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Nerilee Hing
Southern Cross University

Helen Breen
Southern Cross University

Ashley Gordon
Southern Cross University

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Article Title

Respecting Cultural Values: Conducting a Gambling Survey in an Australian Indigenous Community

Authors' names and institutional affiliations

Professor Nerilee Hing, Centre for Gambling Education and Research, Southern Cross University

Helen Breen, Centre for Gambling Education and Research, Southern Cross University

Ashley Gordon, Centre for Gambling Education and Research, Southern Cross University

Contact information of corresponding author

Professor Nerilee Hing, Centre for Gambling Education and Research, Southern Cross University, P.O. Box 157, Lismore, NSW, Australia, ph: 02 66 203 928, fax: 02 66 203565, email: nerilee.hing@scu.edu.au

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Abstract

Objective: This paper details how we, as 'cultural outsiders', conducted a large gambling survey in an Indigenous Australian community that adhered to Indigenous ethical protocols and values while differing from some standard survey practices.

Approach: The paper summarises the ethical guidelines for conducting Indigenous public health research. It describes research processes used in the study in eight generic steps identified in *Keeping Research on Track: A Guide for Aboriginal and Torres Strait Islander Peoples About Health Research Ethics*.[1] It explains how adherence to these guidelines contributed to successful project completion.

Conclusion: The research processes used to conduct this project gave explicit recognition and commitment to respecting Indigenous cultural values and principles. It engaged the Indigenous community in ways that promoted its ownership of the research issue, ensured the validity and reliability of the research data and unearthed potential solutions to problems identified.

Implications: By sharing our experiences in attempting to conduct research that respected these values and principles, we have contributed to culturally appropriate and ethical research with participating Indigenous peoples and communities.

Key Words

Gambling – Indigenous – Ethics - Methods

Respecting Cultural Values: Conducting a Gambling Survey in an Australian Indigenous Community

Introduction

There has been a growing discussion on the necessity for research involving Indigenous peoples to be approached from within an Indigenist paradigm rather than from a western colonial tradition. Martin concludes that this latter approach has resulted in a deep mistrust of non-Indigenous researchers and their outcomes.[2] Rigney writes that culturally safe and respectful research must use ethics, designs, methods and interpretations that are at least congruent with Aboriginal worldviews.[3]

The *Australian and New Zealand Journal of Public Health* has identified shifts in research processes with Indigenous Australians.[4-6] Guidelines for research including an awareness of reciprocity, communications and the need for relationship building are indicators of these shifts. [4-6] Further, local consultation, long engagement, involvement in developing the research, capacity building opportunities, benefits and appropriate feedback of results all contribute to meeting ethical guidelines for Indigenous research. [7-9]

This paper details how we, as 'cultural outsiders', managed a large research project in an Indigenous community in Australia. As two non-Indigenous female researchers with minimal experience with Indigenous Australians, the task of conducting a household survey in an Indigenous community was daunting. Further, the survey was to focus on a highly sensitive issue – gambling and gambling problems. Specifically, it aimed to collect data in one

Indigenous community on adult gambling, problem gambling, socio-demographic, behavioural, perceptual and attitudinal correlates and help-seeking behaviour.

While logistical issues associated with any household survey are a challenge, what concerned us far more was ensuring the research adhered to Indigenous ethical protocols, respected the values of the local population and was conducted with academic rigour. We knew that failure to earn adequate trust from local people would scuttle the project.

This paper describes the use of research processes that resulted in its successful completion when considered on many criteria. First, the survey gained a 72 per cent response rate (over 800 responses) of the total adult population, so we could be confident the results were representative and not overly subject to any response bias. Second, the research was supported by the local community, which had substantial input into its design and administration through extensive consultation processes. Third, the research activities were instrumental in substantially raising community awareness about gambling, problem gambling behaviours and existing pathways for help. Fourth, follow-up activities increased community capacity to address gambling-related problems. Fifth, the research provided economic benefits in employment, art prizes and a donation ($10,000) for community development funded in the research budget. Finally, the researchers were confident that the processes used adhered to Indigenous values and ethics. These values and ethics are now summarised, before the research processes are explained. It is hoped our experiences might assist others faced with similar cross-cultural issues in research.

It must be noted that the research results from this project belong to the Indigenous community where it was conducted. To preserve anonymity, no identifying details are given.

Ethical Guidelines for Indigenous Research

The National Health and Medical Research Council notes that 'all human interaction … has ethical dimensions'.[7] Ethical conduct involves 'acting in the right spirit, out of an abiding respect and concern for one's fellow creatures'.[7] Ethical guidelines tend to articulate core values and principles rather than rigid sets of rules. Three sets of ethical guidelines are relevant for this research. One provides a national statement on human research ethics generally[7]; a second guides Indigenous research in general[8]; and a third focuses specifically on health-related Indigenous research.[9] Table 1 summarises relevant ethical guidelines for this study.

INSERT TABLE 1 ABOUT HERE

Gambling is widely considered a public health issue in Australia.[10] For our public health-related research involving Indigenous Australians, the NHMRC guidelines applied while the AIATSIS guidelines enhanced the research process.[7-9] This process is now described, before describing how it adhered to these ethical guidelines.

Selection of a Community for the Research

Selection of an Indigenous community was entirely contingent on gaining its approval and participation. Additional considerations for suitable communities to approach for participation were:

- Size and location. The 21 discrete Indigenous Queensland communities have populations ranging from 192 to 2,629 persons.[11] It was important for the

participating community to be of adequate size to obtain sufficient survey responses for robust statistical analysis (ideally at least 500 responses).

- Access to gambling. While card playing was expected in all communities, it was also important that the participating community had access to some forms of commercial gambling, such as gaming machines, off-course betting and lottery products.
- Language. It was important for English to be the main language to facilitate consultation, communication and survey administration.
- Health services. An important consideration was for the participating community to have established health services so it had potential capacity to address any gambling-related issues identified by the research.
- Gambling help services. It was preferable for the participating community to have reasonable access to a gambling help service so the research could examine its current community use and how access might be enhanced.

Several Indigenous Queensland communities met the above criteria. Fortunately, the first one we approached, where the above conditions were arguably best met, agreed to participate.

The research process is now described in terms of the eight generic steps identified in *Keeping Research on Track: A Guide for Aboriginal and Torres Strait Islander Peoples About Health Research Ethics*.[1] There was considerable overlap in these steps.

Stage One: Building and Maintaining Relationships

The NHMRC articulates that 'the first step in any research journey is about building relationships' and emphasises maintaining those relationships.[1] This allows community

values and protocols to be shared and for the community to evaluate whether the researchers have the necessary respect, knowledge, skills and experience.[1]

It was recognised that an Indigenous project officer would greatly facilitate the research. We were fortunate to engage an Indigenous man who is also a trained gambling counsellor with wide experience in community engagement and education. His genuine commitment to advancing the wellbeing of Indigenous Australians was demonstrated through his previous roles as a high school teacher, life skills trainer and mentor.

The project officer became the key liaison with the Indigenous community, provided cultural guidance and follow-up activities to address gambling issues. He was also able to communicate with the various men's groups and build community relationships through informal activities, such as training local football teams. His appointment proved critical in conducting the project in accordance with Indigenous research principles.

The next step was to embark on a consultation process with key community organisations and people. [12] We wrote to the Mayor to gain permission to visit and developed a preliminary list of contacts. [5] Initial contact was made via telephone, email and letter in mid-2007. Broad consultation processes followed. Each person we consulted was asked to nominate others for further discussion about local gambling issues. This continued until no new nominations were being made. Regular communication was maintained between visits to the community.

Community consultations ranged from scheduled formal meetings to informal chats over tea. We expressed our desire to conduct the research, explained how we hoped to conduct it, listened to people's experiences with gambling, sought their opinion, asked for their advice

and answered questions. Repeated consultations aimed to keep people informed and build trust. [12] Our preliminary consultations comprised over 150 face-to-face meetings between July 2007 and April 2008 in seven community visits totalling 35 days.

Support for the research project grew as consultations increased. This stemmed from near unanimous acknowledgement that gambling was popular, but problematic when it affected people's ability to meet their financial and family obligations. Gambling was acknowledged as causing some negative effects for individuals, an over-reliance on families and a financial drain on the community. Key people, including the Mayor, Elders, Traditional Owners and church leaders, were overwhelmingly supportive of the project. A few others were ambivalent, but not opposed to the research.

Local health organisations were particularly supportive. Aligned with their conceptualisation of health as physical, social and emotional wellbeing, they recognised gambling as a public health issue, yet had little knowledge about problem gambling. They saw the research as providing them with data that could inform efforts to address gambling if it was shown to be problematic. These extensive consultations were vital for understanding the community's history, characteristics and links.

Stage Two: Project Conceptualisation and Development

This second stage involved developing the research idea, where all aspects are explored, particularly the community needs and wants and the potential benefits and risks.[1] Particular considerations are the research focus, project management, level of community participation, skills development for local people, and project outcomes.[1]

The need for follow-up activities after research completion to meet immediate community needs quickly became very apparent. [6] The research team was not resourced for follow-up gambling interventions. However, we promised to help the community develop links with gambling help services, to provide materials for school and community education programs, and to forward suggestions about how government agencies and community services can help address gambling issues. Being very aware that research by outsiders is often criticised for its 'fly-in, fly-out' methodology, where researchers never return to share results and help address the issues uncovered, we committed to additional activities. [5-6] These included: conducting gambling awareness workshops for community health workers; providing community education around gambling; and helping health organisations apply for funding if gambling was shown to be an issue.

A second major concern raised in preliminary consultations was how, and by whom, the survey results would be used. [6] Coinciding with the Federal Government intervention in the Northern Territory, there was particular concern the results would be linked to welfare reform. We assured everyone that, while we were obliged to provide an in-confidence report to the OLGR for their internal use only, the results would be owned by the community, with no results published or disseminated without community consent. [6]

Formal planning meetings were held with the Local Health Managers' Forum, the Shire Council, Queensland Health, the local justice group and all community health groups and organisations. A local Gambling Consultative Committee was formed to advise on the project. [12] Representatives from the main health organisation, women's and men's health groups, justice group, child care, youth crimes prevention, family health and wellbeing, and a local consultant on school absenteeism formed the committee. At meetings we discussed

progress reports, employment opportunities, community awareness activities, ownership and use of data, survey administration, confidentiality, privacy and anonymity for respondents, and use of the community donation. Discussions with the Committee about the survey instrument resulted in: several changes in terminology; an expanded list of gambling motivations and gambling consequences; removal of questions about dependent children and children gambling due to concerns for potential repercussions; and removal of questions around income because of associated sensitivities. While the results of these discussions and actions may ordinarily appear to bias the results in a general population survey, in this research they more likely assisted in the reliability and validity of the findings. This is because the questions asked in the survey were ones that could be answered accurately by the respondents. These consultation processes assisted in building ethical rigour into the research project through communication, negotiation, involvement, benefits and outcomes. [8]

Centrelink and two employment agencies were consulted about employing local research assistants. These positions were advertised and 26 research assistants were recruited. They were employed as casual research assistants by the researchers' university and paid accordingly for the week's employment.

Another key activity requiring permission during this stage was a school and community art competition.[5] The researchers hoped it would raise awareness of gambling issues and encourage survey participation. All primary and high school students were invited to participate. With permission from School Principals, this invitation was extended via each class teacher and supported with an information sheet. The community art competition was publicised around the community. All competitions called for artwork using any medium on A4 paper, focusing on: 'What does gambling mean to you?'

Stage Three: Development and Approval

The NHMRC describes this stage as project finalisation so a letter of community/organisation support can be provided, the ethics application can be developed, and a research agreement arrived at.[1]

Following extensive preliminary consultations and formal project development activities, key elements of the research were finalised. Letters of support and approval were provided by the Mayor and the CEO of the major health service. We provided written assurance that the research would adhere to ethical protocols of confidentiality, privacy and anonymity and that the community would own the research data.[6] However, a community representative was needed as signatory on the research agreement and to assume authority for determining release or not of the results. The Mayor took on this role and provided a signed letter confirming this. Thus, community control, a fundamental principle of self-determination, was ensured. [12]

Ethics approval had previously been gained from the researchers' university, being a pre-condition of entering into a research contract with the funding body. Neither the Local Health Managers' Forum nor the Consultative Committee required additional ethics approval.

Stage Four: Data Collection and Management

The fourth stage involved data collection and management.[1] In the planning stages, it was decided to conduct the household survey over one week. Instead of doing this as a standalone activity, the research team incorporated it into a Community Gambling Awareness Week

which ran from 28 April to 2 May 2008. Given the concentrated data collection period, it was considered prudent to undertake several activities to raise awareness of the survey and to encourage participation. Although this could be seen as introducing bias, we had found in our early consultations that while many people were aware of the impacts of living on limited budgets, they were largely unaware of how gambling impacted on their budgets, particularly if there were regular heavy gamblers in their household.

Community Activities

The week's activities comprised the judging and display of the art competitions, a free community barbeque with responsible gambling promotional activities, a health promotion stand by the nearest Gambling Help service, a health workers' workshop on problem gambling, involvement of a high profile local football player, and survey administration. At the editor's invitation, articles were placed in the monthly community newsletter publicising the weeks' activities and the role of the local research assistants. Public awareness was also raised via posters placed in community locations and flyers placed, with permission, in all mailboxes. There were 98 entries from school students in the art competition. On advice from the Consultative Committee and School Principal, a $50 shopping voucher from a nearby sports store was awarded to a boy and girl winner in each grade. Their artwork was displayed publicly. With permission, winning entries were published in the community newsletter and an art slideshow was shown at community meetings when the survey results were presented. The community art competition winner won a $200 shopping voucher. This artwork was published in the community newsletter and made into a poster for permanent display in the library.

Responsible Gambling Promotional Materials

In preparation for Gambling Awareness Week, the research team developed a set of promotional materials:

- a project logo, designed by a local artist and used on all project materials, uniforms and the survey questionnaire;
- Gambling Awareness Week T-shirts, caps and bags worn by the research team and assistants, displaying (with permission) logos of the project, Shire Council, major local health organisation and university. The distinctive logos gave the project a strong sense of community identity;
- Gambling Awareness miniature (stress) footballs, which were popular with children;
- 'Gamble responsibly' pens and key rings donated by the OLGR.

Training of Local Research Assistants

As noted earlier, 26 research assistants were recruited from the community. Their training commenced after a Welcome to Country by an Elder who articulated his support and encouraged the assistants to make the survey a success. Initial training sessions provided some background on the project and discussed the research assistants' duties in surveying every household and community organisation. We provided instructions on survey protocols, for example, introductions, how to explain the survey and issues of anonymity and confidentiality, and procedures to follow when household members were all at home, when only some were home and when none were home.[6] We suggested that 'a yarn first and survey second' approach would help respondents feel more comfortable. We explained the use of tally sheets, distribution, collection and call backs. We worked through each survey question to ensure familiarity with the content and structure. The assistants completed the survey themselves. Later, they engaged in role plays and we worked through foreseeable respondent

questions. Training was provided on using the walkie-talkies we had hired for safety and security issues, such as avoiding wild dogs and aggressive people. It was stressed that safety came first and if confronted with any difficult situation, to walk away. Being aware of family and kin affiliations, the assistants were asked to choose their own survey partner. [5] At their request the assistants surveyed their own family and friends overnight. Although this could be seen as bias, most said this would help them build confidence in their new role.

Survey Administration

At the first day of survey administration all the assistants arrived, many with completed surveys from family. Each team wanted to start where they felt most comfortable - their own street and own mob. Some differences in cultural modes of research appeared where Indigenous family support appeared to overshadow concerns about confidentiality and privacy, although confidentiality and privacy were maintained at all times with an independent numbering system and tally sheets. [6] Areas were marked on a map and teams were driven to their locations to begin the data collection.

Survey administration continued during the week. Each day, the assistants spent time with the research co-ordinators in planning. Addresses for call backs were recorded, as were refusals. The research team drove the assistants to their areas, dropped off surveys, water and equipment, and collected completed surveys. The assistants' relationship with others meant that they were knowledgeable about which families were more likely to be home at night, and so followed this up each evening. [5] We provided lunch and refreshments each day.

There was a funeral one morning. We did not start until that afternoon and asked the assistants not to be seen with their survey materials before then. Respecting the needs of

others was fundamental for the research team. [5] Some volunteered to work later to make up the time. The final day was used to target refusals and absences. Some refusals were due to people's religious beliefs - they did not condone gambling and would have nothing to do with the survey. Others said it was an invasion of privacy, while some feared their responses might be linked to quarantine of Centrelink payments and welfare reform. Some gamblers refused to complete the survey, including one who hosted card gambling in her house. Mindful of community sensitivities, the original research assistant who had been refused did not return to the same household.

At the end of the week we had 932 completed surveys. We had a list of 27 absentees of whom eleven completed surveys were posted to us. We were confident every adult community resident had been given the opportunity to complete a survey. Sixty-one responses from people who were not of ATSI origin and/or did not normally live in the community were removed. Our final response rate was 72 per cent of the adult population in the community (over 800 responses).

That day we held a thank you and award ceremony. [12] Each assistant received a university certificate of service and an appreciation award from the research centre. To our delight, the assistants presented us with gifts of local craftwork and a meal of local sea food – turtle and *culchi*. It was a happy event and we were thrilled they were proud of their efforts.

Stage Five: Analysis and Feedback

The NHRMC explains this stage as 'when the research team looks at the information ... to see what it shows and what it means' and discusses this in consultation with the community.[1] After data analysis, the research team returned to the community with a slideshow of key

results. [6] This was the catalyst for several follow-up activities described below. In response to concerns by the researchers that they had few resources to conduct further follow-up activities, their university donated $21,000 to fund four additional community visits by the project officer between October 2008 and February 2009.

Feedback in the Community Newsletter

Articles were placed in several community newsletters after survey completion. These included: a thank-you letter; a summary of the week's activities; school artwork; an invitation to a public meeting to view the research results; and an article reporting the outcomes of this meeting.

Feedback via Community Meetings

Meetings were held with the Mayor, the CEO of the major health service and one Elder to discuss ways forward after the presentation of results, use of a $10,000 community donation and signing off on the research project. We presented the results to the Consultative Committee and discussed ways to address issues the survey had revealed. An open community forum was then held to present the survey results.

Activities with Health Professionals'

This workshop aimed to improve knowledge and skills about gambling issues and its effects, how to respond to people with gambling problems, and links to assistance. The course was facilitated by our project officer and two staff from the nearest Gambling Help service. Seven community health workers participated and benefited from this extra professional development activity. The project officer organised discussions between the Gambling Help service and the major community health organisation about how to strengthen their

relationship and improve gambling support activities. The research process had already enhanced this relationship. Our project officer also conducted several individual mentoring sessions with local people to be a first contact responding to people with gambling problems.

Schools Education on Gambling Issues

We had earlier delivered the *Queensland Responsible Gambling Teaching Resource Kit* to both schools.[13] Our project officer met with the new School Principal to further encourage the kit's use. The Principal expressed commitment to educating the students about gambling and was positive about embedding parts of the kit into the curriculum.

Development of Health Promotion Materials on Gambling

Follow-up visits to the community initiated the development of gambling health promotion materials. Culturally appropriate posters and pamphlets with referral pathways for help were developed in cooperation with the major health service. These are now regularly included in the community newsletter.

Stage Six: Report Writing

This stage of the research process involves 'putting the information (findings) together to tell the story', to explain what has been learnt, discuss the findings and make recommendations, in ways that are culturally appropriate and that acknowledge community contributions.[1] Two research reports were provided.[6] One was the detailed, in-confidence research report provided to the funding body and the major health organisation in the community. The second was a shorter, 'plain English' report for the community highlighting key research results via graphs and artwork, supplemented with short textual explanations.

Stage Seven: Dissemination

This step 'is about sharing the findings of the research with other communities, organisations, policy makers and funding bodies'.[1] As noted earlier, the research results are owned by the community so dissemination is at their discretion. However one report was provided to the OLGR to help inform Indigenous gambling policy. A second report went to the major health organisation to use the results to apply for government resources to help address gambling issues.

Stage Eight: Learning from Our Experience

This final stage of the research focused on the Indigenous community evaluating the research process and using what was learnt to negotiate future research agreements and/or identify other important research questions.[1] While this outcome cannot be assessed by us, we are confident the research processes used were safe, respectful, responsible and adhered to Indigenous ethical protocols.

Adherence to Indigenous Ethical Principles

The discussion now returns to the six principles of Indigenous research to articulate how the research processes adhered to these.[9]

Reciprocity

Reciprocity in research 'requires the researcher to demonstrate a return (or benefit) to the community that is valued by the community and which contributes to cohesion and survival'.[9] The research process demonstrated reciprocity in several ways, as suggested by the NHMRC.[9] First, it was intended to contribute to the public health of the community by

raising awareness of gambling issues and provide education and health promotion around gambling. Second, the research was linked to existing needs. There was near consensus that while gambling was popular it was also problematic when it caused harm for individuals, families and the community. Third, potential benefits from the research were seen to outweigh potential risks. Fourth, the research team demonstrated willingness to modify the research in accordance with local values by removing questions in the survey instrument. Finally, the benefit of the $10,000 community donation was apparent in developing health promotion materials on gambling. The research data could be used to lobby government for gambling resources. The local research assistants benefited from employment and developing new skills.

Respect

The NHMRC notes that 'the trust, openness and engagement of participating communities is as important as the scientific rigour of the investigation'. [9] Respectful relationships acknowledge differences and encourage cumulative community decisions. The research process demonstrated respect in ways suggested by the NHMRC.[9] First, it acknowledged and encouraged individual and collective contributions. Negotiating the research was an ongoing consultative process, requiring a genuine willingness to listen and to balance stakeholder concerns. It required flexibility and tolerance to ensure all processes were acceptable. Second, these processes were critical in minimising 'difference blindness', or a failure to acknowledge people's right to have different values, norms and aspirations.[9] Continuous respectful consultation was the key. Third, in recognition that research has consequences, it was decided early that the community would own the research results. This respected the community's right to self-determination over what actions or outcomes might arise. Benefits

did not flow only to the researchers. This means the research team has to submit any potential research publications to the community representative (the Mayor) for approval.

Equality

Equality refers to the equal value of people, reflected in a commitment to distributive justice in research processes.[9] Our processes attempted to ensure equality through inclusive consultation which valued the accumulated knowledge and wisdom of participants. Advice was sought and taken on the consultation processes, the survey instrument, survey administration, art prizes, the project logo and more. The researchers recognised, for example, that community members had the best knowledge of who to consult with, that research assistants knew how to access all community members for the survey, and that the health organisations could best advise on appropriate health promotion materials. Participants were treated as equal partners. Distributive justice was carefully considered so that identifiable and valued benefits flowed to the community.

Responsibility

Responsible research involves doing no harm, protection of participants, maintenance of trust and clear accountability.[9] Key mechanisms for protecting participants from harm included wide consultation to guide the research processes, anonymity for survey respondents, safety and security protocols for research assistants, and community ownership of research results. Trust was built and maintained through transparent exchange of ideas, with documents provided by the research team clearly identifying the purpose, methods and protocols for the project, dissemination of results, and benefits. Transparency was also enhanced through regular consultation with, and review by, the Consultative Committee, Shire Council and

local health organisations. We maintained communication between visits, with the project officer the key liaison.

Survival and Protection

This refers to protection of culture, values and identity from erosion, marginalisation or an undermining of its distinctiveness.[9] To avoid past mistakes where research by outsiders has been criticised as exploitative, it is essential that researchers engage at a community, and not just individual, level. [9] Our processes differed from standard practices in that we used strategies ordinarily seen to bias results, yet in this community they did the opposite; they supported the rigour of the research. For example, a priority was for the research team to get to know local people through repeat visits, extended consultation and a range of activities. Our project officer was central in promoting this engagement through involvement in community activities (e.g. sport, fishing trips), as well as ensuring the research process was inclusive of as many community groups as possible (e.g. PCYC, aged care, arts and crafts). Spending an extended time in the community allowed the research team to gain some appreciation of its history, social structures, economic activities and cultural characteristics, and how these influence the community's priorities. Understanding the community's history as a former mission was fundamental to appreciating the role of religion as a protective factor from gambling; understanding family dynamics was important in assigning research assistants areas for data collection; knowing the limited employment opportunities helped explain the attraction of gambling as a pastime; while a predominance in the community of people from the Stolen Generation helped us understand reticence about collecting information about dependent children.

Spirit and Integrity

Spirit and integrity is 'the overarching value that binds all others into a coherent whole' so as to respect the continuity and coherence of ATSI values and cultures.[9] This recognises that 'the present and the future are absolutely bound up in the past' and cannot be separated when discussing issues where key values are at stake.[9] As outside researchers, we would be presumptuous to imagine we could gain a true understanding of Indigenous world views developed over thousands of years. Yet our extensive consultation processes allowed opportunities for research participants to evaluate whether our processes were reliable and consistent with their values. This heightened the validity of the research. Continuous consultation also promoted community decision-making based on shared values, an implicit part of spirit and integrity.[9] An understanding of the local community influenced the design, implementation and interpretation of the research results. These considerations would normally have very limited influence in a standard population survey.

The relationship between the research and the community's cultural, spiritual and social cohesion became pertinent, given that gambling is considered a health and public health issue. The community view of health as encompassing physical, social, cultural and spiritual wellbeing emphasised the interrelatedness between gambling and other aspects of life. Gambling issues were seen as affecting the gambler, but also having a ripple effect through families and the community. Thus, the follow-up activities aimed not only to facilitate access to help for people with gambling problems, but also to educate recreational gamblers about gambling risks, and to better equip families and the community to address gambling issues.

Conclusion

Indigenous-focused research by outsiders does not have a happy history. The relationship between Indigenous communities and the research community has evolved through many phases, and various models have been used successfully.[9] As the NHMRC explains:

> *A common feature across these models is the explicit recognition and commitment to respect for Aboriginal and Torres Strait Islander cultural values and principles. The models also promote local relationships to ensure that the nuances of judgement and practice necessary to promote trustworthiness and trust are created and maintained. They also illustrate the important aspects of accountability and transparency in standards, processes and structures.*[9]

This paper has described the conduct of a community project which adhered to these values and principles and which engaged the community in ways that promoted its ownership of the research issue, the reliability of the research data and potential solutions to problems identified.

References

1. NHMRC. *Keeping Research on Track: A Guide for Aboriginal and Torres Strait Islander Peoples About Health Research Ethics*. Canberra (AUST) NHMRC; 2006.
2. Martin K. Ways of knowing, being and doing: A theoretical framework and methods for Indigenous and Indigenist re-search. In McWilliam K, Stephenson P, Thompson G, editors. *Voicing Dissent*. Brisbane: University of Queensland Press; 2003. pp. 203-14.
3. Rigney LI. Internationalism of an Aboriginal or Torres Strait Islander anti-colonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles. *Research and Development in Higher Education: Advancing International Perspectives*. 1997; 20:629-36.
4. Thompson SC, Taylor KP. Are we really making a difference? Reflections on Indigenous health research and dissemination. *Aust N Z J Public Health*. 2009; 33(5);403-04.
5. Donovan RJ, Spark R. Towards guidelines for survey research in remote Aboriginal communities. *Aust N Z J Public Health*. 1997; 21(1); 89-95.
6. Miller P, Rainow S. Commentary: Don't forget the plumber: research in remote Aboriginal communities. *Aust N Z J Public Health*. 1997; 21(1): 96-97.
7. NHMRC. *National Statement on Ethical Conduct in Human Research*. Canberra (AUST) NHMRC; 2007.
8. AIATSIS. *Guidelines for Ethical Research in Indigenous Studies.* Canberra (AUST) AIATSIS; 2000.
9. NHMRC. *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.* Canberra (AUST) NHMRC; 2003.
10. Productivity Commission. *Australia's Gambling Industries*. Canberra (AUST) AusInfo; 1999.

11. Queensland Government. *Quarterly Report on Key Indicators in Queensland's Discrete Indigenous Communities July – September 2008*. Brisbane (AUST) Queensland Government; 2008.
12. Pyett P, Waples-Crowe P, van der Sterren A. Engaging with Aboriginal communities in an urban context: some practical suggestions for public health researchers. *Aust N Z J Public Health*. 2009; 33(1): 51-54.
13. Queensland Government. *Queensland Responsible Gambling Teaching Resource Kit*. Brisbane (AUST) Queensland Government; 2007.