

## Executive summary

In November 2002, the Victorian Government's *Responsible Gaming: Labor's plan for better gambling regulation in Victoria* publication outlined the Government's commitment to undertake a range of new and enhanced problem gambling initiatives. This included the provision of 'a new and more comprehensive response to CALD communities, including assertive outreach and bi-lingual counsellors, bi-lingual community education workers, mentoring programs, interpreting services and family support'. The Honourable Sherryl Garbutt MP, Minister for Community Services, agreed to undertake this research and needs analyses project to ensure a sound evidence base informed these new services. Indigenous communities were also included in the scope of the work.

While initially conceived as a single project, it was agreed the work would be divided into two concurrent processes which used the same methodology. This was in response to stakeholder concerns about combining Indigenous and culturally and linguistically diverse (CALD) issues within the same reporting framework. Consequently, separate Indigenous and CALD reports were produced for each of the communities.

This report for Indigenous communities contains findings and broad recommendations, which will be used to develop future directions for problem gambling service delivery and health promotion activities for Indigenous communities.

All research was conducted in 2003. A reference group comprising representatives of the Council of Gambler's Help Services, the Victorian Aboriginal Health Service, the Ethnic Communities Council of Victoria, the Victorian Multicultural Commission, and the Department of Human Services oversaw the project.

### Objectives

In Victoria there are numerous mainstream initiatives and service delivery mechanisms to respond to problem gambling in the community. There are very few that specifically target Indigenous communities.

There were three main objectives for this research project:

- to examine approaches to health promotion and service delivery for CALD and Indigenous communities to explore best practice models

- to review current approaches to problem gambling health promotion and service delivery targeting CALD and Indigenous communities and identified issues about best practice approaches
- to provide broad recommendations for the development of new and existing problem gambling programs and services for CALD and Indigenous communities in Victoria.

## **Process**

To meet these objectives, a range of research methodologies was applied. It included an extensive literature review, data analysis and a broad consultation strategy to ensure the inclusion of views from a wide range of key stakeholders and community members.

The initial research was used to scope the overall evidence and issues around problem gambling in Indigenous communities in Australia and included an examination of approaches to health promotion and best practice services for these communities. In particular, the literature review explored the following topics:

- the Indigenous community in Victoria
- problem gambling in Australia
- risk factors
- barriers and approaches to service delivery in Indigenous communities
- service provision models
- best practice models.

There was very little available literature about best practice problem gambling service delivery models for Indigenous communities. Even broader searches for 'best practice service' or 'health promotion' for Indigenous communities produced limited results. As such, other health and welfare services were also included in the review. This was important because of the lessons about service provision for Indigenous communities that could be learnt from the principles and philosophies underpinning these more established areas.

This overall research, including an analysis of Indigenous population demographics and descriptive data that outlined the Government's response to problem gambling in Victoria, informed the stakeholder consultation process. This information also provided the context for reporting and analysing findings and for framing recommendations appropriate to the current problem gambling and broader service system for Indigenous communities.

The community consultation process used a multilayered approach to ensure a wide range of stakeholders, experts and community members were consulted. These included professionals within the Gambler's Help network and representatives from Indigenous community organisations and other organisations providing services to Indigenous communities. The views of problem gamblers from Indigenous communities and of the family members of problem gamblers were also sought. It was also important to ensure representation from and

inclusion of rural and regional areas. The consultation process comprised the following main activities:

- 15 depth interviews with a wide range of stakeholders, including those from the Gambler's Help Services (metropolitan and regional), the gaming industry, Indigenous community organisations and academics
- ten interviews with problem gamblers and family and friends of problem gamblers
- four self-completion surveys completed by Indigenous community organisations
- four case studies of local initiatives
- ongoing discussions with the Multicultural Interest Group of the Council of Gambler's Help Services.

## **Findings**

### **Gambling patterns, experience and impact**

Research with problem gamblers and family and friends of problem gamblers found playing poker machines was the most common form of gambling for these participants. This was true for both males and females. The research explored the impact gambling has on both the gambler and their family and friends. A wide range of implications were discussed and these generally fell within three broad categories: the impact on finances, on family relationships and on emotional wellbeing.

### **Service use**

Research participants were primarily recruited through Gambler's Help Services based at the Victorian Aboriginal Health Service, with a few recruited through regional Gambler's Help Services. Five of the six gamblers had attended a service (predominantly a financial counsellor), whereas most of the family participants had not seen a service. The most common referral points were Indigenous organisations and family and friends.

### **Awareness of gambling services**

Many participants were unsure of awareness levels among the general community, although all those who had used a service felt most Indigenous communities are aware of this service. This awareness was perceived to be generated by friends and family, 'talk', Indigenous workers and promotional material (brochures and posters) in Indigenous organisations.

### **Stakeholder perceptions of the service framework**

Overall, the perception was that the current service environment is inadequate because of the limitations in initiatives specifically targeting Indigenous communities, although there were

examples of models that were meeting the needs for some Indigenous communities. On the positive side, when asked directly about whether the service was helpful, almost all participants responded positively. Many participants found counsellors to be culturally sensitive and approachable, which led to feelings of comfort in a counselling environment. Linked to this were requests for more Indigenous counsellors and other culturally appropriate counsellors to enhance access. Several participants were positive about the outcomes of 'getting their self-respect back', lower stress levels, an improved social life, and saving money. Other participants were positive about the referral network, confidentiality, the follow-up program, buddy group and the surroundings. The opportunity for participants to talk with counsellors about their concerns relieved stress and provided a forum for airing concerns and grievances.

Alongside this, stakeholders identified a range of issues about the current service framework. These issues include:

- limited focus on Indigenous communities
- funding limitations and a lack of services and resources (especially Indigenous workers) in the gambling area for Indigenous communities
- limited focus on community education, prevention and early intervention
- limited expertise and capacity within Indigenous organisations as many do not have funding, help and support to address gambling issues.

These issues pointed to the following challenges for service delivery:

- the time and resources needed to develop relationships with Indigenous communities and to maintain these relationships in the long term
- the diversity across and within various Indigenous communities throughout Victoria
- gambling not 'yet' being identified as a problem within Indigenous communities. All acknowledged it is a significant, and growing, issue, but one that is not on the agenda because it is not seen as a health issue
- the relationship of gambling to many other issues Indigenous people are facing (such as alcohol and illicit drug use, family violence, poverty, unemployment, depression, grief and loss). It is therefore a challenge to 'unpack' gambling within this complex interplay of structural, health and social impediments to the financial, emotional and physical wellbeing of Indigenous communities
- a need to enhance the understanding of and expertise in gambling issues in Indigenous organisations, with a requirement for resources and training, following an empowerment model
- the significant challenge in developing trust, relationships and 'getting the word out there' because it takes time, resources, understanding, a culturally appropriate approach to all partnerships, and a willingness from the Indigenous organisations themselves

- the embarrassment about seeking help for gambling within Indigenous communities, which poses a barrier to people accessing services (several spoke of this challenge).

### **Barriers to service use**

Barriers to accessing services represent a major challenge for service delivery and most suggested several factors were involved in discouraging people from seeking help. The barriers identified are:

- embarrassment and shame. ('Aboriginal people keep it in their own backyard, don't like people to know about problems; it's a shame job')
- denial, hiding the gambling. ('A lot of people are in denial and when you do approach them about their gambling, they become defensive and depending on how you talk to them they may become offended')
- lack of comfort with counselling. ('It's not natural to talk to people about your problem')
- limited awareness of services available
- lack of confidence that services can help. ('Fifty dollars an hour just to hear my problems and I still won't get help')
- feeling unsure or unwilling to take that first step
- concerns around confidentiality and the need for trust (including concerns about welfare services being involved)
- preference for Indigenous counsellors.

### **Addressing barriers to services**

There was a range of suggestions given for addressing barriers to service use. Some mentioned community education and advertising on Indigenous radio and in newspapers in which services could be promoted as sensitive, inoffensive and culturally appropriate. Others felt accessing services could be made easier if community members had a better understanding of the confidentiality of the service, and if the counsellors worked with an Indigenous counsellor. A few also mentioned the benefits of offering group counselling or workshops with other Indigenous people, with a suggestion for readily available meetings, such as those used in the Alcoholics Anonymous program. Family support was also suggested, as were alternative recreational opportunities.

It is clear, however, these suggestions do not directly address the important barriers of embarrassment and shame and the lack of comfort in talking to people about gambling problems. Several participants felt gambling problems are not acknowledged within the Indigenous community, which suggests an important first step is to raise awareness and aim to put gambling on the agenda for Indigenous communities. This is particularly relevant given

gambling is linked to a range of other factors that are negatively impacting on the lives of many Indigenous people.

### **Priorities in service delivery**

Across the research, there was a clear need identified for community education and development, with a focus on prevention and early intervention. Within this, a need for recreational or diversionary programs was identified. A broad range of suggestions was also given for improving the service delivery model so it better meets the needs of Indigenous communities.

### **Recommendations**

Given the findings of the research and consultation process, there are two key recommendations for health promotion and best practice services for Indigenous communities:

- the implementation of a preventive care model, with a focus on community development and strategies which include community education and working in partnership with communities
- the provision of an enhanced Indigenous-specific counselling service network.

It should be noted that for implementation purposes, these key recommendations are of equal importance and priority.

### **Community development**

A key priority within the preventive care model is the focus on reducing barriers to health care by incorporating aggressive community development, community education and service delivery outreach. To achieve this, it is recommended a team of specific Indigenous community development positions be created and attached to a statewide body or appropriate Indigenous health organisation. Such a team would provide the diversity, flexibility and mobility required to address the numerous Indigenous communities throughout the state. The feasibility of establishing an independent service structure could also be explored.

This component of the preventive care model would include a focus on scoping and implementing pilot projects, linking education and communication activities across the sector, developing key community partnerships, and prioritising community needs. It would also allow for support of Indigenous-specific counsellors, Indigenous community workers and mainstream health professionals, including recruitment and training and research and program evaluation to be undertaken to determine capacity building.

Alternative engagement activities are also important in prevention and in dealing with the difficulties many people face in addressing their problem gambling. Working with communities to establish alternative forms of social activity or providing training to Indigenous and mainstream organisations would ensure culturally appropriate activities are established and could also be a key role of this community development approach.

If implemented, it is imperative this model be ongoing to build trust and to raise awareness among problem gamblers and Indigenous communities.

### **Indigenous counselling services**

A key finding of the research was that programs currently providing a culturally-sensitive service for Indigenous communities were significantly more effective in supporting problem gamblers. It is recommended this type of service delivery be enhanced with specific funding (dependant on available resources) allocated to increase the number of Indigenous-specific counselling positions, with an emphasis on financial counselling, across the sector.

While findings from the research indicated the 'ideal' service would be provided by Indigenous counsellors, this aspect is not essential to service provision as long as non-Indigenous counsellors are culturally sensitive and considered appropriate by community members. Given the limited number of Indigenous-specific gambling services and Indigenous counsellors in Victoria, the need for mainstream services to demonstrate cultural understanding is also critical.

There is also a challenge to 'unpack' gambling within the complex interplay of structural, health and social impediments to the financial, emotional and physical wellbeing of Indigenous communities. Any gambling service needs to acknowledge this and provide a broad approach to case work and referrals to related services.