path for some individuals to disclose and address their gambling issues. The adoption of person-centred approaches to service delivery also emerged as important for strengthening the effectiveness of responses to people experiencing gambling and homelessness. However, we expect there are likely to be mixed views among service providers on whether service hubs or, alternatively, outreach service models are most effective for achieving a person-centred approach. Other studies on developing a person centred approach to service delivery for people experiencing gambling and homelessness have identified the importance of carefully choosing language and terminology with service users, allowing time to build rapport and trust, providing therapeutic spaces, and implementing training to ensure workers have the requisite knowledge and skills to recognise and respond to gambling issues (Hamilton-Wright et al., 2019).

5.2 Policy implications

Our findings on the link between gambling and homelessness among older people have several implications for policy and programs, and are significant given the high and increasing rate of gambling participation among older people in Victoria, and the recent increases in the number of older people who are homeless.

Expanding state-wide problem gambling services to reach homeless persons

Expanding screening and early detection of gambling issues across the population of older people experiencing homelessness is a priority. This would enable earlier detection of gambling issues and aid services to offer support in a more timely and targeted manner. Increasing the capacity of Victoria's state-wide Gambler's Help services to reach homeless persons appears to be one of the most practical ways of achieving this.

Referral to financial counselling

Increasing access and referral to financial counselling services for older people who are homeless, or at risk of becoming homeless, is a related priority. Referral to financial counselling services can be a less stigmatising experience for individuals who are reluctant to disclose their gambling to other services, but it is often a way of uncovering and addressing their gambling.

Building the capacity of homelessness services to respond to gambling

As part of the expansion of screening and referral described above, it is important that education and training regarding problem gambling be provided to the service delivery workforce within housing, homelessness, health and related services to increase their confidence and capacity to recognise and respond to gambling issues

among older people experiencing homelessness. Screening should also be linked with ongoing monitoring and data management of gambling issues among service users experiencing homelessness. This would enable service providers to understand prevalence, patterns and demand levels. It could also usefully integrate with a new surveillance system to build the evidence base on gambling and homelessness [see more on this in section 5.3].

Early intervention

As has been recommended elsewhere (Fazel et al., 2014), among older people who are homeless, or at risk of becoming homeless, service providers should screen for issues that may trigger various problematic behaviours, such as gambling. Known triggers include life events such as bereavement, relationship breakdown, or a personal crisis (e.g. job loss).

Reducing the stigma of help-seeking

Coupled with this, there is a need for initiatives that work towards de-stigmatising help-seeking for gambling problems among those affected in the homeless population, service providers, and the general community. Consideration could be given to applying approaches from other areas of public health (e.g. tobacco, alcohol and drug, HIV AIDS, mental health, domestic violence) where there has been some success in reducing the stigma of help-seeking and improving health outcomes.

Creating healthy environments

Just as accommodation and support services for homeless populations are moving towards becoming smoke-free environments and providing smoking cessation support to service users, consideration should be given to similarly styled approaches to gambling in these environments.

Tackling poverty and homelessness

At a broader, structural level, our research findings lend support for policy and program reforms in the areas of social security payments and the supply of social housing for older people, in order to reduce underlying causes of poverty and homelessness, respectively. However, we have not examined these issues in detail and therefore cannot justify forming specific policy recommendations.

Income management

We are conscious that any research which illuminates the prevalence of gambling among homeless populations might potentially be used to justify the introduction of austere policy interventions, such as strict income management arrangements for social security recipients (e.g. cashless welfare cards). Our research shows that individuals' vulnerability to gambling harm and homelessness is shaped by a multitude of social, economic and environmental factors, many outside of their immediate control. Hence, we caution against forming conclusions based on our research that the nexus between gambling and homelessness can be broken simply by imposing restrictions on the income of individuals deemed to be at-risk of gambling related harm. There are some cases, as reported by participants in this study, where individuals lack capacity to manage their finances or adequately care for themselves. For some of these individuals, externally imposed income management arrangements may act as an effective public health intervention to prevent harm. However, the participants in our study pointed to the need to reduce poverty, increase access to affordable housing, and reduce the stigma of help seeking for gambling issues, as key to preventing and reducing harm in this area.

5.3 Opportunities for further research

The overall goal of this exploratory study has been to make a useful contribution to the evidence base on gambling and homelessness, with a focus on older people. To the best of our knowledge, our rapid review using systematic search procedures to examine the empirical evidence on gambling and homelessness is the first of its kind on this subject. Other recent examinations of the literature on gambling and homelessness have been valuable for planning our review, but they do not use systematic search or review methods that enable a comparison of their findings with our own (Bramley et al., 2018; Sharman, 2019). Our search identified a small body of peer-reviewed research examining the prevalence, contributing factors, and responses to gambling and homelessness. It is notable that now, ten years since the *National Homelessness Research Agenda* (DFACSIA, 2009) identified gambling and homelessness as a knowledge gap that should be prioritised, only modest progress has been made by the way of Australian research in this endeavour. We found that most of the studies on gambling and homelessness are quantitative, and most are cross-sectional and largely descriptive. Hence, the temporal ordering of the relationship between gambling and homelessness remains largely unexplored. Evidently, conducting research in this area is challenging as it involves investigating two issues that are both often hidden and highly stigmatised. The available research evidence is useful for providing some general understandings of the link between gambling and homelessness, but there is a paucity of evidence relating to older people specifically.

The findings from our own empirical investigation indicate that a link between gambling and homelessness among older people exists that is complex, and likely to be bi-directional. We have described the nature of the relationship between gambling and homelessness in detail and identified some casual explanations, but questions remain about the extent of the problem and where best to target policy and programmatic responses. Current gambling prevalence studies in Victoria do not provide an estimate of gambling behaviour or harm among those experiencing homelessness. Conversely, prevalence studies of homelessness (e.g. the national census) do not collect information about the gambling behaviours or harms.

Trial a surveillance study of gambling and homelessness

Addressing these gaps in the research by trialling, and potentially scaling-up, an ongoing public health surveillance study of gambling and homelessness is likely to be a more robust and cost-effective means of measuring the extent of the problem than a conventional prevalence study. Prevalence studies in this area are likely to be expensive and unreliable, given that both gambling and homelessness are relatively hidden issues, whereas an ongoing surveillance study of gambling in homeless populations could be integrated within the routine data collection performed by key services providers (e.g. housing and homelessness services). A surveillance system approach has proven to be successful for efficient, timely, reliable and accurate monitoring of the prevalence of other public health issues in the community that can be hidden and difficult to detect. For example, in Australia, the National Ambulance Surveillance System is a well-established system for monitoring and mapping alcohol and drug related harm in the community (Lubman et al., 2020).

Investigate the forms of gambling that contribute to homelessness

Given the preliminary evidence of a link between certain forms of gambling and homelessness found in this study, and the limited research attention that has been given to this previously, we also suggest that further research be undertaken to better understand how various forms of gambling are linked with homelessness. In particular, research into how contemporary forms of high intensity gambling (both online and venue based) precipitate harm in the community is needed, and could be undertaken with a view to identifying strategies for preventing and minimising the harm they cause.

5.4 Limitations of our study

Our study has some limitations that should be borne in mind when interpreting the main findings. With regards to the results of our rapid review, weaknesses in the individual studies included (e.g. small sample sizes, selection bias, reporting bias) are likely to have impacted some of our findings, and they restrict us from drawing firm conclusions. Our review method is also subject to some limitations. For example, while we closely follow the same procedures used in the PRISMA statement for systematic reviews, in a rapid review some key steps are streamlined because of time and resource constrains (e.g. only one reviewer performed the study selection, data extraction and synthesis). Also, our critical appraisal of evidence quality was restricted to highlighting obvious weaknesses and biases. Additionally, we allowed for the inclusion of evidence from studies where the stated primary aims did not mention gambling or homelessness, but the study did report findings about their co-occurrence. This meant that some studies we have included might have otherwise been excluded if stricter inclusion criteria had been applied, and this may potentially bias our review findings. Therefore, with these limitations in mind, we suggest the findings of our rapid review be interpreted as preliminary and should not be used to inform policy or clinical practice without further robustness checks. Nonetheless, the findings do offer an up-to-date overview of the existing empirical evidence on gambling and homelessness, and they provide an important basis for our own empirical investigation presented in this report.

A limitation of our empirical investigation is that it explored only the views of key informants employed in support services for older people experiencing harm from gambling and homelessness. The findings, therefore, do not extend to the perspectives and experiences of older people themselves, or affected others. It should be noted that some older people experiencing homelessness do not access services, and hence the evidence we have collected from interviewing service providers may not be a complete view of the link between gambling and homelessness. It should also be noted that because we have focused on the issues affecting older people, our findings may not be applicable to other demographic groups (e.g. younger people) or the general population. Also, because our sample was recruited from within the state of Victoria, Australia, our findings may not be generalizable to other contexts. For various reasons, some individuals and organisations declined our invitation to participate in this study, and therefore it is possible that a broader/deeper range of responses may not have been captured in our study. Notwithstanding this, we purposively recruited participants within the same or similar categories as those who declined, with the aim of ensuring those categories were represented in the study sample.

5.5 Conclusion

Gambling and homelessness among older people is a complex and multi-dimensional public health challenge for the Victorian community and is not adequately addressed at the present time. The findings of this exploratory study provide a description of the nature of the problem based on the views of key informants from service providers who have direct contact with those affected. The findings of this study will be useful to those concerned with preventing, reducing and responding to homelessness and gambling related harm among older people. The study also provides insights that will be helpful for identifying and planning much needed research in this area.

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Appendices

Appendix 1.

Table A1. Characteristics of the studies included in the rapid review.

Author, date of article	Country	Type of study	Setting	N	Aims
ANPAA et al., 2011	France	Quantitative	Help-seeking	2,790	To estimate the prevalence of pathological gambling in people with alcohol use disorders.
Bender et al., 2015[1]	United States	Quantitative	Help-seeking	601	To describe youth with a history of foster care in terms of their homeless contexts and needs; to determine how homeless youth with foster care history differ from their non-foster care homeless counterparts; and, to identify factors associated with longer duration of homelessness among youth with a history of foster care.
Bergh et al., 1994	Sweden	Quantitative	Help-seeking and community	42	To compare the social, psychological and physical consequences of gambling among pathological gamblers recruited by advertising with pathological gamblers identified by case-finding within districts of probation, in- and out-patient psychiatric care and social welfare authorities.
Bramley et al., 2019	England	Qualitative	Help-seeking	23	To explore the views of professionals working within health, care and other agencies about harmful gambling among adults with health and social care needs.
Breen et al., 2011	Australia	Qualitative	Community	169	To examine and explain gambling behaviours, motivations and consequences of Indigenous Australians.
Browne et al., 2016	Australia	Qualitative	Help seeking	30	To develop the definition and conceptual model of gambling-related harm and improve the understanding of the full breadth of harms.
Castellani et al., 1996	United States	Quantitative	Help-seeking	154	To examine the hypothesis that in a formerly homeless substance-misusing sample of veterans, those assessed as problem gamblers would score significantly higher on measures of negative affect and poor coping.

Author, date of article	Country	Type of study	Setting	N	Aims
Cowlishaw et al., 2017	England	Quantitative	Help-seeking	17	To indicate the extent of gambling problems among patients attending general practices, and explore settings or patient groups that experience heightened vulnerability.
Crane et al., 2005[2]	Australia, England, US	Quantitative	Help-seeking	377	To examine the causes of homelessness among newly homeless older people in selected urban areas of three countries.
Darbyshire et al., 2001	Australia	Qualitative	Help seeking	15	To gain a deeper understanding of the experiences of children who live in families where a parent or caregiver has a serious gambling problem by exploring the perspectives and understandings of the children and young people themselves.
Dufour et al., 2014	Canada	Quantitative	Help-seeking	419	To estimate the prevalence of at-risk gambling among homeless youth; and document the association between at-risk gambling behaviors and the problems typically associated with problematic gambling.
Dufour et al., 2016	Canada	Quantitative	Help-seeking	424	To estimate the prevalence of gambling problems and compare those who were at-risk gamblers with non-problem gamblers in terms of mental health problems, substance use problems, and other risk factors among individuals who smoke or inject cocaine.
Edens et al., 2011[3]	United States	Quantitative	Help-seeking	1,120,424	To compare a national sample of homeless and non-homeless Veterans Affairs (VA) mental health services users to determine risk and protective factors for homelessness.
Edens et al., 2012[3]	United States	Quantitative	Help-seeking	1,102,846	To compare demographic and clinical characteristics of Veterans Affairs (VA) specialty mental health (MH) services users who are Pathological Gamblers with those who are not.
Ferguson et al., 2015[1]	United States	Quantitative	Help-seeking	601	To examine homeless young adults' risk factors and protective related to legal and illegal income generation and determine how these correlates vary by gender.
Ferguson et al., 2016[1]	United States	Quantitative	Help-seeking	601	To examine gender differences among homeless young adults' engagement in illegal economic activity (i.e., panhandling, selling drugs, sex, gambling, theft).
Gallaway et al., 2019	United States	Quantitative	Community	1,553	To investigate potential problematic gambling and its association with demographics and behavioral characteristics in a US military cohort.
Gattis et al., 2011	United States	Quantitative	Help-seeking	315	To examine whether gamblers with stable housing would be at lower problem-gambling risk than those with transient/unstable housing.
Guilcher et al., 2016[4]	Canada	Qualitative	Help-seeking	30	To explore the experiences with health and social services of men who had histories of problem gambling and housing instability.

Author, date of article	Country	Type of study	Setting	N	Aims
Hamilton-Wright et al., 2016[4]	Canada	Qualitative	Help-seeking	5	To explore the previous experiences of youth gambling in a sample of adult men experiencing housing instability and problem gambling.
Hamilton-Wright et al., 2019	Canada	Qualitative	Help-seeking	16	To summarize the knowledge generated about problem gambling, poverty, and homelessness from the perspectives of participants in a World Café knowledge translation and mobilization event.
Hare et al., 2015	Australia	Quantitative	Community	13,554	To examine the prevalence and distribution of problem gambling in the population and explore issues related to gambling including health, pre commitment, casino gambling, and harm as a result of gambling.
Harris et al., 2017	United States	Quantitative	Help-seeking	1,356	To examine risk factors that contribute to housing insecurity among veterans.
Heffron et al., 1997	United States	Quantitative	Help-seeking	300	To test the hypothesis that there are health and lifestyle issues among homeless persons that differentiate them from other segments of the population and that can be described as risk factors for homelessness.
Hing et al., 2014	Australia	Quantitative	Community	1,259	To analyze the harms arising from gambling and gambling-related help-seeking behaviour within a large sample of Indigenous people.
Holdsworth & Tiyce, 2012a[5]	Australia	Qualitative	Help-seeking	35	To explore the relationship between gambling and homelessness from the perspective of service users and service providers.
Holdsworth & Tiyce, 2013[5]	Australia	Qualitative	Help-seeking	35	To explore the relationship between gambling and homelessness from the perspective of service users and service providers.
Holdsworth et al., 2011[5]	Australia	Qualitative	Help-seeking	35	To explore the relationship between gambling and homelessness from the perspective of service users and service providers.
Johnson et al., 2014	Australia	Quantitative	Help-seeking	1,682	To examine homeless persons housing transitions over four waves of a survey; develop and test a typology based on housing instability and experiences of homelessness; and, use the typology to examine service usage patterns and how this might vary among respondents.
Kamara et al., 2019	Uganda	Qualitative	Help-seeking	136	To analyze the needs of slum dweller youth and to suggest contextual evidence-based solutions to improve their well-being sustainably.
Lepage et al., 2000	Canada	Quantitative	Help-seeking	87	To assess the prevalence of pathological gambling among individuals who rely on a community organization that offers food, material and/or financial assistance.

Author, date of article	Country	Type of study	Setting	N	Aims
Majer et al., 2011	United States	Quantitative	Help-seeking	71	To investigate the prevalence of gambling behaviours among individuals recovering from substance-dependent disorders and living in self-run recovery homes.
Matheson et al., 2014	Canada	Quantitative	Help-seeking	264	To estimate the prevalence of problem and pathological gambling among clients of homeless service agencies.
Moghaddam et al., 2015	United States	Quantitative	Community	43,093	To examine various characteristics of behavioural problems and antisocial personality disorder (ASPD) among five gambling severity groups
Nielssen et al., 2018	Australia	Quantitative	Help-seeking	2,388	To describe the characteristics of people attending mental health clinics at shelters for the homeless.
Nishio et al., 2015[6]	Japan	Quantitative	Help-seeking	114	To comprehensively assess prevalence of mental illness, cognitive disability, and their overlap among the homeless.
Nower et al., 2015	United States	Quantitative	Help-seeking and community	275	To investigate the prevalence of gambling disorder and comorbid psychiatric disorders in a homeless population and identify features related to potential subtypes.
Pluck et al., 2015	Japan	Quantitative	Help-seeking	16	To examine cognitive impairment, estimate IQ and investigate associations between cognitive functioning and homelessness-related variables such as addictive behaviours among a sample of homeless adults.
Rintoul & Deblaquiere, 2019	Australia	Mixed methods	Community	159	To explore and document local environmental factors that influence gambling consumption patterns in selected areas or clusters; and, to document the nature and consequences of gambling-related harm among people who gamble, their families and local communities.
Roberts et al., 2017	Eng., Scotland, Wales.	Quantitative	Community	3,025	To investigate the links between gambling problems, trauma and life stressors in a nationally representative sample of men and determine whether links were attenuated by alcohol and drug use problems.
Roberts et al., 2019	England	Quantitative	Help-seeking	658	To examine the frequency of treatment dropout among individuals seeking residential treatment for gambling disorder, identify significant predictors of treatment dropout, and evaluate differences in socio-demographic variables and clinical characteristics between voluntary and enforced dropout.
Rota-Bartelink et al., 2007[2]	Australia	Quantitative	Help-seeking	125	To understand the reasons for homelessness among people aged 50 years and over.

Author, date of article	Country	Type of study	Setting	N	Aims
Saldanha et al., 2019	India	Mixed methods	Help-seeking	70	To study investigates the gambling activities of street youth.
Schluter et al., 2007	New Zealand	Quantitative	Help-seeking	983	To examine the association between maternal gambling over the previous 12 months and families' food, shelter, and safety needs among cohort of families with children.
Shaffer et al., 2002	United States	Quantitative	Help-seeking	171	To examine the prevalence of disordered gambling and its association with treatment of psychiatric and substance use disorders among a cohort of homeless people seeking treatment at a community services program.
Sharman et al., 2015	England	Quantitative	Help-seeking	456	To measure levels of gambling involvement and problem gambling in homeless individuals accessing services.
Sharman et al., 2016	England	Quantitative	Help-seeking	72	To replicate recent observations of elevated rates of problem gambling in a homeless sample, and extend that finding by characterizing (a) the temporal sequencing of the effect, (b) relationships with drug and alcohol misuse, and (c) awareness and access of treatment services for gambling by the homeless.
Shelton et al., 2009	United States	Quantitative	Community	14,888	To evaluate relationships between well-established factors and lifetime homelessness status and the relative importance of these factors in the prediction of homelessness.
Stevens et al., 2009	Australia	Quantitative	Community	NR	To address three questions: (1) is gambling a problem in the Indigenous population; (2) how are gambling-related problems positioned in the context of other negative life events; (3) which variables are associated with these problems?
Stevens et al., 2012	Australia	Quantitative	Community	347	To identify housing, carer and community contexts that show evidence of an association with carer reported gambling problems; to identify community traits that show evidence of mediating carer report of gambling problems, and to determine whether there is evidence of reported gambling problems having a multivariable adjusted association with poor child health.
Taylor et al., 2008	Australia	Quantitative	Help-seeking	70	To determine the prevalence of post-traumatic stress disorder among homeless adults, and determine whether the onset of post-traumatic stress disorder preceded the first episode of homelessness or was a consequence of homelessness.
Tevendale et al., 2011	United States	Quantitative	Help-seeking	442	To identify trajectories of homeless youth remaining sheltered or returning to shelter over a period of 2 years; and, to identify predictors of these trajectories.

Author, date of article	Country	Type of study	Setting	N	Aims
van Laere et al., 2009	Holland	Quantitative	Help-seeking and community	120	To explore recently homeless adults' pathways into homelessness, problems and service use, before and after becoming homeless.
Westermeyer et al., 2005	United States	Quantitative	Community	1,624	To test the hypotheses that (i) American Indian veterans have a higher lifetime prevalence of pathological gambling than do Hispanic veterans owing to higher exposure to legal gambling in American Indian communities; (ii) Men have a higher rate of pathological gambling than do women; and (ii) Comorbid substance use, mood, and antisocial personality disorders, but not anxiety disorder, are more common among veterans with pathological gambling than among veterans without pathological gambling.
Westermeyer et al., 2008	United States	Quantitative	Community	557	To test the hypotheses that: (i) compared to non-gamblers, gamblers would include more men, but not differ in other respects; (ii) compared to non-gamblers, gamblers would report higher rates of combat and trauma based on clinical reports of gambling among combat veterans; (iii) compared to non-gamblers, gamblers would include a significantly greater proportion of persons with externalizing disorders, but not internalizing psychiatric disorders; and, (iv) in the absence of data to suggest otherwise, we hypothesized that non-gamblers and gamblers would not differ in regard to mental health treatment.
Wieczorek et al., 2019	Poland	Quantitative	Help-seeking	690	To explore the co-occurrence gambling and homelessness among the homeless population using shelters and night shelters in and to provide information about the forms and frequency of gambling in this homeless population.
Yamamoto et al., 2018[6]	Japan	Quantitative	Help-seeking	114	To examine the prevalence of diabetes and its association with mental illness, cognitive disability, and various social factors among homeless men.

Notes:

NR: Not reported.

Articles based on the same original study include:

1. Bender et al., 2015; Ferguson et al., 2015; Ferguson et al., 2016.
2. Crane et al., 2005; Rota-Bartelink et al., 2007.
3. Edens et al., 2011; Edens et al., 2012.
4. Guilcher et al., 2016; Hamilton-Wright et al., 2016
5. Holdsworth, Tiyce, & Hing, 2011; Holdsworth & Tiyce, 2012; Holdsworth & Tiyce, 2013.
6. Nishio et al., 2015; Yamamoto et al., 2018.

Appendix 2. Interview guide

Introduction

Thank you for agreeing to participate in an interview for this study. It should take around 30 to 45 minutes. Can I check that you have read and understood the Explanatory Statement, and that you have read, understood and signed the Consent Form?

In this interview you'll be asked questions regarding gambling and homelessness among older people in Victoria. I'm interested in your views and experiences of responding to and supporting people who have personally experienced this, in your role working here at [insert organisation name].

I'll be asking you a range of questions about gambling and homelessness, such as whether you've seen any link and some examples of this, whether you believe some people are more at-risk than others, and how your service identifies and responds to those affected.

In the first half of this interview the questions are mostly about the people affected. In the second half the questions are mostly about how you and your service responds.

Do you have any questions or concerns before we start the interview today?

Questions

Topic 1. Evidence of links between gambling and homelessness.

Can you tell me about any link between gambling and homelessness that you've seen?

Probe: Can you give specific examples involving older people?

Topic 2. Nature of the relationship between gambling and homelessness.

Can you tell me your views on the direction of the link between gambling and homelessness?

Probe: Can you give specific examples involving older people?

Topic 3. Gambling behaviours, motivations, and risk factors.

Can you tell me what you think gambling means in the lives of the people (older and homeless) that you've mentioned?

Probe: What do you think are the positive aspects of gambling for them?

Probe: What do you think are the negative aspects of gambling for them?

What do you think are the forms of gambling that are most common among those affected?

Probe: Why are these forms of gambling most common (particularly among older people)?

Topic 4. Identifying people in need.

Can you tell me about the factors you think increase the likelihood that an older person will experience gambling problems and homelessness?

> Probe: I'm interested in your views on both the individual level factors and the broader community level factors.

Can you tell me how your service identifies gambling problems among older people who are experiencing (or at risk of) homelessness?

What do you think are some of the barriers to identifying gambling problems among older people who are experiencing (or at risk of) homelessness?

Can you tell me if there's anything more that could be done to identify gambling problems?

Topic 5. Existing service responses.

Can you tell me about how you and your service responds to and supports older people who are experiencing (or at risk of) homelessness?

Can you tell me what you think are the most appropriate and effective responses?

Topic 6. Barriers and gaps in service responses.

Can you tell me about any gaps in your agency's current service responses?

> Probe: Do you see any gaps in service responses provided by other agencies?

Do you have any suggestions for how service responses could be improved?

Topic 7. Suggestions for additional study participants.

Would you like to suggest anybody else we should interview for this study?

> Probe: What specific information would they be able to provide?

Topic 8. Any further comments

I don't have any further questions at this stage.

Would you like to add anything more to any of your responses?

Would you like to clarify any of your responses?

End of interview

That is the end of the interview. Thank you for your participation. Your time and contribution to our research is appreciated.

A reminder that you are welcome to contact us if you have any questions or concerns about this interview. All the information you have provided will be treated confidentially and you will not be personally identified in any reporting.