St. Michael's

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From research to reality

Informing a response to gambling at the Good Shepherd Centre

C R I C H
Centre for Research on Inner City Health
Survey Research Unit

CRICH
CENTRE FOR RESEARCH ON INNER CITY HEALTH

Prepared May 2014
available at www.crich.ca

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"We are concerned that we may not be addressing an important health problem among our clients. Knowing prevalence would help us understand the extent of gambling problems among people who try and access our services. We would use this information to modify our screening process and expand our intake program to address the needs."

– Funding proposal, "Prevalence of problem gambling among clients of Good Shepherd

About This Report

Good Shepherd Centre (GSC) is a community-based organization in Toronto that provides a variety of services for people who are experiencing homelessness or who are precariously housed. In 2013, GSC partnered with the Centre for Research on Inner City Health at St. Michael's Hospital (CRICH) to find out the degree to which gambling was a problem for the people they serve. The process was a very constructive one for both GSC and CRICH, and generated clear, actionable information. It also sparked a long-term partnership, one that will continue over the coming years.

This report shares study results, but focuses on the research process itself. This project offers a case study for community agencies and researchers who want to collaborate on projects meant to lead directly to change in real world settings. And both GSC and CRICH are very excited to have the opportunity to share it with you.

Good Shepherd Centre (GSC) and Research-to-Action

GSC has a history of conducting research in order to meaningfully respond to the realities of the people they serve. In 2010, GSC found out through a survey that a high percentage of their clients had served in the military in Canada or another country. With this information, they were able to develop new programs and partnerships catering specifically to veterans. In 2012, GSC and CRICH began talking about taking this same approach to gambling. While GSC was aware that some of the people they served faced gambling problems, they did not know the extent of the problem. In addition, because of an organizational focus on substance addiction and mental health issues, they were concerned that gambling was a 'blind spot' for staff. From the beginning, this study was designed to help GSC formulate real world responses for people experiencing both gambling addictions and homelessness.

Gambling and Homelessness

Gambling has clear implications for housing stability. At the same time, few studies have looked at the prevalence* of gambling in groups of people who are experiencing homelessness or who are precariously housed. We found only one Canadian study on gambling prevalence in populations experiencing homelessness. It was conducted in Quebec, and found a lifetime prevalence of problem and pathological gambling of 29 per cent. (1) Compare this to the general population, which is at approximately 5 – 8 per cent. (2).

*   Prevalence means the number of people in a particular population affected by a specific problem over a long period of time.

1.   Lepage, C., Ladouceur, R., & Jacques, C. (2000). Prevalence of problem gambling among community service users. Community Mental Health Journal, 36, 597–601.

2.   www.problemgambling.ca/EN/ResourcesForProfessionals/Pages/PrevalenceofProblemGambling.aspx

Defining gambling

For the purposes of the study, we defined gambling as betting money or something of material value on an event with an uncertain outcome. This can include horse races, dice, scratch cards, bingo or even a card game with friends. While gambling can be a harmless pastime for some, for others it can become an addiction, affecting daily life. Those who experience gambling as a harmful addiction are often classified as 'problem gamblers,' or, in severe cases, 'pathological gamblers.' Some health providers used the Diagnostic and Statistical Manual of Mental Disorders (DSM) to diagnose problem and pathological gambling. The ten criteria included in the DSM are: preoccupation, tolerance, withdrawal, loss of control, escape, chasing, lying, illegal acts, risked relationships and bailout.

What We Did

Study question and design

GSC asked CRICH to focus specifically on prevalence – they wanted to know the degree to which gambling was a problem for the people they serve. As a result, CRICH researchers created a study designed to:

- Assemble a group of people representative of the overall population using GSC services;
- Find out what percentage of that group were at risk of or had gambling problems, or were potential problem or pathological gamblers at any point in their lives.

Recruitment

The majority of GSC's clients are not registered with the organization. Instead, people drop in at different times for different programs. As a result, we recruited people at different times of day, and in the context of all services offered at GSC. All recruitment took place at the facility itself from March 4th to May 5th 2013. Staff at GSC and CRICH jointly recruited study participants. To recruit new study participants, CRICH:

- Drafted a 'recruitment training manual' in consultation with GSC staff explaining, step-by-step, how to approach someone about the study, and conduct an interview ;
- Trained researchers and GSC staff on the recruitment and interview process;
- Consulted with GSC staff as to the best way – and times of day – to enroll research participants;
- Put up posters around the facility, and asked staff to make announcements about the study;
- Had researchers approach people about the study as they left drop-in activities or before or after scheduled programs;
- Had GSC staff talk to people about the study during one-on-one sessions;
- Made sure people understood they had an option, and could refuse to participate or drop out at any point during the interview.

Interviews

If a person agreed to be interviewed, the interview was conducted right away, and took between one to five minutes. GSC set up small, walled-off areas to offer privacy during interviews. Each person was read the definition of the word 'gambling' and asked if they had ever gambled in their life. If the response was 'no,' there was no further screening. If the response was 'yes,' people were interviewed about their relationship to gambling. People were also asked to provide last name and date of birth in

order to control for duplicate survey completions. If someone was emotionally triggered by survey questions, GSC counsellors were available to speak with them, and were supplied with a list of referral resources. Those who screened positive for at risk, problem or pathological gambling were asked if they would be interested in participating in a follow-up study. All data was entered directly into computers or mobile devices. Honoraria was not supplied for these interviews.

Study Results

In the end, 264 people were interviewed, primarily men. In this sample, there was a total lifetime combined prevalence of problem and pathological gambling of 35 per cent, compared to 5-8 per cent for the general population. Twenty-five per cent of those interviewed met the criteria for pathological gambling, while 10 per cent met the criteria for gambling.

These results suggest a relationship between problem and pathological gambling and homelessness. The findings point to the need for homelessness services to shape a response to gambling (see below for GSC plans) and for gambling support services to shape a response to homelessness. It should be noted that these results come from a study conducted at one facility. Further research is needed to establish the degree to which these results are representative of the broader population of people experiencing homelessness.

For more detailed findings, please see the related journal article, 'Prevalence of Gambling Problems Among the Clients of a Toronto Homeless Shelter.' Journal of Gambling Studies. February, 2014. Flora I. Matheson, Kimberly Devotta, Aklilu Wendaferew and Cheryl Pedersen.

What's Next

GSC is working with CRICH on a follow-up study to explore pathways to unstable housing or homelessness among people who have or have had gambling problems. GSC is also considering:

- Implementing screening for gambling as part of intake;
- Training staff on the signs of gambling addiction;
- Equipping staff with referral resources for gambling addiction programs;
- Forming partnerships with organizations that offer gambling addiction programs;
- Potential in-house responses to gambling addictions.

About the Collaboration

The collaboration between CRICH and GSC was a very positive one, and the partnership will continue. Here are a few key elements both organizations believe contributed to their successful work together:

- Starting with a shared goal. Researchers and GSC staff worked together to formulate our research question, and were all genuinely invested in getting the answer.
- Learning from GSC's expertise. GSC has good and trusting relationships with the people they serve, and know them well. As a result, they were able to give researchers practical feedback on methodology.

- Equitable partnership. GSC expressed that they felt 'respected and heard' by the CRICH research team throughout the process. CRICH staff also felt respected and welcomed.

- Positive energy. From the beginning, interactions were collegial, respectful and constructive. CRICH and GSC liked working together, which went a long way towards bringing them closer to their goal.

- Team work. CRICH and GSC worked as a team to complete the project. CRICH was particularly grateful for the huge amount of capacity GSC offered to the process, from setting up private cubicles for interviews to offering advice on recruitment and jointly interviewing study participants.

- Clear and open communication. CRICH gave GSC staff the option of being involved in every step of the process, and GSC staff were clear in stating what they could or couldn't do.

- The chance to make an impact. From the beginning, both parties knew results would be used to shape interventions. This energized everyone involved.

Tips for Collaborations Between Researchers and Community Agencies

Here are some additional tips for collaborations between researchers and community agencies and/or groups.

For researchers

- Consider formulating research questions and creating the study design in partnership with the community agency and potential research participants.

- Leave lots of time to build understanding between researchers, the community agency and community representatives, and to generate mutual research goals and explore methodologies.

- Be clear about what you have to offer (time, money, staff, expertise – in the case of this study, CRICH offered expertise like knowledge on problem gambling and primary data collection). Also be clear in terms of how long you plan to stay involved with the community and/or organization.

- Consider how the results will be shared and used, and develop plans around this with the community agency and potential research participants. Think about any possible harm that can come from sharing these results, and consider solutions early in the process.

- Make sure you have what you need to make the project happen (ie. interviewers, computers, etc.) and that you're not draining programming resources from the organization.

- Take an approach that allows agency staff to be as engaged with the research as they want to be. Check in with them and find out which parts of the process they'd like to be involved with, and which parts they're happy to leave to you.

- During the recruitment process, be aware of what else is going on in the space. Is there another program happening at the same time? Learn about what's happening in the building so you can answer questions from clients. You might also be following on the heels of another research project. Find out, so you can make it clear to people what you're doing there.

- Think about privacy and confidentiality for participants– this is particularly important when you're conducting interviews in busy public spaces where participants know each other.

- Be flexible. You're not going into a controlled environment. Learn to work with the rhythms of the community agency and the research participants, and be prepared to change your method if it's not working in the context of the partnership.

- Throughout the process, remember that you're part of a collaboration. You have invaluable expertise, and it's likely your role to move things forward. At the same time, respect the expertise and knowledge of your community partners.

- It's important to note that community agencies and communities are not the same thing. While many community agencies do a good job representing the people they serve, sometimes the interests of agencies and community members may differ. Although this did not occur with the Good Shepherd study, there might be cases where you will have to share results from community residents and/or clients that contradict the perspective and/or agenda of the agency, funders, etc. Although you are collaborating with the agency, your first obligation is to the people and communities you are researching.

For community agencies and groups

- If you are initiating the research, have a clear idea of what you want to ask, and remember that researchers can help you define your question.

- If someone is approaching you, consult with stakeholders to make sure the proposed research has the potential to be useful to the community you serve. (The best way to define and consult with stakeholders is an open question, and will depend on your context.)

- Some questions to ask researchers include: how the study will be conducted, what resources you will need to contribute, and what happens to the information at the end of the process (who owns it, how will it be communicated?). Don't be afraid to ask questions, and make your own decisions.

- Learn about the research institution, and read through funding proposals and relevant background information.

- Know that you have an important role to play in the research study – you bring a lot of knowledge and expertise to the table.

- Don't go in with too many pre-conceptions about your research question – you might be surprised at what you find out.

- Use your frontline expertise and work with clients, researchers and staff on study design to make sure you capture relevant information, and that the process itself – including the sharing of results – doesn't generate any harm.

- Try and build real world benefits into the research process itself. For example, through the gambling research project, GSC staff learned how to screen clients for gambling addictions. They were also supplied with referral resources.

- Be prepared to develop a response to what you find out through the research study. This might involve staff training, involving partner agencies, new programs and/or advocacy initiatives.