Occasional Paper No. 40

Development of culturally appropriate problem gambling services for Indigenous communities

Cultural & Indigenous Research Centre Australia

Improving the lives of Australians
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Executive summary

It is well documented in the research arena that gambling problems are widespread in many Indigenous communities, and that services offering problem gambling assistance often find it challenging to meet the needs of these communities. The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) works closely with states and territories to identify ways to better support Indigenous people with gambling problems.

FaHCSIA commissioned the Cultural and Indigenous Research Centre Australia to further develop knowledge in this area by identifying service and resource needs for Indigenous communities; exploring current delivery frameworks for problem gambling help services; identifying culturally appropriate approaches for addressing problem gambling in Indigenous communities; exploring mechanisms for attracting Indigenous problem gamblers to services; identifying appropriate approaches to addressing problem gambling in Indigenous communities; and developing a rationale as to why service frameworks are deemed to be good practice.

The research involved a literature review to draw on existing knowledge and help set the overall context for the research. Telephone-based stakeholder consultations were also conducted to further understand service and resource needs in the area, and gather information about culturally appropriate approaches for addressing problem gambling in Indigenous communities. Forty-seven stakeholder consultations were conducted with representatives from state and territory governments, problem gambling services, alcohol and drug treatment services, Indigenous-specific services, financial counseling services, emergency relief organisations, and academics and researchers in this area.

Findings from the literature review

Gambling in Australia has undergone a transformation since the 1970s in terms of the types of gambling available, its location and the policy and regulatory environment of gambling. This increases the potential for negative impacts on marginalised populations, which is of concern among Indigenous groups and advocates. There is a growing body of data about the extent of Indigenous participation in gambling that suggests Indigenous populations participate at higher levels than non-Indigenous populations and that they have relatively higher reported levels of problem gambling behaviour, particularly in remote communities.

There is a range of risk factors that makes Indigenous gamblers more susceptible to developing problem gambling issues. Of particular importance is the overall level of social disadvantage experienced by Indigenous Australians. Help-seeking behavior in Indigenous communities is thought to be low overall, and is hampered by a range of factors, including denial in the community about the nature and extent of the problem, a general reluctance to seek treatment because of the shame and stigma attached, a lack of Indigenous staff in available services and unavailability and/or lack of awareness of services.

The literature review considers the types of treatment and support that may be of relevance for Indigenous problem gamblers by providing examples of substance misuse and treatment programs for Indigenous people, and discussing gambling treatment models used in Australia and New Zealand.

Findings from stakeholder consultations

The research highlights that problem gambling in Indigenous communities is a relatively different issue when compared with that in the mainstream. This is due to a range of factors, including particular attitudes towards money within Indigenous communities, the effects of problem gambling having more whole-of-family consequences, card games forming a significant part of the community's gambling repertoire, clubs
and casinos offering an extremely inviting environment for disadvantaged community members, gambling behaviour itself being often seen as quite harmless compared with other ‘at risk’ behaviours, and the difficulty in identifying problem gambling in disadvantaged communities in particular.

Barriers to seeking help in Indigenous communities are generally felt to be significant. Help-seeking behaviour is often hampered by the shame and stigma associated with classifying oneself as a problem gambler, geographical isolation from relevant help services and a reluctance to access mainstream services, especially those without Indigenous staff. However, many stakeholders feel that there are considerable opportunities to increase the level of awareness of problem gambling in Indigenous communities and, therefore, to help challenge these barriers.

When help for problematic gambling is sought within Indigenous communities, family and friends are typically the first port of call, followed by trusted Indigenous-specific services and financial counselling, drug and alcohol and emergency relief services. In general, it is felt that formal problem gambling help services are under-utilised by Indigenous problem gamblers, often due to the lack of Indigenous problem gambling counsellors trained in this area.

This research also provides a number of key principles for culturally appropriate service development for those working with Indigenous problem gamblers. These include viewing problem gambling as less of a ‘social issue’ and more of an issue related to public health, thus placing more emphasis on primary prevention. Other principles identified in the research include supporting existing problem gambling help services to build stronger links and networks with the local Indigenous community, adopting a more community development-type approach when working with Indigenous communities, helping to develop the capacity to tackle the issue at a ‘grassroots’ level and placing a greater focus on workforce development in the future.

To successfully combat the issue of problem gambling in Indigenous communities, the research highlights the importance of providing culturally appropriate services as well as promoting these more broadly to communities. Problem gambling help services working with Indigenous communities need to ensure that messages focus on harm minimisation and offer flexibility in how and where treatment is offered. If problem gambling help services are to be relevant to Indigenous clients, they must ensure they adopt a more holistic approach to service delivery and promotion, invest in the development of culturally appropriate screening tools and offer support for culturally relevant diversionary activities for those at risk.
1 Introduction

1.1 Background

State and territory governments are responsible for providing treatment and support for people experiencing gambling problems. These governments also oversee the provision of community education and services to specific groups, including to Indigenous communities. However, it is well documented in the research arena that gambling problems are widespread in many Indigenous communities, and that services providing problem gambling assistance often find it challenging to meet the needs of these communities.

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is the Australian Government department responsible for Indigenous wellbeing and one that is seeking to work closely with states and territories to identify ways to better support Indigenous people with gambling problems.

FaHCSIA therefore commissioned the Cultural and Indigenous Research Centre Australia (CIRCA) to assist in the further development of problem gambling services providing help to Indigenous communities across Australia by identifying approaches that can help address the barriers Indigenous people face in accessing services and by providing guidelines on good practice for the provision of culturally appropriate services.

1.2 Objectives

The scope of the research focused on the delivery of problem gambling services and resources, as well as on the development of options for delivering problem gambling help services and resources to Indigenous communities. The research therefore sought to:

- identify service and resource needs for Indigenous communities
- explore current delivery frameworks for problem gambling and associated services
- identify culturally-appropriate approaches for addressing problem gambling in Indigenous communities
- explore mechanisms for attracting Indigenous problem gamblers to services
- identify appropriate (good practice) approaches to addressing problem gambling in Indigenous communities (how and where services should be provided), including a rationale for the service frameworks being deemed good practice.

1.3 Methodology

Literature review

The research involved an initial literature review to take into account existing knowledge related to gambling. The literature review comprised a significant component of the research, and the wealth of information gathered was used to set the parameters for the overall approach as well as to provide the context for analysis of consultations and final recommendations. The literature review included both Australian and international studies, incorporated data from the 2006 Australian Bureau of Statistics (ABS) Census of Population and Housing, and a range of published research reports in this area.

The literature review also specifically addressed each of the objectives, assessed service uptake and identified gaps and strengths in relation to service data and other initiatives, where possible.
Stakeholder consultations

In light of the key findings of the literature review, a range of telephone-based stakeholder consultations were conducted to further understand what some of the service and resource needs were in this area as well as to gather information about existing culturally appropriate approaches for addressing problem gambling, including approaches considered to be good practice and why.

Stakeholders from a range of areas were consulted, based on the expectation that these service providers would be working with Indigenous people at risk of problem gambling, or those who have developed a problem gambling issue. The types of stakeholders consulted included:

- **representatives from state government**—for example, state departments responsible for liquor and gaming/racing were consulted, where possible, to give an overview of that state’s policies for service provision in Indigenous communities, as well as to provide additional contacts

- **problem gambling service providers**—these included both those with and without Indigenous clients to understand service experiences

- **alcohol and drug treatment services**—only those that specialise in providing services to Indigenous people were consulted. The rationale for including these treatment services was that they have considerable expertise in helping Indigenous people overcome addiction, so it was believed that would be important to identify and understand approaches taken by these services

- **Indigenous-specific services (such as Aboriginal Medical Services)**—these services were consulted to help understand the role these organisations play in providing help directly or in terms of referring Indigenous clients elsewhere

- **financial counselling services**—these services were relevant as they often provide services to problem gambling clients

- **emergency relief organisations**—these services are in a position to provide emergency relief to those affected by problem gambling

- **academics/researchers in the area**.

The following table provides an overview of the 47 stakeholder consultations completed as part of this research.
Table 1: Number of stakeholder consultations, by state/territory

<table>
<thead>
<tr>
<th>State/territory</th>
<th>Stakeholder type and number consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Problem gambling service (n=1)</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL n=1</strong></td>
</tr>
<tr>
<td>New South Wales</td>
<td>Problem gambling service (n=2)</td>
</tr>
<tr>
<td></td>
<td>Indigenous service (n=2)</td>
</tr>
<tr>
<td></td>
<td>Government (n=1)</td>
</tr>
<tr>
<td></td>
<td>Financial counseling (n=1)</td>
</tr>
<tr>
<td></td>
<td>Emergency relief (n=1)</td>
</tr>
<tr>
<td></td>
<td>Drug and alcohol services (n=1)</td>
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<td></td>
<td>Academic/researcher (n=1)</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL n=9</strong></td>
</tr>
<tr>
<td>Victoria</td>
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</tr>
<tr>
<td></td>
<td>Indigenous service (n=3)</td>
</tr>
<tr>
<td></td>
<td>Emergency relief (n=1)</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL n=5</strong></td>
</tr>
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<td>Problem gambling service (n=1)</td>
</tr>
<tr>
<td></td>
<td>Government (n=3)</td>
</tr>
<tr>
<td></td>
<td>Emergency relief (n=2)</td>
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<td></td>
<td>Drug and alcohol services (n=2)</td>
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<td><strong>TOTAL n=9</strong></td>
</tr>
<tr>
<td>Western Australia</td>
<td>Problem gambling service (n=1)</td>
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<tr>
<td></td>
<td>Indigenous service (n=1)</td>
</tr>
<tr>
<td></td>
<td>Government (n=1)</td>
</tr>
<tr>
<td></td>
<td>Financial counseling (n=3)</td>
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</tr>
<tr>
<td></td>
<td><strong>TOTAL n=8</strong></td>
</tr>
<tr>
<td>South Australia</td>
<td>Problem gambling service (n=1)</td>
</tr>
<tr>
<td></td>
<td>Indigenous service (n=2)</td>
</tr>
<tr>
<td></td>
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<td>Financial counseling (n=1)</td>
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<tr>
<td></td>
<td><strong>TOTAL n=7</strong></td>
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<tr>
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<td>Problem gambling service (n=2)</td>
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<td></td>
<td>Government (n=1)</td>
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<tr>
<td></td>
<td>Financial counseling (n=1)</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL n=4</strong></td>
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<tr>
<td>Tasmania</td>
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<tr>
<td></td>
<td>Indigenous service (n=1)</td>
</tr>
<tr>
<td></td>
<td>Government (n=1)</td>
</tr>
<tr>
<td></td>
<td>Financial counseling (n=1)</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL n=4</strong></td>
</tr>
</tbody>
</table>
2 Literature review

2.1 Introduction

There is growing evidence and consensus in the literature that Indigenous Australians regularly gamble more than non-Indigenous Australians and that gambling has contributed to negative social outcomes among individuals, families and communities (Stevens & Young 2009). Or, as the Aboriginal Health & Medical Research Council of New South Wales (AH&MRC 2007, p. 27) has put it:

General conclusions based on a... limited body of evidence are that problem gambling appears to occur more frequently among Aboriginal populations than the general population, and that there is a wide range of far-reaching negative social and economic impacts which occur at relatively high frequency for Aboriginal population groups.

Indigenous problem gamblers face considerable barriers in accessing gambling help services; and these services face considerable challenges, especially given the geographic spread and diversity of Indigenous communities across each state and territory.

FaHCSIA commissioned CIRCA to review problem gambling treatment service models for Indigenous Australians, with the goal of establishing best practice models of gambling help service delivery. The research comprised this literature review, followed by a consultation phase consisting of in-depth interviews with agencies, service providers and other resource persons. An analysis of the findings was then conducted to review issues and service models. The literature review presented a summary of the situation and issues to date that needed consideration when undertaking the consultations in the next phase of this research.

The objectives of the literature review were to:

- ensure that the consultations and research outputs took into account existing knowledge
- provide the context for the analysis of consultations and final recommendations
- assess service uptake and identify gaps and strengths in relation to service data and other initiatives
- explore cultural issues around problem gambling, counselling and the delivery of services
- explore current levels of understanding of the provision of services, interventions and information for Indigenous communities in relation to problem gambling
- explore attitudes, motivations, barriers and triggers to accessing services, and information needs regarding problem gambling
- highlight best practice delivery of services to Indigenous communities.

2.2 Australian gambling context

Gambling is a common activity in Australia. In 1999 the Productivity Commission reported that 82 per cent of Australian adults participated in some form of gambling in the preceding year (this is the most recent research with a national sample). Subsequent research conducted on a state by state basis found slightly lower levels—for example, 69 per cent in New South Wales and 75 per cent in Queensland (see Table 2 below). For many people, gambling is mainly thought of as an entertaining leisure activity. For the economy, gambling is a source of tax revenue and jobs; however, the increase in employment as a result of gambling is thought to be small as it is offset by a displacement of other activities in the economy (Productivity Commission 1999).
Household disposable income spent on gambling has flattened, declining from a peak of 3.2 per cent in 1999–00 to 2.9 per cent in 2005–06. The decline is thought to be due largely to a maturing of the market and possibly influences by harm minimisation measures (McMillen 2009; Productivity Commission 2008), which have gained prominence since the late 1990s (FaHCSIA 2008).

Table 2, sourced from the 2008 Productivity Commission Gambling Issues Paper, lists results from fairly recent gambling prevalence surveys in several states and results from the 1999 Productivity Commission national survey. While Table 2 does not specify gambling levels in the Indigenous community, it is nevertheless important context as it gives an overall perspective on the level and nature of gambling behaviour.

Table 2: Recent survey estimates of gambling participation rates—per cent of adult population in relevant jurisdiction that gambled in previous 12 months

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lotto or other lottery games</td>
<td>56</td>
<td>62</td>
<td>51</td>
<td>52</td>
<td>60</td>
</tr>
<tr>
<td>Instant scratch tickets</td>
<td>n.a. (grouped in 'Lotto or other lottery games')</td>
<td>25</td>
<td>31</td>
<td>24</td>
<td>46</td>
</tr>
<tr>
<td>Gaming machines</td>
<td>31</td>
<td>30</td>
<td>29</td>
<td>30</td>
<td>39</td>
</tr>
<tr>
<td>Racing</td>
<td>20</td>
<td>16</td>
<td>17</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>Keno</td>
<td>11</td>
<td>16</td>
<td>26</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Casino table games</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Sports betting</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Any form of gambling</td>
<td>69</td>
<td>75</td>
<td>72</td>
<td>70</td>
<td>82</td>
</tr>
</tbody>
</table>

Note: n.a. = not available.
Source: Adapted from Productivity Commission Gambling Issues Paper 2008.

The Productivity Commission’s 1999 national research report provided further information about the national trends by weekly participation rates. For example, 60 per cent of Australians participated in lotteries at least once per year with approximately 25 per cent of Australians participating weekly. Electronic gaming machines (EGMs) and scratch tickets had a 35 per cent participation rate with weekly participation rates of between 4 to 7 per cent. Racing (including gallop, harness and greyhound racing) had an overall participation rate of 20 to 25 per cent with a weekly rate of 4 per cent. It can be noted from Table 2 that there are similar trends in the various states (also noted by Delfabbro 2008, p. 14).

2.3 Aboriginal gambling context

Since colonisation, it has been thought that gambling was a traditional aspect of some Indigenous societies (Foote et al., cited in Delfabbro & LeCouteur 2003). However, there is little evidence to suggest that wagering something of value in a game of chance was a part of traditional Indigenous culture. Dickerson et al. (1996) cite
research which documents that within a short time after contact with the Chinese and Europeans, card games and ‘two-up’ became popular. Gambling within Indigenous communities has typically taken the form of card games—games which have been noted as playing a role in facilitating social interaction and providing enjoyment within the community.

Gambling in Australia, as elsewhere, has undergone a transformation since the 1970s in terms of the types of gambling available, the location of gambling, and the policy/regulatory environment of gambling. In Australia, this has meant an increase in the types of gambling options (for example, lotteries, EGMs and sports betting), the rise of gambling over the internet, the pursuit of betting services via mobile phones, and a spread of locations where gambling is licensed (McMillen 2009). The change in the types of gambling available and the relatively negative impacts which can be manifested in marginalised population groups have been a concern among Indigenous groups and advocates.

Foote (1996, as cited in Delfabbro 2008) argues that Indigenous involvement in Western-style gambling is potentially harmful because it does not occur in the same context as traditional-style gambling. Traditionally, in Indigenous communities, gambling occurs in a social context in which costs and risks are shared among community members, so that other community members are present to support players who lose (Altman 1985, as cited in Delfabbro 2008). When gambling was located in Indigenous communities, the net effect of gambling was often nothing more than a redistribution of money within a community; however, there is general agreement that certain forms of gambling are now taking money out of the Indigenous community (Productivity Commission 1999).

There is growing data about the extent of Indigenous participation in gambling, but there are only a small number of quantitative studies with large sample sizes from which to draw strong conclusions. As recently as 2003, Delfabbro and LeCouteur suggested that there was little evidence to support any difference in gambling by Indigenous groups in Australia to any other group. However, subsequent research has led to more pointed conclusions that the participation rates (and problem gambling rates, to be discussed more below) are higher among Indigenous compared with non-Indigenous Australians (AH&MRC 2007; Stevens & Young 2009).

The AH&MRC, in its Pressing Problems report (2007), and Stevens and Young’s (2009) research cited a range of studies in which Aboriginal participation in gambling has been measured.

The South Australian Department for Families and Communities (cited in AH&MRC 2007) conducted quantitative research in 2005 with a sample of 133 Aboriginal respondents. Although a reasonably small sample size, this research found that 78.6 per cent of Aboriginal respondents participated in gambling in the past 12 months compared with an overall population estimate of 70.8 per cent.

The AH&MRC’s 2007 Pressing Problems report also cites research conducted by Delfabbro et al in 2005 involving 926 high school students in the ACT. Among the 3.5 per cent of the sample who identified as Indigenous, there was a greater likelihood to gamble frequently (35.5 per cent compared with 9.3 per cent). Indigenous people were also less likely to have never gambled (12.9 per cent compared with 30.1 per cent).

In 2004 McMillen and Marshall (cited in Stevens and Young, 2009), using a small sample of Indigenous respondents from the Victorian Longitudinal Community Attitudes Survey, found that they were more likely to gamble and were over-represented in the problem gamblers group (comprising 1.5 per cent of the sample, versus 0.5 per cent of the overall population).

The AH&MRC’s 2007 Pressing Problems research also cites qualitative research conducted by McMillen and Togni in 2000 that found that card playing was very popular with both remote and urban Indigenous population groups in the Northern Territory. Casino gaming was found to be popular among Indigenous populations living in and visiting Darwin and Alice Springs.

In 1996, Foote (cited in Stevens & Young, 2009) conducted qualitative research to examine a hypothesis that gambling was becoming more prevalent among Indigenous populations as more gambling options were
available. She observed 50 Indigenous patrons in the Darwin casino on a daily basis. The research found that more were female (67 per cent) and they seemed to prefer EGMs (76 per cent).

These studies provide support for the conclusion that Indigenous populations participate in gambling at higher levels than non-Indigenous populations. They also highlight the need for more and better research specifically looking at Indigenous gambling participation rates.

2.4 Problem gambling

**Concept and measurement**

Unfortunately for some, gambling can become a source of serious problems. While the concept of problem gambling is generally understood, there is debate and variation about how to specifically define and measure it. There are a variety of definitions in use for problem gambling and several instruments used to measure it. Neal, Delfabbro and O’Neil (2005, p. i), in a 2005 paper commissioned by the Victorian Ministerial Council on Gambling to address definitions and consistent data collection (the first of seven research priorities of the Ministerial Council on Gambling), suggested the following definition of problem gambling:

> Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community.

The challenges in a definition and system of measurement are summarised in the following excerpt from the Productivity Commission Gambling Issues Paper (2008, p. 16):

> There can be no precise definition or measure of problem gambling, since it involves a continuum of difficulties experienced by consumers, with varying judgements about where on this continuum the difficulties are severe enough to be categorised as a ‘problem’.

The salient underlying issue is that as problem gambling behaviour is viewed along a continuum, the point at which an individual’s behaviour becomes classified as a problem can be subject to varying interpretations as to what level actually constitutes a problem.

A variety of measurement tools have been developed and are used to determine if an individual can be classified as a problem gambler. Each tool mainly consists of a list of questions, the combined answers determining if the person is in the problem gambling category. Those most often used and relevant to Australia include a list adapted from the AH&MRC (2007):

- Diagnostic Statistical Manual (DSM-IV)—has a medical/psychometric focus; it is heavily biased towards the North American or pathology model of problem gambling
- South Oaks Gambling Screen (SOGS)—widely used internationally
- Victorian Gambling Screen (VGS)—was developed in Australia
- Canadian Problem Gambling Index (CPGI)—based on the idea of a continuum of gambling behaviour.

Studies of problem gambling have used different measurement scales to determine prevalence, which makes a comparison of studies difficult. Due to the relatively small incidence of problem gambling in any given population, the strongest studies are those with large sample sizes which enable reliable estimates to be made. However, there are few such large studies. It is also logical that surveys will tend to underestimate the extent of problem gambling because of the natural tendency of respondents to under-report problematic behaviours. Based on research comparing the VGS, SOGS and CPGI, McMillen (2009) suggests that the CPGI is the most prudent option for measuring problem gambling in Australia.
Problem gambling prevalence

Due to differences in definitions and measurement methods, data available does not give precise or consistent values of problem gambling. Surveys of problem gambling in Australia, including those involving Indigenous Australians, have had very high variability (Stevens & Young 2009). The 1999 Productivity Commission’s national survey, based on the SOGS scale, concluded the prevalence of problem gambling as being about 2 per cent of the adult population, with 1 per cent having more serious problems.

Table 3 (adapted from Productivity Commission 2008) shows results from several studies that have used the SOGS and CPGI to determine problem gambling on a state by state basis. This table illustrates the extent of problem gambling in Australia. It is important to note that the SOGS uses a 20-item scale, with a score of 5 to 10 denoting ‘moderate risk’ (for present purposes, 5 or above in Australia technically denotes ‘at risk problem gambler’ and 10 or greater denotes a ‘problem gambler’). The CPGI uses a nine-item scale with scores ranging from 0 to 27: a 3 to 7 denotes ‘moderate risk’ and 8 and above denotes ‘problem gambler’.

Table 3: Survey respondents classified as moderate risk or as problem gamblers, based on SOGS and CPGI, per cent

<table>
<thead>
<tr>
<th>Surveys based on SOGS</th>
<th>State</th>
<th>Moderate risk %</th>
<th>Problem gamblers %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre for Gambling Research ANU (2004)</td>
<td>Victoria</td>
<td>1.12</td>
<td>0.30</td>
</tr>
<tr>
<td>Roy Morgan Research (2006)</td>
<td>Tasmania</td>
<td>1.41</td>
<td>0.18</td>
</tr>
<tr>
<td>Charles Darwin University (2006)</td>
<td>Northern Territory</td>
<td>1.06</td>
<td>0.23</td>
</tr>
<tr>
<td>Australian Institute for Gambling Research (2001)</td>
<td>Australian Capital Territory</td>
<td>1.91</td>
<td>0.45</td>
</tr>
<tr>
<td>Productivity Commission (1999)</td>
<td>National</td>
<td>2.07</td>
<td>0.33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surveys based on CPGI</th>
<th>State</th>
<th>Moderate risk %</th>
<th>Problem gamblers %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland Household Gambling Survey 2006–07</td>
<td>Queensland</td>
<td>1.80</td>
<td>0.47</td>
</tr>
<tr>
<td>Queensland Household Gambling Survey 2003–04</td>
<td>Queensland</td>
<td>1.97</td>
<td>0.55</td>
</tr>
<tr>
<td>Queensland Household Gambling Survey 2001</td>
<td>Queensland</td>
<td>2.70</td>
<td>0.83</td>
</tr>
<tr>
<td>AC Nielsen (2007)</td>
<td>New South Wales</td>
<td>1.60</td>
<td>0.80</td>
</tr>
<tr>
<td>Centre for Gambling Research ANU (2004)</td>
<td>Victoria</td>
<td>0.91</td>
<td>0.97</td>
</tr>
<tr>
<td>SA Department for Family and Communities (2006)</td>
<td>South Australia</td>
<td>1.20</td>
<td>0.40</td>
</tr>
<tr>
<td>SA Centre for Economic Studies (2008)</td>
<td>Tasmania</td>
<td>0.86</td>
<td>0.54</td>
</tr>
<tr>
<td>Charles Darwin University (2006)</td>
<td>Northern Territory</td>
<td>n.a.</td>
<td>0.64</td>
</tr>
</tbody>
</table>

Note: n.a. = not available.

Although the evidence of Aboriginal participation in gambling has been varied, the 2008 Australasian Gambling Review suggests that Indigenous gamblers are much more likely than gamblers in the mainstream to report having experienced problems with gambling (Delfabbro 2008). Table 4 was adapted from Stevens and...
Young (2009) and shows reported problem gambling estimates by state and remoteness for the Indigenous population compared with non-remote estimates for the general population. The data for this table was derived from the 2003–04 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and the 2006 General Social Survey (GSS). For this analysis, Stevens and Young (2009) used an item in the Negative Life Event Scale—a module used in ABS social and health surveys that was developed specifically to compare the emotional and social wellbeing characteristics of Indigenous and non-Indigenous populations in Australia. Respondents were asked if gambling had been a problem at all for them, their family or friends in the past year. These results—as shown in Table 4—are valuable for comparing between different residential jurisdictions and for comparing between Indigenous and non-Indigenous populations. These values, however, cannot be compared with those shown in Table 3 due to the different ways in which levels of problem gambling have been measured.

### Table 4: Survey respondents who reported that they, their family or friends had a gambling problem in the past year, percentages and standard errors, by state

<table>
<thead>
<tr>
<th>State</th>
<th>2004–05 NATSIHS—Indigenous</th>
<th>2006 GSS—General population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Remote % (SE)</td>
<td>Non-remote % (SE)</td>
</tr>
<tr>
<td>Western Australia</td>
<td>10.1 (2.1)</td>
<td>12.3 (3.5)</td>
</tr>
<tr>
<td>New South Wales</td>
<td>6.0 (1.0)</td>
<td>11.1 (1.6)</td>
</tr>
<tr>
<td>Victoria</td>
<td>–</td>
<td>8.3 (1.5)</td>
</tr>
<tr>
<td>Queensland</td>
<td>18.7 (3.1)</td>
<td>12.3 (1.7)</td>
</tr>
<tr>
<td>South Australia</td>
<td>21.3 (3.5)</td>
<td>14.1 (2.1)</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>27.5 (3.1)</td>
<td>8.3 (2.5)</td>
</tr>
<tr>
<td>ACT/Tasmania</td>
<td>–</td>
<td>8.4 (1.4)</td>
</tr>
<tr>
<td>Australia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ‘–’ = not applicable
SE = standard error
Source: Stevens & Young 2009, p. 45.

Stevens and Young (2009, pp. 56–7) highlight two important observations from this data:

- There are generally higher levels of reported problem gambling behaviour among Indigenous populations compared with non-Indigenous populations.
- There are higher levels of problem gambling in remote areas compared with non-remote locations.

For illustrative purposes, and to understand the general scope of the number of Indigenous problem gamblers, in Table 5 we have estimated the number of Indigenous moderate risk and problem gamblers per state and by jurisdiction per state using data from the 2006 Census percentages. This table shows the number of Indigenous residents aged 15 years and above across three jurisdiction types for each state. The most recent SOGS or CPGI survey estimates for each state were used to calculate a number representing a low-end estimate of Indigenous moderate risk or problem gamblers. The moderate risk and problem gambler percentages were taken from Table 3 and multiplied by the population to give a rough estimate of the approximate number of Indigenous moderate risk gamblers and Indigenous problem gamblers. These are considered to be low-end estimates given that the extent of problem gambling within Indigenous communities is thought to be higher than the general population.
Table 5: Estimated number of Indigenous moderate risk and problem gamblers aged 15+ years, by state and jurisdiction

<table>
<thead>
<tr>
<th>State</th>
<th>Age 15+ Indigenous(a)</th>
<th>Moderate N</th>
<th>Problem gambler N</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>1.60%(b)</td>
<td>0.80%(b)</td>
<td></td>
</tr>
<tr>
<td>Major city</td>
<td>37,353</td>
<td>598</td>
<td>299</td>
</tr>
<tr>
<td>Inner &amp; outer regional</td>
<td>43,148</td>
<td>690</td>
<td>345</td>
</tr>
<tr>
<td>Remote/very remote</td>
<td>4,480</td>
<td>72</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>84,981</td>
<td>1,360</td>
<td>680</td>
</tr>
<tr>
<td>Victoria</td>
<td>0.91%(c)</td>
<td>0.97%(c)</td>
<td></td>
</tr>
<tr>
<td>Major city</td>
<td>9,663</td>
<td>88</td>
<td>94</td>
</tr>
<tr>
<td>Inner &amp; outer regional</td>
<td>9,247</td>
<td>84</td>
<td>90</td>
</tr>
<tr>
<td>Remote/very remote</td>
<td>36</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>18,946</td>
<td>172</td>
<td>184</td>
</tr>
<tr>
<td>Queensland</td>
<td>1.80%(d)</td>
<td>0.47%(d)</td>
<td></td>
</tr>
<tr>
<td>Major city</td>
<td>22,358</td>
<td>402</td>
<td>105</td>
</tr>
<tr>
<td>Inner &amp; outer regional</td>
<td>37,419</td>
<td>674</td>
<td>176</td>
</tr>
<tr>
<td>Remote/very remote</td>
<td>17,796</td>
<td>320</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>77,573</td>
<td>1,396</td>
<td>365</td>
</tr>
<tr>
<td>South Australia</td>
<td>1.20%(e)</td>
<td>0.40%(e)</td>
<td></td>
</tr>
<tr>
<td>Major city</td>
<td>7,774</td>
<td>93</td>
<td>31</td>
</tr>
<tr>
<td>Inner &amp; outer regional</td>
<td>5,239</td>
<td>63</td>
<td>21</td>
</tr>
<tr>
<td>Remote/very remote</td>
<td>3,172</td>
<td>38</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>16,185</td>
<td>194</td>
<td>65</td>
</tr>
<tr>
<td>Western Australia</td>
<td>0.86%(f)</td>
<td>0.54%(f)</td>
<td></td>
</tr>
<tr>
<td>Major city</td>
<td>12,813</td>
<td>110</td>
<td>69</td>
</tr>
<tr>
<td>Inner &amp; outer regional</td>
<td>8,234</td>
<td>71</td>
<td>44</td>
</tr>
<tr>
<td>Remote/very remote</td>
<td>15,789</td>
<td>136</td>
<td>85</td>
</tr>
<tr>
<td>Total</td>
<td>36,836</td>
<td>317</td>
<td>199</td>
</tr>
<tr>
<td>Tasmania</td>
<td>0.86%(g)</td>
<td>0.54%(g)</td>
<td></td>
</tr>
<tr>
<td>Major city</td>
<td>10,283</td>
<td>88</td>
<td>56</td>
</tr>
<tr>
<td>Inner &amp; outer regional</td>
<td>369</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10,652</td>
<td>92</td>
<td>58</td>
</tr>
</tbody>
</table>
Risk factors
When considering the issue of problem gambling, it was helpful to identify underlying factors that may have contributed to an individual being at risk of becoming a problem gambler. A review of these factors can be relatively useful in preventing problem gambling behaviour, in treating it, or in helping explain the situation of the problem gambler in a way that might be amenable to change through policy or some other form of influence.

As the AH&MRC (2007, p. 47) points out:

"The social and economic disadvantage many Aboriginal people experience is likely to make gambling-related financial problems more common, and their impacts more severe."

Of primary consideration is the overall social disadvantage experienced by Indigenous Australians. As documented widely, Indigenous people have lower levels of health, education, employment, home ownership, household savings, and higher rates of incarceration. This position of disadvantage is inextricably linked to and manifested in problems such as problem gambling—the position in which Indigenous communities find themselves makes them more susceptible to gambling becoming a problem in the first place, and may lead to difficulty in gaining access to resources and services for assistance once in this situation (AH&MRC 2007; Office of Gaming and Racing 2005; Stevens & Young 2009).
Citing a variety of studies, research undertaken by The Victorian Office of Gaming and Racing (2005) on Indigenous problem gambling issues highlighted the following salient risk factors:

- **Socioeconomic disadvantage**
  Gambling involvement is associated with socioeconomic class; people with less money are more likely to become problem gamblers. Victoria Casino Gaming Authority 2000 (cited in Office of Gaming and Racing 2005) hypothesised this to be so because those with limited financial resources are likely to get into trouble sooner. In addition, O’Hara (cited in Office of Gaming and Racing 2005) suggests that, for those with little opportunity for improved financial status, gambling offers the possibility of an instant fix.

- **Unemployment**
  Tyler’s research (cited in Office of Gaming and Racing 2005) provides evidence of high unemployment rates among regular gamblers, which is significant in the context of Indigenous unemployment at nearly 20 per cent (ABS 2006).

- **Lack of alternative recreational activities**
  Gambling is a cheap form of entertainment in areas where there may be few alternative pursuits (Nunkuwarrin Yunti of South Australia Incorporated 1998).

- **Dual diagnosis**
  Research, as described by the Office of Gaming and Racing (2005, pp. 24–5), has shown that problem gamblers have high rates of drug or alcohol use. This highlights, for example, the need for effective referral processes to problem gambling help services from alcohol services and vice versa.

- **Sex**
  Blaszczynski et al. (cited in Office of Gaming and Racing 2005) suggest that females are over-represented as problem gamblers compared with their proportion in the general population.

Stevens and Young (2009) conducted a recent statistical examination of characteristics that are associated with reported gambling problems among Indigenous Australians by analysing data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 2002, NATSIHS 2004–05, GSS 2002 and 2006 research studies. These correlations were conducted based on the Negative Life Event Scale described earlier. They identified statistical support for factors that were associated with problem gambling for Indigenous participants, and also compared associations found among Indigenous and non-Indigenous populations. They provide a detailed description of the methodologies used for conducting the correlations and their limitations.

In summary, they found the following:

- Those who reported gambling problems were also likely to report ‘witness to violence’, ‘abuse and violent crime’, ‘alcohol and drug-related problems’ and ‘having trouble with the police’. These relationships were found for both Indigenous and non-Indigenous populations, suggesting that they are a set of social indiscretions associated with problem gambling.

- There was variation in the numbers of reported gambling problems by jurisdiction and remoteness for the Indigenous population. The highest numbers of gambling problems were reported in the Northern Territory, Queensland and South Australia. The more remote locations also reported higher numbers of gambling problems.

- In non-remote regions, Indigenous residents were much more likely to report problem gambling than non-Indigenous residents.

- People who were more socially connected showed more gambling problems. Participation in social or cultural activities also had associations with reported problem gambling, reflecting the social nature of gambling as entertainment.
In remote areas especially, those living in three-family households were more likely to report gambling problems. This reflects the general state of living conditions in the remote areas as inferior to non-remote areas for Aboriginal populations.

There was some evidence to suggest that females in non-remote locations were more likely to report gambling problems.

Consequences
A wide range of consequences to an individual, family or community were identified when gambling became a problem. It is important to keep in mind, however, that research in this area is limited as ‘little is known about potential harm, risks and benefits of commercial gambling for Indigenous families, social relationships and responsibilities, economic and community wellbeing’ (McMillen 2009, p. 7). Although research is limited, some information is available to present arguments of the impacts of problem gambling. It should be reiterated here that the literature has highlighted the impact of diminished socioeconomic status on the consequences of problem gambling. As a result of the disadvantaged position of Indigenous communities, impacts are exacerbated and more difficult to overcome.

The main consequences typically experienced by a problem gambler are:

- financial—severe financial problems, borrowing, gambling to chase losses
- relationship—difficulties, separation, divorce
- family—family discord, fighting and violence; failure to care adequately for children
- social—criminal activity and incarceration
- health—physical and mental health problems, stress-related illnesses, loss of control leading to guilt/desperation and thoughts of suicide.

The consequences that Indigenous Australians face are likely to fall within the categories outlined above; however, little research has reported on issues specific to Indigenous communities. The few consequences found for this review specific to Indigenous communities include the following:

- negative social and health impacts—poor nutrition, substance abuse, crime, neglect of children (Hunter & Spago, cited in AM&HRC 2007; McDonald & Wombo 2006)
- lack of time for traditional practices (AM&HRC 2007)
- increased mobility means winnings leaving communities (McDonald & Wombo 2006)
- pressure among those with money to share it for gambling (McDonald & Wombo 2006).

2.5 Problem gambling help services

Nature of problem gambling help services
Melbourne Enterprise International (cited in Olivieri & Rogers 2005) identified three areas at which interventions may be targeted:

- restricting or modifying the supply of gambling products
- influencing the propensity to gamble
- ameliorating the negative outcomes and consequences of problem gambling.
The focus for this literature review and research is on the third point—services to assist in mitigation and management after gambling is identified as a problem.

This section of the literature review outlines help service options available for problem gamblers. These options provide a context for the problem gambling help service situation. A large variety of problem gambling help services exist. The typical range provided to problem gamblers (Delfabbro 2008, p. 180) includes:

- financial counselling
- legal advice
- relationship counselling
- treatments for gambling behaviour.

Best practices in problem gambling help services typically highlight multimodal models in which several different counselling or other forms of treatment are available and utilised with a particular client in a given situation. Experience has shown that single interventions are not thorough or adequate but several in combination tend to be more effective. Service options reported by Jackson, Thomas and Blaszczynski (2003, as cited in Delfabbro 2008, pp. 180–81) are numerous, but may include group therapy sessions, in which gamblers talk about their experiences with others; audio-tapes or instructional videos to help challenge beliefs about gambling; the provision of advice remotely (via the phone or internet); self-help manuals, diaries or other checklists; counselling to deal with the symptoms that may stimulate problematic gambling in the first place and; relaxation training and hypnosis to help control the urge to gamble.

Delfabbro (2008) also notes that there is little evidence about the effectiveness of the various services—especially the relative contribution of individual treatments in a multi-treatment setting due to the various ways and combinations of their implementation. The consultations for this research have attempted to gauge participants’ ideas about the effectiveness of the various intervention types.

McMillen (2009, p. 6) summarises the general state of service utilisation by problem gamblers well:

Evidence indicates that only 3–5 per cent of people with gambling problems seek professional counselling—and then only when they have reached a crisis ... males, Indigenous and ethnic gamblers are less likely to utilise mainstream counselling services than other groups. Significantly, most people turn to families, friends and their social network for support.

The 1999 Productivity Commission research reported that 0.78 per cent of adults in their national survey had thought about seeking help, 0.32 per cent had tried to get help, and 0.20 per cent had received formal support to address gambling-related problems. Those with higher levels of problem gambling scores were more likely to have sought formal support. Their overall summary was that in a one-year period, approximately 10 per cent of problem gamblers will seek formal treatment assistance.

**Barriers to Indigenous help service use**

Data documenting the uptake of problem gambling help services is extremely limited; however, through some quantitative and qualitative research it is believed that mainstream gambling treatment services are not well utilised by Indigenous people (AM&HRC 2007). There is a combination of factors which works together to prevent Indigenous people from accessing services to assist with problem gambling. These factors can be summarised in the following categories:

- unavailability of services or a lack of awareness of available services
- reluctance to seek treatment from available services—the reasons could include limited services or lack of capacity of services to respond to needs of Indigenous people and communities (AH&MRC 2007); services not being appropriate for Indigenous communities; some Indigenous people finding services intimidating because of their ‘middle-class’ counselling orientation or because communication styles used by counsellors emphasise direct and open communication which are not in line with Indigenous people’s more subtle and...
LITERATURE REVIEW

non-verbal ways of communicating their feelings of distress (Chow-Fairhill 2001, cited in Office of Gaming and Racing 2005)

- reluctance to seek help at services due to shame and stigma (AH&MRC 2007)—shame and stigma are issues for Indigenous communities more broadly so it is expected that they would apply in the problem gambling context as well

- lack of Indigenous staff in available services—there is a lack of counsellors with specific expertise in Indigenous gambling issues or with cross-cultural understanding and skills (Office of Gaming and Racing 2005); only a handful of Indigenous people have been trained in financial or gambling counselling (AM&HRC 2008)

- denial in the community about the nature and extent of gambling problems (Office of Gaming and Racing 2005)

- gambling problems are not identified when Indigenous persons access other services—for example, alcohol or health services (AH&MRC 2008)

- limited outreach services and intimidating use of forms deter Indigenous from availing themselves of the service (AH&MRC 2008).

2.6 Models of treatment and support

Lessons from drug and alcohol help services for Indigenous Australians

Programs that address substance misuse and treatment for Indigenous clients and communities have clear parallels with those seeking to address problem gambling and could offer lessons for such services—and much has been written on the topic. Important components of a best practice model of Indigenous drug and alcohol service have been outlined by Success Works (cited in Office of Gaming and Racing 2005). They include:

- outreach workers linked with local services for home care; supported accommodation; and youth, employment and counselling services

- an Indigenous Resource Centre

- a prevention and education program

- a cultural program, including cultural healing camps

- a family-focused treatment program

- sporting/recreation programs and camps.

Success Works (cited in Office of Gaming and Racing 2005, p. 50) point out that ‘feedback from all Koori staff [is] that individuals treated in isolation invariably fail to maintain short-term achievements’.

Alati (cited in Office of Gaming and Racing 2005)—in referring to those with shorter drinking histories and female non-drinking partners, and young offenders—makes several recommendations about alcohol services for Indigenous clients that can be applied to the gambling service environment:

- There needs to be a broad approach to treatment philosophies rather than relying primarily on abstinence approaches. Services should consider the Social Learning Model and provide sessions on controlled drinking techniques and harm minimisation principles.

- Programs should be developed on a regional basis to accommodate the differences in Indigenous communities across locations, with local definitions of cultural appropriateness being developed.
Service models should address issues of relapse prevention.

Services should include community education programs.

Services should foster and value cultural differences, or eliminate cultural bias in management systems and practices.

Services should be ongoing, with a focus on providing an integrated and holistic approach.

Services should acknowledge the spiritual and religious dimensions of Aboriginal culture.

Services should provide client follow-up and post-treatment support.

Steer those at risk of alcohol abuse towards educational programs that involve harm minimisation principles.

Other principles identified by Indigenous Drug and Alcohol workers in the Office of Gaming and Racing 2005 research, included:

- provision of an environment welcoming to Indigenous people, especially the reception area
- Indigenous owned and staffed services
- qualified Indigenous staff, balanced by ex-substance abusers as staff
- qualified management staff
- culturally relevant training provided for staff
- services that are culturally appropriate for each community
- services responsive to individual needs
- Indigenous resources to be developed as models for promotional material
- training and management support for workers
- sustained organisational commitment from the management and the Board
- sector and agency collaboration, including strategic partnerships and information-sharing forums.

The Department of Health and Ageing’s publication entitled Alcohol Treatment Guidelines for Indigenous Australians (2007, pp. 1.3–1.4) outlines principles for approaches to alcohol treatment, and there may be lessons to be found in them for problem gambling services. They include the following:

1. All Indigenous clients of all health services have the right to expect and receive treatment for alcohol and other drug problems that is culturally appropriate, professional and non-judgemental and uses best practice models.

2. Indigenous Australians have diverse cultures, histories and life experiences. There is no ‘one size fits all’ remedy for alcohol-related problems experienced by individuals or communities and no single approach is necessarily appropriate or suggested.

3. Indigenous peoples’ worldviews in relation to health and wellbeing must be recognised and respected. Healthcare providers in particular need to understand this. Indigenous Australian definitions and experiences of health are holistic.

...  

4. The interventions of healthcare providers must complement strategies being implemented by Indigenous communities themselves. This approach will have the greatest chance of success.

...
5. The alcohol-related problems experienced in Indigenous communities must be understood in the context of the ongoing impact of colonisation. Healthcare providers must avoid ‘blaming’ and ‘shaming’ Indigenous people for the consequences of colonisation. The trauma from dispossession and disempowerment that has contributed to alcohol and other drug use must be recognised. If the level of substance misuse among Indigenous people is to be reduced, there needs to be a concerted effort to address both substance misuse itself and the underlying social determinants of such misuse.

Gray and Saggers (2005) identified some consistent characteristics when reviewing evidence for addressing substance misuse problems in Indigenous communities around the world. While they found little evidence of success in the reduction of substance misuse, they found that interventions usually seek to:

- make interventions for general populations more culturally appropriate for Indigenous populations
- address those factors that exacerbate levels of substance misuse and related harm among indigenous populations
- employ elements of Indigenous cultures to address misuse and related harm.

Strempel et al. (2004) outlined some of the elements of best practice for Indigenous drug and alcohol projects in Australia. Based on a literature review, direct experience and case studies of specific services, they identified the following elements:

- Indigenous community control—on top of invaluable perspective, historical evolution of services from the grassroots has been important to be able to address pertinent issues
- clearly defined management structures and procedures ensure professionalism and accountability and ongoing operation
- trained staff and effective staff development programs—encourage ongoing education and training
- multi-strategy and collaborative approaches ensure growth and support which helps with legitimacy and recognition in the community
- adequate funding by maintaining high integrity and good relationships with funding bodies
- clearly defined realistic objectives aimed at providing appropriate services that address community needs.

**Lessons from gambling treatment models for New Zealand’s Maori population**

Service delivery for problem gambling in Indigenous populations is an issue prevalent in other countries as well as in Australia. While the local characteristics of an Indigenous population are of paramount consideration when deciding on aspects of service models, the issues and lessons learned elsewhere do have similarities and should be explored to learn what has worked and to see what might be applicable in Australia.

Delfabbro and LeCouteur (2003) report on research findings that in New Zealand, Maori and Islander people have a very strong interest in gambling and they are significantly more likely to be involved in continuous forms of gambling than the non-Maori population. In a 2000 prevalence study, approximately 44 per cent of all problem gamblers were of Maori or Islander descent—over double the representation in the mainstream population. In reviewing services for problem gambling, Huriwai et al. (cited in Robertson et al. 2005) reported that in other service contexts, Maori-focused programmes were able to engage Maori people and improve retention through attention to cultural appropriateness. They further reported the following principles for consideration when developing interventions for Maori people with gambling problems, based on evidence from other services and from their own consultations:

- Maori services need to cater for individuals who have a diversity of experience in terms of ‘being Maori’.
- Maori practices and content contribute to improved access of services, as well as increased retention and satisfaction with treatment.
Health promotion material that makes use of Maori content in a meaningful way is more effective than non-Maori material.

Many Maori are willing to engage with non-Maori practitioners and treatment modalities, provided that they are responsive to Maori needs and aspirations.

Developing and maintaining relationships with other Maori groups was found to be important but challenging.

Adequate staffing was essential.

Widespread consultation is recommended when establishing services to avoid reinventing the wheel.

Another research report by Watene et al. (2007) reviewing problem gambling with Maori populations offered similar conclusions:

- Local community-based efforts should lead the strategy development process.
- Education or promotional efforts need be done at local and regional levels.
- Resources should contain messages created by Maori people to increase their relevance.
- Programs should actively engage communities.
- It is important to ensure resources and support are ongoing.

**Lessons from best practice with problem gambling treatment in Australia**

In 2005, through its Gamblers Rehabilitation Fund, the South Australian government published a gambling prevention and treatment strategic review. In the review, Olivieri and Rogers (2005, p. 47) summarised the following steps for consideration as best practice responses to problem gambling:

- a population-based model in which strategies should be targeted at the whole of community (rather than simply problem gamblers)
- a variety of responses and strategies, far broader than simply treatment
- involvement, responsibility and commitment from a wide range of stakeholders.

In 2003, the Victorian Government commissioned the report *Best Practice in Problem Gambling Services*, which outlines practices used and recommended for Victorians in general (Melbourne Enterprise International 2003). The document serves as a valuable resource and starting point for consideration of models for Indigenous communities. Some important points are as follows:

- There are no internationally established models of best practice.
- There is a wide range of treatment options available with differing organisational structures, theoretical orientation and treatment approaches.
- Community-based problem gambling service provision is the main model utilised in Australia, but its effectiveness is also least likely to be supported by evidence.
- An important component of the community-based model is a multimodal approach which acknowledges that problem gamblers and others affected need a range of interventions; and the impacts of gambling on families can also be addressed through relationship family counselling and family education.
- Community-based models typically provide accessible support for individuals with problems with their own gambling and support for family members experiencing gambling-related problems. In addition, the multimodal approach to treatment adopted in this community model acknowledges the multifaceted nature of problem gambling behaviour in terms of its impact.
Hospital-based inpatient and outpatient treatment programs are particularly common in the United States, where they developed primarily out of an addiction view of problem gambling behaviour. This view is not as widely supported in Australia, therefore few hospital inpatient/outpatient models of problem gambling treatment have been implemented.

Self-help models such as Gamblers Anonymous, and Free Yourself Program, Australia.

Group therapy models—therapist guided discussions—have great potential for people to benefit from short-term group therapies if a skilled professional manages the groups and if the group is homogenous with respect to the gambling problem.

Family-oriented treatment models—these treatment approaches are designed to support parents and support families in interventions with the problem gambler.

Olivieri and Rogers (2005, pp. 50–51) also reviewed the Victorian Best Practices document (2003) and concluded that a best-practice system should have a range of models and intervention types encompassing more than simply 'treatment'. Rather, other necessary services should also be considered such as financial counselling or relationship counselling. According to Olivieri and Rogers (p. 51), ‘the right model to use in any given situation will be determined by a range of factors including the client’s circumstances, needs and attributes, their reasons for gambling, factors maintaining their gambling, and their preferences’.

Lessons from Indigenous gambling successes
A review of research that documents successes and best practices for problem gambling help services for Indigenous populations is especially relevant to this research. The Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) in its Pressing Problems report (2007) summarised its findings on considerations for gambling services for Indigenous populations in New South Wales as follows:

- There is a need to respond to a lack of mainstream services by working towards ensuring mainstream gambling treatment services are more appropriate and accessible to Aboriginal people, and by developing and supporting Aboriginal-specific gambling treatment services and service providers.
- Mainstream service provision was found to be successful when it worked in close partnership with an Aboriginal organisation or key community member and took the time to develop relationships and trust.
- Outreach services were reported as useful to engage with Aboriginal organisations such as Aboriginal Community Controlled Health Services (ACCHS) or correctional facilities and to include gambling issues and content in other programs such as anger management or suicide prevention.
- Regional models are needed for the delivery of gambling and financial counselling services.
- Aboriginal-specific telephone counselling services are required.
- Financial counselling at a family-wide level can be effective.
- Case-management and conferencing for individuals and families with serious gambling-related problems, with the possibility of residential rehabilitation being explored, should be based on existing models for Aboriginal people with drug and alcohol problems.
- When delivering gambling treatment services, associated issues such as grief and loss, co-existing depression and other mental health disorders, stress and anxiety, family crises, substance misuse, and future educational and employment opportunities need to be considered and addressed.
- Confidentiality was raised as a key issue for service providers enquiring about and responding to gambling issues.
- Potentially useful strategies to build capacity in mainstream gambling treatment services to respond to the needs of Indigenous people and communities include development and delivery of cross-cultural training
to staff; employing Aboriginal people as counsellors; facilitating and supporting engagement with local Aboriginal communities and their organisations, through the development of resources, documentation of case studies and models of good practice; and providing networking and information-sharing opportunities.

- The numbers and skills of service providers, training for financial and gambling counsellors about Aboriginal social and cultural issues and about how to work in a culturally competent manner with Aboriginal people need to be increased. Training modules could be delivered as part of an initial counselling qualification or as continuing professional development for counsellors who are already trained.

- A specific Aboriginal gambling-related counselling training qualification needs to be developed for Aboriginal Health Workers and others to work specifically with Aboriginal people experiencing gambling-associated problems.

- Training modules need to be developed about Aboriginal gambling issues for health and community service professionals, including Aboriginal Health workers, who work in clinical, drug and alcohol, and mental health settings, as well as other health and community workers with an Aboriginal client base.

- Better promotion to Aboriginal people of existing gambling and related counselling training is needed to facilitate their access to, and uptake of this training.

In addition, Nunkuwarrin Yunti of South Australia Incorporated managed a safe gambling program focused on Indigenous populations in South Australia. This organisation has been regularly referenced in the literature, for example, in the 1999 submission to the Productivity Commission and in a 2005 Submission to the Independent Gambling Authority. This organisation has provided some important points to consider for successful approaches to help services for problem gamblers. In their 2005 report, they concluded:

- Both the social context and individual issues need to be considered in targeting strategy, which should be done on an individual, organisational, community and institutional level, and each of these levels needs to be considered in any review of problem gambling program effectiveness.

- Integration of prevention with treatment is a great opportunity for improving outcomes.

- It is important to have a strong appreciation of social and cultural factors that influence individual and community health status.

- Community involvement in shaping programs and programs that have specific population targets are more likely to be effective.

- It is critical that any work addresses the diversity within Aboriginal communities and adheres to local protocols.

- Working with established Aboriginal community structures is also critical.

- Mainstream services, in their targeting of programs to reach Indigenous communities, should consider:
  - the environment of a client consultation—ideally, this should be community based
  - a flexible and open timeframe for service contact
  - practitioner historical knowledge of Indigenous experiences, especially those that predispose them to problem gambling behaviour
  - the involvement of family members, where possible
  - prioritisation of a client’s goals for interventions.
2.7 Considerations for the final consultation methodology

The literature review highlighted a range of factors that were important to consider in the consultation phase of the research. Notably, the data provided in Table 5 of the literature review gave an indication, albeit a rough one, of which states and territories the consultations should focus on. Using this data as a guide, the consultations were skewed in the following areas:

- New South Wales—in both urban and regional areas
- Queensland—primarily in regional areas, with urban and remote representation
- Western Australia—primarily in remote areas, followed by some urban representation
- Northern Territory—primarily in remote areas
- some Victorian and South Australian representation.

Based on the findings of this literature review, other stakeholders believed to be important to include in the consultations included:

- problem gambling service providers located in areas where there is a high Indigenous population
- problem gambling service providers specialising in providing services to Indigenous communities
- Indigenous service providers working in a counselling capacity (particularly in financial counselling/literacy, drug and alcohol or family relationship counselling)
- representatives from state agencies (for example, the New South Wales Department of Liquor, Gaming and Racing) who are responsible for the development of treatment services for Indigenous communities
- academics who have experience conducting research on problem gambling issues in Indigenous communities.

2.8 Discussion areas to consider in the consultation phase

The literature review also highlighted a number of key discussion areas for the consultation phase of this research. These are listed below:

- the nature of problem gambling in Indigenous communities
- the consequences and impact of problem gambling from an Indigenous perspective—focussing on how the impacts are different from the mainstream
- typical help-seeking pathways— for instance, what options are available and what options problem gamblers and their friends/family are aware of
- how help-seeking pathways differ by geographical location—for instance, the difference for individuals living in urban, regional and remote locations
- methods or approaches that are viewed to be successful or less successful in treatment and service provision generally
- ways that mainstream services have adapted to meet the needs of their Indigenous clients—or, indeed, ways that they should adapt
- ways that gambling help services have integrated into other Indigenous support services
- exploration of which service models targeting Indigenous clients in the addiction area are viewed as best practice
- strategies for ongoing support/follow-up to individuals who are problem gamblers or are family/friends of a problem gambler.
3 Consultations—service and resource needs

This section of the report will outline the range of service and resource needs for Indigenous communities, as identified by stakeholders specifically in this component of the research.

3.1 Problem gambling in Indigenous communities differs from that in other communities

One of the most significant findings from this research (both from the literature review and the interviews with stakeholders) is that the issue of problem gambling is significantly different in Indigenous communities when compared with its manifestation in the mainstream. This is driven by a range of issues, including cultural factors, geographical isolation and the community’s exposure to risk factors that can increase its vulnerability to develop problematic levels of gambling. Specific examples of these differences will be discussed below.

Perceptions that Indigenous communities possess unique attitudes towards money

A number of stakeholders believed that Indigenous communities were quite relaxed about money, particularly when compared with the mainstream where there was often more emphasis placed on wealth accumulation. Sharing money within or even between families was described as commonplace in many communities, which could be disadvantageous to problem gamblers as ‘there's an expectation that someone will help out if you get into financial trouble’ (Stakeholder, New South Wales), suggesting that there is less concern about heavy financial loss.

It is also well documented that Indigenous people, on average, are more disadvantaged on a number of fronts when compared with mainstream Australians. In many communities, it is not uncommon to find families living on very low incomes, particularly if there is high unemployment in an area, therefore ‘… there is almost some sense that being broke is normal’ (Stakeholder, New South Wales). When there is a significant level of poverty in the local community and an individual's own income is low, it can often be difficult for losses from problem gambling behaviour to be linked to one's own behaviour—‘when there's lots of poverty around you, and you don't have a lot, losing money to gambling can just be viewed as a part of being poor’ (Stakeholder, New South Wales).

Close familial relationships are a defining characteristic of many Indigenous communities; therefore the effects of problem gambling can be widespread

As Indigenous culture and communities are family-oriented, the effects of problematic gambling in a community were believed to be more significant in Indigenous communities than in the mainstream. As one stakeholder in South Australia asserted: ‘In the Aboriginal community, one person's gambling might affect more than 20 other people’. This is because families themselves are often so closely interconnected, it is not uncommon for an extended family to be living in a single household. If problem gambling then becomes an issue, this can greatly affect and reduce the entire household’s income, or the family’s general capacity to share financial resources. It can also place pressure on other family members in the household to ‘chip in’ financially in the short term.

Card games form a significant part of the community's gambling repertoire

Numerous stakeholders in this research noted that card games are a significant part of life in many Indigenous communities, particularly in remote areas where leisure and entertainment options are limited. This was noted
by stakeholders in the Northern Territory and Queensland, as well as in parts of regional and remote South Australia: ‘It’s not seen as “gambling” in the same way that pokies or table games are’ (Stakeholder, South Australia). Card games can therefore play a very important role in community life: ‘... many community issues can be sorted out and aired during these [card] games’ (Stakeholder, Northern Territory).

However, there is concern that the prevalence of card games has normalised gambling behaviour in some communities, and that problematic gambling behaviour struggles to be taken seriously. A range of other concerns about the prevalence of card games was also noted by stakeholders in the sector:

- Children are being exposed to gambling behaviour from an early age. Some stakeholders felt that this could lead to children mimicking their parents’ behaviour from a young age: ‘I went to a primary school in North Queensland and saw eight separate card playing games going on in the playground’ (Stakeholder, New South Wales).
- Money that is won in a community card game can be taken outside of a community, which could significantly take away from resources put into that community: ‘One person’s problem can be a community problem when money’s taken out of the community’ (Stakeholder, Victoria).
- Due to the highly social nature of card games in many communities, and as gambling behaviour is so widely accepted in Indigenous communities, there can be a lack of acknowledgement from communities or individuals that there is a problem with gambling behaviour.
- According to some stakeholders, involvement in card games could span a very long time. ‘It’s not uncommon for big games to go for 2 or 3 days with up to $20,000 in the middle’ (Stakeholder, Northern Territory). This could lead to children not being cared for adequately, particularly if gambling behaviour was problematic.
- A few stakeholders observed that while some communities have protocols for card-playing behaviour to minimise negative impacts (for example, a ‘no gambling after 8 pm’ rule) other communities have few, if any rules for local card games.

**Clubs and casinos can be extremely inviting to disadvantaged community members**

Local clubs that feature poker machines in particular (as well as sports betting facilities) and casinos servicing cities and regional centres were all felt to be important social spaces for those in Indigenous communities attracted to gambling, or who had issues with their gambling. Clubs and casinos were felt to be extremely inviting places, particularly for those with a difficult or overcrowded home life, and could therefore offer a sense of safety and security. As two different stakeholders noted:

- The perceived benefit of the gambling environment in clubs/casinos was: ‘They’re air-conditioned, the staff look after you, no-one hassles you ... and the machine gives you money’ (Stakeholder, New South Wales).
- ‘Clubs go out of their way to make people, particularly women, feel wanted and comfortable. For instance, they remember their birthday, make them feel welcome’ (Stakeholder, South Australia).

Another stakeholder commented that poker machines can also be viewed as an equaliser by minority groups that may feel marginalised in everyday life: ‘The machine equalises everyone’ (Stakeholder, Western Australia).

Other concerns about the inviting nature of the club/casino environment were that:

- They were often positioned as facilities for family and young children, which meant that young children were exposed to electronic gaming machines from a young age.
- There were often a number of misconceptions and erroneous beliefs in Indigenous communities about how poker machines worked, and a number of stakeholders felt that many poker machine users in Indigenous communities lacked knowledge about the odds of winning.
Gamblers in Indigenous communities who lost significant amounts of money on local card games (discussed above) were at risk of using poker machines in particular to make a ‘quick win’ and recover their losses.

Gambling behaviour is seen as better than a range of other social issues
Since gambling behaviour is generally viewed as a social pastime or leisure activity in many Indigenous communities, it can be difficult for communities and individuals to view gambling behaviour as negative, particularly when compared with the myriad of highly negative issues (such as poverty, unemployment, domestic violence or alcohol and drug abuse) that affect some of these communities and indeed individuals. As one stakeholder in regional Queensland noted: ‘If all you’re doing is being a problem gambler, it’s not so bad compared with drugs and alcohol!’ It may also be difficult for Indigenous communities and individuals to distinguish problem gambling as a separate issue they may be facing, particularly with all the other negative social issues that may also be affecting lives.

For communities facing significant social issues or that are highly dysfunctional, local services may lack the capacity to address problem gambling as resources are being consumed elsewhere. A stakeholder in Western Australia summarised how challenging it could be in certain communities to give problem gambling some attention: ‘It’s just another problem in a long list of problems—and so far down the list of priorities’. This was despite the issue, in her view, being as ‘significant as drug and alcohol abuse, and family violence’.

Gambling behaviour can be difficult to identify
In communities where there is poverty, where there are significant social issues and where gambling is viewed as a regular leisure activity, it is therefore not surprising that problem gambling behaviour itself can be difficult to identify. As one stakeholder in Queensland commented: ‘... living hand to mouth isn't that uncommon’.

Compounding this issue was the observation from the majority of stakeholders consulted that problem gambling was often closely linked to other issues in an individual’s life (such as domestic violence or drug and alcohol abuse), making it more difficult to identify. Furthermore, unlike other social issues, problem gambling behaviour can be hidden, particularly if it takes place in clubs or casinos.

Perceived lack of awareness of problem gambling behaviour in Indigenous communities
A number of stakeholders believed that a significant issue in the problem gambling arena in Indigenous communities was the lack of community awareness about the issue, for many of the reasons stated above. While there was acknowledgement that existing community education and promotion in the area could shift community attitudes in the long term, existing levels of community awareness were felt to be far from optimal.

3.2 Barriers and enablers to seeking help
In terms of help-seeking behaviour, there were believed to be far more barriers to seeking help for problem gambling in Indigenous communities than there were enablers. Among the key barriers to seeking help identified by stakeholders included the following:

- **Shame and stigma** was associated with classifying oneself as a problem gambler. A part of this shame and stigma is that identifying as a problem gambler involves admitting that there are aspects of one’s personality that are not able to be controlled, and that are quite disparate from the rest of the community. Even if there is some acknowledgement that there is a problem, there can be some reluctance to seek help or access local services as there is fear in ‘being seen’ by other members of a community (particularly if a service is located in a central area) or even fear about service providers breaching client confidentiality. In smaller communities, this can be a significant issue.

- **Geographical isolation** from services that can help, or from services which conduct community education in this area is another barrier. Geographical isolation can therefore lead to a general lack of awareness of
the issue of problem gambling more broadly. Interestingly, a few stakeholders were unsure of why gambling venues are so easily allowed to operate in communities when there is no provision of gambling help services (or the capacity developed to provide these services).

- Another barrier is the reluctance to access mainstream services, particularly those with non-Indigenous staff, or those who are not accustomed to working with the Indigenous community. As one stakeholder in the Northern Territory noted: ‘Mainstream organisations are just seen as white fella organisations ... it’s just the way it is’. Another felt that even their own counselling service, based in Western Australia, would most likely be seen as intimidating and fairly unapproachable: ‘It’s quite a middle-class setting ... we have one small counselling room, and no Indigenous workers’.

- Paradoxically, other family members helping out in times of financial difficulty, can also be a barrier. This could lead to an individual’s gambling habit being financially supported, at least in the short term, thus decreasing their personal sense of urgency to seek help.

Despite these barriers, most stakeholders felt that there were considerable opportunities for increasing the level of awareness of problem gambling in Indigenous communities, and therefore help to challenge these barriers.

In terms of the triggers to seeking help, a number of stakeholders commented that these were perhaps not significantly different from the triggers observed among mainstream problem gamblers. Some of the enablers to seeking help for problem gamblers, as mentioned by stakeholders, included:

- significant life changes (such as the breakup of a relationship or grief or loss)
- ceasing other risk-taking behaviour in one's life (such as drug and alcohol abuse)
- a change in one's own values
- simply ‘growing up’
- increased interest in religion/’finding the church’
- finding employment.

One stakeholder in New South Wales felt that ‘working hard for your money helps you value it more, so you’re less likely to gamble it away’.

### 3.3 Existing pathways to help

A part of this research also involved understanding what the existing pathways to help are for Indigenous people with a problem gambling issue. Interestingly, a number of stakeholders felt that ‘very few [Indigenous problem gamblers] ask for help’ for their addictive behaviour, either due to a lack of service access, because of the shame associated with seeking help, or even due to a lack of awareness over which types of help are available.

Families were typically seen as the first port of call for Indigenous problem gamblers seeking help, which is not surprising considering the strong familial culture in Indigenous communities mentioned earlier. This further highlights the need for communities to be made aware of what other help options are available. Indigenous services such as Aboriginal Medical Services (AMS), tended to be the next most important pathway for those seeing help as they were often highly trusted. Through their contact with local community members, AMS staff were in a good position to identify clients whom they feel may have issues with their gambling, and either provide help directly within their service (for example, via generalist counselling) or refer clients onwards (for example, to a problem gambling help service).
It is also important to mention that although some Indigenous-specific services were aware of which problem gambling help services to refer clients on to, this was not always the case. This emphasises the importance of building relationships between Indigenous service providers and problem gambling services.

While it is difficult to generalise, and keeping in mind that only a small proportion of the total problem gambling service provider population was consulted in this research, a few stakeholders criticised the under-utilisation of mainstream services by Indigenous clients. There was some frustration that even though performance or funding agreements for gambling services may stipulate the need to engage and work with the Indigenous community, this was not always the case: ‘The whole [helping] system needs a shakeup, there’s lots of under-utilisation … and their performance agreements need to … make them more accountable’ (Stakeholder, Queensland).

Other services which Indigenous problem gamblers typically came into contact with that could provide referral pathways to them included:

- **financial counselling services**—These were seen by Indigenous communities as less ‘taboo’ service providers which provided practical skills or advice. However, a number of stakeholders felt that these types of services were under-utilised by Indigenous clients when considering the general level of need in the community. Financial counsellors consulted in this research commented that their service generally lacked the capacity to provide specific problem gambling help to clients. Therefore, if issues were significant, individuals were often referred on.

- **drug and alcohol services**—A few services consulted had incorporated a regular problem gambling education component into their programs as they viewed clients holistically, and they were conscious of the need to assist clients to deal with their range of issues. Other services had built relationships with problem gambling services locally and referred clients on to them.

- **emergency relief organisations**—A number of those consulted in this research were unsure of what gambling specific services existed, so individuals with issues were typically referred on to local Indigenous health services. This is despite seeing Indigenous clients that were well known in the community or were suspected to have issues with gambling.

Consultations with these service providers highlights that a considerable number of opportunities and touch points exist where potential problem gambling clients can be targeted through particular non-problem gambling services that have contact with specific at-risk individuals.

### 3.4 Perceived lack of guidance for gambling help services

A number of problem gambling services (as well as other stakeholders) commented on how challenging it could be to target Indigenous communities with community education/promotion or to encourage them to access the service. For example, one client in Tasmania commented that she was unsure of which services to network or connect with as ‘there are tensions between Northerners and Southerners’. Others had tried to promote themselves locally (for example, at an Indigenous community event) but their efforts generally did not coincide with an increase in Indigenous clients.

Despite the fact that funding agreements often stipulated the need to specifically promote their service to Indigenous clients and work with Indigenous communities, feedback from service providers highlighted that this was often viewed as very difficult. Service providers felt as though they lacked the knowledge to do so effectively, and they often lacked the resources to network extensively with the local Indigenous community: ‘… in some services, the pressure is more on number of people through the door (that is, counselling) instead of the promotional side of things’ (Stakeholder, South Australia). Other stakeholders also commented on the pressure they felt to simply counsel clients rather than network with Indigenous services and communities (Stakeholder, New South Wales):
Our service is expected to undertake diverse roles in the community … counsellors, marketers, promoters, report writers, media managers, public relations, community consultations, educators … [but] restrictions [on networking] are still placed on us by funding providers.

This phenomenon was further exacerbated by the lack of Indigenous problem gambling counsellors trained in the field—one stakeholder in New South Wales believed it was likely there were only four trained Indigenous problem gambling counsellors Australia-wide—and that it was not uncommon for counselling staff to be employed on a part-time basis, thus offering fewer opportunities for community networking.

3.5 Need to provide a variety of problem gambling services

Outreach services are enormously relevant for Indigenous communities

An important need for problem gambling services in Indigenous communities is the provision of outreach services to help overcome some of the barriers to access, as outlined earlier in this report. This is particularly important in states where there is a high proportion of the Indigenous population residing in remote or very remote areas—that is, the Northern Territory, Western Australia and Queensland—as the barriers to access are more likely to be pronounced.

A key benefit of the outreach approach is that it helps ensure that more of a concerted effort is given to educate communities in particular, or assist individuals struggling with their problematic gambling, as noted by one stakeholder in New South Wales: ‘If a client doesn’t turn up for their first [face-to-face appointment] within most services, they [usually] don’t get a second chance … so you need to go out to communities and make more of an effort to help people’. There were a few examples of problem gambling service providers who were providing outreach in remote communities (such as in the Northern Territory and Queensland) although a number of stakeholders felt that there was the capacity to increase this in other areas.

Important to note is that the provision of outreach services to Indigenous communities may need to be approached slightly differently, contingent upon the community. For example, working through a local health centre or wellbeing centre may help service providers engage more effectively with the local community.

Combine provision of outreach work with greater capacity building in communities

The provision of outreach services only comprises one part of how services can help improve the level of problem gambling education and service provision. Another need identified in this research in terms of service improvement is for more focus on building capacity within Indigenous communities so they are better equipped to work in the problem gambling area themselves, and so there is greater community ownership of the issue. As one stakeholder in Queensland commented: ‘A community development approach can work really well here, because the community itself takes care of the issue, with a bit of guidance’.

A number of stakeholders commented that within communities there was likely to be existing community infrastructure, as well as services, that could be called upon to help develop the capacity for localised problem gambling help. For example, one stakeholder in New South Wales believed that local community organisations possessed a wealth of knowledge that needed to be drawn upon to a greater extent: ‘There’s a big opportunity to train co-ordinators in self-help groups, like men’s groups and women’s groups, to have the capacity to help problem gamblers too’.

3.6 Lack of diversionary activities

Another gap in the provision of services/resources that emerged from the research was the perceived lack of activities available to Indigenous communities to help divert attention away from gambling, particularly in regional and remote areas.
While there may be issues regarding which agencies or service providers should fund these activities, there was some sense that problem gambling service providers could play a more significant role in funding and/or driving these locally. Indigenous service providers were also felt to be a good source of advice for what initiatives might generate interest among at-risk groups at a local level. Importantly, so too were local Indigenous community members themselves: ‘Putting community members in touch with local creative groups, or starting them up and having an outlet for fun is important’ (Stakeholder, Victoria).

One Indigenous service provider in South Australia relayed her story of how important alternative leisure activities were in keeping local Aboriginal women away from local card games and clubs. In this instance, the stakeholder had started up a local art group where Aboriginal women are given a creative outlet and the opportunity to connect with other women. Within this weekly creative session, health and lifestyle talks are also conducted, with an opportunity to directly provide community education about problem gambling in a safe and positive environment.

3.7 Other needs identified in this research

Stakeholders in this research also identified a range of other service and resource needs in the problem gambling sector for Indigenous communities. These are summarised below:

- It is important to work more closely with gaming venues, particularly in areas where the Indigenous population is sizable. While there was some acknowledgement that this does occur, a few stakeholders felt that more could be done in this regard. Examples included educating gaming venue staff about identifying at-risk behaviour among patrons, and informing them of the most culturally appropriate way of approaching Indigenous gamblers they believe may be at-risk of problematic gambling.

- Ensuring that community education, community networking or promotional strategies with Indigenous communities in the problem gambling area have a long-term focus is vital. One stakeholder, for example, criticised the way in which some financial counselling workshops were run in some remote communities in the Northern Territory as they were usually short term and not followed up.

- Focussing community education and promotion in Indigenous communities on a wide range of age groups, including young people, to help build up stronger awareness of problem gambling issues and possible interventions should be considered.

- Developing a national set of protocols for good practice for problem gambling service providers who currently work with Indigenous clients, or who have the potential to work with Indigenous clients, is essential.

- A number of stakeholders commented that they believed there was a significant lack of Indigenous-specific problem gambling materials—for example, brochures, DVDs and posters—available for use by the range of service providers in contact with Indigenous communities.

- Indigenous community consultation was also felt to be a significant need, in terms of ensuring that problem gambling initiatives were welcomed and could be owned by Indigenous communities. As one stakeholder in the Northern Territory commented: ‘You can't just impose something on a community’.
4 Consultations—culturally appropriate principles for service development and delivery

4.1 Overview

A key observation based on the research findings is that there is no single style of intervention that is ‘best practice’ in the development and provision of problem gambling help services to Indigenous communities. Rather, this research emphasises the need for service delivery organisations in each state and territory to consider a range of principles to help increase community awareness and consciousness of problem gambling and to eventually help increase service uptake.

The culturally appropriate principles for service delivery discussed in this section of the report have been developed based on four key platforms:

- identifying specific service and resource needs in Indigenous communities
- understanding how services can be better developed and designed
- understanding how services can be delivered and promoted in ways that are culturally appropriate
- allowing for the evaluation and review of specific programs and initiatives.

Each of these platforms will now be discussed in more detail.

4.2 Identifying specific needs in communities

While this is a broad focus for the current research project, it is important that any problem gambling-related initiative targeting Indigenous people understands what the nature and extent of need is in a given community. For example, there may be a need in some communities to focus on increasing community awareness of just what problematic gambling is. Alternatively, in other communities this concept may be more well established and therefore there may be a need for more focus on service provision and/or community ownership of the issue.

4.3 Understanding how services can be better developed and designed

More flexibility in the primary positioning of problem gambling as an issue

Some stakeholders consulted in this research were critical of the way in which problem gambling has been positioned in Australia when looking at the issue from an Indigenous perspective. By being viewed as more of a social issue, a few stakeholders believed that this meant the sector would be inevitably more focussed on treatment and ‘fixing the problem’ rather than on preventing problematic gambling behaviour occurring in the first place. Alternatively, by viewing problem gambling as more of a public health issue, it was believed more emphasis would therefore be placed on primary prevention (for example, focusing on harm minimisation and helping to foster healthy communities).
Other stakeholders commented that consideration should be given to linking problem gambling more closely to Indigenous social and emotional wellbeing services, emergency relief organisations, probation and parole, and Indigenous alcohol and substance misuse areas. Based on this research, it was clear that all of these types of service providers were seeing clients as a part of their own service provision who were also experiencing issues with problem gambling. This is despite the fact that problem gambling is generally not the primary reason for presenting to these services. Rather, problematic gambling may be an underlying cause to an individual being in crisis—for example, not being able to pay bills, suffering relationship breakdown or losing a home).

**Greater focus on and assistance with relationship development**

One of the key observations from stakeholders in this research was that it was generally challenging for existing problem gambling help services to form close links with the local Indigenous community, despite there often being some effort made in this regard. A few stakeholders felt that part of the reason was because mainstream service providers possessed unrealistic expectations for just how long building relationships with the local Indigenous community could take. There was also some acknowledgement from gambling service providers themselves that they were unsure how to go about building relationships with the local community, or they simply lacked the resources to do so.

Therefore there is value in providing some kind of formal assistance to mainstream gambling service providers to help them forge closer links with local Indigenous services providers and the local Indigenous community. Building closer relationships with communities will, in the longer term, facilitate mainstream service providers to become a more visible presence locally.

Suggestions for how this could be achieved include:

- local gambling service providers
- working with local Elder groups to advise on how to best meet the local Indigenous population’s needs, and what links to work with to help build relationships with locals
- accessing and working with local AMSs to build stronger links between specialised gambling services and the community
- forging links with other services who may have contact with Indigenous problem gamblers (such as drug and alcohol services) and running workshops and information sessions within these services on a regular basis (for instance, bimonthly). This would give clients within these services the opportunity to forge relationships with problem gambling counsellors over time
- linking with Indigenous committees in the community for advice and assistance on what relationship-building approach would work best locally.

What is common across all types of community networking approaches is that they require support and guidance from local Indigenous organisations, with resources allocated for this purpose accordingly.

**Consider formalising the Indigenous liaison role between existing services**

There may also be value in formalising links between Indigenous service providers who have existing contact with problem gamblers and specialised problem gambling help services. This could be via employing, for example, an Indigenous liaison officer to act as a bridge between local Indigenous services in a community and a mainstream gambling service. Similar models have been employed in other sectors, such as in the maternal and infant health area. There was also some evidence from this research that existing Indigenous-specific service providers (for example, an AMS in Western Australia) were in fact using their own resources to provide a similar mediating service: ‘Clients feel more comfortable … and it’s difficult for [other] agencies to know everything about culturally appropriate service provision. But we can help steer things in the right direction’ (Stakeholder, Western Australia). Another stakeholder in Western Australia noted that when a trusted
Aboriginal health worker, for instance, was present in a mainstream counselling scenario, ‘it acts as a really good bridge’.

**Community development and local capacity building**

The notion of increasing Indigenous community capacity in the problem gambling area should be considered a significant approach to improving the way in which communities are serviced.

As mentioned earlier in this report, numerous stakeholders reported on the lack of adequate problem gambling service provision to Indigenous communities in both urbanised areas as well as in remote locations. Even if more services were provided to communities, stakeholders felt that the development of these services would most likely not be driven by communities themselves. This is despite the fact that programs and initiatives believed to be most effective in communities were often those which had been specifically developed (and therefore owned) by communities. For this reason, we believe there is an important need for communities themselves to be involved in the development of local services and resources to tackle the issue of problem gambling—if that community indeed believes it to be an issue in the first instance.

An example of this might be for a trusted Indigenous service to work with an existing service provider to commence work in a community that has identified that there may be issues with problem gambling. The first component of a community development strategy might be to examine what the community feels are significant local issues, and which of these they are keen to address: ‘Communities need to be involved from the beginning or the approach won’t work’ (Stakeholder, Northern Territory). Service providers could help facilitate the local community’s beliefs for how these should be addressed and what needs there are in the short and long term, therefore giving them a voice about local issues and local ownership of the issue: ‘Communities are discrete entities and need to be treated as such … you can’t ‘force’ things upon them’ (Stakeholder, regional Queensland).

Communities could, for example, opt for local community leaders to be involved in Healthy Living workshops that could help educate the community, among other things, about some of the risks associated with problem gambling. Respected Elders in the community could be trained to provide these workshops by existing service providers, as well as to help identify problematic gambling behaviour in the local community. Furthermore, Elders could be educated about strategies that could be applied locally to help individuals seek some form of assistance for their problematic gambling. Communities may also wish to invest in developing local community education or diversionary activities to help minimise potential problems in the future.

Within this area of community development and capacity building, one stakeholder suggested that a grants program could be developed, which Indigenous-specific health, mental health or drug and alcohol services could apply for to implement local problem gambling initiatives.

Existing service providers in the problem gambling arena have a wealth of knowledge about how to help individuals in need. However, as this research highlights, it is unrealistic to expect these services to have the capacity or the skills to help nationally with the myriad of Indigenous communities in need. Therefore building capacity and strategies at a local level is paramount.

**Realistic expectations for problem gambling service providers**

A number of problem gambling services expressed concern over pressure for their service to conduct a range of roles with limited resources and capacity. Some services felt that too much emphasis was placed by funders on them to counsel while not enough emphasis was placed on the need for community education and promotion—‘what helps to get them into the service in the first place’ (Stakeholder, Queensland). As another stakeholder in Sydney noted: ‘So much is expected of counsellors ... They’re the promotion and community education person, they’re the networker, the counsellor ... they have a full plate’.

Therefore realistic expectations should be placed on problem gambling services which seek to work more closely with Indigenous communities and clients. For example, it is likely that the bulk of work these services
do in the area should be on building relationships/networking with the local community, as well as on providing community education and promotion.

**Building a more qualified workforce**

Not surprisingly, many stakeholders consulted in this research believed that in order for problem gambling services to assist Indigenous communities in a culturally appropriate way, Indigenous counsellors should also be a part of the service. There was, however, widespread acknowledgement that there are significant gaps in this regard, and that more training and effort was needed to help build a more qualified Indigenous workforce. Resources should therefore be specifically allocated to this area.

In addition, there may also be opportunities to increase the provision of problem gambling-specific cultural awareness training to non-Indigenous staff currently working in services to ensure, as one stakeholder in Sydney noted, they ‘walk the talk … [the training] shouldn't just focus on the history of Indigenous people, but also on gambling more specifically—there's not a lot of that out there'.

**Facilitate dialogue and discussion between the states and territories**

Throughout the course of these consultations, service providers expressed considerable interest in what developments and innovative approaches were being implemented in the problem gambling sector in other states and territories. A number of stakeholders working specifically in the Indigenous problem gambling area noted that there was much to be learnt from the development of initiatives in other states, particularly if these approaches were evaluated.

While the annual National Association of Gambling Studies (NAGS) conference was believed to be interesting and useful, the focus of this conference was felt to be more on formal research rather than ‘from people on the ground and doing a lot of work in this area’ (Stakeholder, New South Wales).

There is, therefore, an opportunity for federal coordination of information sharing in this area via, for example, a national roundtable or meeting with key personnel who actively work in Indigenous problem gambling education, service promotion or provision.

### 4.4 Culturally appropriate service delivery and promotion

Based on feedback from an array of stakeholders in this research, it is clear that in order to combat the issue of problem gambling in Indigenous communities, it is important to focus both on the provision of culturally appropriate services, the promotion of these services and the issue of problem gambling more broadly.

**Service delivery aimed at harm minimisation**

Many stakeholders in this research commented that it was unrealistic to expect that communities could or would cease their gambling behaviour. As one stakeholder in Queensland noted: ‘… it’s unrealistic to promote zero tolerance when gambling is so popular in Indigenous communities.’ Like any behaviour which can result in addiction, it was felt that an approach that focused on harm minimisation and responsible gambling was more realistic.

This harm minimisation approach can comprise a number of different elements. Examples of what services can focus on with communities and clients include:

- ensuring that services deliver information about how poker machines work, and some of the myths about poker machines—such as that a machine that has had a lot of losing or winning spins is more likely to produce the opposite or that player technique can affect the game’s outcome

- working with a community to develop protocols on how to minimise harm in local card games—it is important to acknowledge that an initiative like this needs to be community driven
offering community members with a potential gambling problem, and who receive payments from Centrelink, the opportunity to change the way their finances are managed by using Centrelink's Centrepay service—a voluntary service that allows individuals to choose to pay their bills by having a regular amount automatically deducted from their Centrelink payment. Some stakeholders consulted in this research reported encouraging their clients to use this facility to help ensure that basic financial commitments were able to be met.

offering broad advice on how to budget and manage one's finances by working with locally-based financial counsellors—where possible, these counsellors should either be Indigenous or trained to work with Indigenous clients.

**Flexibility in treatment methods**

The views of stakeholders in this research varied regarding the types of problem gambling treatments that were considered culturally appropriate.

For example, some stakeholders believed that narrative therapy (a form of psychotherapy built around listening to a client’s stories about their problem) was particularly appropriate for Indigenous clients as it could act as an extension to a community’s own storytelling culture. According to one stakeholder in South Australia: ‘It gives people the ability to construct meaning around what’s happening in their life ... and [eventually] negotiates a framework which will work for them’—for example, going back to country to reconnect with one’s cultural roots.

There were, however, mixed views on the cultural appropriateness of group-based treatment approaches. A few stakeholders felt that, depending on the community, group work could be effective, particularly in terms of preventing problematic gamblers relapsing, although it should be developed specifically for Indigenous clients (not a mainstream group that Indigenous clients joined). However, other stakeholders felt that in light of the significant taboos associated with problem gambling behaviour in Indigenous communities, group therapy was not appropriate, particularly for men. These stakeholders felt that one-on-one treatment that could also incorporate family was more effective.

This highlights the fact that there is no one-size-fits-all treatment approach for problem gamblers in Indigenous communities and that flexibility is paramount. Rather, service providers must work closely with Indigenous communities and clients to help ascertain what approaches are more culturally appropriate in a given area or with a particular individual.

**Allowing for the provision of outreach services**

Outreach services were discussed by numerous stakeholders in this research. These services are a logical part of culturally appropriate problem gambling service provision, particularly in states or territories with a significant Indigenous population residing in remote or very remote areas.

Outreach services may consist of ensuring that transport is available for clients who are seeking assistance for their problem, or even for those who wish to attend a local promotional event, such as a community barbecue. (More detail about these types of events will be discussed later in this section of the report.) They may also include ensuring that counselling can be conducted in the home or in a location where the client is comfortable. ‘Be prepared to hold meetings down by the river’ (Stakeholder, Victoria).

Another important part of outreach services to Indigenous communities is the ability for service providers, particularly Indigenous-specific service providers, to provide their services to remote and very remote communities. Due to their isolation, these communities may have difficulty in even being aware of what problematic gambling is. Furthermore, there are likely to be few options in remote and very remote communities for seeking help.

Again, as indicated earlier in this report, it is important that this type of outreach work is not simply imposed on communities. Rather, service providers seeking to conduct outreach work should liaise closely with local
Ensuring a holistic approach to service delivery/promotion

A consistent message across the stakeholder interviews was the need for any service working directly (or indirectly) in problem gambling to consider the needs of Indigenous communities and clients holistically. Whenever problematic gambling behaviour is discussed in these different situations, it is important that a community’s unique context, or an individual’s own context (such as their place in their culture as well as their position in the community and within their family) is taken into account.

Holistic service delivery may also involve an individual’s family to better address their needs. One of the defining characteristics of Indigenous culture is the focus on family. Therefore, for an Indigenous problem gambler, it can be important to involve their families for them to know what the problems are and how they can assist, as families are often there to support problem gamblers on a day-to-day basis. This approach has been adopted to great effect by some of the Aboriginal drug and alcohol services consulted in this research: ‘If we partner with families we can achieve so much more of a targeted outcome ... If you’ve [only] got a client approach, this assumes the only time you’ll see a client is when there is some trouble or they have a problem’ (Stakeholder, remote Queensland).

As previously discussed, problem gambling behaviour is often a symptom of other social issues in a community or in an individual’s life, such as domestic violence, alcohol or drug abuse, poverty or unemployment. This emphasises the need to provide problem gambling support to Indigenous communities and clients holistically, and in a way that takes into account the range of issues that may be affecting those groups and individuals. A case management approach was often thought to work well as it helps analyse the complex needs of clients.

Investment in culturally appropriate screening and assessment tools

As indicated earlier in this report, problem gambling behaviour is often defined and viewed quite differently in Indigenous communities. It is therefore important that when potential Indigenous clients are assessed, screening and assessment tools themselves are culturally appropriate.

While there are currently no Indigenous-specific screening tools being used by service providers, these are currently being developed, for example, by the AH&MRC. The benefit of Indigenous-specific screening tools is that once developed and tested, they can be utilised by a wide range of services in their health screening processes. For instance, if a health worker suspects that there may be a problem gambling issue, this could provide an opportunity for the problem gambler to reflect on their issues and, potentially, to accept some form of assistance.

Adequate investment needs to be provided so that screening tools themselves can be widely promoted and incorporated into services that work with Indigenous clients who have potential problem gambling issues.

The importance of diversionary activities for Indigenous communities

Providing alternative activities to gambling was felt to be a very significant part of tackling the issue of problem gambling in Indigenous communities. As indicated in the literature review, boredom is one of the key drivers for gambling behaviour in Indigenous communities. Boredom is even more pronounced in remote communities or in those with high unemployment.

Therefore, ensuring that there are alternative activities for communities to engage in beyond card games, for example, is especially important, particularly for those most vulnerable in a given community, such as Elders and those not in the workforce. The provision of alternative activities could be funded as a part of a state or territory’s problem gambling service funding arrangements.

Diversionary activities themselves should be designed by the community to help maximise engagement, to build social capital and enhance social cohesion and to give the community ownership of the issue. In the
longer term, diversionary activities that are implemented could help to increase cultural awareness and help communities acknowledge the impact/severity that problem gambling behaviour has on Indigenous culture.

**Development of local promotional resources**

A culturally appropriate approach to promotion of problem gambling help services suggested in this research was for local communities to develop their own resources—for example, brochures using local iconography or real images of community members. The benefit of these locally developed resources is that they help to give communities a sense of ownership over an issue, which can lead to a greater desire and motivation for change. By comparison, generic resources were felt to lack impact and local relevance and they were limited in terms of acknowledging issues with problem gambling at a local level.

**Promotion of the issue/s or services at the face-to-face level**

The promotion of problem gambling services, and information about problem gambling more generally, to Indigenous communities should not be merely about developing more local resources. Similarly to the provision of services, promotion should also be approached holistically, with emphasis placed on promotion at a face-to-face level.

There are a number of ways this can be achieved—for example, by bringing together the community through local events such as a community barbecue or sporting match and ensuring that a range of services are present. The benefit of consistently bringing the community together via informal events such as these is that over time, trust and relationships can develop with service providers, leading to more openness among individuals in potentially discussing problem gambling issues with services in the longer term.

For example, in Western Australia, an AMS was utilising a similar approach to engage the local Aboriginal community with counsellors employed by the service. Regular *yarn time* groups were held with men and with women—‘people just coming in and having a yarn about what’s going on in their lives’. *Yarn time* groups are catered and very informal, so they do not feel like a counselling session in the usual sense, nor are they advertised as such. However, the nature of the sessions means that those who take part inevitably receive some form of emotional assistance from a counsellor in a comfortable environment that distances itself from its clinical roots.

Another service in Victoria held regular community lunches where the issue of problem gambling was addressed, although this was in addition to a range of other health and lifestyle issues relevant to the local community. ‘We started with health or nutrition-related community lunches; it's a good way to build relationships and they focus around a theme of interest to the community … eventually, we focus on problem gambling’ (Stakeholder, Victoria). The benefit of an approach such as this is that it provides a positive and constructive way to spend one's leisure time and diverts one from gambling.

Counsellors and skilled practitioners involved in the delivery of services should also consider how they promote themselves to Indigenous communities. A few stakeholders felt that titles and position descriptions could make counsellors or those providing services seem intimidating, even if they were involved in more grassroots, face-to-face promotion of their service. Individuals should therefore consider promoting themselves as a personality rather than an individual with a certain skill set: ‘Don't put yourself forward as a psychologist or expert in the field ... promote yourself as the bearded gambling man’ (Stakeholder, New South Wales).

This kind of community networking approach to promotion was widely viewed as more appropriate with regard to increasing Indigenous community engagement with problem gambling and related services. Some stakeholders also suggested the notion of utilising word of mouth to promote services, and to not underestimate the power that word of mouth has as a promotional tool in Indigenous communities. It is also important to mention that approaches such as these should be viewed as long-term strategies rather than a quick fix of local problem gambling issues.
Consider alternative methods of promoting the issue

Another consideration regarding the promotion of problem gambling services mentioned in this research was the need for more innovative ways to promote the issue to communities.

One example given by a New South Wales-based stakeholder was to utilise theatre to help communicate key messages. Theatre was believed to be an effective way of helping communities engage with issues where there may be a lack of engagement generally or where there may be taboos around discussing the issue/s at hand. Examples of agencies or organisations mentioned in this research as having used theatre to promote a particular issue were New South Wales Health with *Chopped Liver*, their play focused on Hepatitis C, and the New South Wales Department of Fair Trading with *Deadly Dollars*, their play about helping consumers avoid financial trouble.

4.5 Evaluation/review of specific services and programs

A key component of improving the way services and programs are delivered to Indigenous communities in the problem gambling arena also involves ensuring that specific measures are built into them that provide opportunities for an evaluation and/or review of their effectiveness.
5 Good practice approaches to service provision

5.1 Case studies

A key component of this research involved identifying current approaches to community education and service delivery that can be considered good practice. As no formal, published evaluations of these various approaches have been conducted, they cannot be referred to necessarily as best practice. However, there are aspects to each of these services that offer valuable lessons.

Waltja Tjutangku Palyapayi Aboriginal Corporation (Northern Territory)

Waltja Tjutangku Palyapayi Aboriginal Corporation is a community-based organisation that works with families living in remote Central Australia. It covers a range of areas, including training and employment, early childhood, aged care, health and financial counselling. Eight years ago, after requests from community members, Waltja launched a financial management training and budgeting package called the Wise Money program, which has recently been expanded to incorporate aspects of problem gambling education. Waltja have also developed a two-day training package in consultation with Amity Community Services that focuses on problem gambling. The content includes areas such as information about early warning signs, how to manage money wisely, what to do if you have a problem with gambling, education about how poker machines work and demystification of notions such as luck and lucky charms. Their focus is on community education, rather than on counselling. Waltja receives assistance from the Northern Territory Community Benefit Fund.

Waltja’s model is considered good practice as it responds to community needs and specific requests, rather than forcing programs onto community members. They believe that this response is the most successful method of engaging community members. Waltja believes that this gives communities a voice in terms of programs that are implemented locally. They also focus on community education on the issue of problem gambling (as opposed to counselling), recognising that primary prevention is essential. Also, the programs delivered are culturally relevant, where community members feel comfortable and enjoy themselves through the process of engagement. For example, one participant shared this about the problem gambling session:

The second session was about gambling and how it affects people, their families and the community. We found out about the real chances of winning on pokies. We also did a fun session about what keeps us strong and what doesn’t. The women all did paintings about staying strong and what we had learnt and talked about during the session.

Key observations:

- community-based model
- responsive to community needs
- culturally relevant service provision.

Aboriginal Health and Medical Research Council (AH&MRC—NSW)

The AH&MRC is a charitable, religious and educational institution that manages programs that focus on the provision of support and assistance to member organisations to provide culturally appropriate holistic primary health care for the improvement of Aboriginal health. As the peak body for Aboriginal health in New South Wales, the Council also plays a role in directly assisting Aboriginal Community Controlled Health Services; supporting community controlled health initiatives; liaising with non-Aboriginal agencies; evaluating, developing and advising on the wide range of health programs, policies, strategies and appropriate
educational courses in Aboriginal health. The Council has a state-wide representative role on behalf of its constituent members as well as responsibility for the planned expansion of its benevolent services that will be channelled directly into Aboriginal communities.

After their own research in the Indigenous problem gambling area (culminating in the Pressing Problems report released in 2007), the AH&MRC were granted funding from the New South Wales Office of Liquor, Gaming and Racing's Responsible Gambling Fund to implement a range of holistic measures to tackle Indigenous problem gambling in New South Wales. These measures included:

- **Raising community awareness**
  This involves conducting workshops in local communities about problem gambling and providing education about the services available locally, the aim being for communities to take ownership of this issue by building capacity locally for individuals to more easily identify problematic gambling behaviour. The AH&MRC utilises existing service provider infrastructure and works through the AMS network in New South Wales to gauge the level of interest within communities. This is an effective way of networking with communities. For the AH&MRC, raising awareness also involves the development of Indigenous-specific resources such as posters and radio advertising.

- **Conducting training in this area**
  The AH&MRC's Aboriginal Health College manages cultural competency training for mainstream problem gambling services across New South Wales at an individual and organisational level. Importantly, the College has also created an accredited training package to help increase the number of trained Aboriginal problem gambling counsellors across the state. There are currently 13 Aboriginal people enrolled in this course and, considering current capacity in this field, this is significant. There is also the capacity to enhance the skill sets of existing Indigenous workers in health service provision, for example, in drug and alcohol service provision.

- **Developing problem gambling assessment and help services**
  Specifically, this refers to the development of a screening tool. The purpose of developing this tool is to eventually incorporate it into the health check program implemented in AMSs. This will help to raise awareness of the issue of problem gambling with community members and give potential clients an indication about whether assistance or education is required. This ensures that AMS services are more targeted in how they assist problem gamblers. Another aspect involves engaging existing gambling help services in effectively engaging with local community organisations, including educating these services about how to build rapport with services and create effective connections with local Aboriginal services.

- **Facilitating partnerships**
  The AH&MRC's work through their AMSs ensures that local partnerships can develop between the community and services. There is a sense that this facilitation of partnerships is working as there have been requests from some communities to conduct further workshops. This also involves looking at what is being done in the Indigenous problem gambling area in other states.

- **Policy development**
  This involves providing advice to Government about policy direction in this area. The AH&MRC's programs are considered good practice as they offer a holistic approach to tackling the issue of problem gambling in Indigenous communities in New South Wales, evidenced by the various programs managed by the Council. In particular, the Council is working toward addressing the skills shortage in this area by training more Indigenous problem gambling counsellors. Finally, the screening tool could prove to be extremely beneficial as it is likely to assist in identifying people with a potential or actual problem gambling issue.

**Key observations:**

- engagement and empowerment of local communities
- focus on raising community awareness/education
- development of cultural competency training and skills development
GOOD PRACTICE APPROACHES TO SERVICE PROVISION

- development of a screening tool to assist in recognising problem gambling
- facilitation of partnerships.

**Amity Community Services (Northern Territory)**

Amity Community Services is a non-government mainstream community organisation that provides counselling and support for people with drug, alcohol, mental health and problem gambling issues. The problem gambling arm of the organisation is entirely funded by the state government. It employs four Aboriginal staff members, two of whom are employed as Aboriginal Gambling Educators.

A real point of differentiation for this service is that it regards problem gambling to be a health issue (as opposed to a social issue alone) and considers that good health is more than just the absence of disease—it is a product of positive lifestyle and living choices and conditions. Therefore, they believe that adopting a holistic approach is essential, taking into account the overall context of gambling activity, the individual and the environment as a whole.

The organisation places emphasis on liaising with existing help service providers in other areas, such as Alice Springs, Katherine and Tennant Creek, to equip them to work with Aboriginal clients experiencing problem gambling issues. The service meets fortnightly with eight Indigenous Darwin-based services (health, financial, counselling, legal, and so on) to share information, discuss and plan around improved data collection on problem gambling for Indigenous people living in urban areas. This service also works with Waltja and the Menzies School of Health to deliver a two-day problem gambling training package. They are also involved with:

- providing a 24-hour phone counselling service (as well as counselling by email)
- developing Indigenous-specific problem gambling materials; for example, culturally appropriate posters and coasters placed in gaming venues that feature AFL player Michael Long who acts as an ambassador for the service
- promoting their service through local radio and press
- travelling to remote communities and advising on how to reduce gambling worries (for example, how to host a safe card game) and harm minimisation related to card games (for example, not playing near roads)
- providing a one-on-one counselling format, with the capacity to accommodate the inclusion of family members
- coordinating Gambling Awareness Week in the Northern Territory.

Amity has also developed an Indigenous-specific model that helps problem gamblers identify if they have an issue. As an extension they use a system called ‘The Seven Ls’ to identify problems related to gambling. These are:

- Lover: relationship problems
- Legal: fraud, stealing and so on
- Livelihood: impacts on work, possible loss of job
- Liver: impacts on health, that is, stress, mental health, depression
- Loss and grief
- Land: loss of relationship to land
- Lore: loss of cultural values, tradition, and Aboriginal Law.

Amity is an excellent example of good practice as it is a mainstream organisation committed to addressing the issue of problem gambling in the Northern Territory, having adopted a number of the key principles identified...
in this research as important for service provision, including the development of Indigenous-specific resources, focus on harm minimisation, a preventative approach, flexibility in how counselling is provided, provision of outreach services and employment of Indigenous staff. Also noteworthy is that they view problem gambling in a holistic context as a broader health issue, enabling other areas of an individual's life to be addressed that may impact on or contribute to problem gambling behaviour.

Key observations:
- development of culturally appropriate resources
- focus on harm minimisation as well as prevention
- flexible counselling models
- provision of outreach services
- view of problem gambling in a holistic context.

Nunkuwarrin Yunti (SA)

The goal of Nunkuwarrin Yunti is to promote and deliver improvement in the health and well-being of Aboriginal and Torres Strait Islander people in the greater metropolitan area of Adelaide and to advance their social, cultural and economic status. An Aboriginal managed organisation, they base their work on a social health model. They acknowledge that for their goals to be achieved, they need to be flexible in their approaches and respond to individual community needs.

Nunkuwarrin Yunti have managed a problem gambling program for almost 10 years; however, this has recently ceased due to lack of funding. Their program reflected a primary health care approach with a strong emphasis on prevention as well as individual work. It focused on proactive community engagement using role models from within the community and holding innovative workshops which had a public health approach. Their approach was holistic in nature and addressed Aboriginal-specific issues such as cultural oppression and poverty and stress in relation to problem gambling issues.

The organisation has also produced a number of problem gambling-specific resources. For example, they produced a problem gambling CD of 10 to 12 songs from around the state which was launched as a community driven project. They also managed an art project in ten communities where community members developed a story related to problem gambling and produced paintings depicting the stories to promote discussion on problem gambling. Again, this demonstrates the importance of developing community ownership of the issue and building capacity for communities to own the issue.

Nunkuwarrin Yunti’s model is considered good practice because the emphasis of their model was on community control and capacity building in communities—two key principles which improve service provision in Indigenous communities, as discussed earlier in this report. Their model also focused on health promotion and emphasised the social messages to promote healthy choices in a holistic, integrated and culturally appropriate way.

Positive quotes from some stakeholders in our research about the service included:

- The community development approach is the underpinning key success factor of something like this (Stakeholder, Queensland).
- It really seemed to be serviced and owned by the community (Stakeholder, New South Wales).

Key observations:
- focus on community control and capacity building
- focus on health promotion and social messages aimed to promote healthy choices.
Lifeline (Cairns, QLD)

Lifeline Australia is a national telephone counselling service that aims to be a leader in providing opportunities for people to benefit from and contribute to quality services across Australia. During the research phase, CIRCA consulted with the Cairns-based Lifeline office. The organisation provides gambling counselling for the residents of the Cairns district, Tablelands and far north Queensland, the education and information they provide reaching as far as Cape York Peninsula. The organisation strongly believes that relationships with communities is the key to ensuring that counselling services are effective, well utilised and provide useful assistance. Consequently, developing and maintaining appropriate relationships is one of their primary focuses.

The organisation has produced a number of resources including a DVD and a series of six booklets specifically for Aboriginal and Torres Strait Islander problem gamblers. They also employ an Indigenous community educator who has been in the position for seven years.

Cairns Lifeline's model has been included in these case studies because they are a mainstream service provider that has made inroads in engaging Indigenous communities on the issue of problem gambling through the development of Indigenous-specific material and strong relationships with specific communities. The employment of an Indigenous staff member to work in the problem gambling area for the service also ensures cultural relevance ultimately assisting Indigenous clients to feel more comfortable when accessing the service.

They're leading the way in resource development (Stakeholder, Sydney).

Key observations:
- development of culturally appropriate resources
- employment of Indigenous staff members
- relationship building with communities.

Family Income Management (FIM) program

The Family Income Management program (FIM) operates in the Cape York region and was established using Australian Government funding through the Cape York Partnerships for Welfare Reform. The program came about following several years of discussion and development by the Cape York people. Originally established in three trial sites—Aurukun, Coen and Mossman Gorge—the program now targets Indigenous families, individuals, and communities in ten communities.

A key objective of FIM is to develop the capacity of both families and individuals to manage their income and improve living standards by providing assistance in developing budgets, savings goals and debt management plans and skills to better manage money, leading to better outcomes for individuals and their families. This is achieved through FIM working intensively with individuals and families to, for example, develop a household budget, ensure bills are paid and children cared for and ensure each individual contributes to household bills, food buying accounts and savings.

According to a number of stakeholders consulted in this research, the focus on skills development and building capacity in communities by imparting financial management knowledge was a key positive feature of the program. Furthermore, engaging communities to develop useful financial management skills was viewed as a positive approach as the notion of ‘financial management’ was viewed within communities as a ‘far less a dirty phrase than “problem gambling”’ (Stakeholder, New South Wales). The program also works hard at building networks within the community and with other service providers to provide longer term benefits for communities.

The FIM program is located in close proximity to the Cape York Welfare Reform Project’s Wellbeing Centres, set up to provide a comprehensive community-based approach to drug and alcohol addiction, mental illness and family violence. These Wellbeing Centres also provide problem gambling help as a part of their service.
delivery and they take a holistic view of problem gambling treatment. Delivering the FIM program so closely to Wellbeing Centres is beneficial for the community as there are more opportunities for linkages between services.

FIM has also produced a number of Indigenous-specific resources including a DVD and a range of booklets. Some of the community education resources produced have provided specific information on how gambling affects the community, as well as information on good and bad borrowing, and activities to do with one’s children. There are a number of FIM resources that have been funded and provided by FaHCSIA, such as MoneyBusiness, a financial literacy publication.

This model is considered to demonstrate good practice as it was viewed as offering assistance to people in financial difficulty (including financial difficulty caused by problematic gambling), via the provision of practical financial management skills. It was also perceived to have a long-term focus, which is an integral part of effective service provision to Indigenous communities.

Key observations:

- provision of practical financial skills to clients experiencing financial difficulties
- long-term focus
- development of culturally appropriate resources designed to maximise personal relevance and ownership
- holistic approach to problem gambling through Wellbeing Centres.

5.2 Summary—good practice approaches to service delivery

The case studies of services outlined above have been considered good practice for a number of reasons, namely due to their focus on:

- culturally relevant service provision, either through the staff employed in services, other resources available or via the holistic approach to dealing with problem gambling
- community engagement, empowerment and ownership
- capacity building and the passing on of practical skills to both individuals and communities
- flexible approaches to service provision
- both prevention and treatment
- building local partnerships and links to existing services.
List of shortened forms

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<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<td>ACCHS</td>
<td>Aboriginal Community Controlled Health Services</td>
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<td>AH&amp;MRC</td>
<td>Aboriginal Health &amp; Medical Research Council of New South Wales</td>
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<td>Diagnostic Statistical Manual</td>
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<td>Electronic Gaming Machine</td>
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<td>VGS</td>
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