

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 CALD communities contains findings and broad recommendations, which will be used to develop future directions for problem gambling service delivery and health promotion activities for CALD 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 far fewer that specifically target CALD 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 CALD communities in Australia and overseas and included an examination of approaches to health promotion and best practice services for these communities. In particular, the following topics were explored in the literature review:

- the definition of CALD
- the CALD population in Victoria
- problem gambling in Australia
- risk factors
- barriers and approaches to service delivery in CALD communities
- service provision models
- best practice models.

Perhaps the most notable observation about the literature on best practice problem gambling service delivery models for CALD communities is its scarcity. Even broader searches for 'best practice service' or 'health promotion' in CALD 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 CALD communities that could be learnt from the principles and philosophies underpinning these more established areas.

This overall research, including an analysis of CALD 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 CALD 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 ethnic community organisations and other multicultural organisations. The views of problem gamblers from CALD 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:

- ongoing discussions with the Multicultural Interest Group of the Council of Gambler's Help Services (made up of bilingual counsellors and community educators who work within the Gambler's Help network across Victoria)
- 30 depth interviews with a wide range of experts and service providers, including those from Gambler's Help (metropolitan and regional) and ethno-specific and multicultural community organisations, academics and representatives of the gaming industry
- 16 interviews with CALD problem gamblers and family and friends of problem gamblers
- self-completion surveys completed by 24 ethno-specific community organisations
- six case studies of local problem gambling initiatives targeting CALD communities.

Findings

Gambling patterns, experience and impact

Research with problem gamblers and family and friends of problem gamblers found that playing poker machines was the most common form of gambling for these participants. This was true for both males and females. Gambling at the casino was identified by around one in three participants, with specific mention of table games, such as baccarat and roulette. Betting on horse racing or the TAB was seldom mentioned, with only a couple of participants identifying this as part of their gambling behaviour.

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. In almost all cases, a number of impacts were identified which crossed all three categories and sometimes included other areas.

Service use

As participants for the research were primarily recruited through Gambler's Help Services, almost all indicated they had accessed either a problem gambling or financial counsellor and most had accessed one service only. The most common referral points were family, and to a lesser extent, friends. For several respondents, the family made the first contact with the service and then encouraged the gambler to access the service (and organised the initial appointments).

Awareness of gambling services

The research identified a striking difference between the perceptions of problem gamblers and those of their families. Around half the participants, primarily family members, thought many people in both the general and CALD communities are aware of the gambling services available. Several participants referred to the advertising on the radio, in newspapers and on the television (with specific mention of advertising in the ethnic media). In contrast, a similar number of problem gamblers felt many in the community are not aware of these services. This suggests gamblers might be less likely to notice messages about services offered by Gambler's Help, whereas family members are actively receiving this type of information.

Stakeholder perceptions of the service framework

Overall, the perception among stakeholders was that the current service environment is generally appropriate, given the limitations in which it operates and the specific challenges of meeting the needs of diverse CALD communities. When asked about whether the service was helpful, almost all participants indicated it was. Both gamblers and family members identified the benefits of receiving emotional support and of being able to talk about their issues or feelings in a safe environment. The provision of practical advice, particularly around financial matters, was also highlighted as a positive attribute of the service.

Stakeholders nevertheless identified four limitations of the service, which help to identify the challenges in providing a more comprehensive service. These limitations are:

- limited targeting of specific language groups
- a lack of services in languages other than English
- funding limitations
- communication.

From this, the most significant identified challenge is the diversity of language groups in Victoria and the difficulty this poses for providing accessible, culturally appropriate services that meet the needs of these diverse language groups. Linked with this is the need to respond to each CALD community individually through communications and services that are culturally appropriate to that community. Clearly, these issues pose considerable challenges for developing a gambling service framework in Victoria that meets these diverse needs.

Other challenges identified by stakeholders include:

- the need for immediacy in the response to those seeking help, because the approach is often made when people are in crisis
- the shame and stigma in many CALD communities about gambling, which pose barriers to people accessing services

- limited understanding among some CALD communities of what counselling is and what services are provided
- the interwoven nature of gambling concerns and other issues among many CALD gamblers, such as unemployment, settlement, housing, isolation and so on, and the need for broad-based counselling services
- concerns about working with interpreters
- geographic barriers to accessing services.

Barriers to service use

Barriers to accessing services represent a major challenge for service delivery. Participants who did not access a service, or the family members of a problem gambler who did not access a gambling service, identified three main barriers:

- lack of confidence that a service can help
- concerns around confidentiality
- feelings of shame and stigma.

A few participants identified a lack of comfort in talking to a stranger about such personal matters. Denial was also identified, as were people lacking confidence or self-esteem to access a service, being unfamiliar with the service, and language barriers.

There was a range of suggestions for addressing barriers. Some participants suggested improving the level of awareness and understanding about gambling and gambling services, including enhancing tolerance and acceptance in the community. Several other suggestions were made about the service environment itself and these include offering:

- more counsellors so those seeking help are able to speak to someone more often
- financial help or counselling
- home visits to build trust in the relationship (this was mentioned by family who had difficulty getting their partners to seek help)
- more bilingual counsellors
- services in venues
- couples therapy.

Key attributes of a quality service

In canvassing key aspects of a quality service, the responses overwhelmingly focused on the characteristics of the counsellor and their attitude. The personal attributes identified as important in a counsellor were being supportive, understanding, honest, patient, friendly, sensitive, non-judgemental, 'having a heart', 'genuinely wanting to help', 'having a caring and

loving attitude', and being a good listener. As well as attitude, understanding of the language and culture were important.

For the service, participants had a preference for having a range of health, welfare and social services, including services for problem gambling, located in the one place. Having professional staff and providing practical advice (including financial support services) were also identified. A few participants mentioned access in terms of the service being located near their home or near the gaming venues and being available 24 hours. The need for community education and awareness about gambling and gambling services was also identified.

Priorities in service delivery

Almost all stakeholders identified community education and early intervention or prevention initiatives as a key priority for the service framework. Within this was the suggestion for self-help information, such as information about odds and how the gaming industry works, with simple strategies for minimising harm, such as not taking credit cards or automatic teller machine cards to venues.

Other identified priorities are:

- recreational or diversionary programs (also identified by problem gamblers and family)
- an in-language (bilingual) 24-hour service, as opposed to accessing the service through an interpreter, as many crises occur after hours
- services for communities with limited infrastructure because these groups are likely to have the greatest need for support.

Recommendations

Given the findings of the research and consultation process, there are three key recommendations for health promotion and best practice services for CALD communities, which focus on the implementation of a preventive care model.

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 that a team of specific bilingual or multilingual and bicultural community development positions be created and attached to a statewide body or an appropriate health organisation. Such a team would provide the diversity, flexibility and mobility required to address the numerous CALD communities

throughout the state. The feasibility of establishing an independent service structure could also be explored. Community education is also a key preventive strategy.

Alternative engagement activities are also important in the context of 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 CALD and mainstream organisations to ensure culturally appropriate activities are established could also be a key role of this community development approach.

Bilingual counselling services

A key finding of the research was that services employing bilingual counsellors are significantly more effective in supporting problem gamblers. It is recommended that this type of service delivery be enhanced, with specific funding (dependant on available resources) allocated to increase the number and language diversity of bilingual counselling positions across the sector.

In-language telephone counselling

Issues of shame and stigma identified in the research suggest the need for an anonymous means of obtaining information and help. At present, the 24-hour Gambler's Help telephone service relies on the telephone interpreting service to support CALD callers. A number of issues were raised through the research about the use of interpreters, with several service users reporting difficulty in establishing the appropriate rapport essential in the counselling process.

The final recommendation is the implementation of an in-language, bilingual telephone service for problem gamblers or their family members to receive in-person referral and information. While a 24-hour service would be ideal, there might be potential to make information and referral available during certain hours using the bilingual counsellor model of service provision and a combined in-language pre-recorded system.