

## **7. Consultation findings**

### **7.1 Introduction**

The following section collates the views and experiences expressed during consultations with Aboriginal community members, service providers and other stakeholders. These findings are presented together, because there was much consistency in the responses of the different stakeholder groups in discussions about gambling issues for Aboriginal people. Where different or specific views and experiences were identified by particular individuals or groups during consultations, they are highlighted or presented separately.

### **7.2 Participation in gambling by Aboriginal people**

All consulted expressed the view that many Aboriginal people participated in gambling activities, and that gambling was a very common and widely accepted pastime in Aboriginal communities in NSW. Favored modes of gambling for Aboriginal people identified by those consulted were card machines/EGMs/pokies cards, Keno, bingo and the TAB, including phone TAB. It was also noted that sports betting appeared to be increasing in popularity amongst Aboriginal people, consistent with many Aboriginal people having a keen interest in sport. Women were said to be more likely to gamble with pokies, bingo and cards, whereas men were more likely to bet on the horses.

One gambling counselor noted that many young Aboriginal men gambled, and that it was often an important part of their life. In another rural location, a community member noted that young people might be less likely to gamble in small country towns because of difficulty accessing venues when they were likely to be known.

There was a perception by both community members and service providers that within Aboriginal communities, gambling was more common amongst specific groups who were disadvantaged relative to other Aboriginal community members, for example 'single mothers'. However, it was also noted by several individuals that some professional Aboriginal people were also heavy gamblers, and that their higher incomes enabled them to sustain significant gambling habits.

Respondents said gambling activities such as cards often took place in people's homes, in public places such as vacant blocks, as well as in pubs and clubs. Gambling 'schools' were described, including where others provided funds to people who had lost all their money, or paid them to run the games so that they had enough money to get by. Some described instances of community gambling activities continuing all night and sometimes for several days.

People from both community organisations and gambling treatment services commented on gambling being 'a part of life' for Aboriginal people historically. Some described the significance that card playing had played in mission life, where large scale card circles for both adults and children – adults in one circle and children nearby in another circle – were a common activity. One community member described card games that had gone on from lunch time till the early hours of the morning each day from Wednesdays to

Sundays. It was also noted that card circles were still a feature of contemporary Aboriginal community life, but to a lesser extent. Reasons put forward for this shift away from card playing were the increased accessibility of pokies and because the old people who started up the card circles, and did not like going to pubs and clubs, had died. People remembered that card circles for children had involved children played cards for lollies, and for older children, cigarettes. The potential implications for future generations of children being taught to gamble through watching the adults around them play cards and then learning to play themselves was raised by several people.

Gambling counselors also noted that some of the Aboriginal people they had seen for treatment of gambling related problems reported having learnt to gamble from their parents and that in some cases gambling had put "food on the table". Overall, gambling activities, such as cards, were commonly viewed as an integral part of Aboriginal family life and entertainment, with gambling normalised as an everyday activity.

The importance of gambling as a source of social interaction, particularly in rural areas where there might be limited alternative leisure options, was frequently commented on in consultations in these regions. One gambling counselor noted that spending time at the TAB was a popular social outing for Aboriginal men. A community member described that young men in the local football team often gambled a lot during the off season because they had not much else to do, but when the footy season was on they spent all their time training and playing football rather than gambling.

Some gambling services providers noted their lack of data about the prevalence of gambling participation by Aboriginal people, and questioned whether there were sources of data available. A health service provider suggested it might be useful to include questions about gambling in the NSW Household Drug Survey.

### **7.3 Reasons for gambling**

Besides the valuing of social interaction discussed above, the main reasons respondents suggested as reasons Aboriginal people gambled were to relieve boredom or to 'fill a void', and because people believed strongly they were going to win. Aboriginal community members described a range of commonly expressed beliefs about gambling, including that payouts from pokies were more likely at the end of the day, because machines were full and many others had lost money, or when they had been played continuously over a prolonged period.

People with money worries were said to often try and chase a big win to solve them, including holding the belief that money lost could be won back. One service provider expressed the view that some people made the mistake of gambling being a way of making money instead of it being a form of entertainment.

Gambling by Aboriginal people was seen by some participants as part of a more general Australian cultural trend of gambling participation, particularly in rural areas, with one service provider commenting on the Australian cultural significance of two up schools and the Melbourne Cup.

Other reasons for people gambling suggested by participants included: the desire for instant gratification – ‘wanting it now’ – and the pleasure afforded by a meditative state similar to that induced by playing video games.

Many gambling treatment counsellors described the underlying reasons for, and consequences of, gambling by Aboriginal people as being distinctly different to those of non-Aboriginal people: *“It’s not like the non-Aboriginal community; we have found that in the Aboriginal community there is so much loss and grief.”* One counsellor also suggested that gambling for Aboriginal people could be a symptom of underlying problems such as the pain of physical, sexual or emotional abuse, saying: *“Gaming machines are good pain killers”*. Several service providers linked susceptibility to gambling to alcohol and drug abuse, suggesting that these were ‘addictions’ that were more common among Aboriginal people because of trauma, grief and feelings of not belonging to the community.

Another set of reasons given for Aboriginal people gambling related to the accessibility and appeal of gambling venues. In some locations gambling venues were open for long hours, and in many rural towns, clubs where pokie machines were located might be the only venue in town, and might also be the most accessible air-conditioned respite when the weather was hot. In some cases, pubs or clubs were seen as a place some Aboriginal people might go to escape from difficult home environments, such as overcrowded houses, family tensions, or family violence. This was seen to be particularly the case for Aboriginal women.

Some respondents commented on the different experiences of Aboriginal people of attending clubs compared to pubs, noting that not having to sign into pubs meant they attracted a younger clientele, and that there were fewer visual barriers in hotels meaning pokies were always on display. The dress codes in clubs were seen as a barrier to admission for Aboriginal people in some locations, but others said that in their town clubs were welcoming towards Aboriginal people, including because they were the club’s major client group. The ease of losing track of time and reality in gambling rooms within clubs was noted by several Aboriginal community members.

#### **7.4 Problems associated with gambling**

Aboriginal community members and service providers consistently stated that gambling was a big and increasing problem for Aboriginal communities in NSW, with one respondent summarizing this by saying gambling in Aboriginal communities *“has a big impact because some people have low incomes and big habits”*. However, participants also consistently noted that gambling problems were often not acknowledged as such, either by the individuals who were having problems associated with gambling, or at a community level.

It was commonly stated that Aboriginal people with low incomes were more likely to experience problems with gambling because they could least afford to lose money. However, it was also noted that problem gambling was not confined to low income

families and that gambling problems could also be common among Aboriginal people who were working and had access to funds.

Examples of the negative impacts of gambling in an Aboriginal community context that were given by those consulted were:

- families living in very impoverished circumstances without power and without furniture because it had been hocked or sold,
- lack of money to pay for food or electricity, or being caught in a constant cycle of having to pawn goods to pay for these essentials
- neglect of children, including going to school hungry or with soiled clothes
- family discord, precipitated by having to rely on relatives or lying to cover up gambling related debts
- the consequences of theft, including family conflicts or contact with the criminal justice system

In addition, many respondents commented on the negative impacts on individual's self esteem resulting from gambling-related problems. For example: *"People who gamble lie to the people they are close to, and steal from them – they don't mean to, it's an addiction and they hate themselves afterwards"*.

Both Aboriginal community members and service providers said they felt problems associated with gambling in Aboriginal communities were getting worse. One service provider said: *"Clients tell me that when they were young it used to be social. Money used to stay in the community and winnings were shared with cards. Now it's machines and the 'black hole'"*. One Aboriginal community member noted that the new machines had credits that went through faster and that they now took notes, referring to them as *"fast gobbling machines"*.

Shame, stigma and denial were frequently mentioned in consultations as characterizing experiences of problem gambling for Aboriginal people, and were also commonly suggested as an explanation for reluctance by some Aboriginal people to seek help for problems associated with gambling. It was noted by Aboriginal community members that denial of gambling related problems was particularly likely to be an issue for Aboriginal people who worked in professional roles or who were respected elders in the community. While gambling was seen as a widely accepted form of socializing, problems as a result of gambling were seen as a weakness and seeking help for gambling problems was considered shameful:

*"If you see a gambling counsellor its saying you're a loser. [People] don't understand the psychological escape gambling is for some people and how difficult it is to walk away"*.

Aboriginal cultural norms of sharing and bailing out those who might have gambled away all their money were seen by some gambling counselors as enabling people to sustain significant gambling habits through reducing the financial consequences of their habits. Aboriginal community members also talked of the interaction of family and

community sharing with gambling practices, suggesting that it widened the negative impacts of an individual having gambling problems to affecting whole families and communities. One participant stated that he may as well enjoy gambling his money because he'd only have to give it to someone else.

### **7.5 Links between gambling, substance misuse and health**

The relationships between gambling and alcohol, drugs and tobacco were discussed in most consultations. It was noted by both Aboriginal community members and service providers that Aboriginal people who have drug and alcohol problems often had gambling problems as well, although the gambling problems might not always be identified if and when they attended drug and alcohol services. It was repeatedly noted that patterns of gambling mirrored 'addictions' to alcohol, drugs and tobacco, and the view was expressed by both Aboriginal community members and services providers that Aboriginal people might be particularly susceptible to these 'addictions'.

In several ACCHS sites, drug and alcohol counselors were identified as the main service providers who responded to gambling issues. These service providers noted that people who were giving up drugs or alcohol often increased their gambling activities, and proposed this might be the result of people: having more money, needing to keep occupied; looking for an escape from stress; or because gambling provided a 'rush' or excitement that could substitute for that produced by drugs. Several drug and alcohol service providers expressed the view that gambling was viewed as the "lesser of three evils" of drugs, alcohol and gambling. Another comment made during consultations was that some people used drugs to stay awake so they could gamble for longer.

Many venues being licensed for both gambling and alcohol was seen as supporting the interaction between these two behaviours, particularly for people experiencing problems. It was also noted that Aboriginal people, who are more likely to smoke, might be particularly impacted on by changes to laws on smoking in pubs and clubs, which in some venues meant the gaming room was also the allocated smoking area. Conversely, requiring people to leave the gaming room to smoke was seen as having potential benefits for Aboriginal people through it being a way of breaking the trance like state that some people playing pokies entered. NSW legislative changes banning smoking in all indoor areas of pubs and clubs came into effect in July 2007, after consultations for this project were completed.

Several Aboriginal community members noted that excessive time spent gambling was very likely to have negative impacts on health, including people smoking more, being inactive, forgetting to eat, or eating the junk food available in venues. One gambling counselor said "*gambling clients don't eat well. They might say I'll have a good meal when I win. When they loose they don't eat or eat poorly.*"

Many respondents commented on the links between gambling and depression for Aboriginal people, noting that people who were depressed seemed more likely to gamble, and that gambling could make depression worse by causing serious financial and family problems.

## **7.6 Gambling treatment services – views from Aboriginal communities**

Aboriginal community members and ACCHS service providers consistently expressed the views that few Aboriginal people accessed mainstream gambling treatment services. In some locations, informants reported never having heard of this happening; in other cases ACCHSs made referrals to local mainstream treatment services and were aware of some cases of people having accessed these services.

At one ACCHS participants reported that short term funding had allowed a visiting half day per week service at the ACCHS from a gambling counselor based at the local Neighbourhood Centre. Although the counselor was reported to be well accepted by Aboriginal community members, respondents noted the service was not always well used and that it was discontinued when the funding ran out. Suggested reasons for lack of uptake of the service were stigma and people being in denial, as well as the short term duration of the program meaning there had been limited time to build up trust, a client base and referral networks

ACCHS service providers made several suggestions on models they thought might be successful to deliver gambling treatment services to Aboriginal clients. These included:

- a regional model where a counselor travels between towns in a specific region
- phone counseling which might be good for some people as it is less personal and confronting, and more anonymous. Staff from several ACCHSs involved in consultations noted the ACCHS may be able to provide a confidential space for phone counseling that might increase uptake for Aboriginal people.

The issue of whether or not gambling treatment services for Aboriginal people were best located at an ACCHS was the subject of some debate amongst participants. Perceived advantages of a financial and gambling counselor being based at an ACCHS were being able to use an opportunistic approach, and a greater chance of services being delivered in a culturally appropriate manner. Disadvantages were that the stigma surrounding help seeking for gambling related problems might mean people were reluctant to be seen to be accessing gambling treatment services by other community members who worked at the ACCHS. The potential for stigma meant that locations needed to be discreet, and co-located with other services so that Aboriginal people could walk through the door without feeling shamed.

ACCHS service providers noted that case management approaches and the possibility of residential rehabilitation would be appropriate for Aboriginal people who had serious gambling problems. It was suggested that the personal support program used by the Department of Community Services might provide a useful model for this support.

The importance of gambling counseling dealing with issues other than gambling was stressed by several interviewed ACCHS service providers. For example, providing assistance with access to educational and employment opportunities, as well as identifying and managing depression and relationship issues were seen as key to the

success of interventions to support individuals with significant problems related to gambling.

### **7.7 Gambling treatment services – views from providers**

A majority of gambling treatment service providers consulted said they currently saw only small numbers of Aboriginal people as clients. Most gambling treatment services in areas with significant Aboriginal populations reported having made some attempts to target Aboriginal clients, with varying levels of success, although only a few services reported having formal or strategic involvement with Aboriginal organisations or individuals.

The few service providers who described specific, significant and successful targeted efforts to engage with Aboriginal organisations, communities and clients had used one or more of the following strategies:

- developing working partnerships with Aboriginal community organisations
- employing or otherwise working with Aboriginal Workers
- visiting community settings to engage with Aboriginal clients or to deliver outreach services
- developing specific Aboriginal resources and programs
- training staff in working cross culturally with Aboriginal people

Partnerships with the local ACCHSs were described by a provider from one gambling treatment service that delivered a part time service at the ACCHS, and two others that reported developing a similar model with their local ACCHS at the time they were interviewed. A small number of other services reported having established links and referral pathways with local Aboriginal community organisations, including ACCHSs, or with Aboriginal drug and alcohol rehabilitation centres.

A couple of gambling treatment services described employing local Aboriginal community members to work as Liaison Officers, as a key way of building relationships and improving access to services for Aboriginal people. In another service, an Aboriginal intake officer participated in outreach to clients and community education activities. Another service reported having developed links with a local Aboriginal Drug and Alcohol counselor, who told potential Aboriginal clients about available services and organized referrals.

Community visits and outreach were another group of reportedly successful initiatives reported by several services. These involved gambling treatment services staff visiting settings where Aboriginal people gathered, often in the company of an Aboriginal community member. Meeting Aboriginal people in a relaxed and familiar environment was seen as an aid to the development of trust, and thereby improving access to gambling treatment services.

*“We’ve employed an Aboriginal outreach worker to help clients access the service. You need a long term commitment. You have to go where they are and work with them because Aboriginal people are very different”.*

In an example of outreach in a specific setting, one service reported that visiting the local jail with an established and trusted visitor as having been an effective way to engage Aboriginal people with gambling problems, particularly men.

As well as outreach services, gambling treatment service providers identified a few other Aboriginal-specific programs that their services had been involved with, and that had been successfully implemented. These were:

- Yarn-Up Days: monthly social events in a rural location where all community services were invited to promote their services to the community and network. Free transport and healthy food were provided. Attendance and feed back were reported as being excellent.
- Developing Aboriginal specific gambling brochures: several services reported working collaboratively with local Aboriginal organisations to create brochures about gambling and available services
- Including gambling in the context of other programs, such as anger management or dealing with depression. One service included gambling issues within a 2 day Suicide Intervention workshop it conducted for Aboriginal Health Workers throughout the region.

One service described their experience of attempting to establish an Aboriginal specific gambling support group in consultation with local community members:

*"We found great difficulty delivering an outreach group to the Aboriginal community. Although staff and some individual visitors to the community centre were supportive and interested we had difficulty attracting Aboriginal problem gamblers to the group. As there was insufficient attendance we realised that the weekly group was not the most effective way to provide access to treatment or information and then focused on a brochure. We consulted with an Aboriginal worker, an Aboriginal elder and an Aboriginal artist to design an Aboriginal brochure that would be culturally appropriate. We remained concerned that there appears to be no Aboriginal problem gambling service and from our experience in the community we are aware that a problem with gambling does exist. The brochure hopefully will encourage Aboriginal problem gamblers to seek help. We have distributed these brochures in community centres and activity centres where Aboriginal people go".*

It was common for consulted service providers to state a willingness to work more with Aboriginal clients but to express they did not know how to, or didn't have the resources to do so. Examples of statements to this effect were: "We would like to offer our services to Indigenous people but we receive no referrals" or "We would work in culturally appropriate ways if we knew what to do". One respondent reported: "We're looking at making some mainstream programs more Aboriginal friendly. We need to be aware of Aboriginal issues".



Although the majority of gambling treatment services reported that some staff had completed Cultural Competency Training (mostly through the College of Community Welfare Training), only ten of the thirty five consulted (29%) had staff with any specific training in Aboriginal cultural competency.

Two service providers described their views and experiences of successfully engaging with Aboriginal people and communities at a service and individual level:

*"We believe we have a good working relationship with members of the Aboriginal community and they appear to be enthusiastic about working with us. It's really hard to walk through our door, there are a lot of barriers, - the stigma and its non Aboriginal territory. We always have the door open, we will see people where they are comfortable. To make Aboriginal people more comfortable we asked an Aboriginal painter to paint a big painting expressing that anyone is welcome. That painter then came for gambling counseling. People come different ways, we go out into the community and give talks".*

*"Whilst I am aware of those who do have challenging gambling behaviour it is a hard task to get them to open up to me. I do this by gaining their trust and getting to know them on a social and cultural level first. I often see these people in informal settings and the counselling process is very relaxed and unstructured. I have found working with Aboriginal communities to be a very slow process but an extremely rewarding and fulfilling one also".*

General themes that emerged from the discussions with gambling treatment service providers who reported some level of engagement with local Aboriginal communities were the need to take time to build relationships and develop trust, and the importance of working with Aboriginal communities and organisations.

At an individual level, barriers to Aboriginal people accessing mainstream services suggested by providers included:

- Services being "non Aboriginal" territory
- Lack of outreach services
- Volume and inappropriateness of 'paperwork' including commonly used forms and assessment tools

Several counselors expressed the view that it was inappropriate to ask an Aboriginal client to sign confidentiality and Client Data Set forms, suggesting that Aboriginal clients often felt 'put off' and uncomfortable if they were asked to sign forms or asked if they would like to chat in a more private setting.

Gambling treatment service providers who reported experience of working with Aboriginal people suggested some differences and key features of working effectively to address gambling issues in this group. These were:

- taking time to build relationships and developing trust

- engaging with family, and advising them on effective ways to support people with gambling problems
- reducing access to money, including getting bills automatically deducted and limiting access to credit.
- awareness raising, including educating people about the unlikelihood of winning
- supporting clients to deal with surrounding issues such as relationship strain, depression, grief, stress, isolation, and anger
- looking at gambling in the context of addiction and ensuring clients don't switch to alcohol or drug use

### **7.8 Screening, community education and other responses**

Developing community awareness activities to reduce stigma that inhibited people from seeking help was seen as a key aim for improving the uptake of gambling treatment services by Aboriginal people, and reducing gambling-related harms. The stigma associated with seeking help for gambling problems was contrasted by ACCHS service providers and Aboriginal community members with the relative normalisation of seeking help for drug and alcohol issues in an Aboriginal community context: *"A real issue is to break down the stigma of gambling by putting it out there for what it is"*.

ACCHS service providers suggested that one possibility to deal with the problems of the stigma associated with gambling would be for gambling information and support to be delivered as part of a holistic health and wellbeing program. One example of a possible opportunity for this type of activity would be to add gambling issues to the agenda for a 'family camp' that was being run by the ACCHS, and already included information and discussion sessions about diabetes and justice issues. Similarly, Aboriginal women's and men's groups were seen as possible settings for discussing gambling issues in a non-threatening way.

Another suggestion from ACCHS service providers was that screening for gambling problems could form part of an Adult Health Check.<sup>5</sup> It was noted that screening questions to be used in this context would need to be brief, and that those administering the screening would need to be trained and have clear guidelines about appropriate referral pathways to be used should problems be identified. The majority of ACCHS service providers consulted said they currently didn't know where to refer someone with gambling issues.

The need to assess gambling problems routinely, including for clients of drug and alcohol and mental health services, was emphasized by ACCHS service providers and Aboriginal community members. It was also suggested that staff and management of Aboriginal organisations should be made more aware of gambling issues and particularly, of referral pathways for people with problems.

---

<sup>5</sup> Aboriginal and Torres Strait Islander Adult Health Checks are a periodic comprehensive health check that is supported by a Medicare benefit, that are available to all Aboriginal and Torres Strait Islander people every two years. The check includes screening people for a range of physical and psychosocial health issues, as well as providing advice and initiating appropriate follow up and management.

Another specific suggestion was to develop a brief intervention that could be delivered by Aboriginal Health Workers and others working in the ACCHS clinic, with the suggestion that this could be modeled on other demonstrably effective brief intervention models such as those used for tobacco.

Aboriginal community members suggested that efforts to educate Aboriginal people about gambling issues should target high school students and young people because of the increasing difficulty of changing habits as people became older and habits became ingrained. It was also suggested by Aboriginal community members that educational materials focused on describing how poker machines worked would be useful, as many people in the community did not appear to have a good understanding of this issue.

Several Aboriginal community members and ACCHS respondents noted the importance of developing alternative recreational activities for young Aboriginal people in rural areas, so that these could replace gambling in people's lives. It was stressed that for this to happen, other activities would need to be at least as accessible and enjoyable as gambling.

Gambling counselors recommended that education and training around gambling issues be widespread within the Aboriginal community, in particular to let people know more about the reality of gambling as a form of entertainment or social outlet rather than a way to make money. Specific suggestions included:

- Raising awareness of issues related to problem gambling
- Training Aboriginal people to deliver community based education
- Directly addressing the stigma associated with gambling
- Ensuring people were aware of gambling treatment and support services and how to access them, including self exclusion programs
- Adding gambling issues to education and welfare programs, such as CDEP
- Ensure education efforts are in a format suitable for a person's learning ability, including people who have problems with literacy
- Suggesting alternative venues for leisure activities that are not gambling venues
- Support and develop general coping skills

## **7.9 Gambling venue issues**

Self exclusion was raised by one Aboriginal community respondent, who acknowledged that it was sometimes used by Aboriginal people to limit gambling related harms. However, he also reported being aware of some people driving long distances to access alternative venues, and expressed concern that this may be more likely to result in driving while drinking. Concern was also expressed that self-exclusion shifted responsibility onto club employees who may lack confidence to say no to people, especially to individuals who were older than them and who were spending up big. One gambling treatment counsellor noted that self exclusion could work well for people living in small communities as they are more likely to be identified by pub or club staff, and they may lack transport to drive to the next town. It was noted that clients needed to fully

understand the self-exclusion process, and often required intensive follow up to assist them to cope with the major changes and consequences of addressing gambling issues.

In some consultations with Aboriginal community members and ACCHSs, the subject of funds being available from local clubs to support community development was discussed. In one rural location, while participants had some awareness of funds from the local club being distributed to community organisations, participants in the consultation meeting were unaware of the process used to allocate these funds, or that any funds had been allocated by the club to Aboriginal community organizations in recent years. It was noted during this consultation that the majority of the local club's patrons were Aboriginal people. Several respondents said there was a need for clubs to distribute funds to community organizations in a more transparent way, including to Aboriginal community groups, and that funding application processes should be better publicized.

Several suggestions were made by Aboriginal community members for general changes to gambling environments that may reduce problem gambling for Aboriginal people, including:

- limits to the amounts that could be gambled at one time, similar to limits on drinking
- PIN numbers to use with pokies so that total expenditure over a specific time period could be gauged
- Banning smoking in the vicinity of machines

## **8. Discussion and future directions**

### **8.1 Methodological issues**

This project methodology has involved Aboriginal people, and engaged with Aboriginal communities, in several ways, including through having input from an Aboriginal Community Advisory Group, and through the involvement of the Aboriginal community members who are involved in the governance and work of both the AH&MRC and NSW ACCHSs, as members of the project team, facilitators and informants.

Throughout the course of the project, specific processes were used to ensure and document Aboriginal community control over research processes, as well as adherence to protocols for working appropriately with Aboriginal communities. These included:

- the review and endorsement of the project proposal, and of the draft project report, by the AH&MRC Board
- the review and endorsement of the project proposal, and of the draft project report, by the AH&MRC Ethics Committee
- obtaining formal community consent from the Aboriginal communities involved in consultations

The resources available for the project limited the number and nature of consultations undertaken. Aboriginal community consultations were conducted in nine locations around NSW, including in urban, rural and remote regions. Consultations with gambling treatment providers were largely limited to those funded by the RGF. A large number of health, community, welfare and other organizations and individuals might potentially have interests in gambling issues for Aboriginal people in NSW, of which relatively few were consulted. Despite these limitations, the validity of the reported findings is supported by the consistency of many of the expressed views and experiences of Aboriginal community members, service providers and other stakeholders involved in the project's consultations.

### **8.2 Gambling and Aboriginal communities**

Evidence from population-based surveys nationally, and in states other than NSW, is consistent with the reported views of all consulted for this project, in suggesting that many Aboriginal people participate in a range of gambling activities that is similar to other Australian population groups, including EGMs, TAB, Bingo and card playing. Community card playing was identified as having particular significance in recent history for Aboriginal people in NSW, as for those from other geographical locations (Altman 1985; Goodale 1987; McMillen & Togni 2005).

Specific quantitative estimates about rates of participation of NSW Aboriginal people in gambling activities are currently lacking from published analyses of research or other analyses. However, despite this lack of data, there seems little doubt that gambling activity is very common in NSW Aboriginal communities.

Gambling activities were noted during consultations to be normalized and enjoyed as a significant part of community life in all the Aboriginal communities in NSW where consultations were conducted. Some participants stressed the link between contemporary enjoyment of gambling and earlier times where card circles played a major part in the social life of a community, whereas others focused on recent changes in gambling practices and impacts, with the shift towards more institutionalized gambling including EGMs, where money lost through gambling moved out of the community rather than being redistributed within it.

While gambling activities were widely noted to be accepted within Aboriginal communities in NSW, those consulted noted that gambling-related problems were often not acknowledged and were often denied by people who were having problems that were obvious to other members of their family or community. This denial was attributed by those consulted to be likely due to feelings of 'shame', and was likely to result in significant stigma being associated with Aboriginal people seeking assistance with gambling-related problems.

NSW Aboriginal community members consulted during this project were very clear on the serious nature of problems some members of their communities experienced because of gambling activities, including at both the individual and family level. When the topic of gambling was introduced during consultations, it was very common for Aboriginal community members to start off by saying "gambling is a big problem in our community" or expressing similar sentiments.

Specific gambling-related problems identified by participants in consultations included: severe financial problems, failure to care adequately for children, family fighting and violence, criminal activity and incarceration. The social and economic disadvantage many Aboriginal people experience is likely to make gambling-related financial problems more common, and their impacts more severe.

Aboriginal community members noted that because sharing of limited resources was a key feature of community life, the negative impacts of the gambling problems of individuals could have wide-ranging impacts on families and communities. This has implications for responding to problem gambling issues in Aboriginal communities, in that support for families must be a key component of service responses.

Many gambling treatment service providers said they had limited time and resources to spend on community education activities, although examples of specific projects and activities were described. ACCHSs and Aboriginal community members suggested it would be useful to incorporate coverage of gambling issues in general Aboriginal community events and activities and health promotion activities such as family camps, with this being one way of avoiding the potential for stigmatization of more targeted approaches.

Efforts to improve the number, range and quality of accessible recreational activities that can provide alternatives for Aboriginal people, particularly youth, are likely to have a

range of benefits for Aboriginal communities, including reducing levels of gambling activity. While acknowledging that NSW Clubs' community benefits schemes are only one potential source of funding to support the development of alternative recreational activities for Aboriginal communities, it is noted that little information was available about whether NSW Aboriginal community organisations or community development projects were commonly the recipients of these gambling-generated funds through the NSW. Anecdotally, consulted Aboriginal community members were aware of only a couple of cases where local clubs had funded local Aboriginal organisations or sporting teams. In addition, most Aboriginal community members were unaware of the potential availability of funds through clubs' community programs, and did not know how to apply for this funding. In the interests of equity, it is important that Aboriginal community organisations are made aware of opportunities for funding that might be available through NSW clubs and other sources, and that clubs are encouraged to support Aboriginal community organisations and initiatives. There are particular potentials for benefit in rural areas, where the lack of recreational facilities were commented on by many participants, including as being a contributing factor to gambling activities likely to result in problems.

### **8.3 Gambling treatment services and Aboriginal people**

Mainstream gambling treatment providers and Aboriginal community members consulted for this project were consistent in their expressed views that Aboriginal people did not often seek assistance from mainstream gambling treatment services. Identified contributing factors were the lack of available services, their inappropriateness for Aboriginal people, as well as a reluctance by Aboriginal people to seek assistance with gambling problems because of the associated shame and stigma.

Two general approaches to responding to the lack of uptake of mainstream services are to work towards ensuring mainstream gambling treatment services are more appropriate and accessible to Aboriginal people, and to develop and support Aboriginal-specific gambling treatment services and service providers.

A few mainstream gambling treatment services described how they had successfully engaged with local Aboriginal communities. The most important factors contributing to success identified in their accounts appeared to be working closely in partnership with an Aboriginal community organisation or a key individual Aboriginal community member, and taking time to build relationships and trust. Models that were reported as useful to engage with Aboriginal people were outreach services, including to ACCHSs or correctional facilities, and the inclusion of gambling issues and content in other programs such as anger management or suicide prevention.

Many gambling treatment services admitted they lacked the required knowledge, skills and confidence to do engage with Aboriginal communities. Possible ways of assisting mainstream services interested in engaging with Aboriginal communities could include:

- training about Aboriginal cultural issues and appropriate methods of engaging with Aboriginal communities

- developing resources about Aboriginal issues and collaboration including documenting case studies of successful engagement
- local, regional and statewide meetings and other networking activities that would provide opportunities for gambling treatment services to share information and experiences with Aboriginal community organisations, and with each other about working with Aboriginal communities

It would also be possible to actively facilitate partnership development by supporting local or statewide brokers, or requiring evidence of progress with partnerships in funding performance agreements for gambling treatment services operating in regions with significant Aboriginal populations.

While no currently active Aboriginal-specific gambling treatment services were identified in NSW during these consultations, their possibility was discussed in most consultations. Possible approaches that were supported by Aboriginal community members and ACCHS service providers were:

- regional financial counselors that visited a number of towns on rotation
- case management and conferencing and the possibility of residential rehabilitation for people with severe gambling associated problems
- Aboriginal-specific telephone counseling in a confidential space

In view of the diversity of views expressed by participants about the appropriateness of locating face-to-face gambling counseling services within an ACCHS setting, it would be important that the preferred location for services was specifically discussed with local Aboriginal community representatives before a new service was established, to ensure it was appropriate to meet local Aboriginal community needs and circumstances.

#### **8.4 Identifying and assisting Aboriginal people with gambling associated problems**

Feelings of shame and stigma were consistently identified as major factors in the reluctance of Aboriginal people to seek help for gambling related problems, by both Aboriginal community members and gambling treatment service providers.

Using a specific screening tool would be one way of providing opportunities for gambling practices to be identified and discussed and for problems to be identified and responded to. No screening tools useful for identifying gambling-related problems developed or validated for use with Aboriginal population groups were identified during this project. The development of a valid, culturally appropriate screening tool for use in Aboriginal health and community settings may aid the identification of Aboriginal people with gambling problems.

Regular screening and assessment, including for chronic disease risk factors, substance misuse and mental health conditions such as depression, is increasingly being advocated as part of an organized approach to delivering high quality primary health care to Aboriginal population groups (NACCHO 2005). The Aboriginal and Torres Strait Islander Adult Health Check, Child Health Check and Older Person Health Check are



each Medicare funded health screening and assessment procedures, that include coverage of chronic disease and mental health issues. Although uptake is currently limited, their use is recommended for all individuals every two years (for Adult Health Checks) and every year (for Child and Older Person Health Checks). These checks would provide an opportunity for the delivery of screening assessments for gambling problems to be performed routinely in Aboriginal primary health care, and would be one way of detecting gambling issues. Other suggestions from ACCHS staff about how screening for gambling-related problems might be operationalised in an Aboriginal health and community setting was through screening participants in drug and alcohol programs or as part of mental health assessments.

For screening to result in benefits, staff undertaking the screening must be equipped with information and expertise to respond appropriately when a problem is detected. In view of the limited knowledge ACCHS staff expressed about local gambling treatment and support options, there is a need for the development of local referral pathways and directories, and measures to ensure all relevant staff are aware of them.

Depression, grief and loss, and substance misuse were frequently raised when Aboriginal community members and treatment service providers were discussing gambling issues for Aboriginal people, with many commenting on the close links between these problems. The importance of having a holistic approach that addresses mental health and substance misuse as part of addressing gambling problems was repeatedly stressed.

Aboriginal community members suggested that concerns about confidentiality would be an important barrier for Aboriginal people to access gambling treatment services, highlighting the importance of ensuring existing or proposed gambling treatment services give attention to confidentiality policies and their implementation.

### **8.5 Workforce issues**

Gambling treatment providers and services noted overall workforce shortages in the gambling counseling sector, and highlighted particular shortages of gambling counselors with specific skills in caring for Aboriginal client groups and of financial counselors who were themselves Aboriginal. Any overall workforce shortages are likely to be compounded in rural areas.

Several possibilities for workforce development likely to have benefits for Aboriginal people seeking assistance with gambling related problems were suggested during the consultations performed. One focused on the development and delivery of specific training for financial and other gambling counselors about Aboriginal cultural issues and specific strategies they might apply to providing care for Aboriginal clients with gambling-related problems. This type of training could be delivered as part of a initial qualification or as units in a continuing professional development process.

A second possible approach to building workforce is the development and delivery of a specific accredited training course to enable Aboriginal Health Workers (AHWs) and others to qualify as specialist gambling-related counselors. A third is to improve the

promotion and other measures to facilitate a greater uptake of existing financial and gambling counseling training to Aboriginal people, including through targeted promotion and possibly through other means such as scholarships and the provision of other supports to Aboriginal people interested in this training.

There is also scope to develop and deliver training modules about gambling to include in general training for AHWs, or for those working in clinical, drug and alcohol and mental health roles, where contact with Aboriginal people with gambling problems is likely.

## **8.6 Data and research**

The frequency of participation by Aboriginal people in gambling activities, and how it might compare with other Australian population groups, is difficult to answer conclusively from the available evidence. It may be possible to obtain data about the frequency and nature of gambling activities for Aboriginal people through the inclusion of enhanced samples within other large-scale population based surveys about gambling, or through asking questions about gambling in large-scale population-based surveys such as the National Aboriginal and Torres Strait Islander Health Survey or the Household Drug Survey. It should be noted that telephone-based surveys may result in the under-representation of Aboriginal people, because Aboriginal people are more likely than the general population to live in households that don't have telephones.

Similarly no sources of data specifically report on the frequency of gambling-related problems for NSW Aboriginal populations were identified during this project. Similar methodological approaches as those described above might be employed to make such estimates.

Several specific issues were identified during the project that may be worthy of further investigation through research to inform the development of appropriate prevention and treatment interventions. These are:

- Aboriginal people's experiences of shame and stigma associated with gambling
- links between grief and loss issues and gambling for Aboriginal people
- gambling views and experiences of Aboriginal youth

In addition, the development and use of culturally-appropriate methodologies will be important to the effective evaluation of Aboriginal-specific gambling awareness raising, prevention, education activities and treatment services, as well as of the utilization and effectiveness of mainstream gambling services for Aboriginal population groups.

## **8.7 Policy development**

Reviewed gambling policy documents suggested that Aboriginal people and their organisations have not played a significant role in the development of gambling related policy in NSW. Ensuring the perspectives of Aboriginal people are included when future gambling related policy and programs are being developed is considered essential, and

consistent with the core principle of Aboriginal self-determination, endorsed by national and NSW governments.<sup>6</sup>

### **8.8 Ways forward**

Although many ideas were expressed during consultations about possible measures to respond to gambling issues for Aboriginal communities in NSW, responses to date appear to have been piecemeal. Only a few gambling treatment services were able to identify successfully implemented Aboriginal-specific strategies and projects. Although gambling issues were clearly identified as being significant issues for Aboriginal communities, it seems that current efforts to respond to them lack a critical mass, and may be hampered by the range and diversity of potential health and community organizations at least potentially involved in identifying and supporting Aboriginal people with gambling problems and their families, as well as in education and prevention activities.

The establishment of a central unit to lead, coordinate and support responses to gambling issues for Aboriginal people throughout NSW would address some of these issues. The Aboriginal Gambling Service at Nunkuwarrin Yunti in South Australia has been operating for nine years, and could provide a useful model for the development of a sustainable, successful statewide Aboriginal-specific community controlled gambling service in NSW. Such a unit could provide a base from which community awareness raising, service and workforce development initiatives and policy input could be driven, and also be a point of contact for input into gambling policy, data issues, research and evaluation as they relate to Aboriginal communities and population groups.

The AH&MRC is well placed to host such a unit, because of existing well developed links with Aboriginal communities throughout NSW, including close links with a network of ACCHSs that would be key stakeholders in responding to gambling issues in each location; the co-located Aboriginal Health College; and experience in coordinating statewide responses in related areas of Aboriginal public health and wellbeing such as drug and alcohol issues.

The AH&MRC has been provided with short term funding by the RGF to start the work of responding to problem gambling in NSW Aboriginal communities. A plan to prioritise and implement strategies and activities related to gambling in Aboriginal communities is being developed, based on the findings of this project and ongoing discussions with Aboriginal communities, gambling treatment providers and other stakeholders. Ongoing support for AH&MRC would allow this work to be continued and extended, within a holistic and Aboriginal community controlled framework.

---

<sup>6</sup> See for example: Two Ways Together: Partnerships: A new way of doing business with Aboriginal people, NSW Aboriginal Affairs Plan 2003-2012.

## References

- Abbott M, Volberg R, Bellringer M & Reith G 2004, *A review of research on aspects of problem gambling: Final report*, Responsibility in Gambling Trust, London.
- AC Nielsen 2007. *Prevalence of gambling and problem gambling in NSW*, Office of Liquor Gaming and Racing, Sydney.
- Altman J 1985, 'Gambling as a mode of redistributing and accumulating cash among Aborigines: a case study from Arnhem Land', in *Gambling in Australia*, Caldwell G, Ed., Croom Helm, Sydney.
- Australian Bureau of Statistics, 2000. *2000 New South Wales Year Book*. Sydney
- Australian Bureau of Statistics. 2001, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2001*. Canberra.
- Australian Bureau of Statistics 2001 Indigenous Profiles (HOIST). Epidemiology and Surveillance Branch, NSW Department of Health. Sydney
- Australian Bureau of Statistics 2004. *Experimental estimates and projections, Indigenous Australians. 30 June 1991 – 30 June 2009*. Canberra
- Australian Gambling Research Program, *Home page*, available at <<http://www.gamblingresearch.org.au>> [accessed 1st May 2005].
- Australian Gambling Research Program 2005, *Australian Gambling Research Website and Clearinghouse*, available at July 2005].
- Human Rights and Equal Opportunity Commission 2005, *Social Justice Report 2005* [http://www.hreoc.gov.au/social\\_justice/sjreport05/chap2.html#the-challenge](http://www.hreoc.gov.au/social_justice/sjreport05/chap2.html#the-challenge) [accessed 29 May 2007].
- Australian Institute for Gambling Research 1999, *Australian gambling: comparative history and analysis. Project report*, Victorian Casino and Gaming Authority, Melbourne.
- Australian Institute of Health and Welfare 2005, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, Canberra.
- Banks G 2002, *The Productivity Commission's Gambling Inquiry: 3 years on*, Productivity Commission, Canberra.
- Blaszczynski A, Ladouceur R & Shaffer H 2004, 'A science-based framework for responsible gambling: the Reno model', *Journal of Gambling Studies*, Vol. 20, pp. 301-17.
- Brady M 2004, *Regulating social problems: The pokies, the Productivity Commission and an Aboriginal community*, Centre for Aboriginal Economic Policy Research, the Australian National University, Canberra.
- Casino Community Benefit Fund 2001, *Policy framework on treatment services for problem gamblers and their families in NSW: Strategic Directions 2002-2006*, Department of Racing and Gaming, Sydney.
- Centre for Gambling Research 2005, *Adolescent gambling in the ACT: Report to the ACT Gambling and Racing Commission*, Australian National University, Canberra.
- Clubs NSW, *CDSE Funding*, available at <<http://www.clubsnsw.com.au/default.jsp?xcid=306>> [accessed 25th June].

- Cultural Perspectives Pty Ltd 2004, *Research into health promotion and best practice services for Indigenous communities: Research report*, Community Care Division, Victorian Government Department of Human Services, Melbourne.
- Department of Family and Community Services 2004, *National Framework on Problem Gambling*, available at [http://www.facsia.gov.au/internet/facsinternet.nsf/aboutfacs/programs/gambling-gambling\\_framework.htm](http://www.facsia.gov.au/internet/facsinternet.nsf/aboutfacs/programs/gambling-gambling_framework.htm) [accessed 25 June 2007]
- Dickerson M 1996, *A preliminary exploration of the positive and negative impacts of gaming and wagering on Aboriginal people in New South Wales.*, Australian Institute of Gambling Research, Sydney.
- Drabsch T 2003, *The economic and social implications of gambling*, NSW Parliamentary Library, Sydney.
- Faunce G 2004, *An analysis of data collected via the CCBF Client Data Set (CDS) 1 July - 31 December 2003*, CCBF Branch, NSW Department of Gaming and Racing, Sydney.
- Foote R 1996, *Aboriginal gambling: a pilot study of casino attendance and the introduction of poker machines into community venues in the Northern Territory: Discussion paper*, Centre for Social Research, Northern Territory University, Darwin.
- Goodale J 1987, 'Gambling is hard work: Card playing in Tiwi society', *Oceania*, Vol. 58, pp. 6-21.
- Holden A 1996, *Long term study into the social impact of gaming machines in Queensland*, Queensland Department of Families, Youth and Community Care, Brisbane.
- House of Representatives Standing Committee on Family and Community Affairs 2000, *Health is Life: Report on the Inquiry into Indigenous Health*, Commonwealth of Australia, Canberra.
- Hunter E & Spargo R 1988, 'What's the big deal? Gambling in the Kimberley region', *Medical Journal of Australia*, Vol. 14, pp. 668-72.
- Independent Pricing and Regulatory Tribunal 2004, *Gambling: promoting a culture of responsibility*, Sydney.
- Kinsella C & Carrig H undated, *Therapeutic models of intervention for Aboriginal problem gamblers*, Aboriginal Drug and Alcohol Council (SA) and Relationships Australia (SA).
- Marshall D 2004, 'Gambling, public health and the role of the Federal Government', *Aust J Primary Health*, Vol. 10, pp. 56-63.
- McMillen J & Togni S 2000, *Study of gambling in the Northern Territory 1996-97*, Australian Institute for Gambling Research, Darwin.
- NACCHO 2005, *National Guide to a Preventive Health Assessment in Aboriginal and Torres Strait Islander Peoples*, Royal Australian College of General Practitioners, South Melbourne.
- National Aboriginal Health Strategy Working Party 1989, *A National Aboriginal Health Strategy*, Department of Aboriginal Affairs, Canberra.
- National Institute of Economic and Industry Research 2000, *The economic impact of gambling*, Victorian Casino and Gaming Authority.

- National Institute of Economic and Industry Research 2003, *The economic impact of gambling: A report for the Casino Community Benefit Fund, New South Wales*, Melbourne.
- NSW Department of Health 2004, *Communicating Positively: a guide to appropriate Aboriginal terminology*, Sydney.
- NSW Premiers Department 2005, *Two Ways Together- Report on Indicators – June 2005*, NSW Government, Sydney.
- Nunukuwarrin Yunti of SA Inc 2005, *Submission to the Independent Gambling Authority: Inquiry into the effectiveness of gambling rehabilitation programs in South Australia*, Nunukuwarrin Yunti of SA Inc, Adelaide.
- Oxfam Australia 2007. *Close the Gap! Solutions to the Indigenous Health Crisis Facing Australia; A policy briefing paper from the National Aboriginal Community Controlled Health Organisation and Oxfam Australia*, Melbourne.
- Productivity Commission 1999, *Australia's gambling industry*, AusInfo, Canberra.
- Queensland Government 2005, *Australian gambling statistics 2005: Including data for the period 1978-79 to 2003-2004*. Prepared by the Office of Economic and Statistical Research, Queensland Treasury.
- Queensland Government 2007. *Queensland Household Gambling Survey 2003-04*.
- Royal Commission into Aboriginal Deaths in Custody 1991, *National Report*, Commonwealth of Australia, Canberra.
- SA Centre for Economic Studies and the Department of Psychology UoA 2005, *Problem gambling and harm: towards a national definition - final report: summary*, National Gambling Research Program Working Party.
- Social and Economic Research Centre 2001, *The social and economic impacts of gaming: a framework for research. Project report*, Victorian Casino and Gaming Authority, Melbourne.
- South Australian Department for Families and Communities 2006, *Gambling Prevalence in South Australia: October to December 2005*. Office for Problem Gambling, Adelaide.
- Tasmanian Gaming Commission 2003, *Australian Gambling Statistics 1976-77 to 2001-02*, Hobart.
- White L 2004, 'Women's and children's camp at the Coorong', *Gambling Matters*, Vol. 3, p. 7.
- Wild R, Anderson P 2007, *Ampe akelyernemane meke mekarle "Little Children are Sacred": Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*, Northern Territory Government, Darwin.
- Winter G 2002, *Gambling: an Australian tradition on the up!*, Information and Research Services, Department of the Parliamentary Library, Canberra.

## Appendices

## **Appendix 1: Membership of Project and Community Advisory Groups**

### **Project Advisory Group members**

- Christine Corby, Director, Aboriginal Health & Medical Research Council and Chief Executive Officer Walgett AMS
- Catherine Richardson, Department of Gaming and Racing
- Michelle Tjhin, Centre for Drug and Alcohol NSW Department of Health

### **Community Advisory Group members**

- Ray Dennison, Director Aboriginal Health & Medical Research Council and Sexual Health Aboriginal Health Worker, Pius X Aboriginal Corporation, Moree
- Jean Charles, Aboriginal Community Member, Balranald
- Danny Kelly, Director Aboriginal Health & Medical Research Council, and Coordinator Balranald Aboriginal Health Service



## Appendix 2: AH&MRC Gambling project consent form

Name of AMS: \_\_\_\_\_ Name of town/community: \_\_\_\_\_

### Introduction

This form is to provide information and document consent for the Aboriginal community's participation in a project to explore the views and experiences of Aboriginal people living in NSW communities about gambling, problem gambling and harm minimisation approaches to respond to gambling.

### Project brief

The AH&MRC Gambling Project is being conducted by the AH&MRC Consultancy Service. Aboriginal communities in urban, rural and remote settings around NSW are being invited to participate through their AMSs. Data is being collected through community consultation meetings with Aboriginal community members in participating NSW communities, as well as through interviews with other key stakeholders.

With the consent of participating individuals, notes will be taken by the project team at each interview and meeting. These notes will be accessible only to members of the team, and will be analysed to look for common themes, as well as the diversity of people's views and experiences. Preliminary analyses will be discussed with members of the project's Reference Group and Community Advisory Groups, and included in reports about the project which may be published. No individual Aboriginal community members will be identified in any report or discussion about the project.

The project's findings will be used to inform the development of policy and practical interventions aiming to reduce harms associated with gambling in Aboriginal communities in NSW.

The main people conducting this project are:

Dr Jenny Hunt and Mr James Ward  
Aboriginal Health & Medical Research Council of NSW Consultancy Service  
PO Box 1565  
Strawberry Hills NSW 2012  
Phone: 02 9698 1099

### Please note the following:

1. The AMS has the right to withdraw its consent and cease any further involvement in the project at any time and without any penalty, either financial or personal, and without any reasons being given.
2. The purpose of the project, as outlined in the project brief above has been explained and the AMS has had the opportunity to ask questions about the project
3. The AMS is assured that any information it provides or any personal details of its clients obtained in the course of this project, are confidential and that clients' identity or any identifiable information will neither be used nor published
4. Participating AMSs will be listed in reports about the project. The AMS is assured that apart from this, any information provided in the course of this project that

identifies the AMS or the Aboriginal community which it serves, including de-identified data, will not be used or published without the written permission of this AMS

5. The AMS has been provided with an adequate time frame to consider the appropriateness of this project
6. The AMS is assured that the schedule for the proposed project includes provision for Aboriginal community consultation and negotiation and that the project will not proceed until any required negotiation has occurred to the satisfaction of the AMS and the AH&MRC Ethics Committee
7. The AMS is assured that the data security provisions outlined in the above brief will be adhered to
8. The AMS is assured that the ethical provisions relating to the health of Aboriginal people, as enunciated in NACCHO, AH&MRC and NH&MRC publications, have been complied with and that there are terms of reference for any variation from these protocols and that the AH&MRC Ethics Committee has endorsed the project subject to obtaining documented consent from communities.
9. This AMS freely gives its consent to the abovementioned project, subject to compliance with the conditions contained within this Consent Agreement
10. The AMS understands that if it has any complaints or questions concerning this project that it can contact the principal investigators mentioned above; the Chairperson of the AMS; or the AH&MRC Ethics Committee as follows:

The Chairperson  
AH&MRC Ethics Committee  
PO Box 1565, Strawberry Hills NSW 2012  
Telephone: 02 9698 1099

\_\_\_\_\_ (AMS) hereby authorises the above identified investigators to participate in this Project, and agrees, subject to the individual consent of participants, to release any relevant and required information for the purposes of this project.

Signed on behalf of \_\_\_\_\_ (AMS)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and position held at the AMS: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and position held at the AMS: \_\_\_\_\_

Signed on behalf of Dr Jenny Hunt and James Ward

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Appendix 3: Questions and prompts for Aboriginal community consultations**

#### **Gambling generally**

Is gambling an issue in your community?

What types of gambling do Aboriginal people do?

#### **Impacts of gambling – positive and negative**

What impacts does gambling have on Aboriginal people? Families? The community as a whole?

(If only negative issues raised) Do you think gambling has positive effects as well as negative?

#### **Problem gambling**

What do you think is “problem gambling”?

Are there any types of gambling that are more likely to cause problems?

Are there any groups of people in your community who have a lot of problems from gambling?

#### **Gambling and other issues**

Are there links between alcohol and gambling in your community?

Are there other health issues that you think are linked with gambling for Aboriginal people?

#### **Gambling treatment and support services**

Are there services that can help people with gambling problems in your community?

What about help for families?

Do you think many Aboriginal people use these services – Why or why not?

What sort of services would be best for Aboriginal people?

#### **Gambling harm prevention and reduction**

Do you know of any activities that prevent harms from gambling in your community?

What do you think might help prevent harms from gambling for Aboriginal communities?

**Appendix 4: Gambling Treatment Provider Fact Finder survey form**

**AH&MRC GAMBLING PROJECT  
"FACT FINDER" ON NSW GAMBLING TREATMENT SERVICES**

This survey is being conducted by the AH&MRC Consultancy Service as part of a project to address harm minimisation for Aboriginal people at risk of problem gambling and with problem gambling issues.

The aim of the "fact finder" is to document the range of mainstream and Aboriginal-specific services provided by each Gambling Treatment Service. To complete the survey, it will be important to consult with a range of personnel within your service.

**Please complete this survey electronically and return by email to [jhunt@ahmrc.org.au](mailto:jhunt@ahmrc.org.au) by 2<sup>nd</sup> February 2007.** You are welcome to provide as much detail as you consider relevant, and expand the cells as required. Examples of information and educational materials developed may be provided in addition to this survey. For any questions, please contact James Ward or Jenny Hunt at the AH&MRC on 02 9212 4777 or by email ([jward@ahmrc.org.au](mailto:jward@ahmrc.org.au) or [jhunt@ahmrc.org.au](mailto:jhunt@ahmrc.org.au)).

**NAME OF GAMBLING TREATMENT SERVICE:  
COMPLETED BY:**

**POSITION:**

**DATE:**

**Question 1**

Please describe briefly the nature of gambling treatment services your organisation provides  
What services/programs/initiatives are provided by this service (as part of its core service structure) for people who are at risk of or who have problem gambling issues, including Aboriginal people? Please list them below.

**1(a) education and prevention <sup>7</sup>**

| Name of service              | What it does | Area or locality served (eg Area-wide, sector, specific town and its catchment) |
|------------------------------|--------------|---|
| Education program/initiative | What it is   | Target group  |

**1(b) Treatment <sup>8</sup>**

| Service – name and type | Comment (eg special expertise available) |
|-------------------------|--|
|                         |  |

**Question 2**

How many Aboriginal people used your services in 2006? (if data is not available, please estimate)

**Question 3**

Do you have any services or projects that specifically target Aboriginal people? Yes/No, If yes, please describe

**Question 4**

In relation to the services listed above, has *any specific action been taken* to increase their cultural appropriateness for Aboriginal clients, or increase their access (eg community consultation, development of information materials, outreach, partnerships or linkages, cross-referrals)? If so, please describe briefly.

**Question 5**

Have your staff had any training about Aboriginal cultural issues?

Yes/No, If yes, please describe

**Question 6**

Does your organisation have any links to local Aboriginal community organisations?

Yes/No, If yes please describe

**Question 7**

Would you like to add any other comments or other issues relating to Aboriginal people and gambling treatment services?

**Question 8**

We will be contacting your organisation in early February 2007 to further discuss these issues – Who is most appropriate contact person?

**THANK YOU FOR CONTRIBUTING TO THIS PROJECT.**



**Appendix 5: Results of Fact Finder survey and additional interviews  
with NSW gambling treatment services**

Results of Fact Finder survey and additional interviews with NSW gambling treatment services

| Region     | Service   | Target group   | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness | Staff training in Aboriginal cultural issues | Aboriginal worker/s | Aboriginal specific program, services or partnerships                                  | Relevant short term projects or services | Further plans to increase access |
|------------|---|--|--|--|--|---------------------|--|--|----------------------------------|
| State-wide | NSW Health<br>Centre for Drug and Alcohol and Mental Health | Treatment and prevention for people with AOD and/or mental health issues               | Developing, managing and coordinating NSW Health services and policy in relation to AOD and mental health services | No   | No   | No                  | No specific programs but some Area Health Services provide gambling treatment services | No                                       | No                               |
| State-wide | Multi Cultural Problem Gambling Service                     | People of CALD background with gambling problems and others affected by their gambling | Specific support and referral for Non Aboriginal CALD clients  | No, refer to local services  | No   | No                  | No   | No                                       | No                               |

| Region     | Service                            | Target group   | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness | Staff training in Aboriginal cultural issues | Aboriginal worker/s | Aboriginal specific program, services or partnerships                             | Relevant short term projects or services | Further plans to increase access |
|------------|------------------------------------|--|--|--|--|---------------------|---|--|----------------------------------|
| State-wide | G Line<br>McKesson<br>Asia-Pacific | Anyone experiencing gambling problems or others affected by the gambling | Problem gambling telephone assessment, counselling and treatment 24 hours per day<br>Immediate crisis counselling<br>Referral to relevant agencies<br>Repeated telephone counselling and case management for problem gamblers who are unable/unwilling to attend another service<br>Mailed information | Not specifically within G-Line   | No   | No                  | No, although service is advertised widely within NSW by the RGF and is a freecall | No                                       | No                               |

| Region     | Service  | Target group   | Core services and programs  | Specific action to increase Aboriginal client access or cultural appropriateness | Staff training in Aboriginal cultural issues   | Aboriginal workers/s | Aboriginal specific program, services or partnerships                           | Relevant short term projects or services | Further plans to increase access  |
|------------|--|--|---|--|--|----------------------|---|--|---|
| State-wide | Wesley Community Legal Services                          | Gambling counselors, financial counselors, social workers, lawyers and others working with problem gamblers. Community groups with an interest in problem gambling | Legal advice and assistance for problem gamblers and family members affected by problem gambling. Training for professionals and community groups on legal issues relevant to problem gambling. | No   | No<br>2 solicitors have completed the course Work Effectively with Culturally Diverse Clients and Co-Workers (Not Aboriginal specific) | No                   | No, however, we give priority to clients who identify themselves as Aboriginal. | No                                       | No<br>Would like to improve effectiveness in working with Aboriginal people |
| State-wide | NADA: Network of Alcohol & other Drug Treatment Agencies | The peak organisation for the alcohol and drug non-government sector throughout NSW  | No specific focus on Gambling   | No   | No   | No                   | No  | No                                       | No  |

| Region            | Service   | Target group                            | Core services and programs  | Specific action to increase Aboriginal client access or cultural appropriateness  | Staff training in Aboriginal cultural issues   | Aboriginal workers/s                 | Aboriginal specific program, services or partnerships   | Relevant short term projects or services  | Further plans to increase access  |
|-------------------|---|---|---|---|--|--------------------------------------|---|---|---|
| Metro-politan     | University of Sydney Gambling Treatment Clinics<br>- Darlington<br>- Southern Highlands<br>- Camden<br>- Lidcombe and surrounding areas | Those with affected by problem gambling | Gambling treatment and counseling   | Consulted with Koori Centre USyd and The Aboriginal Medical Service, Redfern.   | Yes, Counselors have received 'Cross cultural' training from staff of the Koori Centre, The University of Sydney | No                                   | Yes, Darlington service aims to increase access and usage of the by individuals with an indigenous background | No  | No  |
| Inner City Sydney | Baptist Inner City Ministries<br>Inner City Gambling Counselling Service<br>Hopestreet  | Problem gamblers and/or their families  | Counselling for anyone - individuals, couples, groups experiencing difficulties due to their own or another person's gambling | Aboriginal worker from Hopestreet is involved in the local community and the wider Aboriginal community. All staff have links to the Aboriginal community to some degree through liaison worker | In-house training with Aboriginal worker and Working with culturally diverse clients - CCWT.                     | Yes, Aboriginal worker at Hopestreet | Developed an Aboriginal brochure to improve access  | 10 week Group at Redfern community centre | Yes, Promote service among Aboriginal community using culturally appropriate brochure |

| Region                 | Service                                 | Target group   | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness | Staff training in Aboriginal cultural issues | Aboriginal workers/s | Aboriginal specific program, services or partnerships | Relevant short term projects or services | Further plans to increase access |
|------------------------|---|--|--|--|--|----------------------|---|--|----------------------------------|
| South Eastern Sydney   | St Vincent's Hospital Gambling service  | Counseling and support for problem gamblers, partners and family members | Primarily face to face<br><br>Gambling treatment; can do phone counseling  | No   | No   | No                   | No  | No                                       | No                               |
| Sydney Eastern Suburbs | WAYS Waverley Action for Youth Services | Young people and families affected by their own or others gambling       | Addictive Behaviours Counsellor:<br>Short and long term therapy<br>Information and referral<br>Education<br>Relapse prevention<br>Referral to financial counselling and legal services | No   | No   | No                   | No  | No                                       | No                               |

| Region                         | Service   | Target group   | Core services and programs  | Specific action to increase Aboriginal client access or cultural appropriateness   | Staff training in Aboriginal cultural issues | Aboriginal workers/s | Aboriginal specific program, services or partnerships                                 | Relevant short term projects or services | Further plans to increase access  |
|--------------------------------|---|--|---|--|--|----------------------|---|--|---|
| Western Sydney<br>Mount Druitt | Mount Druitt Community Health Centre<br>Sydney West Area Health Service             | Problem gamblers and people affected by problem gambling | Face to face and telephone Gambling and financial counselling and community education | Consulted with Aboriginal community, partnerships and training with Aboriginal health workers.<br>Aboriginal specific brochures.<br>Culturally appropriate therapy | Yes  | No                   | Partnership with Western Sydney Aboriginal Medical Service and Aboriginal AOD service | No                                       | Running outreach counseling and groups at AMS.<br>Will run Men and women's groups |
| Western Sydney                 | Western Sydney Centacare Catholic Family Services<br>Parramatta My Druitt Blacktown | Problem gamblers and people affected by problem gambling | Gambling counseling, relationship counseling, family support, neighbour aid           | Outreach in community settings.<br>Relationship with local elders  | Not formally                                 | No                   | Outreach to 'The Shed' community centre   | No                                       | No  |
| Western Sydney<br>Penrith      | Wesley gambling Counseling Service  | Problem gamblers and people affected by problem gambling | Gambling counseling<br>Financial counseling<br>Gambling financial counseling          | No   | Not specifically                             | No                   | No  | No                                       | Potential partnership with Aboriginal community organisation                      |

| Region                            | Service   | Target group   | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness | Staff training in Aboriginal cultural issues          | Aboriginal workers/s | Aboriginal specific program, services or partnerships | Relevant short term projects or services | Further plans to increase access   |
|-----------------------------------|---|--|--|--|---|----------------------|---|--|--|
| Parramatta                        | Lifeline Parramatta                                   | Problem gamblers and people affected by problem gambling | Gambling, financial, couple and individual and general counseling  | Yes, developing relationships with local Aboriginal workers                      | Yes, local 2 day Aboriginal cultural training program | No                   | No  | No                                       | Yes, proactively developing relationships with Aboriginal services and community |
| South West Sydney Canterbury area | Sydney Women's Counselling Centre<br>Campsie          | Counseling, information and support for women            | Gambling counseling, depression, grief and bereavement sexual assault, domestic violence, childhood sexual or other abuse, self esteem and alcohol or other drug use | No, small Aboriginal population in area  | Some cultural issues training                         | No                   | No  | No                                       | No   |
| Fairfield                         | The Salvation Army problem gambling counseling centre | Problem gamblers and their families                      | Gambling counseling, financial and general counseling  | No   | Not specifically                                      | No                   | No  | No                                       | No   |



| Region  | Service   | Target group   | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness                 | Staff training in Aboriginal cultural issues        | Aboriginal workers | Aboriginal specific program, services or partnerships | Relevant short term projects or services       | Further plans to increase access                       |
|---|---|--|--|--|---|--------------------|---|--|--|
| South West Sydney   | Liverpool Mental health and professional Gambling Unit<br>Sydney South West Area Health Service | Counseling and support for problem gamblers, partners and family members | Primarily face to face Gambling treatment can do phone counseling                                      | Consulted with Aboriginal health interagency.<br>Developed Aboriginal specific gambling brochure | Yes   | No                 | No  | Attending Aboriginal women and children's camp | Yes, strengthen partnerships with Aboriginal community |
| Northern Sydney<br>West Ryde, Eastwood, Ryde, Hunters Hill, Hornsby, Parramatta | Christian Community Aid Gambling Financial Counselling & Support Services                       | Problem gamblers and/or their families                                   | Financial Counselling for Gamblers and related services and referrals where appropriate, and education | Consultation with local elder and council  | Training in Working with culturally diverse clients | No                 | No  | No   | No, low Aboriginal population in area                  |

| Region   | Service   | Target group  | Core services and programs  | Specific action to increase Aboriginal client access or cultural appropriateness | Staff training in Aboriginal cultural issues | Aboriginal workers/s | Aboriginal specific program, services or partnerships                   | Relevant short term projects or services | Further plans to increase access      |
|--|---|---|---|--|--|----------------------|---|--|---------------------------------------|
| Northern Sydney<br>Hornsby, Ku-ring-gal, Manly, Pittwater and Warringah local government areas | Lifeline Harbour to Hawkesbury<br>Lifeline Northern Beaches | At risk people and Problem gamblers and/or their families | Financial counselling<br>Problem gambling counselling                     | No   | No   | No                   | No  | No                                       | No, low Aboriginal population in area |
| Central Coast<br>Woy-Woy Peninsula, Gosford District and Berkley Vale                          | Central Coast Problem Gambling (Peninsula Community Centre) | Problem gamblers and people affected by problem gambling  | Counseling and support for individuals and Public awareness and education | No   | Yes, Walking together culturally training    | No                   | No, although have presented program to local Aboriginal medical service | No                                       | No                                    |

| Region    | Service  | Target group  | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness | Staff training in Aboriginal cultural issues                                   | Aboriginal workers/s | Aboriginal specific program, services or partnerships                       | Relevant short term projects or services  | Further plans to increase access                                 |
|-----------|--|---|--|--|--|----------------------|---|---|--|
| Illawarra | Wollongong City Mission  | Those with financial problems or affected by problem gambling                                 | Gambling and financial counseling  | No   | No   | No                   | No  | No  | No   |
| Illawarra | Mission Australia - Nowra  | Problem gamblers and people affected by problem gambling                                      | Gambling and financial counseling  | No   | Yes, Working with culturally diverse clients                                   | No                   | No, advertise service to all Aboriginal organisations                       | no  | No   |
| Hunter    | Mission Hunter Gambling Counselling Service<br>The Great Lakes, Port Stephens, Newcastle, Maitland, Singleton, Muswellbrook, Gloucester<br>Dungog LGAs | Government and community service organisations.<br>Gambling clients and their partners/family | Counselling for anyone (individuals, couples, groups) experiencing difficulties due to gambling (their own or those of another person) | Developed links with Aboriginal workers within the community                     | Yes, working with culturally diverse clients and Aboriginal cultural awareness | No                   | Meetings held with Aboriginal workers of various Upper Hunter organisations | Taree Office created an indigenous gambling flier in collaboration with local Koori Interagency and Youth Project Worker - adapted for the Hunter Service | Yes, continue developing relationships with Aboriginal community |

| Region | Service   | Target group  | Core services and programs  | Specific action to increase Aboriginal client access or cultural appropriateness | Staff training in Aboriginal cultural issues            | Aboriginal workers | Aboriginal specific program, services or partnerships   | Relevant short term projects or services | Further plans to increase access   |
|--------|---|---|---|--|---|--------------------|---|--|--|
| Hunter | Cessnock Family Support Gambling Counselling Service<br>Cessnock LGA<br>Maitland LGA<br>Upper Hunter  | Problem gamblers and/or their families                                | Counseling and support<br>Community awareness of the issues relating to problem gambling.<br>Newsletters, brochures, and liaising with gambling venues. | No   | Yes, and working with culturally diverse clients - CCWT | No                 | Maintain working relationships with various community organisations, including Barkuma Neighbourhood Centre at Kurri Kurri. | No                                       | Consultation and strengthen partnership with Aboriginal neighbourhood centre |
| Hunter | Lake Macquarie Gambling Counseling service (Woodrising Neighbourhood Centre)<br>Lake Macquarie; Booragul, Bolton Point Fennell Bay, Marmong Point and Teralba | Social & economically disadvantaged groups, community and individuals | Gambling counselling  | No   | No working with culturally diverse clients - CCWT       | No                 | No, Neighborhood centre holds groups for Aboriginal people  | No                                       | Yes, consultation with Aboriginal community members and partnerships         |

| Region              | Service  | Target group  | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness   | Staff training in Aboriginal cultural issues   | Aboriginal workers | Aboriginal specific program, services or partnerships   | Relevant short term projects or services | Further plans to increase access                                 |
|---------------------|--|---|--|--|--|--------------------|---|--|--|
| Mid North Coast NSW | Lifeline North Coast Counseling and Problem Gambling Services Coffs Harbour<br>Clarence Valley LGA, Bellingen LGA and Nambucca LGA | Community groups, schools, individuals and those affected by gambling, trainee counselors | Provides face to face and telephone counseling and community education | Yes, Aboriginal Art work (painted by member of local tribe) prominently displayed at Reception and in counseling room. Proactive in working with Aboriginal health workers and promoting service | Yes, Mental Health Assessment of At-Risk Aboriginal Clients, Northern NSW Gambling Counselors Forum: working with Aboriginal Clients. And Working with culturally diverse clients CCWT | No                 | Conducted a 2 day Suicide Intervention workshop in for Aboriginal Health Workers throughout the region. Regular contact with Aboriginal Agencies, particularly in health and community sector | No                                       | Yes, through promoting service through Aboriginal health workers |

| Region              | Service   | Target group   | Core services and programs  | Specific action to increase Aboriginal client access or cultural appropriateness   | Staff training in Aboriginal cultural issues  | Aboriginal worker/s                  | Aboriginal specific program, services or partnerships   | Relevant short term projects or services                                     | Further plans to increase access   |
|---------------------|---|--|---|--|---|--------------------------------------|---|--|--|
| Mid North Coast NSW | Mission Gambling Counseling Service<br>Taree, Port Macquarie and Kempsey Local Government Areas | Government and community service organizations.<br>Gambling clients and their partners / family. | Counseling, Information and referrals to outside organisations, e.g. legal, multi-cultural, disabilities, and financial advice. | Culturally appropriate Indigenous gambling filer - Taree.<br>Outreach service to Biripi AMS at Purfleet Mission and Town Clinic, Port Macquarie: - Established links and pathways in consultation with the services and TAFE to develop culturally appropriate information. Outreach to indigenous community or where client feels safe. | Yes, Mental Health Assessment of At-Risk Aboriginal Clients, Northern NSW Gambling Counselors working with Aboriginal Clients. And Working with culturally diverse clients CCWT | Yes, Aboriginal intake officer Taree | Developing outreach service with Biripi AMS. Financial counselor from a mainstream gambling service based at the AMS for 1 day a week. Port Macquarie: working with AMS in developing education program | Created an indigenous gambling filer in Taree in consultation with community | Yes, continue developing outreach in partnership with Aboriginal organisations |

| Region          | Service  | Target group   | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness   | Staff training in Aboriginal cultural issues   | Aboriginal workers/s | Aboriginal specific program, services or partnerships           | Relevant short term projects or services | Further plans to increase access                                     |
|-----------------|--|--|--|--|--|----------------------|---|--|--|
| North Coast NSW | Northern Rivers Gambling Service (The Buttery) Bangalow<br>From Grafton to Tweed Heads and west to Tenterfield with outreach offices in Lismore; Byron Bay; Ballina; Bangalow; | Problem gamblers and people affected by problem gambling | Counseling, Raise community awareness of problem gambling; educate other service providers<br>Advertising; networking with other service providers | Consult with local Aboriginal controlled services RE: appropriateness of treatment for their clients who are experiencing problem gambling | Yes, much study and experience over the years and Working with culturally diverse clients - CCWT | No                   | Yes, Namatjira Haven, Alstonville; Casino AMS; Tabulum Mission. | No                                       | Yes, continue to develop relationships with Aboriginal organisations |
| North Coast NSW | Lifeline Northern Rivers - Lismore   | Problem gamblers and/or their families                   | Telephone and face to face Gambling counseling   | Lismore/Northern Rivers  | No   | No                   | No  | No                                       | No   |

| Region   | Service  | Target group  | Core services and programs  | Specific action to increase Aboriginal client access or cultural appropriateness   | Staff training in Aboriginal cultural issues   | Aboriginal worker/s                      | Aboriginal specific program, services or partnerships   | Relevant short term projects or services                   | Further plans to increase access   |
|--|--|---|---|--|--|--|---|--|--|
| North west NSW Tamworth, Armidale, Inverell, Glen Innes, Gundah, Narrabri, Moree | Anglican Counselling Service Armidale/Tamworth | Anyone in the community affected by gambling                  | Gambling Counseling. Relationship counseling, Individual counseling for grief, depression. Provide education on Parenting, Family relationships, Skills Courses on Self Esteem, Anger, conflict resolution. | In Tamworth an education program has been written for Aboriginal anger management. | All Staff, Aboriginal Cultural Awareness, one day Workshop. Some Staff: Lois Reid College of Counseling Studies unit on Aboriginal Culture | Yes, part time Aboriginal liaison worker | Coledale Project in Tamworth; education and counseling at an Aboriginal community centre. Pius AMS in Moree | Aboriginal liaison worker part time for past 8 months      | Salvation Army Project in Moree where counselor goes to centre and meets with Aboriginal people in a group and provides education and counseling |
| Riverina/Murray Wagga Wagga  | Mission Australia                              | Those with financial problems or affected by problem gambling | Addiction and financial counseling, Community awareness of problem gambling and education   | Consulted with local Aboriginal organisations                                      | No although experience with working with Aboriginal clients over the years   | No                                       | No  | Yes, small grant to provide education to Aboriginal people | No   |



| Region  | Service   | Target group  | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness   | Staff training in Aboriginal cultural issues | Aboriginal worker/s | Aboriginal specific program, services or partnerships | Relevant short term projects or services                     | Further plans to increase access                        |
|---|---|---|--|--|--|---------------------|---|--|---|
| Albury  | St David's Uniting Church                             | Problem gamblers and/or their families                    | Gambling Counseling, financial and general counseling  | No, advertise at local Aboriginal Medical service  | No   | No                  | No  | No   | No  |
| Western NSW<br>Broken Hill<br>Menindee<br>Wilcannia<br>White Cliffs<br>Tibookurra | Lifeline Broken Hill Inc.<br>Problem Gambling Program | At risk people and Problem gamblers and/or their families | Counselling for problem gamblers and those affected.<br>Prevention and education.<br>Promote responsible gambling.<br>Gambling support group | Work with Wilcannia Women's and Children's Safe House and The Wilcannia Aboriginal Home Care Service.<br>Have also attended meetings with Maari Maa Health, Murdi Paaki and Thankakali | No   | No                  | 'Yarn-Up Days' in Wilcannia (monthly)                 | A gambling course for people in the local correction centre. | Yes, develop relationship with the Aboriginal community |

| Region         | Service                                    | Target group   | Core services and programs   | Specific action to increase Aboriginal client access or cultural appropriateness                   | Staff training in Aboriginal cultural issues | Aboriginal worker/s | Aboriginal specific program, services or partnerships                  | Relevant short term projects or services | Further plans to increase access |
|----------------|--|--|--|--|--|---------------------|--|--|----------------------------------|
| Wilcannia      | Centacare Wilcannia-Forbes                 | Provide support to individuals and advice on financial management to individuals and small business. | Counseling Services.<br>Financial Counselling.<br>Early Intervention Services.<br>Indigenous Youth Services.<br><br>Community Education. | Workforce development strategy – currently employing two Aboriginal People as financial counselors | Yes  | Yes                 | Financial Counselling program:<br>Manage your Income, Manage your life | An Aboriginal financial literacy program | Yes                              |
| Bathurst Dubbo | Lifeline Central West Gambling Counselling | Those seeking financial counseling, community education and problem gambling                         | Financial and gambling counselling and education   | No   | No, Practical experience                     | No                  | No, although work closely with community workers                       | No                                       | No                               |

## Appendix 6: Collated list of all organisations consulted

Note: this list includes all organisations where a representative was interviewed, involved in an Aboriginal Community consultation, completed a Factfinder survey, or was otherwise consulted in a formal way.

| Organisation  | Location/coverage                            |
|---|--|
| <b>Aboriginal Community Controlled Health Services</b>  |  |
| Illawarra Aboriginal Medical Service  | Wollongong                                   |
| Bourke Aboriginal Health Service  | Bourke                                       |
| Tamworth Aboriginal Medical Service   | Tamworth                                     |
| Durri Aboriginal Medical Service  | Kempsey                                      |
| Tharawal Aboriginal Corporation   | Campbelltown                                 |
| Riverina Medical & Dental Aboriginal Corporation  | Wagga Wagga                                  |
| Thubbo Aboriginal Medical Service   | Dubbo  |
| Awabakal Aboriginal Medical Service   | Newcastle                                    |
| Walgett Aboriginal Medical Service  | Walgett                                      |
| Balranald Aboriginal Health Service   | Balranald                                    |
| <b>Gambling treatment and support services</b>  |  |
| G Line, McKesson Asia-Pacific   | Sydney                                       |
| Wesley Community Legal Services   | Sydney                                       |
| University of Sydney Gambling Treatment Clinics   | Sydney, Southern Highlands, Camden, Lidcombe |
| Baptist Inner City Ministries Inner City Gambling Counselling Service (Hopestreet)            | Sydney                                       |
| St Vincent's Hospital Gambling service  | Darlinghurst                                 |
| WAYS Waverley Action for Youth Services   | Eastern suburbs, Bondi, Maroubra, Redfern    |
| Mount Druitt Community Health Centre<br>Sydney West Area Health Service                       | Mt Druitt                                    |
| Western Sydney Centacare Catholic Family Services   | Parramatta, Mt Druitt, Blacktown             |
| Wesley Gambling Counseling Service  | Penrith                                      |
| Lifeline Parramatta   | Parramatta                                   |
| Sydney Women's Counselling Centre<br>Campsie  | Campsie                                      |
| The Salvation Army Problem Gambling Counseling Centre   | Fairfield                                    |
| Liverpool Mental health and professional Gambling Unit; Sydney South West Area Health Service | Liverpool                                    |

| <b>Organisation</b>   | <b>Location/coverage</b>  |
|---|---|
| Christian Community Aid<br>Gambling Financial Counselling & Support<br>Services | North Sydney, Eastwood, Ryde,<br>Hunters Hill, Hornsby,<br>Parramatta   |
| Lifeline Harbour to Hawkesbury<br>Lifeline Northern Beaches                     | Hawkesbury, Northern Beaches  |
| Central Coast Problem Gambling (Peninsula<br>Community Centre)                  | Central Coast   |
| Wollongong city Mission   | Wollongong  |
| Mission Australia   | Nowra   |
| Mission Australia<br>Hunter Gambling Counselling Service                        | The Great Lakes, Port<br>Stephens, Newcastle, Maitland,<br>Singleton, Muswellbrook,<br>Gloucester, Dungog                                 |
| Cessnock Family Support Gambling<br>Counselling Service                         | Cessnock, Maitland, Upper<br>Hunter   |
| Lake Macquarie Gambling Counseling<br>service (Woodrising Neighbourhood Centre) | Lake Macquarie; Booragul,<br>Bolton Point Fennell Bay,<br>Marmong Point and Teralba   |
| Lifeline North Coast<br>Counseling and Problem Gambling Services                | Coffs Harbour; Clarence Valley<br>LGA, Bellingen LGA and<br>Nambucca LGA  |
| Mission Gambling Counseling Service   | Taree, Port Macquarie and<br>Kempsey Local Government<br>Areas  |
| Northern Rivers Gambling Service<br>(The Buttery)                               | Bangalow, from Grafton to<br>Tweed Heads and west to<br>Tenterfield with outreach offices<br>in Lismore; Byron Bay; Ballina;<br>Bangalow; |
| Lifeline Northern Rivers  | Lismore   |
| Anglican Counselling Service Armidale   | Tamworth  |
| Mission Australia   | Wagga Wagga   |
| St David's Uniting Church   | Albury  |
| Lifeline Broken Hill Inc. Problem Gambling<br>Program                           | Broken Hill   |
| Centacare Wilcannia Forbes  | Wilcannia   |
| Lifeline Central West Gambling Counselling                                      | Bathurst, Dubbo   |
| <b>Other organisations</b>  |   |
| Department of Aboriginal Affairs  | Sydney  |
| Office of Liquor Gaming and Racing  | Sydney  |
| NADA: Network of Alcohol & other Drug<br>Treatment Agencies                     | Sydney  |

| Organisation  | Location/coverage |
|---|-------------------|
| Centre for Drug and Alcohol and Mental Health, NSW Health | Sydney            |
| NSW Council of Social Services                            | Surry Hills       |
| Justice Health  | Sydney            |
| Streetwise Communications                                 | Redfern           |
| School of Psychology, University of Sydney                | Westmead          |
| Birralee Intensive Family Service                         | Wollongong        |
| Nunkuwarrin Yunti Safe Gambling Service                   | Adelaide          |