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Evaluation of Problem Gambling Public Health Services: An analysis of provider progress reports

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LIST OF ABBREVIATIONS AND ACRONYMS

ABACUS	ABACUS Counselling, Training & Supervision Ltd
AOD	Alcohol and Other Drugs
DHB	District Health Board
DIA	Department of Internal Affairs (New Zealand)
GPs	General Practitioners (non-specialist physicians)
HPA	Health Promotion Agency (Crown entity established on 1 July 2012)
HSC	Health Sponsorship Council[1]
MOH	Ministry of Health (MOH)
MP	Member of Parliament
MVE	Multi Venue Exclusion
MVSE	Multi Venue Self Exclusion
PGPH	Problem Gambling Public Health
TAB	Totalisator Agency Board
TLA	Territorial Local Authority
WINZ	Work and Income New Zealand

[1] The Health Sponsorship Council (HSC) is the previous Crown entity in New Zealand responsible for health promotion. The Health Promotion Agency (HPA) took over HSC's function as of 1 July 2012. The present report uses both terms (HPA and HSC) as used in the original sources of documents cited or examined.

1 Introduction

This report serves as a supplementary findings report to the final report, *Evaluation and Clinical Audit of Problem Gambling Intervention and Public Health Services* submitted to the Ministry of Health.

The objectives of Phase 2 of this evaluation included a desktop analysis of existing public health activity data (sets of six-monthly narrative reports submitted by 20 problem gambling public health service providers to the Ministry of Health) between the period July 2010 and June 2013. This report provides a summary of findings from a document analysis of these narrative reports. Chapters 3 to 7 provide an overview of the delivery of the five public health problem gambling service specifications as reported by the 20 contracted providers. A glossary of terms is provided at the end of this report.

2 Method and analysis approach

2.1 Method overview

The method used for this part of the evaluation, referred to as "document analysis", has been described as an organised process of reviewing or evaluating sets of documents which when used in combination with other qualitative research methods offers a means of triangulation of data sources (Bowen, 2009). Documents typically used in evaluation include non-technical literature "that have been recorded without a researcher's intervention" such as meeting minutes, background papers, correspondence records and reports among others (Bowen, 2009, p. 27).

As described above, the documents selected for this evaluation were sets of six-monthly narrative reports submitted to the Ministry of Health by 20 problem gambling public health (PGPH) service providers between July 2010 and June 2013. These narrative reports on the delivery of problem gambling public health services along with reports on intervention services is required as part of the service providers' contracts with the Ministry.

Despite some limitations discussed in the section below, these narrative reports were a rich source of data that formed a key component of this evaluation. The five specific functions of documentary materials described by Bowen (2009, p. 29-30) were relevant to the current evaluation process as the six-monthly narrative reports offered:

1. Background information, historical insights and the context within which providers operated;
2. Historical data that informed the development of essential evaluation questions to be included in the surveys and focus group interviews;
3. Supplementary data which provided "valuable additions to a knowledge base" particularly in the form of best practice examples and a record of areas for improvement;
4. A way for "tracking change and development" over time through an analysis of progress reported on specific projects and activities; and
5. "A way to verify findings or corroborate evidence from other sources". While contradictory findings would suggest the need for further investigation, "convergence of information from different sources" would result in greater reader "confidence in the trustworthiness (credibility) of the findings".

Each service provider submitted up to six progress reports during the period of analysis, largely following the format described in the Ministry's Service Specification document. PGPH service providers were required to report on specified details for five purchase units: *Policy Development and Implementation* (PGPH-01), *Safe Gambling Environments* (PGPH-02), *Supportive Communities* (PGPH-03), *Aware Communities* (PGPH-03) and *Effective Screening Environments* (PGPH-05). In addition to this "regular reporting on the delivery of problem gambling public health services" PGPH service providers were also requested to submit annual public health work plans using a specified template. "The Ministry's intention [was] that this [would] be a useful tool for providers to align their

key public health projects across the independent service lines of the problem gambling specification, and also demonstrate how the projects align with the Ministry's Outcome Monitoring Framework" (Ministry of Health, 2010, p. 43).

While the focus of the present analysis was on the *Purchase Unit Specific* sections of the submitted reports, relevant items reported in the *Overall Narrative Report* section; and relevant materials reported using the *template* were also drawn on.

Many providers also attached supporting evidences such as letters of acknowledgement they received; feedback forms they used for evaluation of activities (including summary of results); sample of submissions they made; copy of submission forms; copies of submitted advocating letters; copies of developed policies; promotional brochures and posters used; event invitations they had designed and distributed; newspaper clippings (of media coverage of events they had organised or helped organise); PowerPoint presentations; photographs from organised events; draft copies of developed resources; and minutes of meetings. While such evidence has been acknowledged as activity outputs, a systematic analysis of the content of these additional materials was beyond the scope of the present evaluation.

2.2 Analysis method

Bowen's (2009) recommended method for document analysis (i.e. an integration of thematic analysis and content analysis) was used for the present evaluation. The thematic analysis component used here was similar to the process used for analysing other types of qualitative data; the documents were read and re-read by the researchers to identify relevant themes. An evaluative analysis approach was used where themes were identified based on their relevance to objectives, activities and processes detailed by the Ministry in each specific Purchase Unit Description. Therefore, the coding and category construction process was carried out largely using a deductive approach (also referred to as theoretical thematic analysis) as the evaluation was concerned with fitting the data with specific evaluation aspects.

A quantitative content analysis method was also used to identify frequency of themes across the data set (i.e. by number of contracted providers). Counts were used to identify patterns and to provide an indication of the extent to which services were delivered. In qualitative research, counts are used to identify patterns by noticing themes that come up repeatedly across a data set relative to other themes that are observed only rarely; this "implies something about the frequency, typicality, or even intensity" of the theme (Sandelowski, 2001, p. 231).

The analysis process involved reading selected sections of the reports (the overall narrative report sections, the Purchase Unit specific sections and relevant activities reported in the work plan template) and identifying input, output, and outcome aspects that matched the Purchase Unit Descriptions. The analysis also focused on identifying the range of activities carried out, the range of stakeholders engaged, procedures used, successes reported in the form of outcomes or indicators, as well as barriers and challenges.

Our analysis found that providers had often used the work plan template as a reporting, rather than a planning, tool. Furthermore the work plan templates in the narrative reports were not presented in a consistent manner, nor were they in an expected logical order. While some providers referred to a particular project name in a work plan, listing its connections to three or four purchase units, others had completed work plans that were specific to a single purchase unit. Difference of this nature was also noted across the six reports submitted by individual providers. For instance, submitting several unit specific work plans in the first report, and later submitting a general work plan in a subsequent report. Variability was also noted in how providers completed the section in the work plan that requested the project's linkages "to specific objectives/outcome measures in the MOH Strategy/ Objectives/Outcome Monitoring Framework" (Ministry of Health, 2010, p. 47). Providers were also inconsistent in terms of the completeness of the work plan; some providers only addressed some questions in the template while others completed only one of the two parts of the template.

Considering that the work plan template was for a yearly work plan, it was expected that a plan would be submitted in alternate reports, for example in the first, third and fifth reports as depicted in Figure 1.

Figure 1: Expected timing pattern in work plan submissions

However, this expected pattern was not observed in providers' reporting with work plans submitted on an apparently random basis. These inconsistencies and the lack of a logical order in time, in particular, meant that an evaluative approach based on submitted work plans was neither reliable nor feasible. Instead, the evaluative approach used in the present analysis (based on the extent to which providers delivered activities and followed processes as detailed in each purchase unit description) offered a preliminary indication of the degree to which providers complied with their contractual requirements and the degree of their successes in achieving intended outcomes.

2.3 Reporting method

Findings from the analysis of narrative reports are reported under five separate chapters. Processes and outputs in relation to specific activities described in the purchase units are presented in subsections within each respective chapter.

Where appropriate extracts from providers' reports are included, names of providers, names of individuals and, in some cases, the names of places and organisations have been removed to ensure anonymity.

Each purchase unit description also required providers to detail related barriers and successes. Considering the possible use of these aspects for the development of future public health work, barriers, challenges and successes were treated as key themes. While barriers and challenges that directly related to a particular activity are presented within the respective sections or subsections, barriers and challenges of a general nature are summarised at the end of each chapter. Examples of success have been presented as "best practice examples" throughout the report. Key points extracted from providers reports are presented in flow chart formats which often showed a logical flow of actions providers took, the processes they followed, and their observed or expected outcomes and impacts.

Report content that appeared to be additional to purchase unit descriptions has been indicated as such. The researchers also looked for case examples of progress of a particular activity or programme that were reported on successively. For instance, if an activity was reported as being in an initial planning stage in an earlier report, the activity was sought in subsequent reports and these were then presented collectively as activities and outputs.

It was also noted that in some cases, sections in a report were identical to preceding reports; this copying and pasting could be an indication that the activities reported were ongoing or that the same activities were being repeated.

Evaluation based on a logical framework requires the connection of causes and effects; however, providers' reports were not always explicit in linking outputs or outcomes with the activities they delivered. When "appeared to be" or "suggests" is used in reporting of findings, this indicates the researchers' interpretation of providers' reports and does not represent an exact statement made by the provider.

For the purpose of providing an overview for each purchase unit, activities and key processes identified by the Ministry in the purchase unit descriptions were first adapted to form lists of logical connections

of inputs (resources), activities (and processes), outputs, outcomes and impacts. The logical relationships between the inputs, processes and outputs were then graphically depicted in draft logic models for each purchase unit. These logic models were later expanded based on findings from the analysis of narrative reports, providing more complex logic models that identify additional areas of inputs, activities and processes, as well as external influencers in some cases - these are presented at the end of each chapter.

2.4 Limitations

While the quantitative content analysis method used to identify frequency of themes across the data set (i.e. by number of contracted providers) may indicate theme prevalence and thus (presumably) significance, counts in the present report are not intended to portray degree of importance (e.g. most important to least important). In the present analysis "the 'keyness' of a theme is not necessarily dependent on" a theme's frequency "but rather on whether it captures something important in relation to the overall" (Braun & Clarke, 2006, p. 82) evaluation question at hand.

It is emphasised that the counts (number of providers) and verbal quantifications (i.e. implied numbers such as "some" or "most") (Hannah & Lautsch, 2011; Sandelowski, 2001) specified for key thematic areas in this report are only indicative of theme prevalence and are not exact quantifications. This is considering four key limitations identified in the data set.

First, although the majority of providers based their reports on the recommended templates the variability in which the reports were presented (as detailed above) meant an inconsistent data set. This data set was considered to be vastly different to data obtained using a more structured data collection tool such as qualitative data obtained from standardised open-ended ended questions in a questionnaire or interview.

Second, counts for some themes are not necessarily indicative of its significance. It may be the case that providers differed in what they considered to be important or relevant for their reporting. For instance, relationship development is likely to have been a process that all providers would have used in the implementation of all public health activities, but only some may have reported on relationship development as a success in itself.

Third, the strength of counts of activities delivered is further reduced as in almost all provider reports, delivered activities often related to more than one purchase unit. While these activities are reported in the respective chapters, it is important to keep in mind that these activities were often interlinked. For example, a single activity such as setting up a stall at a public event, may have contributed to outcomes for several purchase units: submission forms distributed for PGPH-01, brief screening carried out for PGPH-05 and public awareness raised through conversations and materials distribution for PGPH-04. Therefore, a count of number of public health events participated in, is not an accurate frequency of activity within the context of a single purchase unit.

In many instances, providers were not explicit when reporting on their activities' relevance to the activities, processes and outcomes in the respective purchase unit descriptions. This meant that much of the reporting was implicit. Furthermore, in some cases, where activities and progresses were reported in a general way, it was not possible to ascertain to which purchase unit the activities related. In other cases, the lack of depth in reporting meant that it was not possible to ascertain if some activity aims were achieved. For example, in cases where providers reported on having delivered awareness raising presentations without detailing the content, it was not possible to determine the knowledge development areas (i.e. intended outcomes). Reporting that appeared to be a provider's observations of external situations and cases where it was unclear if an outcome was a result of a provider's initiatives were not included in the analysis. While the thematic analysis approach used enabled the identification of themes that best matched the activities and processes detailed in the purchase unit descriptions, the lack of explicitness and the lack of clarity and depth in some cases, further added a fourth area of limitation to the counts provided in this report.

In brief, while the report contents were coded in relation to the respective purchase unit descriptions of the five public health services, it was not feasible to provide exact count of themes relevant to the details of each purchase unit.

3 Policy Development and Implementation (PGPH-01)

The *Policy Development and Implementation* (PGPH-01) public health service was offered by 17 providers. The objective of this public health service was:

> …to increase adoption of organisational policies that support the reduction of gambling related harm for employees and organisation's client groups (i.e. employee assistance policies, organisational positions on accepting gambling funding, relationships with gambling venues, permitting gambling promotions in internal/external media) (Ministry of Health, 2010, p. 30).

Providers variably reported policy related activities under other purchase units, particularly *Safe Gambling Environments* (PGPH-02) and *Supportive Communities* (PGPH-03). For the purpose of a more systematic synthesis of findings, such reporting is included in this chapter (PHPG-01).[2]

Similarly, some providers reported activities relating to multi-venue exclusions (MVEs) and host responsibility under PGPH-01. As MVE-related processes have more direct relevance to PGPH-02 and to avoid a representation of this work as separate outcomes, in this analysis aspects related to MVEs and host responsibility are reported in the following chapter on Safe Gambling Environments.

Providers were expected to use the reporting template when submitting their six monthly narrative reports; the template required that the following points were addressed:

- Activities you have delivered to encourage agencies to develop problem gambling and problem gambling harm minimisation policies
- Activities you have delivered to support agencies to develop and implement problem gambling policies
- Your role in any activities, the role of any partner organisations
- Barriers and successes to getting organisations to develop and adopt problem gambling policies.
- The key agencies your organisations has identified as priorities for the next six month period
- Any other relevant information. (Ministry of Health, 2010, p. 30).

Activities and key processes identified by the Ministry in the PGPH-01 purchase unit description are summarised in a preliminary logic model (Figure 2).

[2] The fact that there were four providers who were contracted for PGPH-01 but not PGPH-02 and one who was contracted for PGPH-02 but not PGPG-01 may have contributed to this overlap. In addition, it is worthy of note that among providers offering both purchase units some have viewed this to be a policy related work area, while others (who had reported on MVE for both purchase units) may have seen overlapping outcomes related to MVEs.

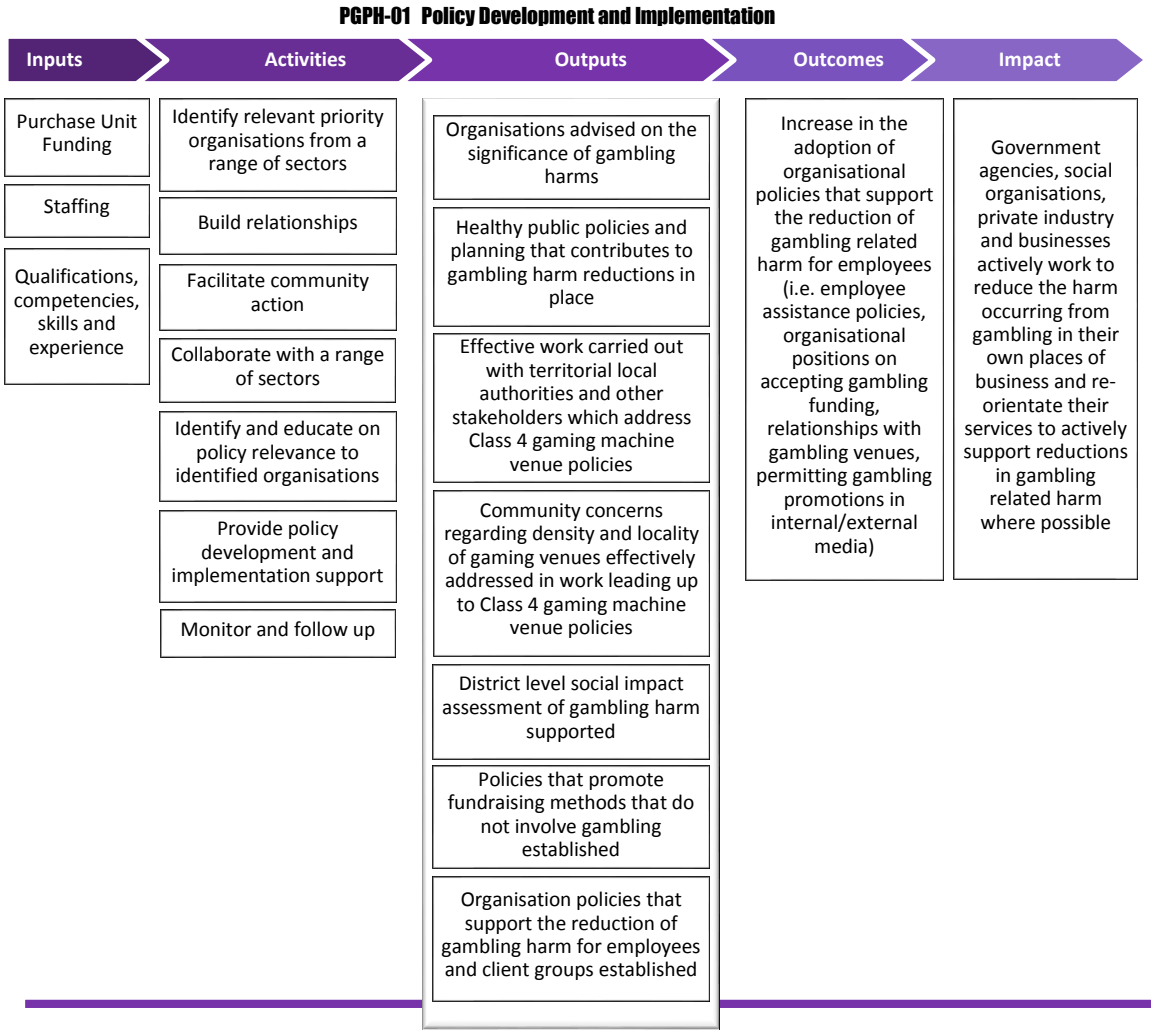

Figure 2: Preliminary Logic Model: Policy Development and Implementation

3.1 Identification of relevant organisations and relationship building

In the PGPH-01 Purchase Unit Description it was specified that key processes should "include identification of relevant organisations" and relationship building (Ministry of Health, 2010, p. 30). It was also noted that delivery of services should include "government agencies, social organisations, private industry and business" and "community organisations (i.e. councils, agencies, schools and tertiary education providers, sports clubs, marae, churches, not for profit community organisations)" (Ministry of Health, 2010, p. 30).

All providers indicated having contacted and engaged with several stakeholder groups in delivering this purchase unit with some engaging with more groups than others. Their responses were categorised within broad stakeholder groups, shown in the Figure 3.

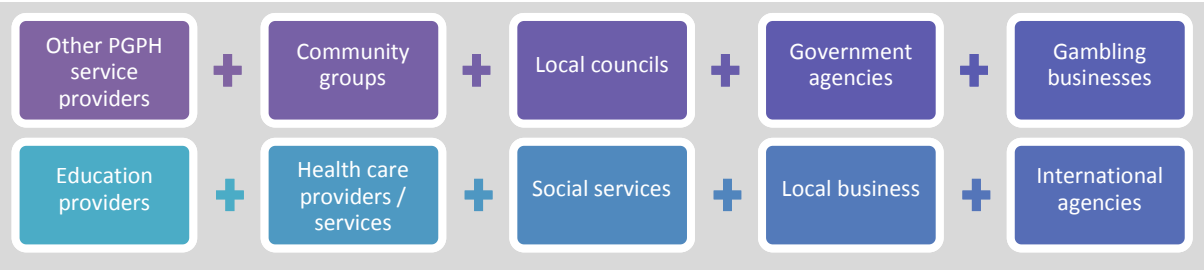

Figure 3: Stakeholder groups engaged with for delivering PGPH-01

All providers' had included aspects of relationship development in their reports which suggested the significance of relationship development for the success of their work. As noted by one provider, the relationship development process enabled identification of allies and ways for collaborative work.

> …Our relationships with other organisations and networks have demonstrated that we have numerous allies in the goal of reducing the harm caused by problem gambling.…Because of the relationship [we have] developed with key staff and agencies [in the district]…we were invited to present information about gambling and gambling harm in the [district]…at [a] health advisory group meeting. At the meeting, attendees were deeply interested in the harms of gambling and the role gambling might play in the vision for a healthier [district]. The conclusion was to invite Council staff to speak at the next meeting, and also for [us] to return and share information and insight. At that meeting, the advisory group will decide which policy recommendation they will endorse to Council and Council staff.

For one provider, indicators of successful relationship development included the transition from an "awareness raising" phase into the next phase of looking into "a beneficial working relationship for both" parties; for instance, being invited to speak at related events organised by the stakeholder group.

In addition to relationship development, as noted by another provider there was also a need for this to include *relationship maintenance* which may require on-going visits:

> Some of the key groups will be revisited to ensure that [we] maintain those relations and are seen by our stakeholders as useful.

As detailed in the subsection that follows, working collaboratively with stakeholders groups often required a strategic approach and communications as well as relationship maintenance.

3.1.1 Stakeholder groups engaged and relationship development

Other problem gambling public health service providers

Many providers indicated having collaborated with other Ministry-contracted problem gambling public health (PGPH) service providers when carrying out some policy-related initiatives and activities such as developing promotional materials, visiting gambling venues, developing strategies for submissions on gambling policies and sharing submission-related resources. One provider described this as displaying a "united front with the collective of other problem gambling services". This suggested the value of highlighting the commonly shared goal of different providers in their push for policies that address problem gambling.

Another provider reported that their small workforce and having to "to cover large geographical areas" as a challenge in delivering public health work; however, they reported on the value of working in a collaborative way with other service providers in overcoming this challenge:

> …working on this project as the 'Te Ngira' collective has been successful in sharing the workload. With 21 [local boards], it would have been very difficult for one service provider to do this project on their own.

However, collaboration with other providers also posed challenges when providers had incompatible approaches to work:

> Over the last six months, individual members of ...[our] team have come under pressure from individuals from other services to participate in activities that are inconsistent with ...[our] policy, approach and the iwi mandate (e.g. protest marches against the installation of pokie machines at [a] restaurant). As a service we respect the rights of other providers to engage in activities which they feel comfortable with - and expect to have the same level of respect returned. Furthermore we note that this had a destabilising effect on a particular team member. As a result, they required significant support to overcome their own level of distress.

Community groups

Many providers indicated having engaged with community groups which included community action and advocacy groups, youth groups, cultural groups, religious groups such churches, sports groups, as well as individuals and communities of a particular area. The value of relationship development was described as follows by one provider:

> [Our] role in all activities is to provide leadership, support and advice in policy development, support and implementation. Our role in nurturing positive community relationships is vital to the success of our mahi/work.

For another provider, organisations such as a youth action committee offered the advantage of already established "strong ties and leadership aimed at rangatahi as well as [influence] at a … city council level".

Many providers also indicated having involved ethnic-based groups such as Pacific networks, Cook Island Community Group, Marae trustees and Iwi representatives.

Comments from one provider suggested the value in strategic selection of influential ethnic partner groups to work with as they enabled a wider audience reach.

> Collaborating with Pacific Network in regard to gambling-related issues. This network is a valuable one that provides leadership in [the city]. [We found] it useful as a forum to discuss policy and programme issues and ensured that they are widely disseminated.

Likewise another provider discussed their efforts to strengthen relationships with an Iwi incorporation which enabled their reach into Māori communities.

> …This is an important relationship in respect to their huge database of Māori living in the rohe. We would have access to the database through their…network - we would be able to advertise our events, have access to Kaumātua, attend iwi events and in general be a part of the whole Iwi community across [the regions]. The main intention would be to become a common face/voice through the iwi networks.

This provider later reported that this relationship proved effective:

> The relationship with [the Iwi Incorporation] as mentioned in the last report is strengthening and growing… [They] have offered to support us politically by supporting submissions regarding the review of the Sinking Lid Policy[3]… [and they are] keen to include A Gamble Free Strategy [within their organisation].

Local councils

Many providers mentioned individuals and specific divisions within their local councils as stakeholders they had included in their work. One provider took the approach of developing a database of councillors and mayors for relationship development purposes.

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[3] It is common to colloquially refer to a "sinking lid policy". While not a "policy" per se, the adoption of a "sinking lid" approach to electronic gaming machine numbers means that when an existing Class 4 venue closes, the Council does not provide consent for its relocation, ownership transfer or for the establishment of a new venue in its place, leading to a declining number of gaming machine venues.

> [We] developed a database of all councillors and mayors and letters were sent to all new councillors and mayors in January informing them of who [we are] and the services that we provide in their communities. The letters to new councillors and MPs elicited numerous responses and may act as a simple catalyst for further communication in the future.

As evidenced in the example quotes below, it appeared that providers were selective in council staff they engaged with targeting policy analysts and key staff involved in policy.

> Met with [a] Council policy analyst responsible for drafting new Gambling Venue Policy to discuss [our] role in regard to policy work and how [we] can contribute information. Agreed that [we] will become a point of contact for information, in order to profile needs of Pacific people.

> Our [public health] worker continues to communicate with the [area's] Council Gambling Policy team. They keep us up to date with progress and share research with us.

Another provider reported that as a result of time spent working with council staff "much has been learnt about how the new Council functions, and how best to influence policy development on a range of public health issues". Likewise, a further provider noted the value of maintaining relations with City Council staff as follows:

> We have continued to maintain relationships with the [area's] City Council …We expect a call for oral submissions. This may allow the community to have a voice as part of the Council's review process.

One provider reported on relationship development with the mayor who was a member of a Trust which owns a large number of gaming machines.

> We built a relationship with the Mayor of [the city] in preparation for the city council's gaming policy review due in 2013. Discussed the harms of gambling and opportunities to work together to minimise gambling harm…[and later] liaised with the Mayor on several occasions in regards to delivering an opening address at [a public event].

Government agencies

Many providers also mentioned having engaged with government agencies such as the Department of Corrections, the Department of Internal Affairs, Health Sponsorship Council, Work and Income, New Zealand Police and the Ministry of Social Development. One provider who reported on their relationship development with the Ministry of Social Development explained the value of such a relationship as follows:

> [We have] signed a Memorandum of Understanding for a national partnership with the Ministry of Social Development for closer working relationships over areas of common need. We hope this will assist our problem gambling services to establish relationships and implement new policies and initiatives, particularly with Work and Income …

Education providers

Education providers were another frequently mentioned stakeholder group. This included universities and schools, including alternative schools and Māori language schools, homework centres and after school programmes.

Health care providers and social services

Providers also engaged with health care providers and services such as mental health service providers, drug and alcohol advocacy services, youth health centres, and Whānau Ora provider collectives. A few providers referred to social services such as Work and Income, Child Youth and Family, Community and Social Development Agency and Community Law Centre.

While some providers mentioned general public health services such as District Health Boards, primary health care organisations and general practitioners, others indicated having engaged with Māori or

Pacific health service providers. One provider highlighted the value of "taking advantage" of the increase in integrated services among Māori and Non-Māori providers and community groups considering the pre-existing links they have with the community. For instance, within Māori provider collectives, community leaders and role models are able to "disperse promotional material and serve as a go-between" that are able to link the community and the service provider. This provider further reported that this had "been advantageous, when engaging community partnerships with Māori community, as they [were] already primed, cognisant and supportive of the Gamble Free whanau 1st kaupapa".

One provider, discussed the value in working with organisations that deal with social issues such as financial issues, and social problems such as alcohol and drug misuse considering that this was "an opportunity to provide linkages between problem gambling and other problems". Likewise, two other providers highlighted the value of selective collaboration with health-focused groups and services which enabled the linking of problem gambling with other health and social issues.

> …This group is not solely focused on problem gambling however this group is working collaboratively to engage and support communities facing a range of health issues that can be linked to problem gambling. The group has committed to supporting our … team with the review of the [region's] Class 4[4] Venue policy in 2011. The group will also support next year's Gamble Free Day and the development of a community forum regarding problem gambling.
>
> A high proportion of [our] clients present with suicidal ideation and at some point contemplate suicide around their gambling addiction. Work undertaken with [a suicide prevention service] will allow an opportunity for [us] to strengthen interagency collaboration and cooperation and simultaneously raise the awareness of the correlation between problem gambling and suicide.

Gambling businesses

A few providers indicated having engaged with gambling businesses and related organisations, namely gambling venue operators, casinos, gaming machine trusts, the New Zealand Racing Board and the Lotteries Commission

> We have been working with [a] Trust to assess policy and implementation within their gaming venues and where needed assist with policy development.
>
> This work plan is about using a policy support approach to open the doors into the gaming venues that sit within our region to give enhanced access to [our organisation's] public health initiatives and clinical intervention in general.

A few providers reported on their efforts to establish working relationships with gambling venues including visits to those venues, monitoring the effectiveness of their host responsibility efforts and developing a long term strategy to strengthen host responsibility. One provider reported that they had visited "local Class 4 gambling venues to discuss [multi-venue] exclusion orders, staff training, resources and their participation in Gamble Free Day". As a result of this effort, two of the gambling venues they had talked to participated in the *Gamble Free Day*. Building rapport with gambling venues was noted to be of high importance by one provider.

> Understanding how they function as an organisation and being sympathetic to their issues, aids in them adopting more proactive and effective host responsibility strategies. Gaining their trust ensures ongoing communication.

Local businesses

A few providers also mentioned having included representatives from local businesses such as banks, real estate agencies, and research companies as stakeholders in their public policy work.

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[4] A Class 4 venue is a non-casino venue with electronic gaming machines.

International agencies

Three providers indicated involving international agencies such as the Programme for the Improvement of Working Conditions and Environment, the United Nations Children's Fund and the International Moral and Social Issues Council.

3.1.2 Barriers and challenges to stakeholder engagement

Providers also reported on barriers and challenges they faced when working with some stakeholder groups. A few providers reported on the barriers to collaborative work with health service providers and government agencies. One provider detailed stakeholders' difficulty in finding space for problem gambling among the *myriad of other pressing public health and social issues* which posed competing demands for time, energy and effort.

In addition*, processes and procedures* adhered to by some public health services may inhibit progress towards collaborative work. One provider identified a public health service provider focusing on workplace wellbeing as an appropriate partner, considering that safe gambling could sit alongside other existing workplace health and wellbeing areas such as smoke-free, drug-free and safe drinking. However, as described below, time consuming procedures may act as a barrier to the formation of collaborative work between existing services.

> A key aspect is that employees get to identify their health needs and can match their needs with support services from organisations on a list. We see a policy link with employees identifying their own needs and linking to a list of service providers as a useful approach to enabling staff in different work settings to address problem gambling harm issues. …The potential for becoming an organisation on the support service list is something we value; however, the [public health service provider's] accreditation process that we must follow in order to join the list of support services isn't high on our priority list at this point in time.

The above provider also reported on the unique challenges in working with the Department of Corrections. In the course of their efforts to work with the Department of Corrections to enable referrals to their service in cases where problem gambling had been identified, they noted three key challenges:

> [1] Our freedom of choice as to the clients we are willing to engage with. At a fundamental level we believe that we need to retain the discretion to choose our clients. Ideally we want to work with individuals who want to address issues linked to problem gambling harm not those who are sent to us by a court order.
>
> [2] Increased safety concerns for our staff and resources that need to be considered given we could be working with active criminals and/or people who have committed serious crime.
>
> [3] Releasing client information to a third party because of our views on client confidentiality, regardless of forms signed by the client.

This was reported to be a work in progress requiring further clarity in the provider's own policies as well as clarity around processes of working with the Department of Corrections.

Another provider reported on the perceptions among some health service providers, which suggested their *lack of understanding of problem gambling as a health related problem*.

> For some health organisations gambling is a low priority area. It is our intention to flood the … area with information to increase awareness about problem gambling and promote curiosity. Informing other health agencies that gambling is a "health" issue and how it is will be a primary focus, that all the physical symptoms that are apparent i.e. stress, colds, headaches could be related to gambling.

Stakeholder readiness and willingness for collaborative approaches was identified by one provider as a key challenge for policy development. This provider reported having worked with Māori health providers to raise awareness on gambling harm and found that "most organisations that were not willing to go the extra mile in terms of writing and addressing specific gambling policy [were] willing to raise awareness". Nevertheless the provider found the lack of willingness to collaborate to be a barrier:

> Policy development can be problematic inasmuch as it must be fully owned by the groups themselves as it ultimately depends on the will of the group to enact the policy - and for it to be fully realised.

Likewise, an activity description by another provider suggested that the lack of readiness and willingness of a Work and Income office had posed initial challenges to encouraging organisational gambling policies:

> [We]… met with [the] service manager for Work and Income…. [We]… expressed the need to start discussions relating to Work and Income implementing organisational policies that ensure the safety of staff and also screening processes for clients to identify problem gamblers. [The service manager informed us] of their current practices, surrounding their peer support programme and that staff [were] encouraged to contact a peer support worker for any issues they may be facing whether it be due to addictions, family violence, stress or things that may be affecting their work. If staff require further support they [were] referred to the EAP programme. In regards to gambling specific harm minimisation policies nothing [was] in place and [we were]… referred to PSA who manage all staff related policies. [We]… e-mailed PSA and received a reply that they wouldn't usually have anything to do with this, and [we were] then informed to email two other people that may be able to help. A reply was never received. [We]… then e-mailed [the service manager at Work and Income] to arrange a time to present to staff and management regarding the policy and screening implementation, [we] still have not received a reply.

Although their efforts later proved somewhat successful in terms of the relationships they had developed, such time consuming processes in encouraging stakeholder involvement to gain their buy-in may pose a challenge to work progress within this purchase unit.

Another provider pointed out the lack of readiness of a local budgeting service which appeared to have been a barrier to progress in related work. The provider reported:

> One of the agencies we use consistently to support our clients is the local Budgeting Service. The Health Promotion team approached them a couple of years ago about screening for gambling and although the staff on the ground were keen, as they could see the relevancy they were discouraged from screening. This is an area of potential for us, so will proceed to engage with the National Office of Budget Advice. We have emailed them to gauge interest and will definitely follow this up.

3.2 Education and awareness raising

In the PGPH-01 *Purchase Unit Descriptions*, expected activities included "advising organisations on the significance of gambling related harm" and processes included "…educating and identification of the relevance of this work to identified organisations" (Ministry of Health, 2010, p. 30).

3.2.1 Workshops, presentations and education sessions

As noted in the example below, policy-advocacy work often included raising the awareness of appropriate stakeholders to gambling-related issues.

> A major emphasis for [us] has been to engage not only the communities, but also other service providers and allies in every aspect of these [policy] reviews. [We are] still focused on "sinking lid" outcomes, but more importantly on raising awareness of problem gambling at every level of a community. Throughout all [Territorial Local Authority] reviews, [we are] involved in informing groups about problem gambling issues and ensuring groups and communities are aware of the Local Government submission process. Presentations have also been delivered to Councils as well as Council staff.

As shown in the Figure 4, while the activity of advising on the significance of gambling harm may have been implicit within policy advocacy activities, thirteen providers reported having carried out purposeful education and awareness raising activities. These included education sessions, information workshops and presentations to various groups such as community organisations, tertiary students, businesses and the city council. Evaluations carried out showed impacts on knowledge and outcomes in the form of increased willingness towards participation.

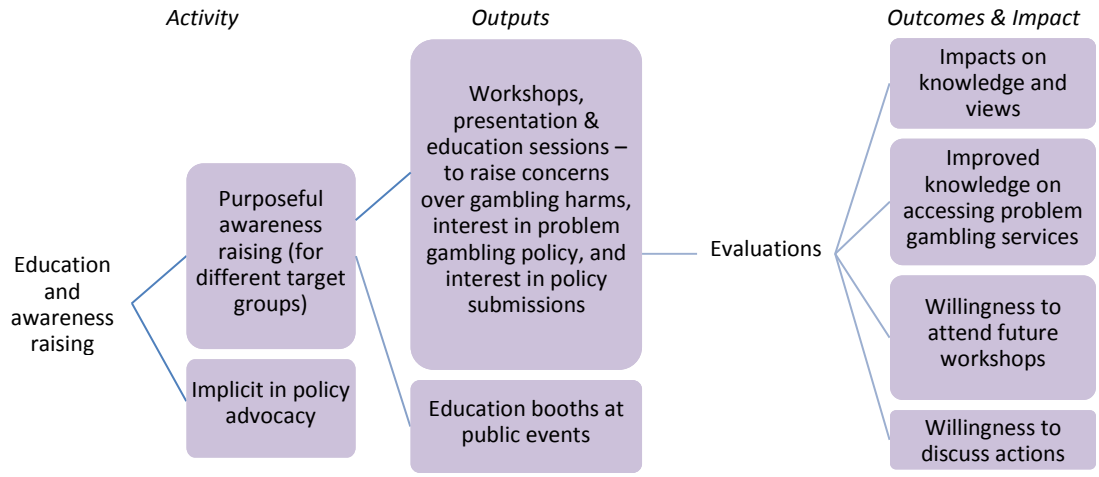

Figure 4: Education and awareness raising

However, the majority of providers gave little evidence of awareness raising material content that had aimed to raise awareness on the relevance of gambling-related policies to the core business of targeted sectors. The content of education and awareness raising activities appeared varied depending on the target audience. For instance, one provider described workshops delivered to businesses which focused on the benefits businesses could gain from gambling policies:

> The focus…[was] to increase understanding of the necessity for policies which minimise harm from gambling as a measure to protect the organisation and its staff from developing unhealthy gambling habits with subsequent aversion of the temptation to take unfair advantage where contact with money or access to finances are a part of the core business.

A second provider took the approach of highlighting gambling harms and offering solutions in their workshop delivered to several community-based groups.

> [We] successfully delivered 14 awareness presentations and discussions to…[community groups, youth groups, cultural groups, church groups, and community radio stations]. The workshops focused on raising awareness of the social and health impact caused by problem gambling. [We] introduced alternative revenue of raising money instead of gambling, building relationships by increasing access to health and social services and networking.

More specifically, the above provider also reported on a church-related education project which had aimed to develop the church's awareness of gambling harm, discuss church policy and "government policy regarding gambling" and to carry out "baseline surveys and screening". The provider reported that "outcome from this project was positive as more people in the church [became] aware of problem gambling and how to gain help from [their organisation's] services".

Another provider had focused on community education around how community submissions influence council policy.

> Collaborated with the … Community Law Centre to provide information and education about 'how a law is made - making a submission' at the regularly scheduled monthly community workshop … and [we] provided a similar workshop as the public health training component delivered by the … Community Law Centre. The rationale to providing the theme of these specific workshops was to build the understanding of the community affected by many issues pertaining to legislation especially in the build up to local councils reviewing their gaming policies.

In some cases, providers had carried out evaluations of their education sessions. Through a participant survey to find out respondents views, one provider reported on the impacts on participant knowledge and views. Similarly, a brief evaluation carried out by another provider following a series of presentations organised for representatives from health agencies pointed to the successful outcomes of the education session:

> 100% of attendees are willing to attend a future follow-up harm minimisation policy workshop…5 out of 6 organisations expressed a willingness to discuss action for improving the future of Māori health in relation to gambling related harm especially the impact of gambling on children.

The above provider made it a target to deliver at least one harm minimisation workshop per month. In a subsequent report, they indicated that their evaluation showed increased knowledge among a high majority of their workshop participants on "how to access services for problem gambling" in their region.

Providers also reported on the value of collaboration with others in their education efforts. One provider reported that one of the successes they experienced was the involvement of two Māori experts specialising in public health and gambling issues among Māori who had made a commitment to support them in mobilising community groups through the "delivery of presentations which aim to educate, empower and encourage positive change focused on minimising gambling harm". This provider reported that they expected that this would:

> …lead to building community capacity to take action on issues related to gambling thus increasing understanding and acknowledgement of the need to link environmental policies at a societal level to the actual harm occurring within the district. The expectation for the involvement of these two experts is to provide a regional and national context to the levels of harm experienced by Māori historically as a result of problem gambling, it is hoped that prevention may become a priority for those involved so that gambling harm within the diverse communities of [the district] may be minimised through subsequent community action.

For the above provider, joint efforts with other Ministry-contracted PGPH service providers had also led to "successful provision of education and information on the range of harms from problem gambling that affect individuals, family and community" delivered during a local food festival.

Another provider described in their strategy that it was their plan to collaborate "with other organisations, organise information stalls and presentations to community organisations to raise awareness about gambling harm and encourage participation in the policy review."

The locales where education and awareness raising activities were carried out also varied between providers. While the above providers had reported on workshops and presentations to specific groups, two providers had set up education booths in public events, highlighting the wide outreach advantage such events offered:

> The … Agricultural and Pastoral Show was a vehicle that we could access to support a mixed community around gambling harm, it has a far wider span of the population than any other expo in the rohe. We co-ordinated our team to man the booth over the three days and set our space up to attract a wide variety of people…As well as working with the public there were many conversations with stall holders, they were easy to engage and their interest in supporting the sinking lid policy[5] was noted. Most of the stall holders agreed to support when it is time to submit our recommendations to the Councils around the review….

3.2.2 Development and distribution of awareness raising materials

Providers also indicated that they had developed and distributed materials and resources for education and awareness on gambling related harms. These included:

- The use of "local literature" and the "Choice Not Chance brand" in the design of documents.
- The use of recent gambling information and statistics that was relevant to a particular area.

One provider reported on the development of a publicity newsletter. Their reasoning, detailed below, suggested that there may be a need for initial publicity work to let organisations within a provider's

[5] It is common to colloquially refer to a "sinking lid policy". While not a "policy" per se, the adoption of a "sinking lid" policy to electronic gaming machine numbers means that when an existing Class 4 venue closes, the Council does not provide consent for its relocation, ownership transfer or for the establishment of a new venue in its place leading to a declining number of gaming machine venues.

region know about the availability of problem gambling support services and to attract interest in policy development.

> As an initial introduction to our service and a possible lead in to working with the wider community [we developed] a newsletter about both problem gambling and our service [and this] was sent out to over 100 public and private organisations and companies. The next step is to follow up with all recipients to gauge interest in problem gambling and deliver persuasive motivation to become interested.

Other resources reported by individual providers included posters; informational cards for gambling venues; a venue brochure with gambling support information for venue patrons (in collaboration with the Heath Promotion Agency); Kaupapa Māori resources for Māori specific sites; information pamphlets and merchandise; and training packages on public health approaches, report writing and policy development.

3.2.3 Use of cultural approaches of relevance to Māori and Pacific communities

A few providers reported on specific approaches in their awareness raising efforts that they used to meet the cultural needs of Māori and Pacific communities. One provider reported on the development of culturally appropriate awareness resources:

> Develop and distribute Kaupapa Māori resources for Māori specific sites. These resources complement ongoing promotion [and] education of gambling harm.

Part of the research conducted by another provider included Māori health models that include whanāu, mental, spiritual and environmental health. A different provider took the approach of providing "Tikanga Best Practice Training" alongside problem gambling; an activity which they described as being "specifically interlinked to agencies or organisations which interface with high proportions of Māori and Pacific people".

Similarly another provider based much of their community engagement work on Māori tikanga.

> …we work on tikanga with our whānau in work, hapū, and iwi contexts. This approach, from our perspective is far more effective at leveraging positive change within the community and completely aligns with our Kaupapa Māori approach… From our Kaupapa Māori/Pā Harakeke… perspective we view whānau as [an] organisation with the capacity to determine their tikanga or policies. …when we meet with whānau, because of gambling harm, [the] standard practice involves talking about their tikanga for safe gambling. A desired outcome of this approach is increased accountability for the gambler to their whānau….

One provider emphasised the need for gambling policies that were guided by a Nga Tae Hiki Ture Māori framework:

> The work achieved in this project, builds on previous work, extensively done to utilise Nga tae Hiki Ture, a Māori framework to guide the process of policy development… A series of harm minimisation workshops were delivered to social services and businesses in the …area. The rationale of which is based on identified significance of gambling harm among communities and individuals who associate with these services. Workshops were supportive of the historical context and cultural impacts of problem gambling for Māori and non-Māori due to 80% of clients or communities they service being of Māori decent. Participants were sourced primarily from the bi-monthly … Community Networkers meetings where information and educational presentations were delivered at two of the three meetings held during this period.

3.2.4 Organisation of special events

A few providers indicated the organisation of special events as part of their awareness raising activities. As reported by one provider an example was the formation of an "annual kapa haka event for providers" to promote and raise awareness of problem gambling among the community.

> This initiative has been planned to begin during Matariki and conclude on Gamble Free Day linking into 'Choice Not Chance' promotion and activities. …the kaupapa focuses on Māori health and education providers to come together to provide community leadership and role model positive hauora behaviour within community settings…

In a subsequent report this provider described the organised event to be a success considering the large number of people attending. They also noted that this had led to increased community awareness and that they would continue with ongoing collaboration with the network. This provider had later submitted a funding application to the Health Promotion Agency to support future implementation of this event.

A mayoral debate (jointly organised with other organisations) was described by another provider as an event through which problem gambling was brought up as a public interest issue. Mayoral candidates were invited to debate three main questions and their proposed policies on gambling, alcohol and Māori health. The event attracted both public and media attention. This provider noted that this project was an important "interagency collaboration for whānau ora" which increases "the reach and impact of a social issues forum". The event was deemed to be successful from evaluation forms completed by attendees and the mayoral candidates themselves. Another provider in the same city also discussed the success of this event as follows:

> 100 members of the public attended to see [mayoral] candidates speak about social issues. Evaluation forms were completed by 63 attendees. Results show 79% of respondents had increased knowledge and awareness of social issues, with 39% having increased knowledge of gambling issues. Also all candidates supported a city wide sinking lid Class 4 Gambling Policy.

Other events included the organisation of community meetings with mayoral candidates by one provider and a gambling harm reduction audit and awards by another.

3.2.5 Special submission and position papers

Providers reported having made special submission and position papers to the Gambling Commission, the Department of Internal Affairs and other relevant parties, suggesting the need to maintain the awareness of connections between problem gambling and other social issues.

> [We were]… invited by the Gambling Commission and the Department of Internal Affairs to supply submissions regarding various gambling policies. …we prepared submissions on changes to gambling areas at SkyCity Casino, potential grant distribution changes and support of the Gambling Harm Reduction Bill. We also disseminated a request for support of the Gambling Harm Reduction Bill through [our] Intranet and Blog.
>
> [Submissions on the Green Paper on Vulnerable Children] regarding the harm from gambling for children/whānau of problem gamblers.
>
> [We] completed submission on Alcohol Reform Bill, which addressed needs of Pacific people and relationships between problem gambling and alcohol misuse.

3.3 Public policy development and implementation

Activities described in the PGPH-01 Purchase Unit Description included "advocating, encouraging, assisting, or providing advice for the development of healthy public policy and planning that will contribute to the reduction of gambling related harms (both internally and externally to participating organisations)" (Ministry of Health, 2010, p. 30). Key expected processes included providing "policy development and support, policy implementation and support, monitoring and follow-up" (Ministry of Health, 2010, p. 30). Services providers were requested to report on activities they had "delivered to encourage agencies to develop problem gambling and problem gambling harm minimisation policies" (Ministry of Health, 2010, p. 30).

3.3.1 Gambling (Gambling Harm Reduction) Amendment Bill

Several providers reported on their efforts to support the Gambling (Gambling Harm Reduction) Amendment Bill, also referred to as the 'People before Pokies Bill'. The purpose of this Amendment Bill was to empower local communities to decide on the locality of gaming machines and distribution of profits.

One provider reported that their work in relation to this bill included efforts to increase community involvement. Such community involvement, according to this provider, ensures that "vulnerable

communities and organisations have a say [as] to where gaming machines are located". They explained that "although Pacific individuals and families [were] identified in the preamble of the draft Bill, the voice of the Pacific [was] not always audible to its issues." Another approach this provider took to encourage community involvement was by assisting a Pacific community group to submit a written response on the Gambling (Gambling Harm Reduction) Amendment Bill. The community group had since hosted "three gambling forums, and [was] in a position to submit".

Another provider reported that they took the opportunity during network meetings to explain the content of the Bill. They also reported that they had, in collaboration with other PGPH service providers, organised community meetings to discuss the Bill which had led to clarification of misconceptions about the Bill and subsequent submissions.

> In collaboration with other problem gambling public health providers … organised meetings with community and church groups to discuss the Gambling (Gambling Harm Reduction) Amendment Bill that has had its first reading. The purpose was to create dialogue in the community about the clauses such as the gambler interventions like 'player tracking' and 'pre-commitment cards', creation of more community-based funding that are likely to be aligned with our own public health messages. As it happened, there was a level of information (and misinformation) disseminated to community organisations from some of the trusts that created uncertainty. [We were] asked by some agencies to clarify what we thought some of the outcomes may be if this Bill was enacted. Consequently, a high level of curiosity and interest was created and subsequently significant numbers of submissions on the Bill were written.

Likewise, three other providers indicated having provided support for the Bill by facilitating community engagement in the process. One example is below.

> [Our organisation] has dedicated significant resource to working to raise awareness in the community about the Gambling Harm Reduction Amendment Bill. A fact-sheet and submission form approved by MOH was used by [our] staff to approach the public, community groups, sports groups, churches, Māori and Pacific and Asian organisations to highlight the Bill, communicate facts about pokies and gambling harm, and let people know that they could make submissions to the Select Committee process. We also worked with consumers to enable them to tell their unique stories about the impact of pokies on them and their families. Significant work was done internally to ensure that staff presented the information in a politically neutral way - leaving it up to the individual or group to decide what they wished to submit. Between 6500 and 7000 submissions were generated as a result of [our] work, representing thousands of conversations about gambling harm through presentations, stalls and conversations with church and other community leaders.

To support the bill, another provider reported having gathered signatures for a submission to Parliament:

> …[We made] a submission to Parliament asking for money spent in our community at venues be released back to the community in an equitable proportion. We gathered signatures for the submission which was also supported by [another PGPH service provider]. …

One of the providers mentioned above also reported on the challenges they faced in their efforts to support the Bill, which was a combination of *counteractive lobbying by the gambling industry*, their lack of resources and the need to remain politically neutral as a publicly funded service provider:

> Regarding the Gambling (Gambling Harm Reduction) Amendment Bill, there was a lot of misinformation and lobbying conducted by some of the gambling industry groups, which was difficult to respond to due to the restrictions on Ministry funded service providers around political neutrality…[We had] very little resource and ability to counter industry lobbying and misinformation. …Our [public health] worker was invited by a local councillor to a workshop on the Gambling Harm Amendment Bill (that she suggested the need for) and was asked to present but needed to turn down the presentation offer due to political neutrality stance around national legislation. She [however] distributed … submission forms and links to the Bill and forms and promoted the opportunity to have a say to local networks.

3.3.2 Gambling (Class 4 Net Proceeds) Regulations 2004

In relation to Class 4 gambling venues, one provider reported on a related regulation (i.e. regulation 16 (g) of Gambling (Class 4 Net Proceeds) Regulations 2004) which concerns the distribution of profits by gaming machine societies:

> … along with other providers [we] were invited to provide submissions on a proposal to repeal regulation 16(g), this would enable a society to commit in principle to making granting for authorised purposes over more than one funding year. Therefore, it would give a society a little more flexibility to fund long term, strategic projects…The submission will allow a safeguard to ensure that allowing multiyear grants does not undermine the current accessibility, transparency and accountability objectives of the Gambling Act 2003, and does not lead to gaming machine societies inadvertently breaching the statutory provisions. [Our] … health promotion team undertook a research project to summarise in what sectors were grants being distributed and at what level for the … region. It is apparent that funding has been apportioned at a local level largely to sporting societies. Minimal funding has gone into health and any kaupapa Māori services.

The above provider noted that this area of work posed several challenges:

> This project presented a number of barriers including the information available online [which was] not consistent … [We] gained information through advice from the Department of Internal Affairs and found [that] the information from the various Trusts was inconsistent and [it was] difficult to ascertain [the areas in which] funds were administered. Others had comprehensive and transparent data of recipients and distribution of funds. The project was labour intensive and took approximately 2 - 3 days to collate and summarise the information.

3.4 Class 4 (gaming machine) venue policies

Providers contracted to delivery PGPH-01 were also required to work "with territorial local authorities and other stakeholders to address class 4 gaming machine venue policies and other planning issues in relation to community concerns regarding density and locality of gaming venues" (Ministry of Health, 2010, p. 30).

Councils are required under the Gambling Act 2003 to have a class 4 venue policy taking into account the social impacts of gambling in the respective territory (The New Zealand Government, 2013). Class 4 venue policies need to be reviewed every three years. This policy enables council decision making on the establishment of new gaming machine venues within their territories. "Whenever a territorial authority is considering whether to include a relocation policy[6] in its class 4 venue policy, it must consider the social impact of gambling in high-deprivation communities within its district" (The New Zealand Government, 2013, p. 99). The adoption of a "sinking lid" approach to pokie machine numbers[7] means that when an existing Class 4 venue closes, the Council does not provide consent for its relocation, ownership transfer or for the establishment of a new venue in its place leading to a declining number of gaming machine venues and thereby a reduction of resultants harms.

This section summarises Class 4 gaming machine policy-related outcomes that providers reported on and related areas of challenges and barriers they faced.

Council gaming policies that providers reported on were mainly the Class 4 Gaming Machine Venue Policy (also referred to as the Class 4 Gambling (Pokie) Venue Policy) and the associated "sinking lid" policy approach to pokie machine numbers.

Providers reported on their efforts to influence council decision making through their own submissions and written statements, often providing appropriate facts that highlight gambling harms and severity.

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[6] "A relocation policy is policy setting out if and when the territorial authority will grant consent in respect of a venue within its district where the venue is intended to replace an existing venue (within the district) to which a class 4 venue licence applies" (The New Zealand Government, 2013, p. 98)

[7] This approach is often colloquially referred to as "sinking lid policy".

These included submission to promote the "sinking lid" policy approach to pokie machine numbers as well as the idea of a blanket "sinking lid" policy approach. Such submissions were made to the local board, at council public forums, in relation to regional plans and the period preceding councils' Class 4 gambling and policy review processes, with some providers indicating having made submissions to several city councils. Submissions were often in written format with some providers reporting having made oral submissions.

3.4.1 Policy-related conversations and discussions

Policy advocacy often involved **conversations and discussions with key stakeholders** particularly with city councillors and members of the public. Content of such discussions included providing an overview of current gambling policies; descriptions of how a multi-venue exclusion policy might work in the region; on-going promotion about council gambling policy review processes and the pros and cons; and the connections between problem gambling and other already-established issues such as domestic violence.

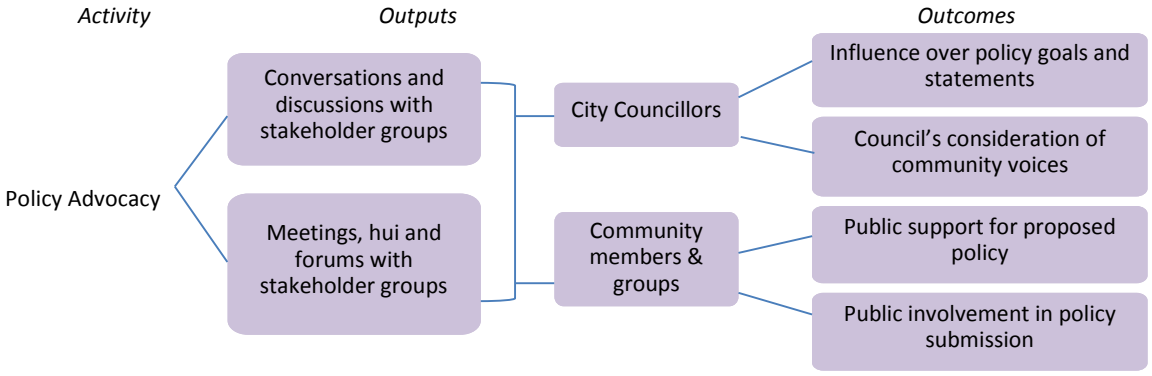

Figure 5: Policy advocacy through meetings and conversations

As shown in Figure 5, these activity outputs led to outcomes in the form of community involvement, policy support and policy influence. As described by one provider, engaging in "policy development conversations" with stakeholders, in some instances, led to in-depth policy discussions. For instance, "looking at options for policy development and the 'why should they' question and discussing potential [policy] templates."

Such conversations, in some cases, were expansive in nature. As reported by another provider:

> Our [public health] worker reviewed [several regions'] Annual and 10 Year Plans in preparation for the next round of local gambling policy reviews. She had many discussions with key policy officers and local councillors including the place of social development in their planning (with regard to proposed amendments to Local Government Act removing community wellbeing responsibilities), the best approach regarding upcoming policy reviews and attitudes towards policy orientation, and the merit of developing submissions on the Plans. A submission was developed for [one council] to highlight the need for a local gambling policy review. She also provided councils with the latest gambling statistics for their localities and general information on gambling harm and our services. All policy staff reiterated the importance of talking with Councillors about gambling from our intervention and [public health] perspective and linking it to economic benefits for council and community.

Conversations with public members led to support for proposed policies:

> The [region's] public were mostly in support of the "sinking lid" policy[8] and very grateful for the work that [we were] doing to raise awareness around the review. Conversations about the personal

[8] It is common to colloquially refer to a "sinking lid policy". While not a "policy" per se, the adoption of a "sinking lid" approach to electronic gaming machine numbers means that when an existing Class 4 venue closes,

> impacts of gambling harm led to supporting people and giving information [on help available, e.g. brief interventions].

Providers also reported on their efforts to involve the public in their council's policy review process. For instance, asking the public to comment on "the proliferation of pokies in the city" and provide "their opinion about pokies impact". One provider, for instance, took the approach of discussing with city council "senior managers on policy and regulations" regarding their review of their policy on Totalisator Agency Board (TAB) and Class 4 venues which resulted in the council being present at community meetings to listen to community voices. This was reported by the provider as a process of facilitating "a public process" that enabled ethnic communities to participate in the policy review and building "the ground work to developing community capacity and voice".

Another provider emphasised the importance of "ongoing dialogue over time" with the government sector to build on key messages suggesting the importance of the consistency of such policy-related conversations.

A different provider took a strategy of connecting problem gambling with domestic violence, highlighting how the former acts as a trigger to the latter. This strategy was based on domestic violence being well established as priority issue locally and nationally. This suggested the need for using *strategic communication* in the advocacy process. Another provider reported that success was often dependent on being strategic with their communication and taking advantage of available venues and opportunities. That provider reported on how they were strategically involved in the council's policy development process. In working with their local board their efforts were focused on "influencing policy or leading statements that affect whānau and problem gambling" in board plans. In making submissions they ensured that board plans were carefully read, and areas for influence identified.

> Each board plan was carefully read and where particular goals and statements contained opportunities for problem gambling harm reduction and minimisation these were taken advantage of and recommendations were made.

This provider also reinforced any existing commitments they noticed among boards:

> There were some boards that did mention their commitment to strengthening policies surrounding gambling and in such cases we commended them and suggested other areas where linkage risks could be reinforced.

Many providers reported having attended hui, meetings and forums as part of their activity. These included meetings with individuals, with other service providers, with the Problem Gambling Stakeholder Reference Group as well as attending provider collective meetings, and Gamble Joint Agency Meetings (JAMs). Attending council meetings, council forums and local board meetings were also mentioned by many providers. A few providers indicated participation in hui/fora organised by stakeholder groups such as Marae groups, community networks, community action groups, the police, the Māori Strategy and Relations Department; the Youth Council, the National Committee for Addiction Treatment, health agencies, and organisations focusing on alcohol, drugs and addiction issues.

While most of these meetings were in relation to their policy advocacy work, some providers also reported on attending public hui and taking advantage of the networking opportunities to build their connection with appropriate stakeholders. For example, one provider reported:

> [We] attended a public hui to consult with Māori on the [regional] Council's Long Term Plan… Attending these meetings allows [us] to network with key Māori community leaders and to raise awareness about problem gambling as a vital issue to have on the discussion table. It also allows [us] to connect face-to-face with key Māori organisations and to be included in those networks as being important contributors to the discussions.

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the Council does not provide consent for its relocation, ownership transfer or for the establishment of a new venue in its place, leading to a declining number of gaming machine venues.

3.4.2 Encouraging community and stakeholder involvement in policy development

One way through which providers worked "with territorial local authorities… to address Class 4 gaming machine venue policies" was by supporting the involvement of community groups, gamblers and other stakeholder groups in policy development processes. To some extent this enabled the inclusion of "community concerns" in policy review processes.

Eleven providers reported a range of different efforts to encourage community involvement in policy development related processes. One value of encouraging community involvement was that it generated public pressure (either directly or indirectly through the media), which then influenced policy decision making.

For many providers, encouraging community involvement focused on public involvement in council review processes. Steps that providers took to encourage community involvement included:

- Dropping off gambling policy review submission forms at public places such as local libraries, community centres and Citizen Advice Bureau offices;
- Advocating and supporting communities to have their say;
- Assisting community groups to write written responses on the Gambling (Gambling Harm Reduction) Amendment Bill;
- Informing community groups of the council's submission process;
- Circulating and gathering signatures on petitions;
- Establishing a website as a platform to spread key messages for supporting a "sinking lid" approach to electronic gaming machine numbers and design and use of an online submission tool;
- Establishing consumer support units within their service to support consumers with their policy submissions;
- Organising community hui;
- Developing a campaign and appropriate resources to assist members of the public to make submission of their views;
- Planning, developing and facilitating workshops to help prepare for oral submissions.

As reported in subsection 3.1.1 above, the approach one provider took to enhance community involvement led to increased city council interest in community voices. This provider also reported that their work in relation to the Gambling (Gambling Harm Reduction) Amendment Bill was enhanced by their efforts to increase the connections between the local council policy process and local Pacific community groups.

Likewise, another provider successfully organised a community presence at their council's "sinking lid" approach to electronic gaming machine numbers in the policy review:

> [We] had the honour of escorting a group of respected Māori elders to the Sinking Lid review, where many of them stood and spoke of the effects gambling has on the respected whānau, which carried a heartfelt message to the reviewing panel, and the outcome of the review was a positive result, with the sinking lid being maintained.

One provider encouraged submission by problem gambling clients.

> [We] advocated for a separate oral hearing for our problem gambling clients. This was the first time submitters were allowed to talk in private away from media and pokie industry as they were telling their stories of harm and recovery to the [area's] Council hearings committee. [Our] counsellors supported their clients to make an oral submission and…[we] also attended all hearings to support the submitters. At the time of writing this report the hearings panel has recommended a "sinking lid" policy[9].

[9] It is common to colloquially refer to a "sinking lid policy". While not a "policy" per se, the adoption of a "sinking lid" approach to electronic gaming machine numbers means that when an existing Class 4 venue closes,

The above provider also reported that they had encouraged submissions by external supportive networks such as the Mental Health Education and Resource Centre and WebHealth.

A different provider reported having established special units within their service such as a "consumer group", "support group" or a "consumer representative" to support "consumers regarding policy submissions to local council regarding its gambling policy."

A few providers indicated having either initiated or supported the formation of special groups to support their policy advocacy work. One provider reported on the formation of a *gambling focus group* which they noted be a forum for "individuals/organisations who see the impact of problem gambling in their community to advocate for change". They also reported that the focus group "will review and comment on the Gambling Policy Review 2011" with plans to have meetings every three weeks.

One provider discussed the formation of a "Consumer focus group" made up of former problem gambling clients. This group was viewed as "a resource to provide consumer advice, feedback and support to the development of quality" problem-gambling related programmes; the provider explained:

> The Consumer focus group can support the various stages of policy development that we get involved with. Within this reporting period the group provided input into developing several public health programmes include Gamble Free Day and a … [radio] programme.

The above provider also reported success in forming a new network of health and social services to work together in influencing regulations concerning venue operators. This provider took on the initial role of bringing stakeholder groups together and provided them with the venue and arena to discuss problem gambling as an issue in their community and later supported them with their actions. This suggests a role of mobilising stakeholder action. The provider reported:

> As a direct result of this gathering the Providers present decided to form a network calling themselves [a particular name] making it a working alliance to monitor and share information related to problem gambling. [We] offered to support this newly formed group … by providing what resources and information [we] could, which included any appropriate training or educational needs the group might request. It was also decided by the newly formed alliance that a submission should be made to the local Licencing Authority opposing the [gambling venue operator's] application for extension to its hours of operation. In collaboration with this network of Providers a draft submission was completed. …In the short term what this project has demonstrated to those who participated is that collaborative working relationships get things done especially when there is unity of purpose. It has given rise to these organisations understanding the enormity of problem gambling in their area and the need for them all to consider including policies and procedures that implement and reflect good decision making around gambling, the risks and harms associated with it.

Another provider formed an "action group" to support public involvement in the policy review process for one area:

> [We]…initiated an action group with five participants …This was an energised group who were eager to inform professionals and the general public about the Class 4 gambling review. The group supported people to make a submission and encourage a "sinking lid" submission …

A further provider reported having formed a youth reference group for supporting policy related work as well as for awareness raising work.

> [We] led the forming of a locally based rangatahi champion reference group. The group consists of inter-related taiohi between the ages of 14-18 years from … a predominately Māori community… The group's main role is to provide the Council with a rangatahi voice on key issues primarily gambling, as well as information and leadership to their community. The rangatahi group are currently writing their submission in support of a regional sinking lid policy. Other activities that the rangatahi reference group have undertaken include: [1] relationship building with Regulatory

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the Council does not provide consent for its relocation, ownership transfer or for the establishment of a new venue in its place, leading to a declining number of gaming machine venues.

> and Bylaws Policy Department. This is a strategic relationship which will further influence the upcoming TAB and Pokie Venue policy consultation…[and] oral submission on the Gambling (Gambling Harm Reduction) Amendment Bill … to the Commerce Select Committee…

Providers had also taken proactive approaches to enable community involvement in the council policy process by gathering public signatures at public events and festivals. For instance, one provider distributed and collected submission cards during an education event organised during a food festival.

> [We] …collected 165 submission cards which were submitted to the…District Council for inclusion in the public consultation process of the Class 4 gambling venue policy. Many new changes have been identified within the communities of the … district, which have highlighted the need to maintain a close affinity with the rapidly changing cultures within [the region].

Likewise another provider took a similar proactive approach in gathering submissions from the community to support their work:

> [Our work towards the council's] … final submission hearing … involved actively seeking submissions from agencies, individuals and communities to support [our] bid to maintain the sinking lid policy.

Another provider reported on specific target groups they had involved such as local businesses and real estate agents who saw the indirect impacts of gambling on their own businesses:

> We also walked the streets talking to local businesses that generally supported reducing pokie harm, with about 80% in favour of a sinking lid. This was a reflection that local businesses saw [that] the money that left their area from pokie funding was not ideal for their local economy. We also found that real estate agents were in favour of no more pokies as their businesses suffered when people could not pay rent.

As detailed in the report extract below, one provider took the approach of making themselves available to the council in assisting them with facilitating community involvement in their policy review process:

> [Our team has] …kept regular contact with the …[Council] Policy Analyst as their Class 4 Gaming Venue Policy is up for review later this year. There has been a suggestion of holding public meetings to discuss the policy in the hope to gain the community's feedback; this will be put forward to the Councillors for participation. [Our]… team have signalled that they will be available to assist in the preparations of these public meetings if they are to go ahead. Such community hui will assist [our] team in increasing the knowledge of the councils policy and raising awareness of gambling harm in the community.

They noted how the facilitation of community meetings resulted in increased public knowledge about their rights to be involved in the council policy review process:

> [We]… have been encouraging local service providers and government agencies to participate in the submission process. [We] began hosting community hui throughout the rohe to assist them in doing so. These hui involved explaining the Council processes, submission [of] ideas and [provision of] resources to assist them in completing a submission. Feedback received has been good with the majority of the people in attendance thus far not aware that they were able to have a say in local council policies.

However, policy outcomes were often determined by various other factors. While much effort could be put into encouraging community involvement and strengthening the support for the desired policy outcomes, policy decisions may also be influenced by pre-existing views held by a city council about the severity of gambling harm or of its economic benefits. The above provider reported:

> [Our]… team has worked closely with the Policy Analyst from the [council] in assisting with the review of their policy. [We] participated in a forum where representatives from community boards and councils attended to voice their views on the policy and whether a sinking lid policy should be implemented. Feedback was interesting with only a few supporting a sinking lid policy, the remaining were of the opinion that the community wasn't largely affected by gambling and was well supported by the funds from the Trusts. However the latest statistics available on the DIA website didn't support their theory. Following this hui the council will vote and draft a policy that will be put out for public consultation in early March.

Although their efforts did not result in the desired policy outcome, this provider noted other positive outcomes including strengthened relationships and enhanced public knowledge about gambling-harm in their community:

> In collaboration with the … District Health Board Public Health Unit and Director of Māori Health, [our] team hosted two community consultation Hui … These hui were to gauge the community's thoughts on the draft proposal and gambling in their community. This created a forum for constructive kōrero on the pros and cons of having gambling machines in the community. With a mixture of opinions as to whether the harm they cause outweighs the benefits to these two small townships. It was also an opportunity to assist those wanting to make a submission but were restricted by either not knowing or understanding the process or lack of information. Although there was poor attendance at [one of the] hui good working relationships were formed with the providers that attended from that region. The … District Council reviewed their Class 4 Gaming policy however voted six to three to reject a proposal to introduce a sinking lid policy despite submissions running in favour of the plan. This is disappointing as [the area] has a larger than average Māori population on a lower average income.

Similarly another provider reported that encouraging all stakeholders "to write submissions that support the Class 4 Gambling Act" was demanding as this required active and ongoing engagement with "stakeholder committees" and gaining a "presence within their organisations". However, they also reported that a positive spin off from such efforts was "strengthened relationships with the long term outcome being a more educated and supportive community around minimising the harms of problem gambling".

A different provider reported major community events that take priority as a barrier to engaging and encouraging community involvement.

> …our work in this district has been delayed in favour of Waitangi tribunal hearings and the [area's] By-Election. Such events have involved whānau and hapū of [the area] and has affected the level of community action for minimising harm from gambling, this has been less of a priority for the district. We have therefore experienced difficulties engaging the necessary community leaders, so that we may progress the community action approach selected for this strategy, where we aim to address harm minimisation at a social policy level.

Another provider reported on their observations of what was happening within their area which suggested that territory-related cultural barriers could pose as a barrier to community involvement:

> [The] owner of [a local credit company] … extends short term credit to whānau in the area to purchase kai (food). He is now unable to do this as whānau are gambling at [a] hotel [in town A] and do not have enough money to pay or repay him. Obvious harm being caused to whānau and the community and he wanted the pokies removed from [town A]. A cultural barrier exists … as there is a view that people from the [town A] community should initiate this and not people from [the neighbouring town B] regardless of how far the harm extends. [We] will work with the community in [both towns] in the next six months to find a viable solution. It is envisaged that the need for change will come from the [town A] community through kaumātua, kuia and whānau.

Best Practice Example 1: Involving ethic community groups in policy review

One provider described their efforts to increase the involvement of the Tongan community in the council's policy review process. They reported that their aims were to "increase [the community's] awareness of the … City council gambling policy" and to empower the "Tongan community to be involved in their family and …city decision making". Their process detailed in Figure 6, indicated a consultation process and approaches to gain community interest.

This provider reported that their efforts led to a timely submission that was "representative of 415 Tongan community members." Their efforts also pointed to the influential role of the community group leaders who in their case were able to gather a large number of signatures in support of the submission. They also reported on the need for training for community leaders on the policy submission process.

What we have learnt from this project is that our team leaders and co-facilitators need more training so they can be more aware of the policy submission process. This will reduce the misunderstanding between them while they are out campaigning for their submission. Our public health team will offer more training for the volunteers and minority groups for the next big submission.

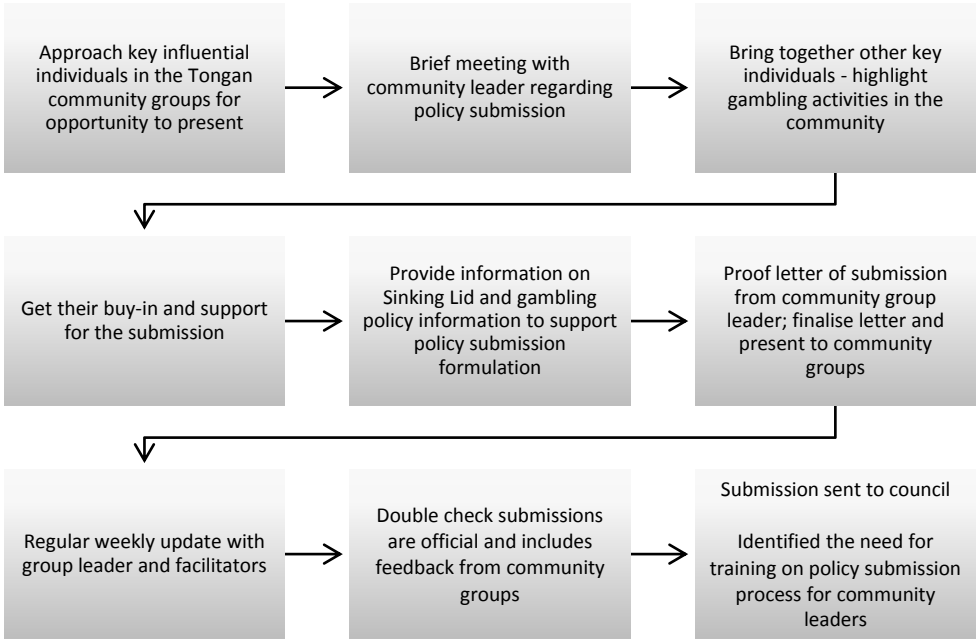

Figure 6: Supporting an ethnic community group in making policy submissions

3.4.3 Resource development to support community involvement in policy development

Providers also indicated that they had developed resources to support their efforts in encouraging community involvement in the policy process.

One provider described an expansive development of resources and materials in preparation for the council policy review process.

> In addition to liaising and meeting with Council staff, work on the policy review has included preparing an initial factsheet, submission postcards, posters, website, Facebook page, and Twitter page. The material represents the diversity of [the region's] cultures. [We] also filmed children and parents - and the raw footage will be used to create two videos promoting the submission process and supporting a "sinking lid" policy for [the region].

Other resources developed to support community involvement in council policy review processes included submission information and submission forms; design and distribution of submission templates; development and distribution of petition forms; and design and distribution of postcards highlighting the council's review process.

As explained by one provider, these materials were developed "to make it easier for the community to have their say". This provider further reported that the *submission template* they produced proved effective. While attending a hearing they noticed that 25 of the 42 written submissions "were composed using all or parts of the template document" they had produced and that often people had "personalised the template submission with their own stories or by drawing attention to figures they thought were especially important".

3.4.4 Policy advocacy and awareness raising through the media

Seven providers also engaged the media in their policy advocacy work and this included radio, print and television. Media engagement included efforts to raise awareness as well as to influence policy outcomes.

One provider took the approach of contributing to policy discussion in the media.

> We shared a space with [an MP] … on Access Radio…. Gambling Services were invited to bring a context to the impact gambling has on Pacific people living in low socio-economic areas…[The]…MP … questioned the intent and reality to driving a 'sinking lid' policy at the next TAB and Class 4 venue policy review with [the city council]. We responded using local context as well as examples of 'sinking lid' work done in other areas around New Zealand.

Another provider reported on media releases and letters to the editor in an attempt to influence outcomes in relation to the "sinking-lid" policy approach:

> Wrote two letters to [local newspaper] on increase in pokie machine gambling in [the city]. [We later] wrote a letter to the editor … in response to some of this debate [on gambling-related harm in the community]. [Following the council's affirmation of its] 'sinking lid' gambling policy [we] along with other agencies, wrote a letter of congratulations to [the newspaper] about this.

For a different provider, their efforts in making a submission to the district council in Class 4 policy reviewed was connected with media interview opportunities:

> …. submissions were presented to … [the] Council, both in written and oral form. This included a photo opportunity and stories published in [two newspapers]. One story… was picked up by TV news and created significant interest. [We] also did a radio interview with National Radio.

They further reported that through these media opportunities they were able "to expand the impact even further". This provider reported that media engagement was part of their strategy and that they planned to "use media to raise awareness of the policy review and encourage participation".

A further provider reported on the success of a multi-media awareness campaign that had included several mass media types:

> Through our marketing over the past 4 months: website, new brochures, radio advertising, local TV advertising … and flyer drops, we have flooded the [region] with information to increase awareness about problem gambling and promote curiosity. Informing other health agencies that gambling is a "health" issue and how it will be a primary focus, that all the physical symptoms that are apparent i.e. stress, colds, headaches could be related to gambling.

To encourage the council to retain its 'sinking lid' approach to gambling policy, one provider used media advertisement and participated in a local demonstration which also attracted media attention:

> …This included putting an advert in the local paper to ascertain public opinion. [Our staff] attended the council meeting and debate and participated in the local demonstration outside the Council offices. Local media attended and did an article. The Council voted to retain the sinking lid policy.

Best Practice Example 2: Engagement with multiple ethnic media channels

One provider engaged with several ethnic specific media to reach the Tongan and Samoan communities. Their systematic media engagement process is described in Figure 7.

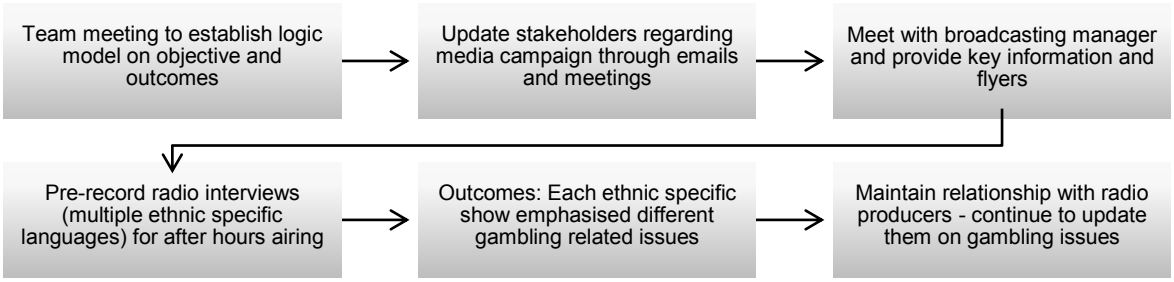

Figure 7: Media engagement to raise awareness

The provider reported delivered several "radio presentations and talks which included the importance of policy development". They also contributed to live telephone interviews in the Samoan language on topics focused on "raising awareness of gambling harm and … policy submission". They reported that outcomes included increases in "broadcasting of information on health and social risks associated with gambling in the Samoan language", "public discussion and debates on gambling harm and related issues" and "opportunities for Samoan community to send policy submission to Parliament". This was evidenced as the provider received numerous "calls from the community wanting more information" and policy submission forms.

This provider later reported that in addition to facilitating various discussions on the radio on gambling related harm, encouraging listeners to support the Gambling (Gambling Harm Reduction) Amendment Bill, and announcing events such as Gamble Free Day, they also facilitated a song competition and sent T-shirts with the slogan, Gambling Never Satisfies, to three winners.

They explained that their interviews had a comprehensive approach which "covered the public health and intervention concepts as well as awareness of gambling harm in family, community and policy" contexts. The outcomes were differing gambling related issues for each ethnic specific show. The Cook Island interview discussed gambling impacts on family and community, services available for those affected and Gamble Free Day activities. The Fijian interview focused on the process of getting help and available services. The Tuvaluan interview focused on policy and how the community could voice their concerns to the government about the electronic gaming machines. The provider encouraged the producers to enable long conversations on air and also to allow the community to call in and have a talk back show on the issues.

3.4.5 Supporting evidence-based policy development

As detailed in subsection 3.4.2 above, providers enabled community and stakeholder involvement in the policy development process which may be viewed as one form of policy support. Several providers also indicated having carried out research and provided councils with relevant statistical information to support an evidence-based policy development process; this suggests another area of policy support.

As the report extract below suggests, research to support providers' own policy advocacy work was mainly in preparation for written submissions:

> [We] researched [our] database for local information for [inclusion in] the written submission. Statistics from the local food bank examining poverty levels were also obtained for the oral submission to the Council… [We] researched and prepared two written submissions (from a clinical and public health perspective) and made two oral submissions. …Submissions contained generic information about gambling and gambling harm and included local statistics and information about gambling harm specific to the Local Board area.

Research was also conducted to support local councils' policy development work.

> The public health team … [supported the] City Council policy team with their research to the harm of gambling and looking at their future gambling policy development.

The above approach, which may be referred to as evidence-based policy advice proved to be successful as indicated below:

> [Our presentation to the Council's annual plan hearing which contained]… relevant demographic facts and statistics … was well received. Most of the councillors were supportive of a "sinking lid" policy and were amazed by the statistics. Later two of the councillors congratulated us on the presentation and acknowledged the work that needs to be done.

One provider had taken the approach of making a submission to the district council regarding the Class 4 venue licensing with relevant statistical information and providing advice to improve the phrasing of policy wording and thus its clarity.

> … Within the submission the council was informed as to general and local statistics relating to gambling in the … community. We were able to comment on the drafting of the council's gambling policy and brought to their attention that although they have a 'sinking lid policy', the wording of the document results in ambiguity when it comes to making decisions based on the policy. This resulted in a healthy discussion on how the policy may be worded with less ambiguous language so that in future our councillors can easily interpret gaming policy in relation to any public submissions. The council responded positively to the statistics and information around the true effects of gambling in the community. [We were] …acknowledged and thanked for providing the council with information and a sense of awareness that they had not previously received.

Likewise, in another case, such policy development was supported with information about the implications of exponential increases in gambling rates.

> [We] discussed at sector and public meetings and in written statements implications of exponential increase in rates of gambling since September 2010 [this included figures of revenues made by electronic gaming machines].

3.4.6 Territorial Local Authority Class 4 gaming machine venue policies outcomes

A few providers reported that their efforts were successful in influencing councils' decisions in relation to the Class 4 Gaming machine venue policy. For example, one provider reported:

> The health promotion team has been relentless in their quest to raise the awareness of problem gambling and the harm it causes within our community. They were particularly successful in lobbying two of the Councils in our region to retain sinking lid policies and the …District Council to implement the sinking lid policy. This was despite strong petitioning against it from industry and the wider community who receive grants.

In addition to successes in terms of positive outcomes in the policy review process, one provider also described receiving positive feedback and being sought after for information, as indicators of the success of their work:

> Our…[public health] worker has been asked by [the] local Council to provide input into a household survey on gambling. Generally our public health workers receive positive feedback and acknowledgement from their local councils and community organisations regarding the information and work provided to support gambling policy development. …[Our public health] worker has developed great open and collaborative relationships with council staff leading to invites around workshop presentations and information gathering…It is an advantage to understand how local councils operate, policy review timelines and [have] access to the local policy staff responsible for gambling reviews.

Another provider reported that in addition to policy outcomes their policy advocacy work had also resulted in other outcomes such as increased awareness and help seeking behaviour.

> [Although] the key change that is being sought in this MOH contract specification is the introduction or maintenance of "sinking lid" policies… a number of other changes have resulted from the work in this area. Often a [Territorial Local Authority (TLA)] policy review is the main

> (and in some cases only) opportunity to generate a public discussion and debate about gambling in that local community. Our TLA work over the past six months has resulted in TLA reviews being discussed in a number of different print and other media. Also, a large number of community board members, councillors and council staff who were not otherwise aware of the harms caused by gambling, became aware of those harms. The reviews also offer consumers the opportunity to voice their concerns about machines that have done particular harm to them and their family. We also have some anecdotal evidence from our TLA campaign … in 2010 that the awareness generated about gambling and [our] service resulted in an increase in the number of people seeking help.

As has been detailed in sections 3.2 and 3.3 above, providers carried out a range of different activities to influence outcomes in relation to these policies. These included lobbying and advocacy, education and awareness raising, attending hui and meetings, encouraging community involvement, and media engagement, among others.

Policy development conversations appeared to be an important activity leading towards outcomes in this policy area. One provider, for instance, reported having had discussions with city councillors regarding the impacts of gambling related harm and the benefits of a "sinking lid" policy approach to pokie machine numbers. They further reported that their "involvement had caused debate in chambers which" they believed would "move towards capping numbers of new machines and the adoption of a Sinking Lid Policy".

Many providers also took the approach of *encouraging community involvement* in the council policy review process. In addition to the approaches detailed in subsection 3.4.2 above, an approach described by one provider was based on an outcome focused on enabling Māori in their region "to 'have a say' in determining the number of gaming machines the council will allow in their communities." As detailed in Figure 8, their process involved determining the best strategies for raising awareness and encouraging Māori communities to ensure their opinions were known.

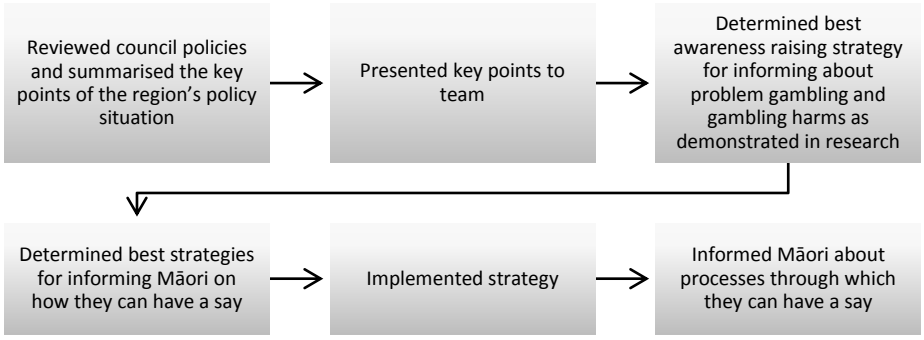

Figure 8: Encouraging the involvement of Māori communities in policy development

Another provider reported on a project jointly organised with a university and community groups which had aimed to influence council's thinking "around problem gambling in preparation for a "sinking lid" policy approach to electronic gaming machine numbers, as well as strengthening their understanding of how to engage hapū, iwi and Māori community involvement in local decision making." In collaboration with another Ministry-contracted PGPH service provider and a Kaupapa Māori service, this provider highlighted the harms caused by gambling for the local Māori communities. The efforts made by this provider were, however, unsuccessful considering the council's decision to weaken "their current sinking lid policy" and allow "a relocation clause". At a later stage, this provider used an approach of a written submission on a regional council city development plan highlighting the value of a region-wide "blanket" "sinking lid" policy approach and how this would enable the council to achieve its objectives for a healthy and wealthy city. This approach was continued with individual submissions to each local board in the region promoting the idea for a blanket "sinking lid" policy approach. These initiatives were further supported by a number of jointly organised presentations at council forums on Māori community development models which included "pokie free funding concepts and minimising problem gambling harm messages".

3.4.7 Barriers and challenges to policy outcomes

A few providers detailed the challenges and barriers they faced in their efforts towards achieving policy outcomes.

The *lack of clarity in council policy review timing* may have posed difficulty for providers. As reported by one provider:

> [Regarding] the new … policy reviews: It took a long time to identify how and when the new council would address their local gambling venue policies. ...It has been difficult without a clear outline from Council as to when they will be reviewing their regional gambling policy....

Another provider indicated the *uncertainties around the council's decision making process* to be a barrier. The council process had changed from a committee to a full council in hearing submissions and voting on policy acceptance. The provider expressed that they were unsure who in the new council would be supportive of the "sinking lid" approach to electronic gaming machine numbers.

> If the council vote not to support this Policy change, then the community will have to rally again to seek another review with more support for change.

The provider later reported that following a restructuring process the policy review was not considered a priority by the new council.

For another provider, challenges included several *limitations concerning the processes around policy review procedures*, as well as *council's competing priorities* which deterred policy outcomes.

> Also a barrier in working with TLAs as noted in previous reports is the competing demands for Council workload and resources and where they see the priority of gambling policy. Another barrier is the way public consultation of local gambling policy is prescribed within the Gambling Act - either roll over existing policy or need to utilise the full and costly Local Government Act process if wanting to amend or change their policy. Adding to this is the lack of a robust local evaluation around social harm in the policy review rounds. The Act is silent on who has responsibility for collecting such data so the 'available' data is usually anecdotal and subjective. The main barriers to getting local Councils and MPs to adopt better policies to reduce and minimise gambling harm are; not prioritising problem gambling as an issue (often seen as a Central Government issue and revenue earner), not understanding or effectively assessing the impact of problem gambling in their community, lack of local council decision making control and power, costs in time and resources, lack of robust data to utilise, and receiving conflicting and emotionally charged information from opposing community groups and gambling industries, especially regarding funding for community organisations.

Another likely challenge is *resistance from gambling venue operators*. As described by one provider, Class 4 gaming machine venue operators' perceptions were that they were being "unfairly targeted". They reported how those venue operators referred to "horse racing and lotto, which seem to fall under the radar, in terms of the level of compliance they have to adhere to". Another provider who had attended council "hearings in support of retaining the sinking lid policy" reported that "those opposing the policy were gaming venue proprietors, representatives from [two gaming machine trusts] and TAB".

Another challenge noted by the above provider was the *vested interest of some key city councillors* in "syndicates associated with pokies" which they believed had "hindered but not thwarted efforts to achieve an effective sinking lid policy". Another provider reported this to be a challenge as well:

> It was found that there seemed to be quite a lot of LB [Local Board] members who were either on liquor licensing trust boards, were on the grant committee for some societies or who were venue operator's themselves. This means they were already aware of what a sinking lid policy is and often had (what we perceived as) a conflict of interest through their business etc., which will be a barrier for us in the future as it will mean those LBs will be more difficult to work with and may not support a sinking lid policy. This was the case with the boards that [we] submitted to [in several areas] where there was at least one member on each LB who also sat on…[a licensing trust board].

Likewise, another provider noted that there appeared to be some resistance among councillors when it came to acknowledging "the underlying determinants of health and other relevant problem gambling

issues" in their region. They reasoned that the "resistance may have had something to do with counsellors being the actual owners of local gambling venue outlets". This provider later reported that there was division amongst local board members with some being supportive of a regional "sinking lid" approach to electronic gaming machine numbers, and others against the idea. To encourage recognition of the importance of this policy, this provider used a strategy of highlighting the commitments of other local boards that were supportive of the policy as best examples of innovative community leadership. Nevertheless, this provider reported that although there were "many local boards who have members who themselves have been or were heavily influenced by electronic gaming machine funding, trusts and revenue" they were successful in securing commitment from a few of these boards.

Perceptions about the economic benefits from gaming machines could also pose a barrier to policy outcomes, as reported by one provider:

> [We]… submitted a submission supporting the adoption of a sinking lid policy. However following extensive consultation with both the community and Council, the…Council declined implementing a sinking lid policy, stating that the economic benefits from these machines would help boost the district and a sinking lid policy will disadvantage potential business developments in the area.

Nevertheless, the above provider viewed the council's decisions to reduce their cap on the number machines as a positive step towards minimising harm.

3.4.8 Influencing council decisions in relation to individual gaming machine venues

In addition to policy development work, a few providers also reported on their activities which related to influencing council decisions in relation to attempts by gambling venue operators to expand their service provision. Although not explicitly reported as such, such efforts may be viewed as a way of influencing adherence to gambling policies.

One provider described their actions to counteract an application made by a gambling venue operator for longer operating hours. A second provider reported on their work to counteract a club's application for obtaining new gaming machines by working with the council. Likewise, a third provider described their efforts to influence council decisions concerning applications from two venues:

> Extensive time and energy was expended by [our] staff to [a venue's] application to the…City Council, which requested they go against their "sinking lid" policy and grant 18 pokie machines … [Our] involvement included raising awareness of the issue through the media and correcting factually incorrect information, facilitating discussions with other organisations in [the city], assembling evidence-based deputations from a public health perspective to the Council committee and full Council meeting, and putting together a petition. The Council rejected the application 10 votes to 2. [We were]… also involved in opposing [a restaurant's] attempt to get pokie machines. This opposition included raising awareness of the issue through the media, and providing information and evidence to the Council. [The restaurant] withdrew their application after significant media attention.

3.5 Other policy outcomes

3.5.1 Racing Board (TAB) Venue Policy

While the focus of the reports was largely on Class 4 gaming machine venue policies, four providers also mentioned the inclusion of the Racing Board (TAB) Venue Policy in their policy advocacy process. One provider reported their success as follows:

> A written TLA submission was completed for the [area's] District Council regarding their TAB venue policy. The …District Council decided that no TAB Board Venues will be established in [their district], which is beneficial in terms of reducing the TAB presence, and in terms of preventing a possible introduction of additional pokie machines.

3.5.2 Alcohol-related polices

Two providers reported on work in support of alcohol related policies and legislation, considering the connections to gambling harm. One example is below.

> [Two of our] staff attended a stakeholder meeting with the Council as a part of preliminary consultation around the council's Local Alcohol Policy. [Our] interest in this policy is that the alcohol policy will likely have an impact on availability and accessibility of pokies. A number of Council staff were at the meeting to describe existing policy and conditions. Stakeholders included representatives from local MP offices, off-site alcohol retailers, onsite alcohol venues, residents' groups, and service providers. At the meeting [we] had the opportunity to liaise with the casino's host responsibility officer and the owners of several pokie pubs. [We] suggested incorporating some of the best practices of host responsibility into alcohol policy - for instance, not serving alcohol in the pokie-rooms.

3.6 Organisational / workplace gambling policies

As detailed in the introduction to this chapter, the objective of this public health service was "to increase adoption of organisational policies that support the reduction of gambling related harm for employees and organisation's client groups" (Ministry of Health, 2010, p. 30).

Nine providers reported on their initiatives to encourage the development and implementation of workplace and organisational gambling policies. Target stakeholder groups for this area of work included local businesses, local employers, sports teams, and community groups such as marae and youth groups.

3.6.1 Tools to support the development of organisational and workplace gambling policies

A few providers had developed appropriate tools to support their work in this area. Based on a questionnaire they had implemented internally, one provider developed "an electronic online workplace survey… to gather information about the attitudes and values about problem gambling in … workplaces". The survey was extended to:

> …other health and social organisations, providers, Marae, Māori settings and groups and the wider… community to gain a greater understanding on what these settings and groups know about problem gambling and minimising gambling harm in our communities. Like the original survey, questions focused on harm minimisation and access to services and support. …responses have been collected and will help inform future actives over the next six months.

Best Practice Example 1: Development of an organisational self-audit tool

Another provider reported on the development and testing of a self-audit tool to support work in this area which was noted to also serve as a brief intervention screening tool. They reported that they "decided to develop a self-audit tool that employers/organisations could use to identify areas of potential risk and improvement" as they recognised a need for such a tool within workplaces. Their process is summarised in Figure 9.

The tool aimed to support identification of gambling activities that staff engage in at work, identification of resource needs, development of "strategies … to reduce financial risk to workplace/organisation", provision of "specialist assistance" for those needing help and policy development. The provider pilot tested the tool using a focus group to identify areas for improvement and to form a tool that met user needs.

> Using a focus group approach, [we] piloted and evaluated the "Chances are…" Audit Tool. Feedback from the pilot indicated that while participants felt the tool would be useful, they would have preferred a tool, which targeted essential elements for minimising the risk of gambling harm in the workplace. In addition, participants indicated they wanted a similar audit tool for organisations (such as trusts/community groups and marae) to be able to identify ways they could minimise gambling harm. As a result of the feedback, significant changes were made to the audit tool so that it identified target behaviours or strategies. In addition, additional audit tools for organisations and marae were also developed. [We] subsequently extended the project and revised the reducing harm in the workplace policy document and toolkits.

The provider expected that the audit tool had the potential to "increase awareness of gambling harm [and] assist workplaces to identify the target behaviours and practices required to minimise the impact

of gambling harm." They also reported on the positive comments received which highlighted the various beneficial features of the tool which included its simplicity, and its capacity to educate.

> Feedback received from stakeholders [on the revised tool] was overwhelmingly positive. …stakeholders commented favourably on the simplicity of the tool and the psycho-education approach taken. One commentator stated, "Even if you don't gamble, it makes you think". Based on the feedback received, [we] started work on developing a kit to disseminate to providers and community organisations....

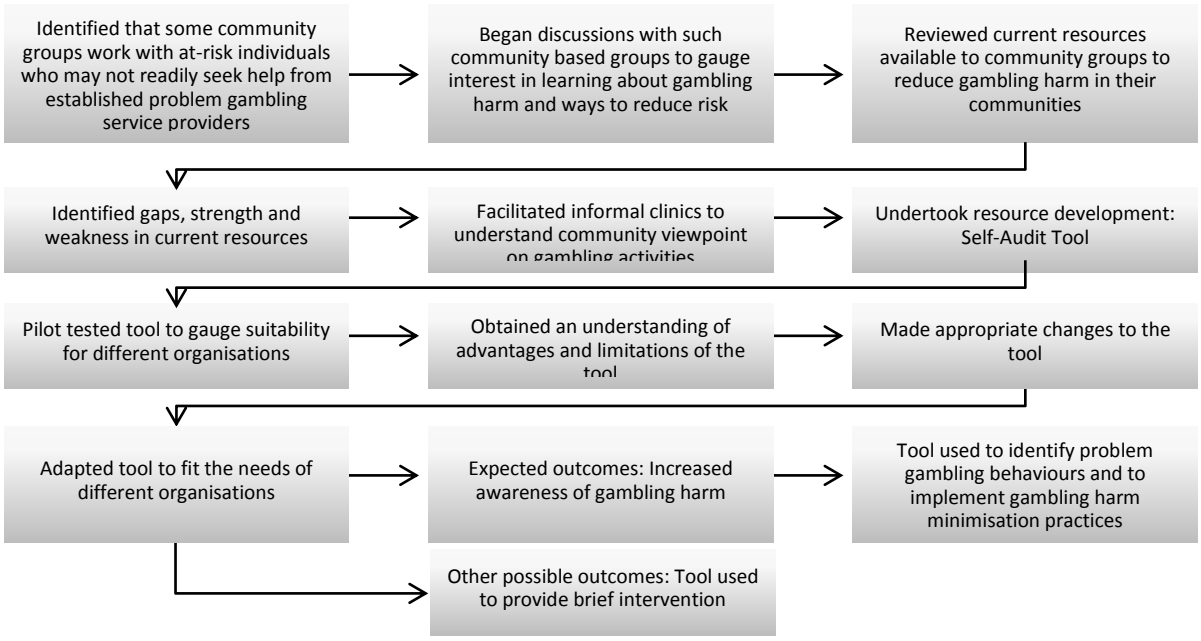

Figure 9: Development of an organisational self-audit tool

In their final report the provider indicated the wider value of their tool - an additional feature in the form of a simple checklist enabled the self-audit tool to also serve as a brief intervention screening tool.

> Chances are...Checklist. [We] are pleased with the outcomes from these projects. The need for a relatively simple checklist which... could also act as a brief intervention has been a key development. Although [we] will no longer be actively involved in delivering problem gambling interventions - we are confident we will continue to use the resource we developed in other areas of work. We are also happy to share them with other services.

3.6.2 Encouraging organisational workplace gambling policies

Private businesses and public organisations

One provider reported on progress with encouraging Work and Income centres' adoption of organisational gambling policies:

> Over the reporting period [our] team began some extensive work with the Work and Income offices within their rohe. Presentations to case managers and the distribution of resources and information were welcomed. Following an initial meeting with the local office a long term plan was established. …The second step will involve the development and implementation of a 'safe gambling' policy. [We] feel that this will hopefully ensure the buy in from the staff therefore reducing a barrier that the management team may face when the policy is rolled out. However our key contact within the Work and Income offices has now moved on which may hinder our next step.

Although the provider was unsuccessful in terms of actual policy outcomes, they reported on their initial success in developing working relationships with Work and Income.

> Over the reporting period [our team continued] to work with the local Work and Income offices within their rohe, talking to case managers and clients raising awareness of the harm caused by gambling. However [we] have not been successful in stage 2 - implementing a 'Safe Gambling' policy but feel the ground work of developing the relationships with these offices has proven to be successful.

A few providers targeted private businesses and organisations in their area (including public organisations), providing them with incentives to encourage development of workplace gambling policies.

One provider had used the concept of a "business award" to recognise local businesses that develop and implement a harm minimisation policy within their work place. In their description of progress, this provider noted positive outcomes in terms of some organisations progressing with including problem gambling in their harm minimisation policy development while others were slower in making a commitment as a result of other organisational priorities. The provider noted that these organisations had nevertheless acknowledged the existence of gambling harm in their community:

> Development of a harm minimisation policies for the majority are not a priority at this stage. However, gambling harm is now widely acknowledged and known in the work place and organisations are now more aware of who to contact and refer to when gambling harm arises.

Likewise, another provider reported on their work on a "Gambling Harm Education Audit and Awards" programme to encourage organisations to implement gambling harm minimisation policies. They indicated that the project had aimed to contribute to a society-wide "gamble free work environment" through the development of an audit process and presentation of appropriate awards to participating organisations.

> Utilising existing relationships to work intensely with an organisation to present on gambling harm, assess their current level of experience around gambling, screen for problem gambling, and assist the organisation to introduce a harm-minimisation policy. This would include pokie funding, and an awards system based on how safe and supportive their environment is. ...The organisations that are successful in implementing the project and reduce gambling harm will be awarded with a certificate. [However]… progress has been slow because it is a complex project that we want to ensure is evidence-based and has broad buy-in. Most of the work this year has been about starting to develop the resources, discussions internally with counsellors and the health promotion team to ensure the approach is the best one and resources are of a high standard. For example, we have debated internally whether we should have three levels of awards (bronze, silver, gold) and support organisations to progress through the levels. Or whether it is better to simply take an "Achieve" or "Not-achieved" approach. We have also discussed the project with consumers and stakeholders, which has led to a change of name from "Safe Gambling Environment Awards" to "Gambling Harm Education Audit and Awards". We expect this project will gain momentum in the next reporting period.

The provider also reported developing draft workplace policies targeting other larger organisations.

> Our … team has been leading the development of a workplace policy. A first draft of the policy has been written. Next steps include peer review, and then introduction into workplaces around the … region. Workplaces that will be targeted include the … Chamber of Commerce [and other large private companies].

The above provider also described their preliminary work with a local bank which led to developing bank staff capacity to provide support for a client they believed had a gambling problem, and the possibility of developing a bank gambling-related policy.

> This is a new project that emerged as a result of being approached by [a bank]. [The bank was] keen to work with us on ways to identify possible problem gamblers and how to approach them. This may include developing a [bank] problem gambling policy. This collaboration has already resulted in one intervention by [bank]. [The bank contacted us] …and asked for our professional opinion about how they should approach a banking customer who had a large amount of money

> removed from his account over the last year or so. The sites of the withdrawals were TAB/ Class 4 venues on his statements…. We suggested they follow up with information about the support options available to [the customer],…[providing our brochure and our website address], and the 24 hour Helpline phone number. We also let [the bank] know that we had a …counselling service available in [the area] where the client is located. Finally we advised that the bank manager say that counselling can be a helpful place to start to talk about the gambling. We have also been presented with an opportunity to present to [another] bank and will be pursuing options with them.

A different provider reported on work progress towards encouraging workplace gambling policies. They took the approach of targeting a human resource (HR) department of a local organisation, to enhance their understanding of gambling harms that their staff were exposed to.

> [Our public health] worker …followed up with a key local employer regarding exposure of their staff to gambling harm and alerting them to issues present for staff on down-time. She contacted the company HR department regarding policy potential for addiction issues. Also contacted them with information for their Health and Safety staff to disseminate on problem gambling and they were happy to distribute to staff and add to lunch rooms, notice-boards, fridge magnets with help seeking information etc. [Our public health staff]… received positive feedback from the … organisation she connected with. Their Health and Safety team were aware of at least one staff member who had gambling issues and suggested they get some help and offered to promote information on problem gambling and help seeking. They also noted that the area surrounding their work has many pokie venues and that staff have at least one hour of downtime every day.

However, the above provider reported that underlying perceptions that gambling was a personal rather a "public safety" issue acted as a barrier to the adoption of workplace gambling policies.

> However, they [saw alcohol and drugs] as an issue for the company regarding public safety concerns (bus company) but problem gambling is not a Health and Safety in Employment (HASE) matter as it does not put the public in danger. Rather they see it as a 'personal issue' that they cannot interfere with legislatively or through company policy.

The above provider also reported on several other barriers to workplace gambling policy development.

> A barrier to organisations developing problem gambling policies is the low priority assigned to problem gambling (compared to AOD assessment), time and financial constraints, flaws in current data collection methodology, being unaware of gambling-related harms and being uncomfortable discussing financial and problem gambling issues. Organisations mainly seem interested in developing and implementing gambling policy only if it is a legal requirement or compliance issue re[garding] employee initiatives.

Another provider reported that "working with the business community proved difficult at times" as "development of a harm minimisation policy" was not a priority for some businesses. This was related to gambling harm not being "always acknowledged as a workplace issue", "individual harm not [being] widely acknowledged" and differences in "individual perspectives of gambling harm …amongst work colleagues".

Sports groups

One provider had worked with the manager of a rugby league team in developing a *Team Problem Gambling Policy*. They reported on their success as follows:

> The policy is now complete and includes rules on gambling for whānau, coaches and players away on league tournaments, signs of problem gambling, help line numbers for anyone showing signs of problem gambling and a commitment to discussing with coaches, whānau and players the ethics of accepting funding from pokie machines if the issue should rise.

Another provider reported on their work with a touch rugby club committee in their district and provided an example of the policy they had developed in their report.

> [Our organisation] assisted …[the club's] Committee to develop and adopt a Problem Gambling policy to support weekly participants (members and volunteers) by raising the awareness of Problem Gambling and to protect [the] Club from any possible future financial harm. The Club has

> been coordinating Touch Tournaments for the past six years with approximately 1,400 members, who attend weekly tournaments and are made up of 80% Maori and 20% non-Māori - mainly one thousand (1,000) are made up of tamariki/children and four hundred (400) adult members. [We have] met monthly since October 2012 to discuss with key members the importance of a policy and offered support. …[We] assisted in developing a draft policy and presented to club members.

Council services

A further provider (not contracted for PGPH-01) reported on their efforts to encourage policies related to online gambling in council services such as libraries.

> [We were] approached by concerned members of the public about community internet access on local government library computers to gambling sites and playing games which could encourage future gambling activity. [Our staff] had a friendly conversation with the [District Council] and asked if the Council had policies about community accessing internet gambling sites or playing gambling games while utilising Council services. The [District Council's] Service Manager explained they have Community Libraries in…[several areas]. The Manager did not know if the Council had policies around this however highlighted the internet access was provided through a national filter internet network with monitoring and filter software installed. Time is limited at 30 minutes and the Council manage carefully community use. [We]…recommended a policy could be implemented and will follow up with the [District Council] about this in 2013.

However, another provider who had undertaken similar efforts found that perceptions about what was within boundaries of control could pose a barrier to enforcement of problem gambling policies in public places such as libraries.

> One of our [public health] workers was approached at a community meeting by a librarian who was concerned about people gambling online on library computers. He has investigated library internet usage and found no set policy regarding safe/ethical internet use except for a ban on watching pornography. The libraries also hold a belief that they should not control internet use.

Based on their own experience, a different provider suggested that there was a need to first understand the context of organisations before attempting to influence their policy uptake and the need to strategically present policies as something beneficial:

> It has been important to understand the work practice of organisations, so as to shape policies, which enhance rather than give the perception of 'more work'. There are positive gains, when we are able to understand the business and ethics of organisations. Any strategies, which they are willing to consider, must enhance their core business rather [than] seem like something extra to do. It is imperative that we are able to present options for them, which consider their own objectives and goals.

Likewise, another provider reported on the value of developing an initial understanding of the organisational policy status.

> [We] now [have] a good idea of where this particular group of stakeholders stand in terms of their individual organisational policy, which at the very least gives us an opportunity to continue the conversation. As with most effective public health work national policy that reinforces local work can be extremely helpful in promoting change.

Two other providers reported on the value of having an example policy that they can use to support their work in this area; for example:

> [Our service]… now has an example policy and information to provide to services that may be interested in problem gambling harm minimisation policy implementation.

Correction facilities

As detailed in the report extracts below, prisons were also target stakeholders for some providers. One provider's efforts were focused on awareness raising as an initial step to encouraging the development of gambling-related policies. A second provider focused on the possible changes to the operational

policies in the Prison Service Operations Manual to address problem gambling behaviours among prisoners.

> Suggest/shape organisational and operational policy - this is being done locally within each prison, regionally within each prison cluster and nationally through head office. Currently, this has been done informally through strategic networking and attendance to key workshops and conferences run by the Department of Corrections. Currently, gambling and gambling material is prohibited within prisons, but this is not clearly defined. A few simple changes to the Prison Service Operations Manual (PSOM) would give each prison more authority in preventing and dealing with onsite gambling-related offending. Examples could include specifying playing cards as a privilege versus an implicit right (in PSOM currently, the status of playing cards is not specified), deeming accumulations of items, such as bread tags and/or phone cards, to be gambling material.

Community group and organisations

A few providers reported on their ongoing work and successes in working with various types of community groups and community organisations in adopting workplace and/or organisational gambling policies. One provider reported on success with one group as follows:

> Our [public health worker] is also working with …organisation to implement a PG [problem gambling] policy into their workplace. She also spoke at a Rotary ladies breakfast about PG and the benefits of workplace policy to alleviate gambling harm. This led to a meeting with two women from the breakfast who would like support in drafting up a workplace policy.

Another provider reported having developed a problem gambling policy for a youth organisation working with young adults on bail by providing "the organisation with problem gambling resources and a policy on workplace gambling including signs of gambling, and places to refer either staff, or the rangatahi and whānau they work with for help".

A further provider reported on progress in establishing contact with a Māori group with the intent of encouraging gambling related policy development as follows:

> Meetings with local organisations to increase their knowledge of the harmful effects of gambling on the community and in their workplace…[Our team] have met with the management and staff of [a Māori committee] to inform them of [our role], the harmful effects of problem gambling and the benefit of implementing a Minimising Gambling Harm Policy. [Our] team also provided Choice not Chance resources for their Kaumātua and Youth Week event.

However, the provider later reported their efforts with this group to be particularly challenging as the group consisted of "social gamblers" who showed resistance.

> …as discussions unfold with the kaimahi from [the group] it becomes apparent that most kaimahi and their whānau are regular social gamblers. This includes group trips to [casino] and gambling activities planned on their marae therefore this could be a possible reason as to why they have been resisting the process. [Our] team have taken small steps to address the social impacts of gambling with this [group].

This provider had, nevertheless, achieved some success with a marae group. They used an approach of extending existing strategic plans among marae to become "drug and alcohol free by 2020" to include gambling-related policies. They reported:

> … [The group has] considered the need to address harms also caused by gambling and drugs, although it is necessary to firstly consider the readiness of hapū and whānau to be able to deal with issues, and the capacity of the working group. The main objective of this project is to develop leadership among marae hapū to actively address issues within the marae and then within the whānau and to support the implementation of a policy framework within the marae. The [group has] developed the application processes and presentations have been made to the Kaumātua Kaunihera, who are supportive of the initiative. …A reducing gambling harm policy will be developed over the next reporting period to be ready for implementation following the alcohol based policies, dependent on the readiness and willingness of hapū. …This project has since been completed and feedback received was that it went very well with every marae completing their

> policy…The next step would be to utilise the same approach and each marae to look at implementing a 'safe gambling' policy and look at other fund raising methods.

Another provider's description of the process they used in developing a workplace gambling policy with a Māori development organisation, shown in Figure 10, suggested that the provider had actively supported the organisation by providing help in drafting and finalising a policy based on a consultation with staff of the organisation. Implementation of the policy in the organisation was noted as a successful outcome for their reporting period.

Figure 10: Development of a workplace gambling policy

Policy development support was also provided in the form of endorsing existing gambling policies. In one case, a provider reported on endorsing existing gambling-related policies among church groups. They noted that some churches they engaged with "already had their own policy regarding gambling".

3.6.3 Developing workplace problem gambling policies in providers' own organisations

A few providers detailed the need to first develop their own workplace gambling policies to progress work in this area.

In one case, a provider believed there was an "integrity debate" when it came to advocating for workplace gambling policies, based on a "you can't preach what you don't practice" philosophy. The provider believed that developing their own policy would provide them with the experience and integrity to be able to provide policy development and implementation support to others.

> …because we are paid by the MOH to influence policy in other organisations we should start with ourselves, this [would provide] experience but also a degree of integrity when preaching the virtues of a Problem Gambling Harm workplace policy to other organisations. A solid foundation to work from.

This provider's effort in developing their own workplace policy was based on the premise that it needs to be tikanga based. While their own staff experiencing problem gambling harm would in the first instance receive internal support, harm issues should be addressed by an external agent. Their process for developing their own workplace gambling policy, described in Figure 11, included a review of existing policies and staff consultation.

Figure 11: Development of an internal workplace gambling policy

Another provider reported how they noticed lacks in terms of their own gambling policies.

> Interestingly as we had our Policies and Procedure reviewed we discovered that we don't have a Gambling Policy ourselves. This will be rectified within the next 2 months. In the presentations we deliver to community groups we ask if the organisation has a Gambling Policy, most organisations say no, and that they are interested in knowing more about it. It is our aim to follow up more aggressively.

Similarly two other providers also mentioned the development of their own workplace policies. One of these providers described their policy development process as follows:

> This year [the updating of our internal policies led to] clear statements on where [we] stand in regards to kaimahi gambling and drinking during work hours, and on our work premises is clearly defined. Further updates in regards to supporting kaimahi who show signs of problem gambling, as well as [our organisation's] stance on pokie funding is work in progress. …Our internal kōrero echoes the reality of ethical funding dilemmas faced on a daily basis by community groups throughout Aotearoa.

This provider then went through the process of developing the policy which was reported to be going through a staff consultation process prior to finalisation.

Similarly, another provider also reported on ongoing progress in this area where their policy was being peer reviewed by staff members.

> [We are] considering how user-friendly the policy is and how we can improve the content and the resource to reflect actual needs, content and language of the setting so we acknowledge expertise and knowledge of the setting as opposed to a 'one size fits all' approach.

In a subsequent report they detailed:

> Internal review of [our own] problem gambling workplace policy. [Results of an internal survey suggested we] …need to further define the support and approach used to support staff identified as problem gamblers - there is a need for clarity around the continuum of actions and consequences e.g. a problem early detected or fraud or theft. Policy review will reflect staff feedback and a revised problem gambling policy will be forwarded to [our] Board for sign-off.

A different provider reported having undertaken an "internal review and evaluation" which resulted in further development of their existing gambling policies:

> [We]…reviewed the wider organisation's gambling harm minimisation policy and toolkit. …The review identified that while the majority of the policy was still applicable to the issue of gambling harm and the current environment, there was an opportunity to extend the toolkit and policy. In reviewing our workplace policy, we undertook a brief survey of the resources available on the Te Kākano website …Once our draft policy has been approved by [our] Senior Management, it will be included in the organisation's Staff Orientation and Induction Programme." The existing policy has been reviewed and final amendments have yet to be confirmed before the draft is forwarded to Senior Management for consideration/ratification/adoption and implementation.

3.6.4 Inclusion of problem gambling in wider health-related policies

A few providers reported on their efforts to include problem gaming within broader health-related policies. One provider described their "opportunity to include problem gambling within the broader hauora scope of kōhanga reo in the development of 'whānau ora' policies" as a success. They described their progress in working with a Māori mental health service in developing a draft *Kōhanga Reo Whānau Ora Policy* as follows:

> An integral part of He Pātaka Oranga Kōhanga Reo Māori health promotion programme that focuses on supporting the setting as central to whānau well-being. Consultation was sought from kōhanga reo whānau who expressed the need for a simple all inclusive policy rather than one policy per issue. Policy needed to be tikanga based, whānau centric and meaningful to the kōhanga reo philosophy.

Another provider (not contracted for PGPH-01), reported that they had "formed a partnership with a focus on Whānau Ora within the region" in which they operated in with the aim of highlighting gambling harms and the need for related policies.

> The partnership have formed a Whānau Ora collective which includes the following Government and Community Organisations. …The purpose of [our] involvement is to build strong working relationship, to highlight problem gambling harm, promote Help Services and highlight policy implementation to reduce harm occurring within organisations.

A different provider reported on their involvement in a "…Wellness Policy Development Collaborative" with the aim of encouraging the inclusion of gambling harm in the mix of other social and health issues.

> [We have] coordinated and taken leadership with this project to encourage the development of policies that provide guidelines and procedures to prevent and minimise gambling harm, suicidal attempts and deaths, mental health, family and domestic violence and alcohol and drug abuse. The group will work to encourage other services to provide input into the policies for example but not limited to; healthy eating, exercise, referral and support services. The policies will take a preventative, crisis and follow up approach and will coincide with resources to promote the policy within the organisations/businesses…. All members have engaged with their own organisations or identified and engaged with other businesses that may benefit from the policies. Members have gained an understanding of current policies within organisations and identifying gaps that the … Wellness policies can fill.

However, the above provider later reported on the lack of interest from related networks which impeded their progress:

> [We were]… actively working to encourage a collaborative approach to policy development and implementation across specialised community services. Due to the lack of input from each of the identified specialised services, [we were]…not able to move forward with this project. [We]…presented to the Violence Intervention Network [VIN], a group of over 42 services working to prevent domestic and family violence…. [We]… informed the group of the …Wellness initiative and requested support from the VIN network and to provide a representative in the development of the violence aspect of the policy. This was uneventful and [we were]…referred, to the, "it's Not OK" website for resources and information to support the policy. This was not the intention of the presentation and following this, the other services committed to the project slowly were not available to participate due to increased workloads, thus causing the project to discontinue.

3.6.5 Challenges and barriers in developing workplace/organisational gambling policies

Providers identified that getting stakeholders to recognise and acknowledge that there may be gambling issues within their organisation or group as the first hurdle. They reported the need for information provision and awareness raising to overcome this initial hurdle.

> Raising a positive profile around an issue that is perceived negatively is difficult. Some agencies don't always think of problem gambling as a relevant issue relating to their core work.

One provider also pointed to the lack of New Zealand examples to support their policy efforts.

> [There is a] lack of understanding or examples of successful policy implementation in New Zealand. …[We have] discovered through meetings and conversations, the common theme among managers is that gambling couldn't cause issues for the organisation, thus being, there was no need to consider gambling within their policies. [We] will need to research and gain an evidence base to support policy proposals.

Some providers detailed instances where *stakeholders' lack of interest or conditional interests* had acted as a barrier to their involvement in the policy development process. One provider, for instance, reported that no-one came to an event (gambling focus group) they had organised despite advertising in local papers and radio; they believed that this suggested the need for different outreach methods. For three providers, conditional interest was encountered among stakeholders such as sports teams and schools, who were supportive of gambling policies provided that it did not result in financial or administrative costs.

> Organisations are hesitant to formalise secondary policies, such as problem gambling on top of their primary core business. Reasons given are varied, with significant numbers indicating that if it is policy then [they] have to manage and account for it, and it is not their core business.

To overcome this challenge, the strategy adopted by one of the above providers was to provide these organisations with sufficient information which would enable "them to serve as a conduit to" their problem gambling support service. This provider also highlighted that to engage these organisations in policy development, there was a need for screening tools and practices that will not be "perceived by them as being intrusive" and to ensure that these organisations were clear about the ready availability of clinical services for problem gambling.

In another case, an attempt by one provider to influence a tertiary institution's information technology (IT) policy in relation to online gambling was unsuccessful as a result of *perceptions that the problem was not prevalent*.

> Dialogue has resulted in a refusal to address matters raised by a past student and his ability to gamble online using the student library while accessing the internet. Suggestions for the amendment or review of its current IT policies to include a problem gambling harm minimisation policy were politely deferred for later discussion. It has been viewed by the polytechnic as premature to expect any fundamental changes to policies due to this being an isolated case, all correspondence regarding the matter have ceased. …It is our expectation that with time and enough activity from the student body this matter may be resolved through robust community action from students. The potential to invoke an unhealthy response from the faculty is imminent therefore we will continue to support the student body through involvement with the mental health and addictions programs as appropriate and provision of promotional resources from the Health Sponsorship Council during annual orientation days.

Another factor that can be a barrier to policy development is the perception about the adequacy of policies already in place within organisations.

> Organisations believe they have adequate policies in place and are not necessarily willing to engage in extra policy development.... The academic fraternity, bigger NGOs and health service providers generally do not have specific problem gambling harm minimisation policy, [but] some feel their health and safety policy covers this type of harm.

A few providers also faced a challenge with stakeholders who held the *perception that problem gambling was not relevant to the context of their organisation;* this perception was exacerbated by changes to staffing within these organisations.

> Not every organisation sees this as important to them. This is on-going work that does not happen overnight.

In addition, as noted by one provider, *other work area priorities among organisations* may also be a barrier to their active participation in gambling harm minimisation policy development. Likewise, another provider reported that the development of workplace gambling policies was sometimes deterred when *organisations had other pressing issues to deal with* such as redundancies and structural changes.

> Some obstacles in encouraging workplaces to develop safe gambling policies as other needs such as recession and earthquake are taking precedence. Work with workplaces to develop healthy public policy has not occurred this period because of other issues for employers and employees that have had higher priority, e.g. relocating workplaces, redundancies etc….

3.7 Policies on non-gambling fundraising

Another activity described in the PGPH-01 Purchase Unit Description was "encouraging the development and adoption of policies that encourage and promote methods of fund-raising that do not involve gambling" (Ministry of Health, 2010, p. 30).

This activity had connections with another activity under the *Supportive Communities* (PGPH-03) purchase unit where providers were expected to "promote public discussion and debate on gambling harm and related issues (i.e. the ethics equity of accepting (or not accepting) gambling funding" (Ministry of Health, 2010, p. 33). These are reported in section 5.5.4[10].

One provider reported the existence of some community groups which use gambling based activities to fund raise. They reported on their work with one women's group which led to the successful development of a policy on non-gambling fundraising.

> For some time, [we] worked with a branch of the Māori Women's Welfare League to raise awareness of gambling harm. We are pleased to report that the League has recognised the issue of gambling harm and formulated a policy to guide its members. The League has taken the position that they will not apply for …casino gambling proceeds to support their activities given the harm caused by gambling. We hope that the relationship we have developed with the [region] branch has in some way contributed to this policy development.

The provider later reported that the Māori Women's Welfare League had "issued a statement encouraging [their] various branches to steer away from fundraising activities which are gambling based".

While they did not mention the development of related policies, a few other providers reported on their efforts to encourage and support non-gambling fundraising practices. One provider, for instance, described their support towards a sporting event that had chosen not to accept funds generated from gambling.

> [We supported] the event by being part of the organising committee, due to the [sports organisation] making the choice to not accept funding for the project, generated from gambling or other products that negatively impact on Māori and Pacific communities. [This event] was a perfect opportunity to prove to the community and sports groups that it is possible to stage an extraordinary … world class…event, without the use of money that come from sources that are harming Māori and Pacific people.

Other providers took the approach of encouraging alternative fund raising methods. One reported that they had met with a sports club and asked "them to choose alternative fundraising methods to replace activities like Batons Up, Raffles etc."

Another provider reported having "promoted discussion on other fund raising activities that don't involve gambling such as hāngī, kai stalls, garage sales etc." They further reported on their progress in facilitating discussions on positive fundraising methods that could serve as a basis for developing a resource on fundraising for community groups. The provider explained:

> [Our] team have begun discussions with local sports clubs on raising funds through gambling activities such as raffles and lotto bonuses and accepting pokie funds. The discussions have been proactive with some clubs looking at alternative ways to raise money for their club. This has also prompted [our] team to look at creating a fundraising resource which when completed will be

[10] In some cases providers reported on similar activities or projects for both purchase units.

> available to assist community groups with fundraising ideas. This will enable community groups and organisations to work towards becoming self-sustainable.

Similarly, a different provider reported on plans for a "project to encourage existing non-gambling Trusts to prioritise organisations that don't take pokie funding, as a way to incentivise seeking alternatives to pokie funding". The project, referred to as the "alternative funding think tank" aimed "to identify and promote sustainable non-gambling funding sources for NGOs and community organisations" while at the same time raise "awareness about the harms that gambling causes to the community".

Work in this area was challenging; as reported by two providers, it was often difficult to secure alternative funding sources for groups that were currently dependent on gambling funds.

> Community providers have acknowledged gambling harm and the potential difficulties associated with fundraising activities which are gambling based. However, providers have also struggled to identify other ways in which they can raise funds. Constraints identified by them have included: lack of resources, lack of knowledge. Stakeholders further articulated the dialectic between "fun" associated with gambling and the potential for harm. This continues to be an area of ongoing work. However, what did emerge from those discussions was a raising of awareness about gambling harm and how/when to access assistance.

3.8 Social impact assessments of gambling harm

The PGPH-01 Purchase Unit Description expected providers to "contribute to and participate in any social impact assessment of gambling harm for" their respective districts (Ministry of Health, 2010, p. 30).

Three providers reported having provided some related support to district health board and councils – which included responding to council's request for assistance in preparing social impact assessments and completion of a social impact assessment questionnaire. For instance, one reported:

> [Several TLAs] have reached out to [us] for assistance in preparing Health and Social Impact Assessments or oral council submissions. A representative from the … District Health Board was put in touch with a contact who will be able to connect her with clients willing to share their stories as a component of a Health and Social Impact Assessment. Others, from [other districts], were connected with MOH statistics, relevant DIA figures, and harms research as a part of the Health and Social Impact Assessment process...

Another provider assisted the council in drafting an 'electronic gaming machine policy' which was written to include a "sinking lid" policy approach to pokie machine numbers as well as a social/health impact assessment.

Although two other providers referred to plans by their city council to undertake a social impact assessment, the majority of providers' reports did not contain clear or explicit evidence of their participation in, or contribution towards, social impact assessments.

Other providers referred to the various social impacts of gambling with some noting the evidence that was currently available in their reporting. Providers also mentioned the need for, concerns over, efforts to address, or intent to address the social impacts of gambling in their reports.

3.9 Other barriers and challenges

In addition to barriers and challenges detailed in the sections and subsections above in relation to specific activities, providers also identified other barriers and challenges they encountered in the process of implementing activities for this purchase unit, with some reporting the steps they took to addresses these.

Economic benefits from gambling revenue

In addition to the vested interest of some councillors in Class 4 gambling venues and their perceptions about economic benefits noted in subsection 3.4.7, a few providers also mentioned that the perceptions about the economic benefits from gambling revenue was a challenge to policy advocacy efforts in general.

> There have been several meetings undertaken where the action plan has been affected by the struggle to overcome evidence based community need, reducing incidences of gambling harm including opportunities to gamble, versus the economic impact of less machines on local business and industry. The situation where urban sprawling and new subdivisions look to increase the number of residents within the district has created opportunity for a business framework to influence the number of gambling opportunities, this has been an interesting process which may encourage more involvement from community with regard to the potential of higher numbers of gambling activity.

Competitive supply of gaming machines

Another area of challenge was what may be described to be a *competitive supply of gaming machines*. As reported by one provider, this has meant that venues have the option of obtaining gaming machines from alternative suppliers:

> Competition among pokie syndicates… has meant where one bar has been refused pokie machines from one syndicate, the other syndicate has provided the same bar with pokies.

Understanding and perceptions about problem gambling

A few providers indicated *lack of knowledge and understanding among stakeholders*, particularly the community, to be a challenge. Providers associated this lack with the difficulty of recognising the "hidden" harm in problem gambling which highlighted the need for clearer messages about problem gambling.

> In reality recognising harm can be problematic in as much as problem gambling, like other addictions is hidden. Reorienting services which actively support reductions in gambling harm can also be very challenging in terms of 'change'.

One provider observed *culturally held perceptions about the term 'problem gambling'* among some communities posed some challenges:

> Barriers relate directly to the term 'Problem Gambling'. On discussion with communities, settings and/or workplaces general comments were around what the term actually suggests and means for many whānau and individuals within specific groups. Most settings and/or workplaces suggest a more positive message would grow successful support and adoption of policies that could be implemented and endorsed rather than sitting lifeless on a shelf.

In a subsequent report, the provider added that "whānau and the community see the issue as a negative before exploring positive ways in which to address problem gambling within the setting".

Comments by one provider, as detailed below, suggested the need to consider venues located within lower socio-economic communities as a specific stakeholder group. In this case, it would be necessary to also understand the community context to overcome challenges such as their *perceptions that gambling is a social activity and an entertainment option* that is proximally available to them and misconceptions about the cost of gambling.

> Recent focus groups from these communities, indicate that pubs and pokies are the first social settings they see 'outside their front door'. Our goal is to work with this cohort to determine improved ways of promotion and intervention, both for the individuals and their whānau who are identified as problem gamblers, as well as the venues in their area. The recent focus groups have indicated that they were not aware that people lost thousands of dollars a year, nor that [the region's] communities, in total, lost $18 million to pokies alone. This was not including the casinos. Their experience of gambling, was betting $2-$20 lots. Gambling is made easier for them, and attractive

> to them, when they are bored at home, as well as the fact that gambling in their community is cheap. Gambling is a silent addiction and not overtly obvious to Māori community sites, as other types of addiction. There is a lack of awareness of the financial and emotional cost to whānau and our community from gambling harm. From focus groups we have held, a significant number of Māori see gambling as social and something accessible, hence cannot readily identify with the level of harm it can cause.

Providers' lack of knowledge and expertise

One provider highlighted the need for training on the policy submission process. Other providers indicated limitations in staff knowledge capacity and expertise and lack of establishment within a public health role as barriers to progress in delivering services within this purchase unit.

> The key barrier to working with organisations in this region is that we are yet to establish the Public Health role to the point there is follow through on objectives, I myself have not been confident to make commitments in a public health capacity given I was already tied up with clinical work.
>
> Knowledge capacity and expertise of [our] staff is also a barrier.

Providers' time and resource limits

A few providers reported that their time and resource limits, including staffing issues, also made it challenging to meet the outcomes of this purchase unit.

> A major barrier to all our public health work is the small workforce we have to cover large geographical areas and complex, resource and time consuming projects.

As detailed by one provider, time also became a barrier when faced with the need to provide explanations in various languages.

> The barriers [we]… faced in regards to policy development in the Pacific community is not having enough time to explain what is needed due to the language barrier... The barriers [were in relation]… human resources and language. For example, each group varied in size, knowledge and time allowed, sometimes only one or two people would fully be motivated to create and enforce change.

3.10 Success indicators: Policy Development and Implementation

"The number of organisations (community, private sector etc.) that have adopted gambling harm reduction policies in the target community" and "the number of organisations (community, private sector etc.) that are actively addressing or working to reduce gambling related harm in the target community as part of their core service" (Ministry of Health, 2010, p. 30) were noted as indicators in the PGPH-01 purchase unit description.

Although providers did not report outcome-related indicators in the form of exact numbers of organisations that had adopted or implemented policies, providers reported a range of policy outcomes. As shown in Figure 12, in addition to successfully influencing council decisions in relation to Class 4 gaming machine venues, a few providers also reported on other policy outcomes such as Racing Board (TAB) Venue Policy, and the Gambling (Gambling Harm Reduction) Amendment Bill and inclusion of problem gambling in wider health-related policies. Providers also supported a range of different organisations in developing workplace gambling policies.

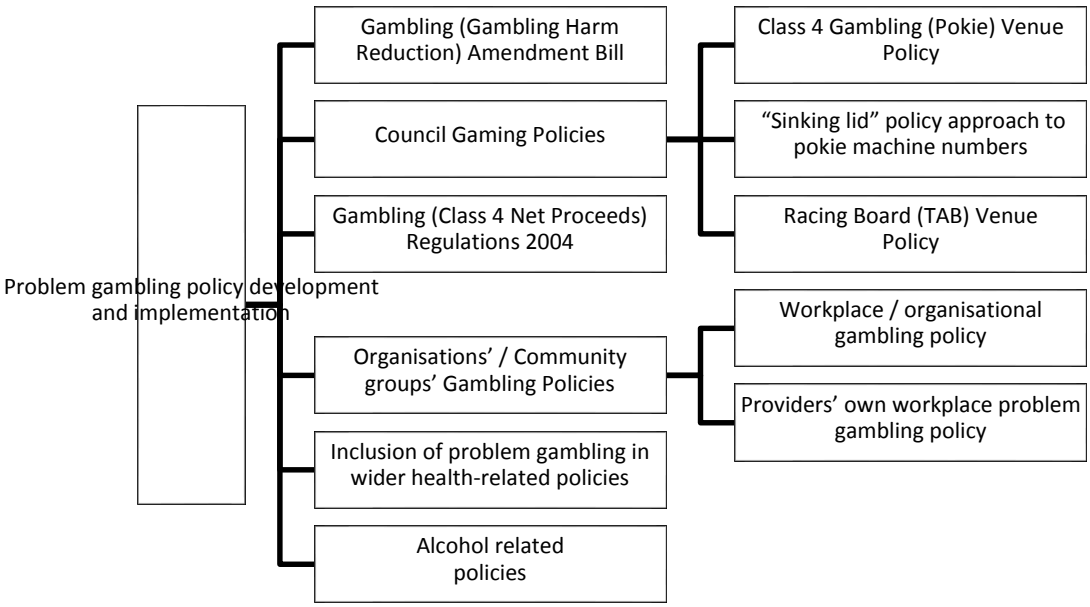

Figure 12: Successful areas of policy outcomes

Providers reporting also suggested a number of output-related indicators. Success was reported in the development of effective working relationships with stakeholder groups. Successful outputs were also noted for various education and awareness raising activities that they had organised. The inclusion of community and stakeholder groups in policy development processes was noted as a successful output by a number of providers.

3.11 Adapted Logic Model: Delivery of Policy Development and Implementation

The preliminary logic model provided in the introduction to this chapter has been adapted based on the findings from our analysis of the six-monthly narrative reports (Figure 13).

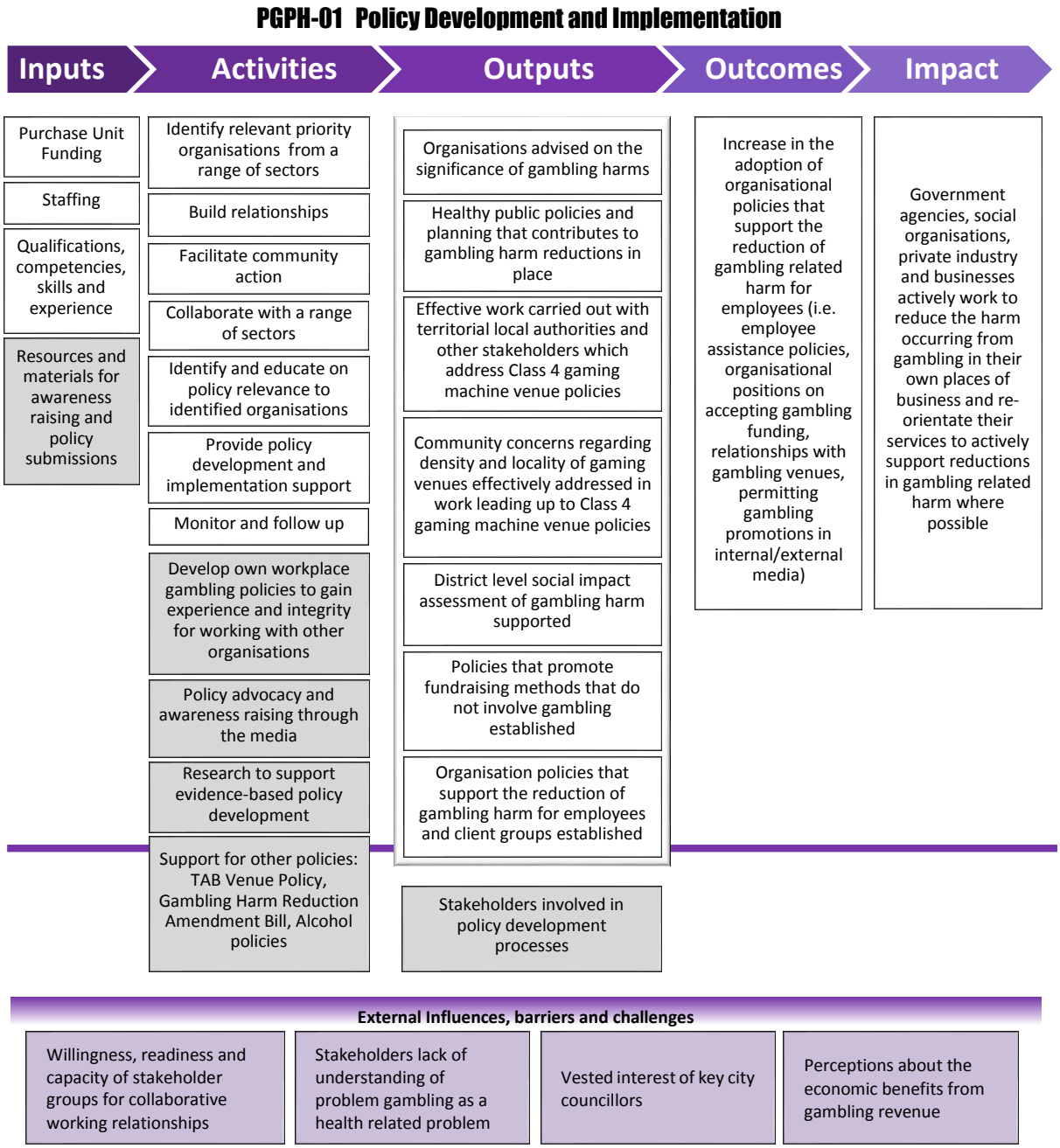

Figure 13: Adapted Logic Model: Policy Development and Implementation

4 Safe Gambling Environments (PGPH-02)

The *Safe Gambling Environments* (PGPH-02) public health service was officially contracted to 14 providers. One additional provider who was not contracted for PGPH-02 reported on work done for this purchase unit in the second half of their reporting period; their reporting is included in this analysis. The objective of this service was "to ensure that gambling environments [were] safe" and provided "effective and appropriate harm minimisation activities" (Ministry of Health, 2010, p. 32). Activities and key processes identified by the Ministry of Health in the PGPH-02 purchase unit description are summarised in a preliminary logic model (Figure 14).

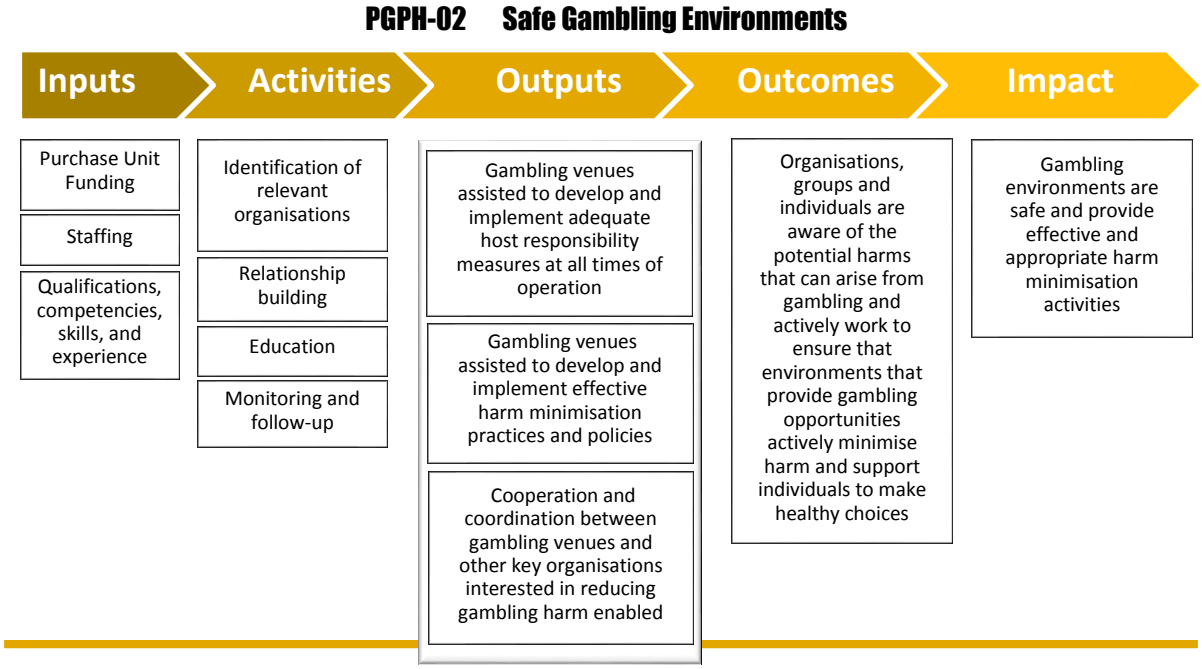

Figure 14: Preliminary Logic Model: Safe Gambling Environments

The minimum delivery of this purchase unit included the establishment and provision of "co-ordination and leadership to one harm minimisation network that meets at least four times a year" (Ministry of Health, 2010, p. 32).

Providers of this service were expected to use the provided template when submitting their six-monthly narrative reports; the template required that the following points were addressed:

- Activities you have delivered to support gambling venues to develop, improve and implement effective harm minimisation practices and policies
- Your role in any activities, the role of any partner organisations
- Barriers and successes to getting organisations to improve and implement effective harm minimisation practices and policies
- The key agencies your organisation has identified as priorities for the next six month period
- FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment)
- Any other relevant information. (Ministry of Health, 2010, p. 32).

Multi-venue exclusion (MVE) is a process that enables gamblers to exclude themselves from multiple venues without needing to visit each venue. As noted in the introduction to Chapter 3, some providers reported on work conducted in relation to multi-venue exclusion under the PGPH-01 (*Policy Development and Implementation*) purchase unit and the PGPH-02 (*Safe Gambling Environments*)

purchase unit sections of their reports. This chapter provides a summary of key aspects from their reports and includes all MVE related aspects[11] reported under both purchase units.

4.1 Providers' knowledge development

Two providers reported on activities carried out for the purpose of their own knowledge development, suggesting an area of input needed for the delivery of this purchase unit. The first provider indicated making an effort to keep up-to-date with recent related data.

> [The activities I undertook included] keeping myself abreast of the most recent statistics online through DIA for pokie numbers in pubs and clubs.

The other provider reported on having attended a seminar on host responsibility organised by another organisation:

> Attended 'host responsibility' seminar for licensed premises held at … and run by ABACUS. This included strategies on how staff can recognise early warning signs and intervene appropriately.

However, as reported by other providers, meetings with various stakeholders and visits to venues contributed to providers' knowledge, for example about gamblers' trends and about related processes such as those relating to implementation of MVEs (see Section 4.2 and 4.3.1 for details).

4.2 Identification of relevant organisations and relationship building

All providers detailed the various organisations and groups they had worked with in delivering this purchase unit. These fell within four broad categories shown in Figure 15.

Figure 15: Groups and organisations identified for PGPH02

Providers made efforts to develop working relationships with Class 4 gambling venues, gambling trusts, and casinos through visits, and provision of resources and support for implementing host responsibility measures (these are detailed in the following section). All providers reported that they visited gambling venues with some indicating that they made regular visits. Visits to gambling venues (both Class 4 venues and casinos) were with the aim of building and maintaining relationships. Visits to venues were also used to gain information from venue staff about gamblers that could be used to support other related areas of work.

> Met with gaming and venue managers to gain an understanding of the community that most frequently visits the venues, to help support presentations and to find any trends and contacted DIA to gain further understanding of Harm Minimisation requirements.

[11] Multi-venue exclusion (MVE) was referred to within various contexts in provider reports: MVE policy, MVE protocols, MVE orders, MVE process, MVE project, MVE programme, and MVE initiatives depending on the related area of work.

Best Practice Example 1: Establishing a "symbiotic" relationship with venues

One provider reported on their relationship development efforts which included encouraging MVE and host responsibility policy development and implementation at gaming machine venues.

> We have been working with... a locally based Gambling Society to assess policy and implementation within their gaming venues and where needed assist with policy development. Through this process we have identified opportunities for policy implementation and development as well as opportunity for innovation and doing this differently. ...Indications are that the venues will adjust their policy settings to support MVE and they are accommodating to the developmental nature of the embedment process. We have made ourselves available to assist with developing venue policy should they require assistance.

The approach the above provider described in their work plan was to establish a "symbiotic" relationship with the Trust licensed to operate the gaming machines. Such a relationship was reported to result in value for both parties; this was based on the premise that the provider would be able to assist the Trust in "meeting their regulatory requirements", "offer support towards sector innovation", and "reduce reputation risk." In turn, "a good strategic relationship" with the Trust would open doors for "problem gambling harm minimisation [initiatives that would] have both public health and clinical intervention aspects." The relationship development process envisaged and partly implemented by this provider is described in Figure 16.

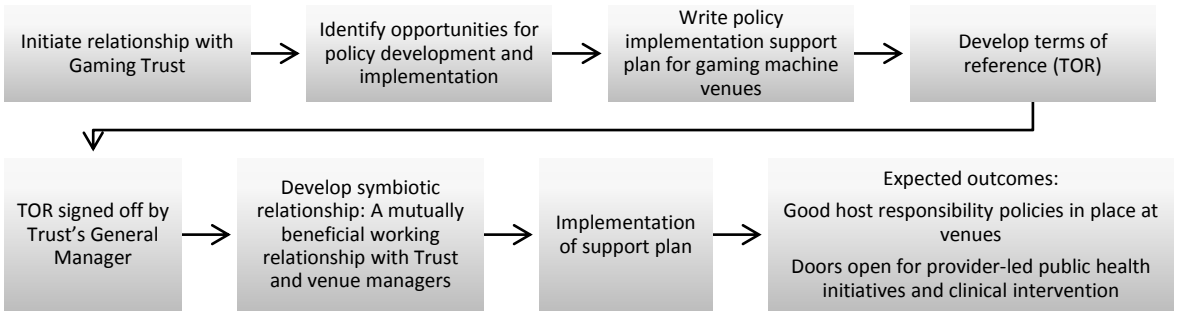

Figure 16: Establishing a "symbiotic" relationship with venues

Although visits to venues proved to be valuable for a range of reasons, one provider reported that relationship development with venues was often a time consuming process that also required diplomacy.

> The main change over the past six months has been establishing and strengthening the relationship with pokie trusts and venue owners… In most cases a non-existing relationship has developed to progress a common interest between venues and providers (minimising harm to customers/clients who have a problem with gambling by providing an easy way to exclude from multiple venues in an area). This is often not an easy relationship to build and takes a significant amount of time and diplomacy.

Likewise, the reporting of another provider suggested the need for diplomacy when visiting venues, especially if venues felt as though they were being monitored.

> Also some venue staff members initially are unsure of why we are visiting and may feel like they are being monitored so can be extremely cautious. [Our] staff endeavour to overcome these negative perceptions and work to build positive and trusting relationships.

Relationship development with venues undergoing DIA investigations may require skilful handing, as noted by another provider.

> The gambling sector has during the 6 month period been investigated and prosecuted by the DIA so relationships have been somewhat tense with some of the Trusts, however the process has been robust enough to sustain through this.

A different provider reported that it was sometimes difficult to determine the exact reasons behind venue operators' changes in attitudes with regard to working relationships.

> [Our new staff member] has continued to undertake regular visits with venue managers to maintain established relationships developed by the previous [staff member]. There have been mixed responses from venue managers this reporting period and the team believe this could have something to do with the economic state and pressure from societies. No venues were willing to participate in Gamble Free Day 2011, although one venue [indicated willingness] to host any community events that the service would like to undertake in the future. …[We are] unsure as to why there has been a change in how willing the venues [were], to work with [our service].

The provider later reported on how they overcame this challenge by employing a different approach of requesting for venue feedback on the resources they were providing.

> Following continued resistance from venue managers to engage with [our] kaimahi, [our] Service has developed an improved approach focusing on providing resources and requesting input/ feedback on how effective they think the resources will be in comparison to only trying to obtain information regarding their venue from them. This has proven effective in developing a good working relationship…

Another area of challenge encountered, as reported by one provider, was the additional administrative work when there was a change in the ownership of a venue.

> We have also noted that there seems to be no communication between venue operators and societies when venues change ownership or change to a different society and this often means additional work for MVE coordinators.

Additional to the two central target groups, Class 4 gambling venues and casinos, for some providers, part of the work in delivering this purchase unit included discussions and collaboration with appropriate stakeholders such as community groups, other PGPH providers, the Department of Internal Affairs and relevant government agencies. Discussions were aimed at deliberating MVE implementation and encouraging stakeholder involvement in enabling safer gambling environments.

> At a meeting with Catholic Church discussed … the need for [the] church to be a role model and provide guidelines to parishioners in workplaces and their social clubs on safe practices. Met with staff of Ministry of Pacific Island Affairs (MPIA) to discuss our objectives in the problem gambling work. Also discussed links with other family and community outreach work [that our organisation] carries out... [We also] met with staff of Department of Internal Affairs to be included in mailing list for 'Gambits' [to receive relevant information] and best practice guidelines for venues. Also first consultation on plans for multi-venue exclusion project in [our city] has occurred.
>
> [We had discussions with] Department of Internal Affairs (DIA) representatives to implement a multi-venue exclusion policy to cover the whole of [our region]. This is a new and innovative approach aimed at solidifying the effectiveness of gambling exclusion orders in our community. As corporate societies and bar/club owners are many and varied, we believe that currently there is an ineffectual exclusion system where clients who exclude themselves from one bar/club, simply turn up at another operated by a different corporate society or venue owner. Over the coming months we will be working closely with regional corporate societies, bar/club owners and DIA to implement a system where, if you have agreed to be self-excluded by one venue in the district, you may be excluded from them all. [Ours] will then be one of the few regions in New Zealand to have implemented this.

Some providers reported on their own development in gaining an understanding of the MVE process and its connections to their public health service delivery contracts and becoming more aware of recent changes to the process, as a result of such discussions with stakeholders.

> We see MVE has having utility for: 1. The addicted gambler who wants to self-manage their addiction; 2. A counsellor and the resources they have at their disposal to effect change in the lives of clients; 3. A more co-ordinated sector wide approach to addressing problem gambling harm directly associated with gaming machines and venues.

4.3 Venue host responsibility measures and harm minimisation policies

The PGPH-02 Purchase Unit Description expected that services would include activities that "assist gaming venues to develop, promote, support and implement adequate host responsibility measures at all times the venue is operating" (Ministry of Health 2010, p. 32). Key processes would include "harm minimisation policy development and support, policy implementation and support" and "monitoring and follow-up" (Ministry of Health 2010, p. 32). Providers were also required to report on activities they "delivered to support gambling venues to develop, improve and implement effective harm minimisation practices and policies" (Ministry of Health 2010, p. 32).

All providers contributed towards outcomes that supported gambling venue development and implementation of host responsibility and harm minimisation practices by delivering a range of activities (summarised in Figure 16) incorporated within a process of developing working relationships with the venues which entailed **regular visits and discussions with appropriate parties**. Activities included developing venue staff knowledge; providing them with the necessary resources to support problem gamblers; assisting with implementing exclusion processes; and providing feedback to venues on host responsibility aspects. The majority of reported activities were in relation to MVE with some providers also reporting on other aspects related to the concept of "host responsibility".

Figure 17: Activities to support gambling venues' host responsibility and harm minimisation practices

4.3.1 Regular visits and discussions with appropriate parties

As shown in Figure 17, providers developed relationships with gambling venues by providing them with a range of different supports during their visits. These are further detailed in the subsections that follow.

Regular attendance at casino liaison meetings were also noted by a few providers to be valuable as it resulted in useful discussions on gambling harm, regulatory compliance, self-exclusions and support for problem gamblers.

One provider reported on attending quarterly meetings at a casino in their city which discussed "effectiveness of host responsibility strategies", provided updates on MVE processes and reviewed issues around problem gambling among ethnic and new migrant groups. They also reported on other

beneficial outcomes that have resulted from these meetings in terms of restrictions on gambling advertising and discussions on harm minimisation strategies.

> Constructive working relationship with [a] casino. We regularly hold quarterly meetings, held at [the] casino. They are proactive in maintaining and holding these meetings. There is good will from… them to discuss, improve and implement improvements to identify and support problem gamblers. Attending these meetings are [other PGPH service providers, a health education and social service provider, and the DIA]. The significance of the meetings [is that they have] assisted in addressing [the] casino's advertising campaign targeting this particular area. It has led to a restriction of gambling promoting activity in this area in recent times. The meetings also serve as a think tank, in terms of improving harm reductions strategies, as well as opening the membership up to other [social service] providers …[who] attend these meetings now.

Likewise, other providers reported on the outcomes of similar meetings with casinos:

> Other regular attendees [of the Problem Gambling Liaison Committee] include the casino's Security, Surveillance and Host Responsibility Manager, a Gambling Compliance Inspector from the Department of Internal Affairs Gambling Compliance Group, The Police, and [another PGPH service provider]. The forum remains a useful space to share issues of concern and feedback to the casino. The involvement of regulatory and enforcement agencies in the forum has been useful in informing discussions around compliance and identifying other potential issues affecting Whānau at risk of experiencing gambling harm.

However, not all providers were successful in engaging casinos in fruitful discussions. One provider reported on the outcomes of their meetings with a casino including questions around gambling harm preventative measures which received resistance on the grounds of its "commercial sensitivity".

> Examples of this work include [a casino whom we met with] regularly through the year to discuss issues around gambling harm in the casino. At one meeting, there were questions about analysing host responsibility preventative measures, but commercial sensitivity was cited. At another meeting, 12 questions were asked that had been developed by consumers from the "consumer voices group". [The casino] responded by providing a copy of the Host Responsibility - Problem Gambler Identification Policy and advised consumers they could find the answers to their questions in it. …The meetings [with the casino] are conducted in a formal structure and we are trying to encourage more debate and discussion on substantive issues… However, we continue to attend these meetings and hope they can become a more meaningful forum.

The provider later reported on plans to approach Te Ngira for advice on the best approaches for addressing issues with the casino.

In addition to engagement with individual venues, some providers also reported on discussions with gaming machine societies (also referred to as gambling trusts) to investigate possible collaborations and to offer their services such as harm minimisation training.

> [We have] engaged in … face to face meetings with venues, the … gaming trusts associated with those venues and a local conglomerate group of venue owners. The key topics of discussion were Multi-Venue Exclusion Orders; relationships [between] staff and patrons; relationships [between] venues and trusts; harm minimisation training; harm minimisation training content; potential local collaborative forums for exchanging best practice; compliance and DIA…[The majority of venues]…were open and obliging.

4.3.2 Provision of resources and advice to develop venue knowledge

During visits to venues, staff from the provider organisations provided or replenished resources, and met with venue staff to discuss MVE and host responsibility processes.

> [Our] Public Health worker maintained regular contact with all …gaming venues and completed at least [two] annual visits to all gaming venues unless there were problems necessitating more frequent visits… [During our visits] all cards and posters that required replacing were replaced and it was checked that all signage was in place. …we also work at building relationships with the venues so if they need anything they make contact with us. …This has allowed venue staff and management to liaise with the service around their concerns for problem gamblers and also in regard to requesting replenishment of business cards.

> Arranged visits to local Class 4 gambling venues, met with venue managers and staff [to]…discuss exclusion orders, staff training, resources…, their participation on Gamble Free Day…and [to] ensure managers have appropriate referral information.

Established relationships in turn led to *collaborative work between providers and venue operators* and enabled *discussions on arising issues with problem gamblers*; for instance, cases where self-excluders continued to access gambling venues, those requesting an annulment of their self-exclusions and related issues such as gambling impacts on children.

Visits to venues also led to the *identification and addressing of misconceptions among patrons*. One provider identified inaccurate perceptions among gamblers about the costs of counselling services which posed a barrier to their help seeking. Therefore, they identified a need to increase awareness in MVE related promotions to clarify this misconception.

> Many of GM [gaming machine] venues that we spoke to regarding the resource said to us that cost of support services was a major barrier. Whānau see counsellor and instantly relate that to cost. It was therefore important to reflect a 'free' message attached to all services with the resource. An awareness follow up promotion on MVE is planned in conjunction with resource distribution over the upcoming months.

4.3.3 Building venue staff knowledge through training

Additional to provision of information and advice that contributes to venue staff knowledge development, a few providers also reported on building venue staff knowledge through training. Such training support was given to venue staff with the aim of enhancing staff knowledge about gambling harm and building their awareness of the need for harm minimisation through regulatory compliance and harm reduction measures.

One provider reported:

> [We conducted]...Host Responsibility [HR] training at the … casinos for staff in supervisory roles which supports the casino's HR Programme and enhances their screening for problem gambling and enables us to monitor staff for problems.

However, the provider reported that gambling venues' perceptions about the adequacy of training they were already receiving from their trusts as an area of challenge.

> Venue managers and owners believe they are receiving all the training they need, could want or could ever desire. The general feeling from the initial consultation with venues is that they are open to extra or added training, forums or information sharing if it's free, if it's local, if it's at the right time and if it's useful. [As] gaming trusts conduct routine and on call training for all their venues, our support may be seen as secondary to this or even worse [as] overbearing. …Venues believe they are fulfilling their obligations to problem gambling prevention through attending training with trusts. Individuals are concerned about harms and interested in the fact that they may be able to have an influence, however, very rarely they do.

Another provider reported that venue staff may require additional training even in cases where they have received other types of related training:

> [We are]...aware that a number of trusts prefer to undertake their own training with staff regarding [the] legal requirements of operating a gambling venue. However, events suggest some of the staff at various venues benefit from additional training. For example, while supporting an individual to self-exclude from a venue, a staff member reported that one of the bar staff appeared unclear about the procedures required to enact the exclusion and asked the person to return at a later time... the same person proceeded to "wave" around a photo of a patron who had self-excluded. The person's photograph was reportedly viewed by several patrons - which clearly constituted a breach of the individual's privacy.

Likewise, one provider noted having offered their training regardless of previous trainings:

> All managers/owners routinely put their staff through harm minimisation training, although the older more experienced staff were usually called upon to engage potential problem gambling issues. Most managers, particularly those in smaller pubs, knew their clientele personally and by name.

> They were all confident in their individual trusts and the training they received in regard to harm minimisation and the refresher course. [We] still offered harm minimisation training as a local initiative for the future as all gaming trust trainers were located out of town, two venues were interested.

The above provider also emphasised the need to go beyond awareness raising to identifying the merits of MVE policies, and the need for training that is tailored to suit varying gambling environments, as well as the need to involve venues in the planning and implementation of training programmes.

> I have … ceased my regular visits to all gaming venues in…[the region] as I believe the awareness raising is no longer relevant, that has proved effective but the next stage is working with DIA and gaming trusts as to the merits of a Multi-Venue Self Exclusion policy. The purpose of this is twofold: To minimise the impact of someone's gambling and to promote responsible gaming venues.

A further provider reported on plans to develop host responsibility training for those pursuing a certificate in bar hospitality.

> Develop host responsibility training for people doing the Bar Hospitality Certificate. Work to develop a relationship with providers and deliver training.

4.3.4 Responses to venues on host responsibility aspects

Four providers reported on their support in the form of responses to venues on host responsibility aspects. One provider reported providing feedback on host responsibility promotional displays.

> The … Trust requested that [we] visit a venue and assess [their] new host responsibility methods being trialled. A … Trust pub recently installed a large touch-screen television outside its pokie-room. The display had a rotation of host responsibility images…, legal/licensing images…, and trust promotion images….The Trust wanted feedback on whether or not this appeared to be a "reasonable expense." We visited another pub hosted by [another Trust] to compare host responsibility displays and "reasonable expenses." [Two of our] staff compiled their observations and recommendations and shared those with national office.

Similarly, another provider reported on being invited to provide comment on a patrons' photo storage system used by venues in their MVE implementation process.

> Also we were sent the new harm minimisation policy for the … Licensing Trust … They have introduced a new photo display system on their electronic tills which they have invited us to view and are looking at some other new initiatives.

A different provider reported on having provided comment on a venue's host responsibility strategies.

> We continue to work actively with … [a] casino on their host responsibility strategy. Recently we provided feedback to their Document, committing to a more robust Host Responsibility approach.

The provider's response included comments highlighting areas for improvement such as the need for "measureable milestones and objectives", a clearer indication of the types of training required for implementing culturally appropriate responses, and the need for objectivity in outcomes evaluations.

A further provider took the approach of advising venue operators on correct host responsibility practices such as ensuring the visibility of problem gambling support materials and best practice around checking patrons' identification to ensure their legal age for gambling.

> [Our staff] actively check that resources are displayed for those that frequent the venue. If materials are not visible kaimahi will approach management and ask where they are and where they can be displayed in a manner conducive to helping those that may require it. [During visits venue staff reported]… that asking identification from youth [was] an area they have addressed with one operator. The operator explained that they do not ask for identification as youth dress older and it is hard to distinguish their age. The operator was informed that if they are in doubt, they need to ask the gambler or contact them (kaimahi).

Comments made by a few providers concerning venue staff perceptions and practices as possible barriers to enabling safer gambling environments. Perceptions about the need to honour individual rights may be a barrier, according to one provider, as this may mean that no action is taken.

> The respect for individual rights came up a lot with venues, even though at times they have had concerns about individual patrons, they are not quick to pre-judge or assume a gambling problem. This can be a barrier if no action is always the response to individual choice. [We] will continue to work with trusts and venues on the content of harm minimisation training.

Another provider noted divided views among venues with regard to adopting strategies for approaching clients believed to have gambling problems.

> Gambling venues are divided on whether to adopt a strategy, which would mean their bar staff would have to approach patrons, identified as having a problem, e.g. it has been mooted that, when a patron asks for cash from the bar, that staff members give them an informational card, or provide friendly advice to the patron. This continues to be an ongoing agenda. Most importantly, is that it continues to be discussed [between us, other PGPH service providers] and gambling venues.

A different provider noted inconsistencies in venue policies on patrons' access to cash to be a barrier and highlighted the need for a more standardised policy.

> Inconsistencies in venue policy… on monitoring of gaming lounge and amount of money [that] could be withdrawn in one visit to [a] gaming venue. Aim to discuss this issue with venue managers and [the licensing trust] to support a blanket policy across venues to support strategies that implement effective harm minimisation practice and policy.

4.3.5 Information resources to support problem gamblers

Another area of support for gambling venues reported on by a majority of providers was provision of *information resources that venues could use to support problem gamblers*. These resources such as brochures, pamphlets, posters, stationery items and motivational cards include those designed by the providers themselves as well as materials obtained from the Health Promotion Agency (HPA). The contents of these resources included details on the true costs of gambling, help availability such as interventions and support services including those offered about the providers' own organisations.

> We have designed an information brochure that informs the public of the true cost of gambling, for players and those connected to them. The brochure is designed to target those that currently gamble and provides the relevant information to enable them to make a fully informed decision as to whether they still wish to partake in gambling activities. The brochures address gaming machines (pokies) in particular as it has been well documented that they promote problem gambling issues in this community. These brochures will be made available in all venues as well as venues in the community where public are likely to engage in social services. The brochure will also contain key information about [our organisation] and the gambling services available.

> Continue to distribute resources such as [our organisation's] 'credit card' resource. From feedback received the card seems to be a valuable tool for staff to intervene with gambling patrons. Consequently will now extend coverage to 3 other venues. Other resources produced by Health Sponsorship Council such as pens, cubes and pamphlets are proving popular and despite earlier reservations the new branding is well understood and appreciated by Pacific audiences.

> …Kaimahi also talk to [venue] managers around resources being displayed in the applicable areas that inform of help services available, including our own posters. [In a meeting regarding the MVE between PGPH service providers, the DIA and venue owners] we took the opportunity to ask if we could put our resources at venues and all responded positively. [We are] currently developing new poster resources that have our Kaumatua on them as well as a new brochure.

One provider took the approach of assisting gaming societies in the use of HPA brochures as harm minimisation and host responsibility tools and highlighted the positive outcomes of their efforts.

> In this period we have met with several societies… to disseminate 2000 HPA information brochures and encourage assertive use of these brochures as a tool for harm reduction and host responsibility… In March we also received the HPA venue brochures to disseminate. Our MVE Coordinator has met with… [regional] society compliance managers to discuss the new brochure, its purpose and how the venue staff can utilise it. The society reps will then distribute to their venues…We have… had some positive responses from some societies and some venues that will utilise the brochure by displaying it around their venues and machines as well as providing it to patrons that wish to self-

> exclude. We have heard from one client … that has responded to the HPA brochure received at a venue who has self-referred to us.

However, the provider also noted several challenges in relation to the HPA brochures, including the time consuming process of its development, its lack of Māori and Pacific perspectives, and content of the brochure which has caused resistance from some gaming societies:

> We have worked with HPA in the development of a venue based brochure for information and help seeking support. This was a very prolonged process that has taken over a year to complete. I believe there could have been better coordination and consultation on this work, including gaining Māori and Pacific feedback on [the] brochures and feedback from societies and venues on the final draft would have helped gain their buy in. We have had feedback from some of the society reps in [the area] about a statement in the brochure (2 out of 5 pokie players become problem gamblers). We have provided the research that the statistic was from but are concerned that they may be hesitant in using the brochures because of this.

While most venues appeared to be receptive to such resources to support problem gamblers, one provider encountered difficulty with some operators who were resistant to making these resources available at their venue.

> [Although our visits were well received by venue staff] … some operators have been reluctant to allow team members from [our service] to provide information about supports available to people affected by gambling harm.

Although most providers reported positively on venues' receptiveness towards awareness raising materials, one provider reported venue perceptions about the unimportance of awareness raising information as an area of challenge.

> Some venue operators have agreed to display the resources provided by [our] service however they maintain their view of being unnecessary and irrelevant.

Best Practice Example 3: Collaborating with gaming machine societies in resource development

One provider reported the need for provider-venue collaboration in development of resources:

> Developing resources collaboratively is also being considered. At this time posters and leaflets will be looked at with input from both organisations being encouraged. It is important to both parties that the information provided in these resources is not only agreed upon but is factual and useful for the user and meets the legal requirements of the venue.

The value of this approach was evidenced in the report of another provider. Their development of an information card to facilitate host responsibility measures in casinos that was preceded by consultation with gaming machine societies led to wider positive outcomes. Their work (detailed in Figure 18), in collaboration with another PGPH service provider, was preceded by consultation with gaming machine societies all of whom had expressed interest in the pilot card. The societies were also keen on a study that could determine when clients were "most receptive to receiving staff intervention and information" which prompted the development of an evaluation process. This was followed by a teleconference "with [Health Sponsorship Council] HSC to discuss details of [the] card [and] collection of baseline information for evaluation purposes".

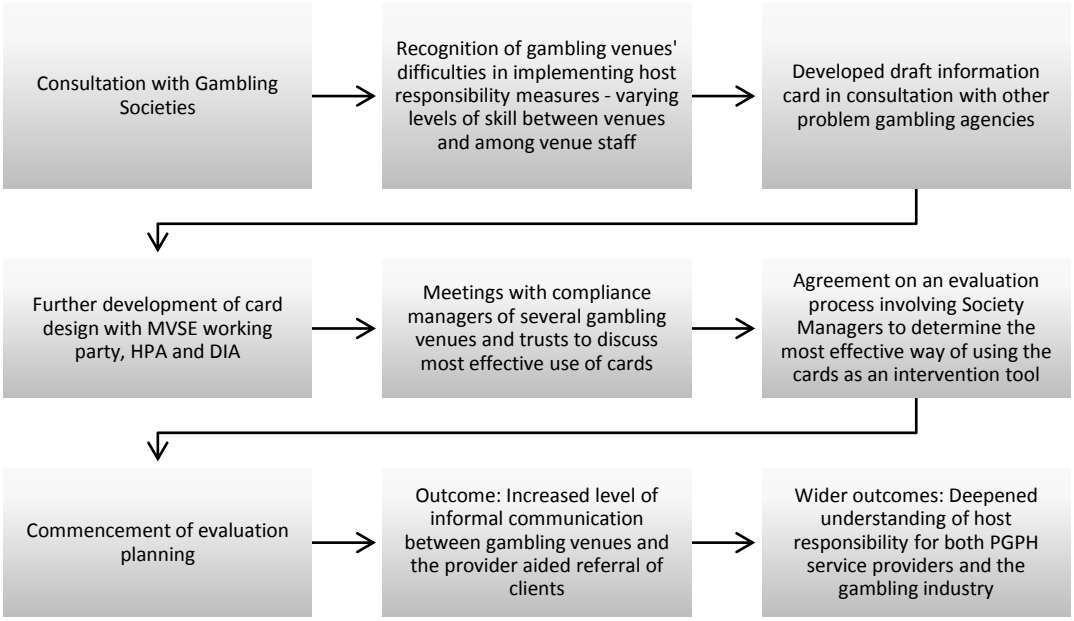

Figure 18: Development of an information card in collaboration with gaming machine societies

The provider later reported on the wider outcome that resulted from their process:

> The initiative has developed from the outcome of just increasing host responsibility through developing tools for interventions in the gambling venues to a wider brief of creating more dialogue in defining effective host responsibility and promoting evidence based practice.

4.3.6 Multi-venue exclusion support

A key area of support offered to gambling venue operators was in the implementation of self-exclusion from multiple venues. Self-exclusion, as described in the Gambling Act 2003, is regarded an effective solution for individuals with gambling problems as it enables them to request a gambling venue to ban them, while a Multi-Venue Exclusion (MVE) enables an extension of the exclusion to several venues without the need to physically visit each venue (Department of Internal Affairs, 2012).

Exclusion from gambling venues is regarded as a potentially impactful early intervention as it may support the treatment or recovery of individuals with gambling problems (Bellringer, Coombes, Pulford, and Abbott, 2010). Therefore, Multi-Venue Exclusion (MVE) may be regarded a form of intervention. However, Multi Venue Self-Exclusions (MVSE) also concern host responsibility, and has been referred to as "an industry-based program" that enables "individuals to sign an agreement to ban themselves from entering, or allow themselves to be removed from, specified gaming venues" for an agreed period of time (Ladouceur, Sylvain & Gosselin, 2007, p. 85).

MVE is also related to the policy arena. In New Zealand, the Gambling Act 2003 (Section 310) requires gambling venue operators to issue exclusion orders to self-identified problem gamblers (Bellringer *et al.* 2010). To enforce venue-initiated exclusion programmes, gambling venues are required to establish problem gambler identification policies that outline identification and exclusion processes (Bellringer *et al*. 2010).

Assistance with multi-venue exclusions

Providers reported on assisting venue operators with various MVE-related processes with the aim of ensuring successful outcomes for the excluder.

> Awareness of multi-exclusion policy for community, which has been successful in targeting entrenched gamblers… In collaboration with other [PGPH service providers] we have entered into

> discussion with specific gambling venues, to develop techniques for bar staff, so as to identify and support patrons with symptoms of gambling addiction.

One area of support offered to venue operators was with processing exclusion orders in addition to providing support for clients in the process.

> The… service continued to visit Class 4 venues to encourage improvements to current host responsibilities as well as to enquire about the current processes in place for self-exclusion. The … team has assisted those wishing to implement self-exclusion orders, as the process is time consuming, which can cause individuals to fail completing the process. The… team has also offered to support venues with this process.
>
> [We] trialled [a] new technique for multi-venue exclusions through sending a letter with exclusion information and a photo of client wishing to be excluded to 23 venues... Our public health worker continues to visit venues to ensure the letter is suitable for venues… [Eight of our clients] … have opted to use the MVE process. We are getting positive responses from some venues… though we are still having trouble with ensuring all venues understand the process and the responsibilities related to self-exclusions.

A few providers reported on success in supporting venues with implementing the MVE programme.

> The… team were pleasantly surprised with the response to the implementation of the MVE process. Since our initial hui with the venue operators the… team has maintained an effective working relationship with all 17 venues in [the region]. With the venues also making referrals on behalf of clients to our service, which goes over and beyond their host responsibility requirement. This has brought positive outcomes for both the [problem gambling] team and [our organisation].

One provider also supported venue implementation of MVEs by clarifying re-entry protocols in relation to self-excluded clients.

> There was a review of policy around counselling services provided to [casino] self-exclusion customers. After consultation with… service providers through the local JAM meeting it was decided that the status quo remains of six counselling sessions required before [the casino] will consider a re-entry for their customer. [Our]… team have met again with [another] casino to also discuss re-entry protocols.

Best Practice Example 4: Development of a user friendly self-exclusion form

The above provider also reported on their initiatives in developing a *multi-venue self-exclusion form* which had taken into account comments from venues that led to improvements to the form. The form's ease of use is likely to have led to its increased use among venues and thus an increase in MVE requests. The provider reported that discussions between stakeholders led to the identification of issues related to MVE implementation and their resolution (Figure 19).

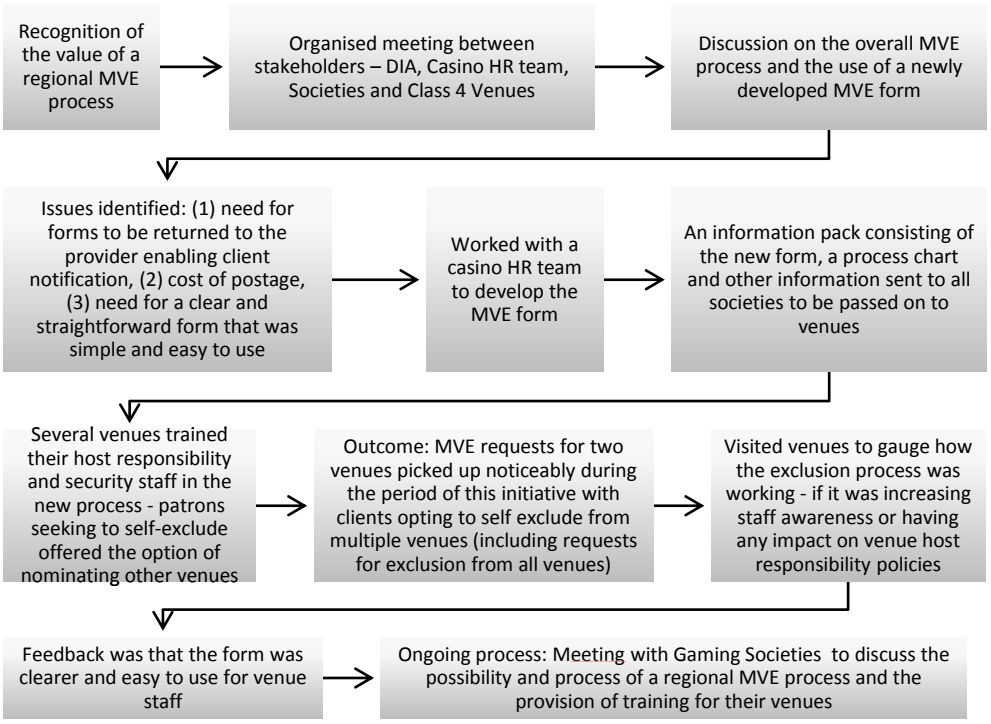

Figure 19: Developing a multi-venue self-exclusion form in collaboration with stakeholders

Development of resources (MVE booklet)

One provider identified, through comments from venue staff that not all venues were aware of, or were fully trained, in the MVE process. They also noted how gambling societies may have contributed to lack of clarity among venues with regard to the MVE process. The identification of these problems resulted in the development of an information booklet which could be used to help clarify the process for existing staff, as well as for building the knowledge and understanding of new venue staff.

> It seems … many venues are still receiving unclear messages from their societies regarding their responsibilities with exclusions. Our [public health] PH workers are looking into a way to visit all 309 venues… in order to ensure venues all have a good grasp on the process…. She has found that although [the venues] should be familiar with the process and societies should have given them the information regarding the … MVE programme, there are still quite a few places that aren't doing it properly. As a result, she has begun to develop a booklet that will be given to each venue that outlines all the necessary information regarding the … process and also the importance of them utilising their harm minimisation policies. Because many … venues have a high turnover rate of staff, we see this booklet as being beneficial as it can be used during the induction of new staff. The booklet is a guide for venues explaining the purpose of MVE, the sections of the Gambling Act relevant to exclusion, how to process a MVE and other useful information. The booklet was reviewed by the local DIA compliance officer and approved from a legal perspective and positive feedback was gained. Now we are waiting for agreement to trial the book from Societies.

Collaboration between gambling venues and stakeholders in implementing MVEs

In relation to implementing MVE processes, providers also reported on collaborating with the gambling industry, other PGPH providers, and the Department of Internal Affairs (DIA) and the value of such collaborations as it led to multi-way relationships, i.e. relationships that involve more than two parties.

> [We]… have also provided peer support to other service providers regarding implementation of MVE in their areas. [Our]… PH worker has been working on coordinating the new … MVE

> programme and getting the system and processes working well between the [MVE] Coordinator and Administrator…, service providers, local DIA, casino and gambling venues/society compliance managers. Due to regular Class 4 venue visits and liaison, he has developed good relationships with venues/societies and this has enabled the implementation to proceed with relative ease… Meeting through the industry working group allows for both service provider and society representatives to develop trust and a positive working relationship. This also allows both groups to develop their relationship with the DIA representative who is helping to develop MVE services throughout the country.

In addition to collaboration between problem gambling service providers and the gambling industry, one provider noted the need for collaboration within the gambling industry for the purpose of a national multi-venue exclusion system:

> In terms of ensuring that our MVEs is consistent with a national framework and, that other regional MVEs are operating well, a degree of inter-agency and inter- (gambling) industry collaboration is required. This has included and will include representation at provider forums and hui, communication/hui with MOH representatives, communication/hui with DIA representatives, communication/hui with selected gambling providers and, communication/hui with selected gambling societies and/or venues.

The MVE working group

Part of the process of establishing MVEs in New Zealand was the formation of an MVE working group comprising the Department of Internal Affairs and four PGPH providers. As described by the Department of Internal Affairs, the Working Group was formed:

> … to support the smooth implementation of MVEs across the country. The group is developing a sustainable national framework that would combine the many exclusion processes around the country and support the manageable and consistent use of exclusion as an effective intervention tool for problem gamblers. This will also enable the collection of national MVE information and statistics. (Department of Internal Affairs, 2012, p. 9)

The four providers reported on their involvement with the MVE working group particularly for developing effective and user-friendly processes and standardised documentation as well as for addressing arising issues. These had the aim of enabling venues to implement MVEs effectively and with ease.

The first provider described the formation of the working group as follows:

> Concerns were raised about some of the existing MVE projects around the country and it was decided to form an industry MVE working group to work through issues raised, specifically around controlling the use of MVE in larger regional areas … so venues are able to manage exclusions effectively for clients and themselves. Nationally we established a DIA and service provider MVE working group (and in July combined industry representatives into the working group to gain buy in and work through industry issues raised) to develop a consistent and standardised MVE process and documentation, including agreeing on appropriate clinical use of MVE as a tool…

The provider later reported the successful outcomes from the working group, which included a nationwide promotion of the standardised MVE process through road shows and organised meetings.

> Nationally, the MVE working group has finalised an MVE framework including standardised process and documentation (process overview, operational guidelines and case studies, compliance guidelines and assessment criteria) and presented this around the country on an MVE road-show, at DIA Regional Forums and at the PG National Provider Forum in May. All [our] staff attended the MVE meetings and participated in the discussions. The new MVE programme has been rolled out to… Additional meetings have been held in [several regions] with societies, venues, casinos and service providers to ensure all MVE stakeholders understand and buy in to the national guidelines and implementation of the MVE process. Our [public health] worker continued to educate and promote the utility of exclusions/MVE in harm reduction through his Class 4 venue visits. We had a follow up meeting with the combined service provider and industry MVE working group to discuss numbers of MVEs completed and trends in each locality and discuss progress around

> consistent implementation across the country. All parties agreed that the new standardised framework was working well for everyone concerned and we just needed to ensure all existing MVE programmes… were brought up to date with the new framework.

The above provider also reported that the MVE working group had shared established processes with Abacus Counselling Training and Supervision Ltd. so that these processes could be incorporated into their host responsibility training programmes.

The second provider in the working party reported on how MVE working party discussions had led to clarification of roles and resource development, which aided a more effective MVE implementation process (Figure 20).

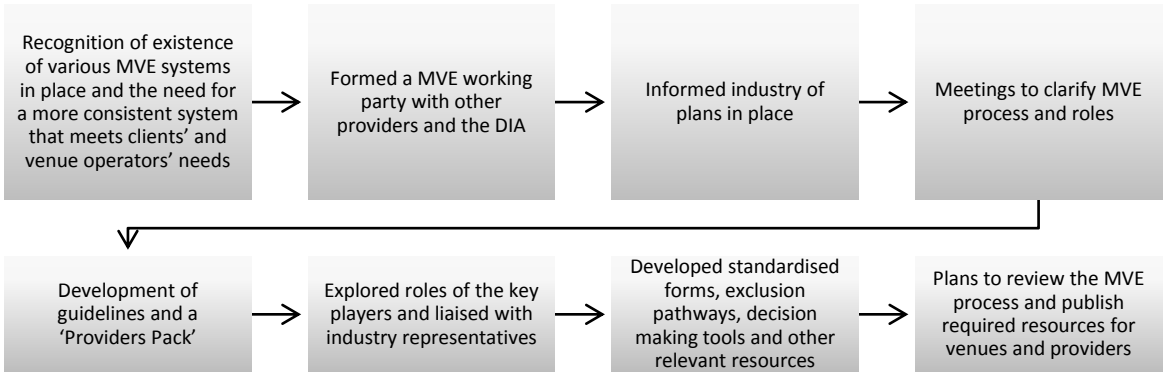

Figure 20: MVE working party: Clarifying process and roles

The provider described the importance of establishing a clear MVE process:

> The use of exclusion is central to our relationship with venues as it is something that needs to be done properly by the venue, but also something that the venue appreciate being made as simply as possible.

The above provider also described how staff within their organisation and another PGPH service provider had collaborated in taking on MVE coordination and administration roles.

> The work we have been involved in has led to a number of things including the development of guidelines around the use of MVE and, defining the roles and responsibilities of the parties involved… two specific roles have been created which are MVEC (multi-venue exclusion co-ordinators) and MVEA (multi-venue exclusion administrators). MVEC are identified agencies/ individuals who take on a coordination role with MVE in their area. MVEAs process the MVE requests and track the return of exclusion orders. They complete the "back office" roles, effectively reducing the time counsellors and MVEC use to have to spend on processing MVE requests. There are currently two MVEA in New Zealand, one in the North Island and the other … is located in our… satellite office… This project has formalised this arrangement so as to best fit in with the changes to the use and organisation of MVE across the country.

However, the provider reported some drawbacks in relation to their involvement in the MVE working party which resulted from differing agendas among stakeholders.

> We have worked as part of the MVE working party to steer things with some degree of success. Unfortunately, we also feel that the differing agendas of those who were part of the working party have meant that the full extent of what we hoped to achieve was not met. [Nevertheless,]... the working party has achieved great things. It was great to see some of the main gambling societies sitting around the table at the meeting last year talking about how useful MVE has become. It was also great to hear the possible future technological advances and how these may produce some unique intervention strategies for problem gamblers. One concern could be concerns from the treatment providers who may see the greater uptake of venue based exclusions as a risk to their survival.

The two other providers in the working group also reported on their involvement. As evidenced in the reporting of a fifth provider, the MVE working party considered the perspectives of other PGPH service providers. The fifth provider reported on how they had expressed their perspectives to the MVE working party on the possible challenge Pacific providers may have faced in their work towards MVE processes:

> (MVE) was in the too hard basket for the more experienced Pacific providers due to cultural aspects and 'shaming' and photos of loved ones being out there. We invited the [MVE national] working party to [our premises] to put forward our thoughts from Pacific, and were pleased to have representatives from Department of Internal Affairs Regulatory Team, and [another PGPH service provider] to meet with our… clinicians, public health worker and senior management. Issues for Pacific include having good solid information to the purposes for exclusions, and the legal requirements, and shaming and naming of our elders and impact on families and young children.

Consideration of appropriate technologies to assist MVE implementation

Another area of support was providers' involvement in investigating technologies that could be instrumental to MVE implementation. A few providers noted their introduction to, and consideration of, "facial recognition technology" in their work with gambling venues.

> A …company…, has developed a system to support venue exclusion that shows promise both in term of making the exclusion system more workable and in terms of the potential to develop more harm reduction strategies such as pre-commit and player tracking. [We have] had discussions with this company about the introduction of the system and how [we] would help the company trial the functionality and feasibility of the system. The system employs a video camera mounted in the face of the pokie machine which analyses the facial characteristics of a person who just sat down to play the machine. If the measurements meet the profile of an excluded player then the machine will not play. [We] regard this as a development that should be encouraged and supported, albeit that it is at an early stage.

One provider noted the possible use of a database developed by another PGPH provider.

> …We are also exploring the potential use of [another PGPH provider's] … database to ease the administration process for MVE Coordinators i.e. capturing and storing data, reporting etc. However, there needs to be a few modifications to the current system for this to be feasible.

However, the provider later reported that their inability to gain further support from the key PGPH service provider meant that they had to consider other options.

> …We have also been working with [the other PGPH service provider] to modify their … database …. However, we still do not have a workable version to utilise after working with [them] on necessary changes for the best part of a year…. We have continued meeting and providing information to [the other PGPH service provider] so they can adapt …[their] programme to our MVE Coordination Service needs. However, we have been informed … that they are now assisting an Australian service with the … programme and we still do not have the database for use to date. We are now considering alternatives to [the database].

The above provider also reported on other technologies they had considered; an online harm minimisation tool that enables online processing of exclusions and scanners that may enable identification of excluded gamblers.

> Also, our… manager has been approached by an independent company who has developed a specific online HM [harm minimisation] tool … for societies and venues and wants to work with us around electronic processing of exclusions. They have updated their programme based on our MVE documentation and are promoting their system with societies currently... [Our public health] worker also attended a meeting organised …with a business owner who is currently working with bars across NZ to install ID scanners. The possibility and logistics of the scanner being utilised to identify banned problem gamblers was discussed. The scanner would be a good tool to assist venues in controlling who was in their gaming areas. She also met with [company] to discuss the use of their programme as a MVE tool. [We have since organised] a meeting for [the company] to meet with Ministry and DIA reps to introduce their online HM tool...

The above provider noted the limitations and challenges in relation to the implementation of these technologies, which included its high cost and the possible loss of personalised human interactions.

> The development of harm minimisation technology (online HM tools, facial recognition and ID scanners) could be beneficial to venues and our clients in managing breaches. [However] there are significant costs associated with new technology and we are not sure of the efficacy of the technology yet and whether there is any real prevention benefit. Another barrier is potentially losing the human contact and intervention to an automated system. However, benefits include potentially better identification of problem gamblers that have excluded themselves and management of breaches.

Another provider also reported carrying out research on pre-commitment systems and the use of biometric cards for ensuring safer gambling environments and the sharing of this information with appropriate stakeholders.

> [One of our priorities for this purchase unit]… is continuing to research and promote ways to make pokies less harmful, such as pre-commitment and biometric cards. [We] continue to follow the latest research on pre-commitment and biometric cards and share that information with decision makers and the public. Promote pre-commitment as a harm-minimising public health initiative.

Best Practice Example 4: Use of digital photograph frames to aid excluder recognition

The use of digital photograph frames for "effective recognition of patrons that have self-excluded" described by a provider with the objective of assisting venues in implementing their MVE process was one example of effective use of technology which was noted to have led to a more effective implementation of MVEs among venue operators.

The provider's aim was to establish a more effective exclusion process and to "build effective working relationships with venue operators so they will contact [the provider] for local support and information". As detailed in Figure 21, they described this as a pilot project which was preceded by a development phase that had taken "into account feedback from venue operators on what patrons and venues find discreet and acceptable". The result was identification of a range of challenges faced by venue operators. The provider noted the issues and observations in their consultation process as follows:

> [1] Staff turnover is significant and it is difficult for operators to keep up the training; [2] Number of exclusions makes it hard to identify people; [3] Often exclusions are not their patrons, they know who their regulars are. Makes it difficult to monitor; [4] Lack of resources around who is going in/out as gamblers don't necessarily access the bar; [5] No cameras; [6] Unsure of person's financial standing - how do they recognise that person's gambling affects them or their whānau adversely; [7] Staff find it difficult to approach patrons. They usually hand over a help card with an EFTPOS slip if they identify it as a potential problem; [8] People will jump around the jackpot - they will text and ring others to fill the machines until jackpot is hit, these are not their regulars and once this happens venue clears out; [9] Children are being left in cars - One operator sweeps the car park every 2 hours but now finds women are parking further away and walking; [10] Gambling becomes secondary especially at night time when patrons are drinking - particularly Friday and Saturday nights; [11] Brochures are too big; the business card help cards are more discreet. There are more cards being picked up from the toilets rather than inside the pokie bar itself; [12] Raised concerns around ATM'S around bar as patrons are not approaching them for EFTPOS cash and they are unable to monitor it. [13] Venues find the 2 hour training developed by the industry is more effective, Abacus training is too clinical and doesn't come from an operator's perspective in relation to approaching people.

The provider reported on the success of this project, as it led to ease of patron recognition and other positive outcomes:

> The project has exceeded our expectations…all venue staff are approaching the clinicians around… referring patrons that wish to exclude themselves from the venue… Bar staff who have been reluctant to monitor exclusions and have found it difficult to remember all of the photos on file in the past, are now actively scrutinising patrons via the data imaging screens. We have noticed a shift in the attitude and engagement with bar staff since the commencement of this project. The response is far more positive around supporting problem gamblers.

They also reported on the value of working in collaboration with venues and other stakeholders:

> The intent was for all involved to work together to improve recovery goals for the gamblers, make the venues safe and to work together rather than against or in isolation from, and to respect all points of view. We believe we accomplished that.

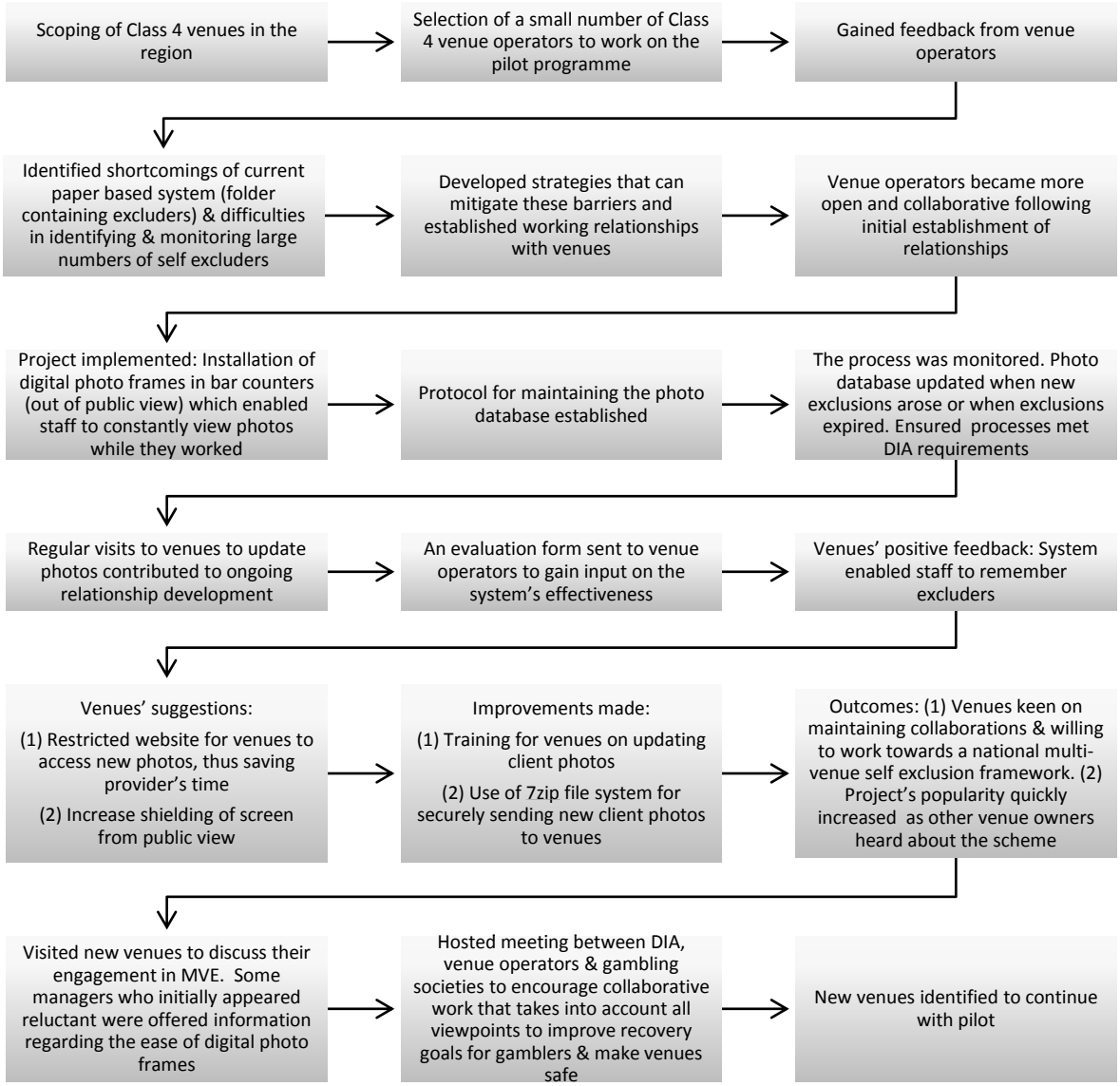

Figure 21: Development of a digital photograph frame for MVE implementation

Challenges in implementing MVE

Implementing MVE was a particularly challenging area as reported by a few providers. Two providers reported that the *lack of priority given to MVEs* and the "It's Not My Job Attitude" held by some venues towards harm minimisation was a barrier to progress in MVE uptake. This is likely to be an initial area of challenge that providers face.

> Not all venues see [MVE] as a priority.

As pointed out by a few providers. For example one provider reported:

> [We are] currently developing a multi-venue self-exclusion (MVE) in [two areas], in partnership with other providers. This requires extensive work and progress has been slow.

Likewise, another provider noted that the need to engage with multiple stakeholders, address arising concerns, develop relationships and cater for a large geographical area were factors that had made the MVE initiatives highly time consuming.

> The multi-venue self-exclusion initiatives take a lot of time, energy and resources to establish, implement monitor and maintain, including the follow up contact with both clients and venues/ societies and networking with other MVE providers and with those wanting to develop the process… The administration of the MVE programme in [the region] is very time and resource consuming due to the geographical size and population basis. Also there have been numerous changes in society staff in [the region] and with 25 societies it has taken some time to contact and distribute the HPA brochures.

The provider later reported on success in overcoming this challenge through the implementation of more effective processes.

> Initially societies and venues often made complaints around the process and this took time to work through between the MVE Working Group and Coordinators, DIA, casino, societies and venues but now the MVE process appears to have good support from all stakeholders and no complaints have been received over the past few months. The development of the national framework, implementation meetings and the MVE road show has helped to minimise the time and resources required to establish and maintain MVE programmes and eased the implementation process and we hope this will be further enhanced through the use of electronic databases and utilising regional administrators for the paperwork tasks.

Another challenge in implementing MVEs was the *lack of clarity in stakeholder roles*. A few providers noted the need for better clarity in the roles of the various stakeholders involved in implementing MVE programmes including those of the venue, and those of problem gambling service providers.

> …As an intervention service provider, we are also concerned that there appears to be a lack of clarity between providers about which provider 'should' hold responsibility for administering the MVE.

A different provider reported the need for clarifying administrative and coordination of the MVE process in order to develop an effective system that works for all parties.

> [We have]… been working at a local level on MVE and attending meetings locally and discussing administration and coordination logistics with the goal of developing a process that was painless and supportive for the clients, simple and reliable for clinicians, and easy to understand and enforce for venues.

A further provider reported that part of their work in promoting MVE was in partnership with another PGPH service provider and included "addressing anomalies with the programme e.g. legal responsibilities and roles of the host, as opposed to the individual who has self-excluded".

As detailed in the subsection above, "role clarification" was included by the MVE working group in the process they took to ensure a more effective implementation of MVE across the country.

A third challenge area concerned *venues' follow-through on implementing MVEs*. One provider noted the understaffing in one venue as a barrier to effective MVE implementation.

> [The coordinator had visited a venue where]… a client had [been] reported breaching… However the venue was very busy, people betting on TAB facilities, a full gaming room with people waiting to use a machine and there was only one staff member on who looked quite stressed. It is difficult to have a constructive conversation with a staff member when they are very busy and understaffed…

Another provider noted that ensuring venues understood and followed through with MVE procedures was an area of challenge. They noted how many venues remained confused about MVE procedures and described the challenges they faced in ensuring that all venues understood the MVE process and related responsibilities. The provider took a 'MVE Coordination Service' role for the MVE project in their region. This was a role which required "processing exclusions and visiting venues to ensure [that]

the exclusions are being actioned and monitored properly". One key challenge was the number of venues that did not return exclusion order forms to the provider.

> We are still having some trouble with getting venues to return the exclusion order forms to us. It is unclear if this is because they send them directly to the excluded person, if they aren't issuing them or if they aren't receiving them through the post to begin with… It is suspected that the venues are receiving the exclusion requests and simply aren't doing anything with them. This is why we feel it would be beneficial to visit all the venues in person to discuss the process with them.

The task of resolving this issue by visiting venues was exacerbated by the number of venues in the region which made it difficult for the staff to visit all venues.

While on the one hand, efforts made by providers led to increases in MVE implementation and uptake, on the other hand, such increases could lead to another area of challenge. Providers reported on the concerns venue operators had about the *manageability of increasing numbers of MVEs* indicating a further challenge. One provider noted that venue fears over the resources required for accommodating increases in MVEs led to unwillingness to undertake MVEs.

> In the past few months there has been increased concern among intervention service providers … about the sustainability of the multi-venue (MVE) exclusion process. There have also been reports that some venues are resistant to undertaking the MVE citing issues around resource consumption to identify every person who may have undertaken an MVE who may enter their premises. It is our view that supporting compliance with MVE is part of the venues' Harm Minimisation and Host Responsibility obligations and as such is a reasonable use of resources. Primarily [we have] used the MVE as part of the range of therapeutic interventions provided to whānau and included in Facilitation activities. Given that whānau have reported that undertaking MVE has been an important intervention in their treatment, we would be concerned if MVE was disestablished and recovery impeded.

Another provider reported that venues were doubtful of their capacity to manage exclusions and comply with the regulations if there were to be an excessive increase in MVEs, and their steps to remove this barrier.

> There is fear from venues and societies regarding the proliferation of exclusions to an extent that venues will be unable to effectively manage the process and paperwork and that they will be fined and have their licences taken away. We are working together collaboratively to address all concerns for our clients and the venues/societies…[Some societies had complained about the]… MVE documentation which included a list of all venues in the locality for clients to tick off where they wanted to be excluded from. They think this encourages the client to 'blanket' exclude from all venues and that this would lead to a proliferation of exclusions that would be unmanageable for venue staff to monitor. To this end we have removed the list from the document and only include an empty table for clients to list only the venues that they are 'at risk' of entering…

Likewise another provider reported on similar concerns expressed by venue operators they had worked with and they believed that "this challenge had come about as a result of the success of MVE".

> A concerning development for us is societies and trusts expressing concern about the overuse of MVE and a lack of confidence in clinical services to manage this. This could have significant implications.

The provider noted the need to have extensive conversations with these venues to gain their confidence and the need for compromise on the length of exclusions.

> There are parallel conversations happening around the length and breadth of exclusion so as to not render the MVSE impossible to administer and therefore lose the confidence of the trusts and venues. Together with]…other providers [we are] working with [the] DIA, societies and venues to iron out these issues and develop a new compromise around the length of initial exclusion as well as excluding from a smaller number of venues initially.

A final area of challenge *concerned clients' uptake of MVE*. One provider reported difficulty in implementing the MVE programme among Pacific clients who exhibited lower uptake of MVE.

> Have had very little contact with MVE programme in this period. One key reason is that MVE does not seem to attract many Pacific clients and discussions will be held with MVE coordinator in July to look at strategies to address this. As this is likely to be a subset of a relatively low level of help-seeking behaviour among Pacific people [we] will also coordinate with the Pacific wing of the Alcohol and Drug helpline.

The areas of research needed in relation to MVE and host responsibility, proposed by another provider which included the effectiveness of MVE for Māori and barriers to its uptake may contribute to solution strategies to increase MVEs among both Māori and Pacific communities.

> …research opportunities on the use of MVE are being considered …Some of the research ideas that we could explore include "How effective is MVE (and why?)", "How effective is MVE for Māori (or are there barriers?)" and "What is host responsibility?" …Of particular interest is looking into how effective are exclusion and host responsibility measures and how these can be made more effective.

4.4 Monitoring MVE implementation and regulation compliance

The PGPH-02 purchase unit description noted "monitoring and follow-up" as a key process that follows on from policy development and implementation supports (Ministry of Health 2010, p. 32).

A few providers reported on visiting venues with the aim of checking on venues' regulation compliance and implementation of exclusions.

> We work collaboratively with the DIA, particularly in regards to compliance issues like monitoring venues and informing them of potential compliance issues. Staff members at all our centres visit Class 4 venues and conduct informal networking with bar managers and staff. They ensure venues have problem gambling resources and information, offer support if wanted, and discuss compliance issues. They also visit Class 4 venues where self-excluded clients are still able to gamble and discuss with the venue managers.

One provider described a project which they referred to as "Venue Audit and Exclusion Update" which involved visiting venues to gauge their implementation of MVE and regulation compliance. As detailed in Figure 22 their process included conduct of an audit and reporting of results to the venues.

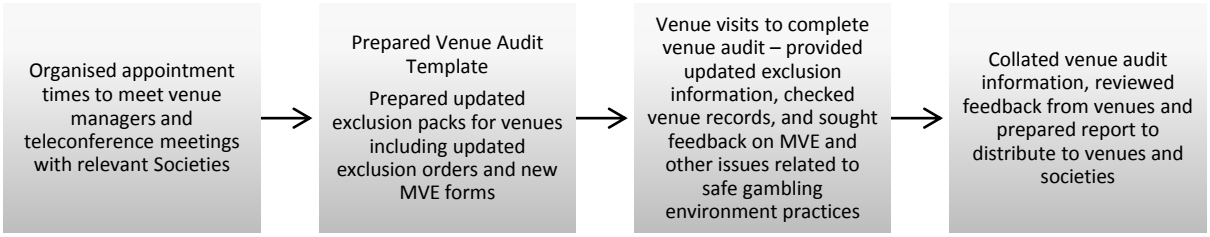

Figure 22: Venue audits to ensure compliance and provide feedback

Providers also reported on identifying and taking action on problems encountered during visits to venues. These included action taken to address the issue of patron privacy in relation to the visibility of excluders' photographs in venues.

> [Our staff] approached one venue as an MVE photo was displayed in the office in a place where the actual MVE excluder happened [to see] …it while he was at the premises having a beverage (not in the gaming area). The excluder casually told this to [our staff] who approached the venue to remove it out of public sight. They complied immediately and were very co-operative. [Our staff] apologised to the excluder and let him know that this was unacceptable for the venue to have done and that she would talk to the venue.

Other compliance and process issues addressed in relation to MVE were the issue of visibility of gaming machines from outside of a venue, the display of expired gambling licenses, incomplete staff training, incomplete records of excluders and breaches of the Gambling Act.

> [During a visit our staff]… noticed [that] gaming machines were externally visible at one venue... will visit this venue again to discuss their harm minimisation requirements and give them a chance to rectify the problem. It was [also] noted that 80% of the venues visited over the past 6 months were displaying an expired gaming license …[The] venues have been active in updating their gaming licenses and how these are displayed since.
>
> …. At one of the venues [visited] there was some concern raised over staff not having completed harm minimisation training and we notified their society so they could organise training. At another venue a self-exclusion order was missing and this was followed up too.
>
> [Our work] ...included meeting the majority of venues in our area… This interaction with the venues did show us that a number of venues' exclusion data was not completed and we hope to resolve this issue as a part of a project for the next reporting period.
>
> We also had to follow up on three breaches identified by clients… These breaches provided an ideal opportunity to meet with the venues and most were non-hostile towards us.
>
> [Our] staff have raised a number of issues with the DIA compliance team regarding venues, particularly in relation to self-exclusions that haven't been followed up, but also drawing attention to venues that have breached the Gambling Act.

4.5 Collaboration between gambling venues and other organisations

The PGPH-02 Purchase Unit Description also expected providers to "promote, support, participate in, and where necessary lead, stakeholder groups to enhance cooperation and coordination between gambling venues and other key organisations interested in the reduction of gambling related harm" (Ministry of Health 2010, p. 32).

As noted in section 4.2 and evidenced in subsection 4.3.6, for many providers, activities in relation to MVE included collaborating with other PGPH providers, and discussions with the Department of Internal Affairs and with gambling venues. Collaborative work often involved meetings with these stakeholders to discuss processes, exchange ideas and information, and gain responses. By comparison, there was fewer explicit examples of providers' efforts to encourage collaboration between gambling venues and other organisations.

In one example above (Best Practice Example 4: Development of a user friendly self-exclusion form) the provider had organised a meeting which involved the DIA and gambling venues. Two other providers also reported examples of work which suggested a purposeful organisation of activities that enhanced collaboration between gambling venues and community groups and the family and friends of gamblers.

One provider reported on plans for a project that would enable collaborative work between gambling venues and the whānau and friends of problem gamblers.

> The… team are in the early stages of planning their next Safe Gambling Environment project…. The idea of this project first stemmed from conversations the… team had with a venue manager of a club. The aim of this project is for whānau and friends to identify when one of their mates is spending too much time on the pokies and to give them the confidence to approach them. [Our] team plans on implementing this project by holding workshops within the venues as well as developing promotional resources to display at these venues. It is hoped that this project will be launched in the last week of September as part of our Gamble Free month with 2 of the chartered clubs in [the district].

The process used by a second provider to develop a harm minimisation resource to support problem gamblers, involved collaboration with several parties including the gambling sector (Figure 23). They noted that this project had linkages to "MOH Objective 3: People participate in decision making about local activities that prevent and minimise gambling harm in their communities." They referred to the resource as "a tool [for] engaging stakeholders [in] contributing to and strengthening community action." This provider also reported having used this resource for the achievement of outcomes within the PGPH-03 purchase unit.

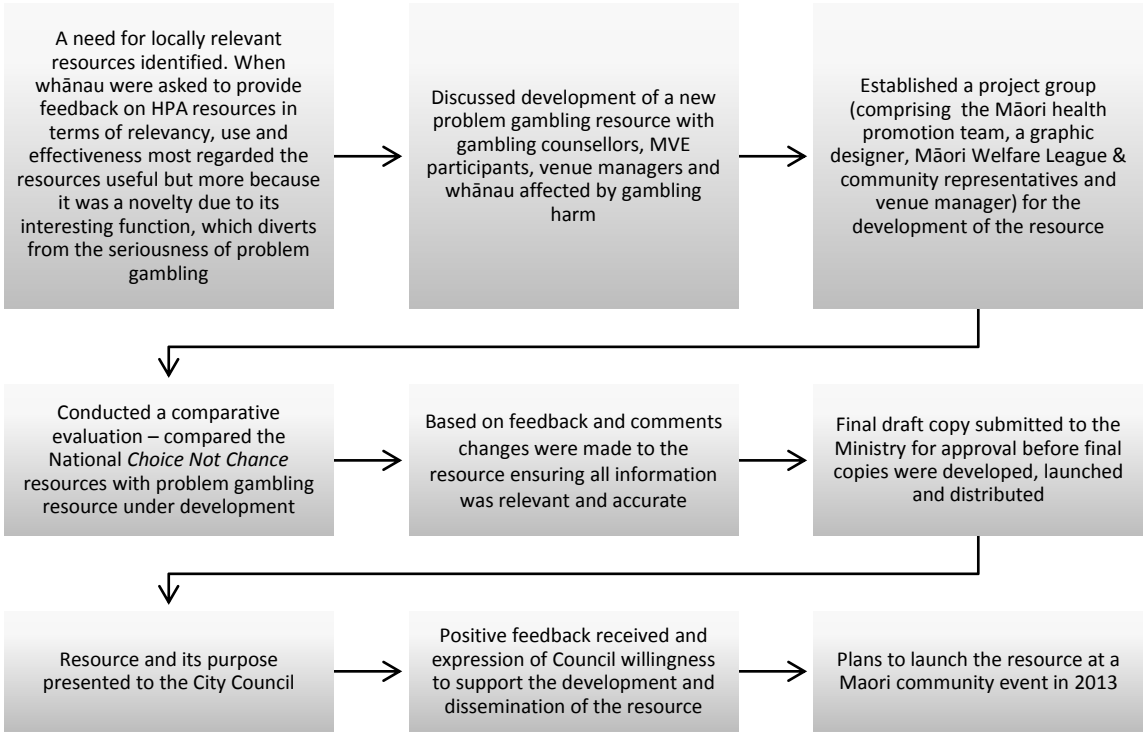

Figure 23: Development of a problem gambling resource in collaboration with the gambling industry and stakeholder groups

4.6 Other activities to enable safer gambling environments

In their reporting for this purchase unit, in addition to the activities aimed at encouraging venue host responsibility and harm minimisation practices detailed above, providers also reported on other activities that had aimed to bring about safer gambling environments through their work with stakeholders groups.

4.6.1 Delivery of brief interventions at pubs and clubs

One provider reported on a project which aimed to deliver brief interventions at pubs and clubs in collaboration with venue operators. This may be viewed as an additional approach for enabling safer gambling environments.

> This is a new project that has been developed over the past few months. [We are]… about to approach pubs and clubs to conduct brief interventions on-site. This will be carried out by health promoters and counsellors within the bar but outside the pokie venue. HPA have met with us to support this initiative, and DIA are aware and will support the relationships we build with pokie trusts. This project aims to prevent gambling harm for those "most at risk" by providing [support] staff and resources that are accessible, informative and approachable at pokie venues. This is an opportunity for our staff and the pokie venue team to build better working relationships, have an awareness of each other's roles and to better protect the public from problem gambling. The intention is to work as a team and bring value to both organisations…

4.6.2 Extension of "Safe Gambling Environments" to other gambling facilities

While most providers reported working with Class 4 gaming machine venues and casinos, three providers reported having extended their MVE and host reasonability work to other types of gambling facilities such as Lotto outlets, TAB outlets, internet gambling providers and housie/bingo operators.

Two providers reported on their work with Lotto and TAB outlets and the receptiveness of these gambling outlets towards safer gambling environments.

> This work is not part of the MOH contract except that it makes a contribution to the MOH and government target of working more collaboratively with the gambling industry. [We do] host responsibility work for the New Zealand Racing Board (TABs and their agencies), Clubs New Zealand and with the Lotteries Commission. This includes the design and conducting of host responsibility training for staff and advice on a range of issues relating to problem gambling. [We] recognise the commitment these organisations are showing to reducing gambling harm.
>
> While not part of the work with MVE or venues, we have also engaged with NZ Lotto in developing a letter that the main office can send to Lotto retailers outlining the details of an "informal exclusion" from Lotto outlets... This had sparked the idea of how Lotto outlet staff approach people they think may be gambling in a problematic way… Over this reporting period we have organised three "Lotto bans" locally and have been impressed with the response from Lotto retailers... What we have developed is a system whereby we provide a photo and information to the local lotto outlets and follow this up with information for the Head Office who can follow matters up with the local outlets and provide assistance if required. With the Lotto bans the person either bans themselves from all outlets or limits their gambling to one particular outlet which seems to work well.

One of the above providers also reported on the initial steps taken to introduce to the concept of host responsibility within internet gambling in New Zealand.

> One of the positive aspects of online gambling developments could include the ability to automate the host responsibility function embedded in the product. [We have] been discussing the possible introduction to New Zealand internet gambling providers of a European developed system that uses research from the University of Nottingham (Professor Mark Griffiths) to design the messages of normative information and player options. This system is already used by clients in Europe and is seen by [our organisation] as an example of the type of development that will help defuse the possible gambling problem explosion that some expect to follow the increase in internet gambling.

Another provider supported safer gambling environments at housie halls (Figure 24). They described their work as "an innovative project" that aimed to:

> …encourage community ownership and increase the understanding of gambling harms among housie hall coordinators and prevent the harmful impacts of problem gambling among whānau, through implementing Ministry of Health directed harm minimisation activities legally required within Class 4 venues.

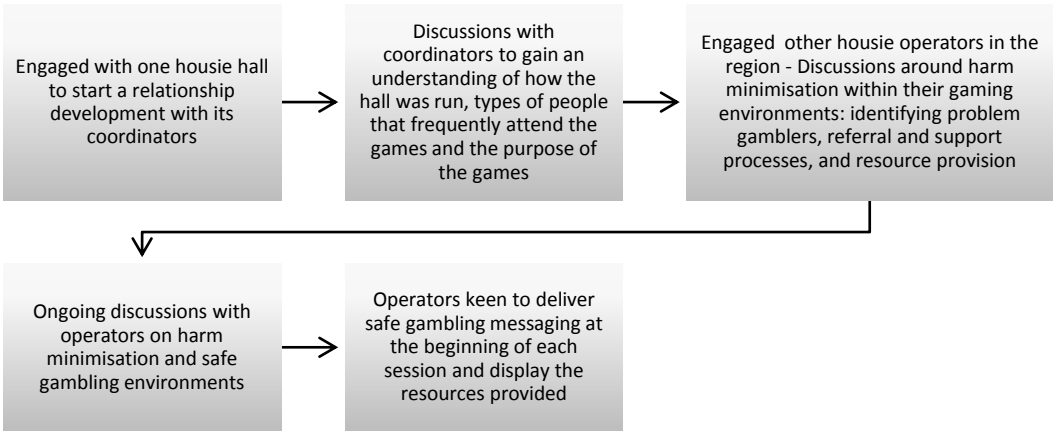

Figure 24: Encouraging safer gambling within housie operators

As shown in Figure 24, the project led to some success in terms of gaining the support of operators in providing safer gambling environments. This provider also reported having engaged with one housie hall operator in discussions around alternative fund raising methods.

> [We]… continued to meet with organisers of a Māori led housie hall to discuss how they are providing a safe gambling environment. As the organisers were running housie sessions to fundraise for a local kapa haka [group], discussions were had in regards to whether this sort of fundraising still needed to exist and what other avenues the [group] could explore.

However, the provider also reported some challenges in terms of gaining support from a Pacific organisation they attempted to engage with regarding three halls housie halls co-ordinated by Pacific Island community groups.

4.6.3 Ensuring safer gambling environments by influencing accessibility of gambling opportunities

One provider reported how they had supported a community group in making a submission regarding an application made by a venue operator for longer operating hours. The need to minimise venue operating hours, in this case, may have been viewed as extending the concept of "safe gambling environments" to include the accessibility of gambling opportunities at a community level.

> [We were]… involved in helping [a] Casino Community Liaison Group submit to the Gambling Commission on an application by [a] casino to operate 24/7 and use only one table. Consultation was made with many community organisations and the general view was that the application should be opposed. [We] also supplied information and evidence to support the submission.

The above provider also reported on a project referred to as "Our venue is proudly pokie-free" which aimed to promote pokie-free environments with no accessibility to gambling opportunities.

> Interest in "Our venue is proudly pokie-free" is spreading around our New Zealand offices… with each region taking different but smart approaches to the venues in their area… it has been challenging to find out from the Department of Internal Affairs exactly how those licenses have been managed, so we are still figuring out which venues may have pokies again and which have decided to carry on without them. When we have that information, we hope to approach those without about being "Our venue is proudly pokie-free" venues; we also hope to approach those with pokie machines to find out what it would take for them to not re-introduce them.

The strategy used by another provider was the promotion of gamble free periods within venues where the provider is able to be present at the venues to help patrons refrain from gambling.

> Discussions had with three managers of …venues located in decile 8-10 areas to consider promoting a 'gamble free' time and to support [us] to be onsite to provide support and information to users for an appropriate timeframe. Aim to continue to work with these venues leading into 'gamble free day'. Discussions included the opportunity to have a 'gamble free' promotion in the morning focusing on strategies and approaches for individuals to delay gambling participation.

4.6.4 Awareness raising activities for stakeholder groups

Ten providers reported on *awareness raising activities for stakeholders* including community groups, schools and health service providers, with the aim of enhancing knowledge about problem gambling, gambling harm, the prevalence of gaming machine venues within their community, about available gambling help services (including services that their own organisations offer) as well awareness of MVE and its purpose.

Two providers reported on awareness raising which focused on increasing understanding of MVEs among communities and stakeholders.

> Promote and educate the community about the purpose of MVE and when to use it, emphasising its use as a clinical tool that is the equivalent of an advanced mental health directive, not a public health intervention.

While some providers distributed existing resources to stakeholders to increase their understanding of gambling harms and related issues, others organised specific activities such as delivering presentations and organising awareness raising tours and programmes. One provider described the process of developing a resource for raising awareness on the MVE processes for whānau and individuals in collaboration with a gaming venue:

> …we are currently working on resource development with [a gaming venue] that aims to enhance access to support and intervention services for whānau and individuals affected by harm caused by problem gambling…

The above provider then tested the resource by consulting with "agencies, communities, gaming machine venues and support services" on the relevance and need for the resources. The resource was further refined following a focus group to further test its effectiveness and was noted to be at a final draft stage. The provider indicated plans to launch this resource in an upcoming problem gambling related event.

To raise community awareness on problem gambling, one provider indicated having engaged in an anti-violence annual campaign and in the public event, Matariki, organised by other groups. They set up educational booths and organised events promoting safe gambling and their intervention services while also supporting the event organisers' cause. They reported the value of working collaboratively with other agencies as it strengthened the networks, enabled community understanding of interconnected social issues, and opportunities for promoting Māori health in a culturally significant manner.

> …working alongside agencies at events where we are able to support their kaupapa and raise the knowledge and understanding about problem gambling …[The anti-violence annual campaign is one that we]… participate in to raise awareness around problem gambling and the effects that has on family violence and other issues. Family violence can often be attributed as a direct impact from problem gambling and so strengthens our goal to raise awareness about the harms of gambling and ensures organisations and individuals are aware of the services we provide and that they are able to easily access our services …Working together collaboratively at these events brings about a change in the community around domestic violence and problem gambling in terms of the awareness and relationship of both of these issues. Partnering at these events also strengthens the networks… Matariki… a yearly event celebrating the Māori New Year… [provides an] opportunity for health promotion to promote to Māori who present as a high demographic for problem gambling in the region in a way that is culturally significant.

Challenges noted by some providers included low uptake among participants of organised activities and the time needed to build relationships prior to delivering awareness raising programmes. One provider noted possible resistance from community groups towards harm minimisation if they were receiving gambling funds.

> …there is resistance around harm reduction strategies, because community groups perceive this as challenging the 'hands that feed them' e.g. pub charities. Our approach is to educate these community groups in supporting whānau to assist those identified as having a gambling problem.

The report of a provider which focused on building stakeholder understanding of gambling impacts on children suggested an extension of the concept of gambling harms to affected others. They incorporated the issue of patrons leaving their children unattended in cars as an example of gambling harm in their presentations.

> There has been recent publicity about children being left unattended in casino car parks. [We] are concerned that there are likely to be multiple incidents of this occurring in casino and non-casino gambling outlets. As a result, we have incorporated this example of gambling harm into our presentations.

The provider later reported that their "work with allied health and social services professionals" enhanced awareness that children were also "being left home alone while their parents engaged in gambling".

> During public health events, [we] also received anecdotal reports about the impact of gambling on children. These reports included: Increased levels of deprivation in family homes due to financial hardship; older children having to care for younger siblings due to absence of caregivers; [and] children remaining home from school in order to care for siblings/parents or to hide the impact of gambling.

Through their "discussions with allied health and social services providers" they noted that while there was general awareness of the primary impacts of gambling such as financial hardships, there was limited awareness about the harms from gambling that can result from parental neglect.

> …In addition, it was noted that while those working with children were more likely to report concerns to Child Youth and Family about child welfare; practitioners who worked predominantly with adults appeared reluctant to do so.

These identified concerns led to the development of "a workshop for professionals focusing on minimising gambling harm on children" which they also presented as a paper at an international problem gambling conference.

4.7 Success indicators: Safe Gambling Environments

"The number of organisations that provide opportunities to gamble that are identified by DIA as having effective and appropriate harm minimisation activities in place" was specified as an indicator in the PGPH-02 Purchase Unit Description (Ministry of Health, 2010, p. 32).

Providers' reports did not provide exact numbers of organisations with effective harm minimisation practices in place. However, the reporting of some providers suggested the identification of some outcome indicators.

For two providers, success was noted when gaming venues expressed interest in MVE and undertook harm minimisation activities, and in the development of good working relationships with venues.

> Our public health worker … is actively sought to talk about gambling issues and venue managers have begun to show interest in MVE work there. [For one casino the]… [host responsibility] HR Team have agreed to monitor all individuals who re-enter the casino for a six month period.

Providers also reported on the increase in referrals to their services as a sign of success.

> Our continued focus on our relationship with venues and societies towards safe gambling environments has seen us receiving more referrals from venues and two from societies over this reporting period. We believe that the majority (95%) of the venues are issuing exclusion orders in a timely fashion (on average within 2-7 days) and that a significant portion is monitoring these exclusions well.

As reported by one provider, the number of completed exclusions may be another indicator of success.

> The [city's] multi-venue self-exclusion programme continues to operate well for clients who have experienced long term or persistent problem gambling and is a way of raising host responsibility standards. 27 exclusions have been completed in 2012 with good support from venues.

Additional to referrals and exclusions, the above provider also noted multiple benefits resulting from their MVE initiatives including developed awareness of the gambling industry, building their profile, and effective relationships with venue staff.

> Also, the process of implementing the multi-venue self-exclusion initiatives has increased the awareness of the gambling industry to the harm from pokie machine gambling, significantly raised the profile of [our] centres and increased client referrals from casinos and venues for exclusion support and counselling. Further to this has been the improvement in relationships with casino staff, society managers, venue managers and staff and the DIA, including the growing sense that we are managing problem gambling as a community and that we all are responsible for minimising harm.

For this provider, success was also noted in the venues' willingness to collaborate.

> It is great to know many venues are comfortable with phoning our MVE Coordinators and working collaboratively with us …Examples of the positive working relationships developed include a venue calling the Coordinator concerned about two excluded people who are visiting other local venues. The Coordinator spoke to both MVE clients and they both engaged in counselling. Another venue was concerned about excluded patrons entering the venue with disguises on and not being able to identify them and their liability. A RSA Club asked for support and strategies when they identify potential patrons who refuse to do anything and will not exclude themselves.

The closing of some venues in support of *Gamble Free Day* was viewed by another provider as a sign of success in gaining the commitment of venues.

> Although only two of the four Class 4 Venues closed their gambling operations for the day or for a period of time on this day it is seen as a major success.

Additional to outcomes related to clients and venues, other unintended outcomes may have been development of providers' knowledge about promotional strategies used by gambling venues to attract clients. One provider reported how their staff exhibited such knowledge.

> Kaimahi report that the [Trust were particularly] very good at informing those in gambling areas of services via promotional materials and resources being displayed. They are also aware that [restaurant] in particular are seeing a regular clientele and attribute this to the many accessible food outlets, free parking, an accessible public ATM machine located not far from the venue, and the privacy of the location of the [gaming] machines within the facility. If you did not know there were gaming machines at this particular outlet you would think it was just a restaurant and takeaways place. The [local] mall TAB also has many of these features.

4.8 Adapted Logic Model: Delivery of Safe Gambling Environments

The preliminary logic model detailed in the introduction to this chapter was expanded based on the findings from an analysis of the six-monthly narrative reports for this purchase unit (Figure 25).

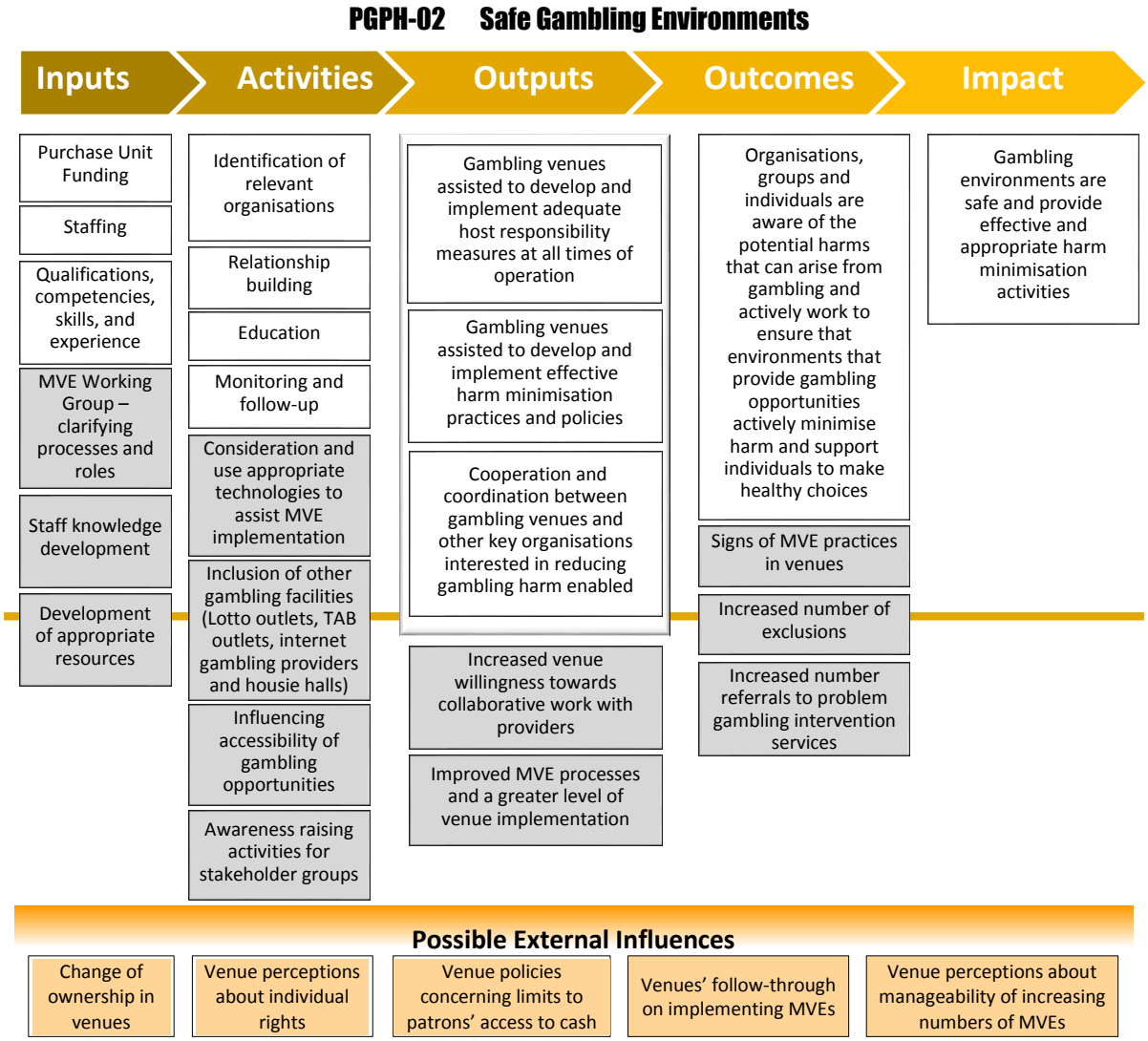

Figure 25: Adapted Logic Model: Safe Gambling Environments

5 Supportive Communities (PGPH-03)

The *Supportive Communities* (PGPH-03) public health service was contracted to 19 providers. The objective of this public health service was "to ensure that communities have access to services that provide strong protective factors and build community, family and individual resiliency" (Ministry of Health, 2010, p. 33). Activities and key processes identified by the Ministry in the PGPH-03 purchase unit description are summarised in a draft logic model (Figure 26).

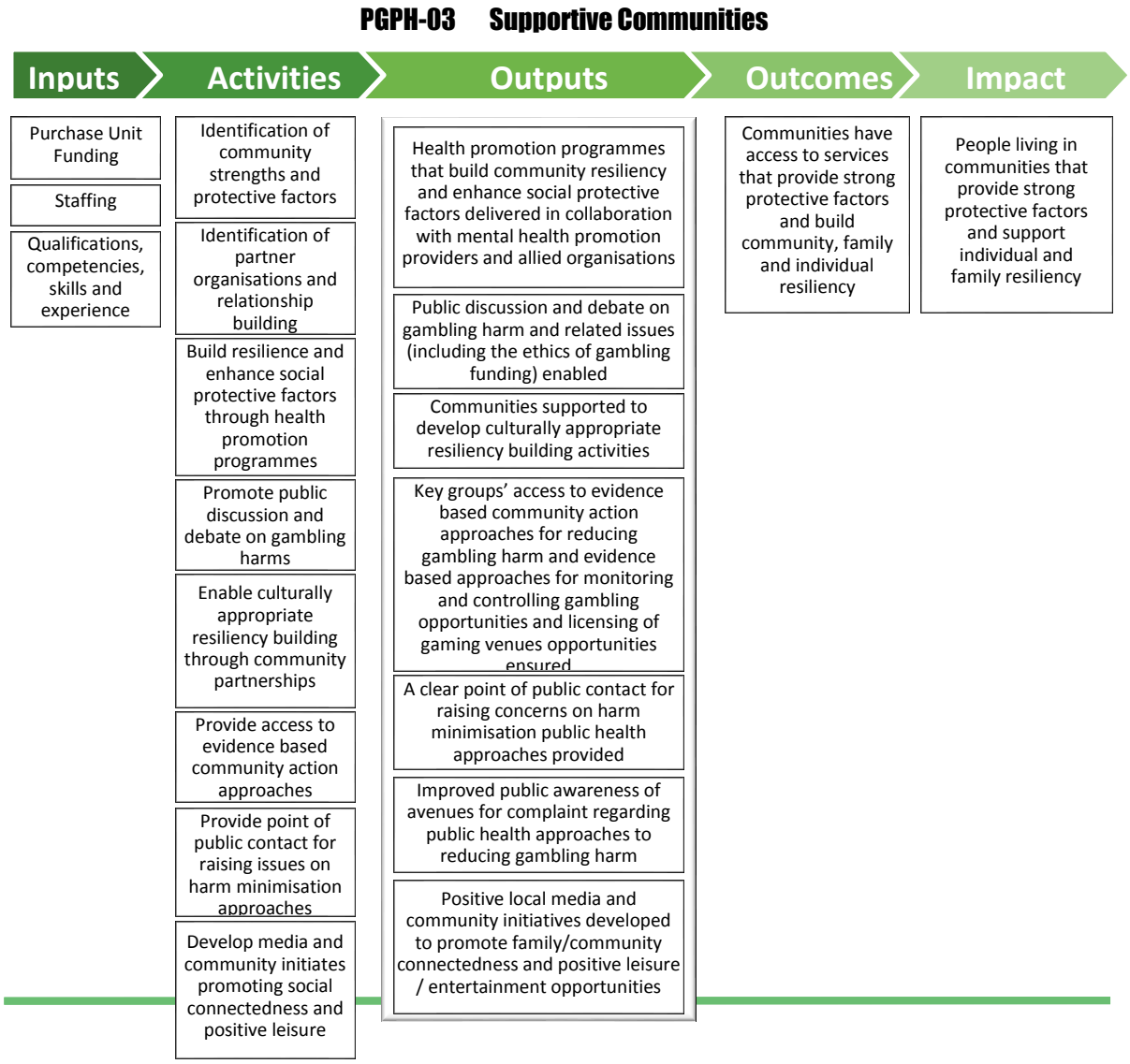

Figure 26: Preliminary Logic Model: Supportive Communities

The Ministry's reporting template required that the following points be addressed:

- Activities you have delivered to increase community resiliency and promote and enhance social protective factors
- Your role in any activities, the role of any partner organisations
- Barriers and successes delivering activities and forming partnerships
- The target groups, communities at risk and populations identified as priorities for the next six month period
- Outline public health initiatives that are community-action based

- Outline public health initiatives that resulted in community policy implementation
- FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment)
- Any other relevant information. (Ministry of Health, 2010, p. 44).

5.1 Provider's knowledge development

The reporting of two providers suggested that there was a need for providers' knowledge development in some areas which required some preliminary work. The reporting of one provider suggested the need to develop an understanding of community and social service organisations' views on gambling funding. They reported on efforts to understand, through surveys, the views of community and social service organisations regarding their reliance on gambling funding through their involvement with the social services council in their region that had established an action group to address ethical questions concerning reliance on gambling funding.

> [The action group was established by the social services council]… to address the…dilemma of social service and community organisations who rely on pokie funding to fund their organisation. The group has six members including two [of our] staff. The initial meeting brainstormed what the objective of the group would be. It agreed that this group would have a positive outlook and would look at surveying members of social service and community organisations to find out their view of receiving pokie funds. The long-term goal is to provide knowledge/workshops/directory of 'how to run a pokie funding free organisation' with examples. Currently, the main focus is to create a research project/survey to look at how members of [the social services council] feel/think about social services existing on pokie funding and the moral and ethical dilemma that this may pose. The group conducted a survey of NGOs on pokie funding and the results were analysed late 2011… The steering group is planning for the ways that the analysis results could be used and communicated with other stakeholders. This project is expected to expand to include other key stakeholders including [the] City Council and [a] university.

The above provider also took the opportunity to have discussions with stallholders during public events, to gain further understanding of alternative fundraising options.

> [During an annual community event]… some great conversations were initiated both with members of the community and with other stall holders. [Our] staff member in attendance also chatted with many of the fundraising stalls to find local examples of "putting the 'fun' back into fundraising."

Among the activities reported by another provider was an initiative to develop a methodology to identify problem gambling-related inequalities that would provide a basis for developing harm minimisation actions in their region.

> Complete[d] a 'scoping review' identifying inequalities as appropriate to problem gambling from which strategies can be considered. Project scope will consider identifying both health and social inequalities in providing a base to develop harm minimisation actions to address problem gambling issues pertinent to [the region].
>
> One decided direction has been to address the inequalities which exist amongst the resource allocation as determined by the trusts. Identified significant inequalities and [a] presentation… at [a] national conference was valuable in developing a 'tool' whereby sound decisions could be applied by applicant groups if a decision to seek funding from gaming trusts were to be considered. Another consideration was application of a 'loading factor' which may exist by addressing particular issues. If a particular action address more than one social factor then the more social factors addressed the greater significance - for example if a whānau was influenced by gambling and addressing that issue would address violence, employment, housing and any other social factors - then that would be become prioritised as opposed to gambling affecting lesser social influences.

5.2 Identification of partner organisations and relationship building

The PGPH-03 Purchase Unit Description indicated that key process for delivering services should include "identification of partner organisations, relationship building, mental health promotion, and

community development" (Ministry of Health, 2010, p. 33). The PGPH-03 reporting template also required providers to report on "the target groups, communities at risk and populations identified as priorities" (Ministry of Health, 2010, p. 33).

All providers identified the organisations and stakeholder groups they had either approached or worked with. As summarised in Figure 27, this included groups within the *health sector* such as public health organisations, mental health organisations and disability and elder care, the *social services sector* such as Work and Income and Budget Services, *non-health stakeholder groups* such as tertiary institutions, church groups, the Department of Corrections, Māori organisations, and *targeted groups* representing high-risk communities and the general public.

Figure 27: Stakeholder sectors identified for PGPH-03

Several providers indicated having attended appropriate meetings such as the Joint Agency Public Health Working Group - Te Ngira meetings, network meetings, local board meetings and community network meetings.

> [We have] continued to attend... Community Network Meetings in [several locations] to promote public discussion and debate on gambling harm and related issues.

One provider suggested the need for clarification on the meaning of "communities at risk" and the implied "labelling" of communities.

> No specific activity completed targeting 'at risk communities' other than frequent discussions of what constitutes 'at risk'…This identification has been somewhat difficult - the concept of labelling communities is not preferred. What has been identified is 'risk factors' which incorporates not only numbers of machines and similar information, but also general social determinants. No particular activities have been completed in advancing how to address 'at risk communities' and intend to seek information from other providers of how they address this issues - especially at our Cluster meetings

Other providers however had targeted specific communities. One reported that they specifically targeted low socio-economic communities for the delivery of this public health service because of the high-risk groups within these communities.

> We will continue to target the areas of the low socio-economic communities, continue to explore the Asian and Pacific problem gambling population, and investigate the older persons and vulnerable children parts of the community. We are aware that there is a growing concern that older retired people are engaging in gambling as an activity. We currently present to Age Concern and will be talking to groups of Kaumatua over the next six month period.

Three providers reported the value of engaging with Māori and Pacific organisations and groups; such engagement led to the inclusion of these organisations in public health promotion activities and it also enabled providers' access to the high-risk target communities connected to these organisations.

> [We have] strengthened… relationships with Māori across the… region. [This included engagement with marae in] collecting submissions and raising awareness of gambling harm [and] Gamble Free Day events. …[We have also] been voted on to the executive committee of [an organisation] which helps to represent the voice of Māori across the …region. We expect to raise awareness of problem gambling to this network which engages with local Iwi, Hapū and whanau...
>
> Building and strengthening relationships with [Pacific family service] has been a priority [for us] since… inception. Recently the attitude of aligning [our] public health activities whereby Pacific peoples will be included as part of [our] priority groupings has seen a desire to increase participation of Pacific peoples in the gambling public health awareness activities. The 'Gambling Landscape…'

> project will be a unique opportunity to involve the Pacific community [in this region] in a way that will not overextend our current capacity to address the outcomes of the project.

For one provider, conversations with various target groups in their community helped to gather information to develop their communication strategies.

> Through networks such as Elder Care … Men in Social, Health and Education Services, One Voice (network of not-for-profit agencies) and others we are gathering intelligence on the topical issues and ways of raising awareness of problem gambling.

Another provider noted the value of establishing community partnerships as it enabled their involvement in the organisation of yearly events, thus increasing the frequency of opportunities for community connectedness.

> Creating community partnerships has led to the service's ability to create and coordinate annual events. These events have been perennial and illuminate community consciousness and awareness of issues, which impact on them as a community. Such events, also, promote wellness and aspirational endeavours, which are transformative. It is based on the belief that whānau empowerment, is about the level of control whānau feel they have over their reality. Our role is to ensure that resources and help-services are assessable to them and that such services are meaningful in their lives. Such events, enable a frequency of community to come together, as oppose to the sense of isolation whānau experience. It is within this sense of isolation that whānau believe there is no other to turn to and that they are the only ones experiencing disorder and chaos, resulting from problem gambling.

One provider noted developing partnerships with the community and key stakeholders as a major step in delivering services within this purchase unit; they also took the approach of using their existing networks to develop partnerships.

> [Our] public health worker… developed alliances and partnerships within the… community to support and protect problem gamblers. [Our] public health worker will maintain these relationships and develop new ones particularly in the schools, child and adolescent mental health services and adult mental health services. [One of our staff has] strong links with the …community through 7 years of experience as a youth addictions counsellor. These existing links will be used to develop and extend supportive communities.

Effective relationship development, according to one provider, requires persistence in communication and support.

> The… team has been successful in creating and maintaining positive effective working relationships with many service providers within their rohe. The …team believe this is due to maintaining consistent contact with providers, and offering support when needed.

5.3 Identification of community strengths and protective factors

The Purchase Unit Description indicated that key process for delivering services should include "identification of community strengths and protective factors" and that indicators include "community measures of social connectedness, resiliency, cultural identity, and belonging" (Ministry of Health, 2010, p. 33).

As exampled below, although some providers mentioned enhancement of community resiliency and social protective factors as an objective of their activity, most providers did not explicitly identify "community strengths" or "protective factors".

> Attended hui at WINZ... and Budget Services to promote community resilience and enhance social protective factors. WINZ manager… is interested in the health promoter going back and doing some gambling awareness/education sessions to staff and clients; we are just working through some days/dates.

Nevertheless, two providers (detailed in the best practice examples in subsection 0) reported on how they had identified and built on social protective factors in a way that contributed towards protection from gambling harms.

It may be the case that "community strengths" and "protective factors" were implied in providers' reports. For instance, the use of community voices expressing their stories on overcoming problem gambling, described by one provider, could be seen as a "community strength" in addressing problem gambling issues (see section 5.5.1).

In another case, as detailed in section subsection 5.7.1, a youth education programme designed by one provider appeared to suggest that youth education was a "protective factor" that can contribute towards prevention of problem gambling within their community.

Another provider's comments on a community's awareness of their potentially influential role in health promotion appeared to suggest a form of "community strength".

> When the issue is promoted in a positive way communities tend to embrace the kaupapa far better than if promoted as problem gambling. Communities are beginning to understand how they can influence change as a collective as opposed to working with individuals and the issue. A greater understanding of their role in health promotion at a community level.

5.4 Health promotion programmes to enhance community resilience

Whilst the PGPH-03 Purchase Unit Description acknowledged "that mental health promotion requires partnerships across a wide range of allied public health services, sectors and disciplines", it also noted that activities for this purchase unit should include working with "mental health promotion providers and allied organisations to deliver health promotion programmes that increase community resiliency and promote and enhance social protective factors (i.e. social connectedness, cultural identity, knowledge and understanding, access to health services)" (Ministry of Health, 2010, p. 33).

5.4.1 Working with the health sector stakeholder groups

The reports of nine providers noted specific engagement with organisations within the health sector in educational and awareness raising activities. The approach used by some providers involved *participating in events organised by health care services*, which led to increased awareness of gambling services among staff of these services and enabled help seeking behaviour among health care clients.

> In support of the awareness activities happening within the region [we] participated and supported the …[Mental Health Awareness] sports day… Along with [a Māori health provider], whānau and mental health practitioners relay type team events were held. Awareness of [our] gambling services was strengthened within the mental health and addiction sector of… as a result. Resiliency building activities such as these form a major contribution toward ensuring community is familiar with the services that are available to them.

> In alignment with the local public health aims, there have been several opportunities to engage with various mental health service providers and mental health promoters. [Our] staff member met with the Mental Health Foundation to discuss their upcoming campaign regarding well-being … and possible… links [with us]. This link was revisited later in the month with other mental health promoters… during a mental health inter-agency forum. Others attending that meeting have signalled interest in collaborative projects or screenings.

Another approach was the *inclusion of health care providers in the organisation of events and projects* that address gambling addictions while promoting healthier behaviours, community connectedness, and opportunities to address other health-related issues.

> This project was established to work with vulnerable people in [a suburb] to overcome addiction (including problem gambling) and support mental health issues by offering a range of options to assist people in establishing a more healthy and enhanced quality of life and supportive community. Our partners in this project [included a] mental health provider… and …a trust to support community gardens.

> [We have also]… supported other professionals to engage in public health activities to support whānau to minimise and reduce gambling harm. Allied health professionals were offered the opportunity to participate in [a regional Pasifika] Festival under supervision of contracted public health staff. In this way, we hope that the issue of gambling harm remains visible.

> [We have] been working with a group of 90 men and women each week to combat obesity. …Significant issues with problem gamblers' significant others and problem gamblers themselves have been identified. [Among the statistics of this group]… 95% are Pacific and Māori, 30% identified with problem gambling issues, all range from severely obese to morbidly obese… 30% are unemployed due to health reasons, most present with other underlying issues such as mental health problems, AOD addictions, problem gambling, smoking, anxiety, depression, very low self-esteem and trauma from childhood.

A third approach was the *delivery of awareness raising presentations and workshops* to clients and staff of mental health services and health promoters:

> Given the number of whānau presenting to intervention staff with co-existing addiction and mental health issues, [we] undertook gambling harm education/awareness health promotion interventions with whānau affiliated to… a Mental Health Peer and Self Help Centre which aims to enable consumers of mental health services to achieve total inclusion in the community and full citizenship.

> ....we ran a full day workshop [which was based on the need for]… Mental Health Promoters, Mental Health Support Workers and family members affected by mental health to increase their knowledge about the effects of problem gambling and addiction and its relevance to wellbeing and mental wellbeing. A number of mental health consumers were also in attendance. Of particular focus was looking at how as a group they could build greater degree of resiliency for themselves and for those with mental health and co-existing problems (CEP).... We met with [a mental health organisation] to plan the content of the workshops, meeting on five occasions for these purposes. The workshop allowed us to share a range of relevant research and data on gambling related harm and mental illness and promote discussion on skills and strategies that could be utilised to both limit harm and re-orientate individuals and groups to "positive activities". A significant proportion of the workshop was around debating the nature of gambling in New Zealand, its effect on at risk groups such as those with CEPs and, what as a collective the participants could achieve through utilising their collective voice. The evaluation of the workshops was positive and [the mental health organisation has] asked us to provide further workshops on a variety of topics.

Best Practice Example 1: Enabling longer-term inclusion of gambling harms within health education

One of the above providers reported delivering presentations to health professionals and "emerging health professionals" (i.e. tertiary students within the health field). They noted that by "providing gambling harm awareness training to emerging health professionals" they were able to "have an ongoing influence" to ensure "that the issue of gambling harm remains visible".

> [We have] continued to engage in activities which we use to strengthen supportive communities [through] recurring presentations to a range of forums including tertiary education providers and health professionals (including community support workers, social workers, nurses and psychiatrists) [and] continuing to network with service providers. [We] arranged to undertake presentations with... clinical psychology students attending [a tertiary institution]. The presentation will focus on raising awareness of gambling harm, undertaking assessments [and] facilitating entry for whānau into specialist gambling services.

The provider later reported on positive outcomes in terms of developing student understanding.

> … The students were able to see that a whānau experiencing gambling harm may present in a similar way to whānau experiencing symptoms consistent with a major depressive disorder. They were also able to identify that undertaking a comprehensive assessment, which included the possibility of gambling harm being an issue would be important in order to appropriately assess and treat the whānau. We look forward to continuing to develop our relationship with the University to assist in making problem gambling a less invisible addiction.

5.4.2 Working with non-health stakeholder groups

Nine providers worked with non-health stakeholder groups in educational and awareness raising activities.

Celebrations of relevance to Māori and events that were attractive to Māori were noted by some providers as being an effective venue for engaging communities in related activities that can lead to increased awareness.

> It has been important to grow and maintain annual events, attractive to Māori. Such events provide a platform to promote, educate and elicit whānau involvement in the development, planning and coordination of community projects. Whānau involvement, leads to a better understanding [of] gambling harm… upon whānau, as well understanding the optimum strategies in accessing whānau. Events such as matariki in that last 6 months are successful vehicles in the promotion and education of gambling harm, help services and initiatives to support whānau transformation. These events, often have a 3 month build up. During this time, whānau support engage and participate in promoting *Gamblefree Whanau1st* as a vehicle in the promotion of matariki events we hold at the local marae.

> [Collaboration is a key aspect of work as working at a community level often leads to] invitations [coming] from community organisations. Opportunities to raise community awareness at mass Māori events in high Māori population regions. Sometimes rural communities can be forgotten or "missed out" - taking the kaupapa to the remote area is helpful and builds positive relationships.

A few providers reported having *supported awareness raising initiatives by partner groups* they had helped establish, thereby opening up avenues for future collaboration in gambling-related health promotion activities – pointing to one approach used by providers. For instance, one reported:

> The …Wellness… action group is now established and in its planning stages. This group is not solely focused on problem gambling however this group is working collaboratively to engage and support communities facing a range of health issues that can be linked to problem gambling… The group will… support next year's Gamble Free Day and the development of a community forum regarding problem gambling. [Our] team will also support the various members in the development and implementation of planned events, public health days and forums that contribute to the reduction of harm caused by gambling throughout 2011.

The approach taken by another provider was to establish a venue for future awareness raising activities through active support for the development of an Association of Social Workers sub-branch.

> One of our… PH workers is assisting in the development of [a] sub-branch of Aotearoa NZ Association of Social Workers (ANZASW)... This is accessed by many mental health and social service NGOs in… [an area of] vulnerable, low socio-economic community with large numbers of gambling venues. Through this vehicle we are strengthening connections between services and community groups while raising awareness of problem gambling.

Best Practice Example 2: Enhancing support for youth as a social protective factor

One provider identified the existing support provided to youth in their region as a "protective factor".

> Young people of [our districts] live in communities that provide strong protective factors and support individual and whānau resiliency. [1] Engagement with young people is met with responsive initiatives that seek to reduce health inequalities for youth, [2] Māori youth are supported to achieve optimum health and the negative impacts from gambling are minimised for them and/or their whānau, [3] Youth are able to identify and/or understand the wide range of gambling harm that may affect them, their family and/or the community they live in.

The provider sought for "…opportunities to engage and support youth initiatives" and later reported on the formation of a youth steering group "who were then tasked to develop and implement an event that would strengthen protective factors and support individual and whānau resiliency". Their reported activities and outcomes are described in Figure 28.

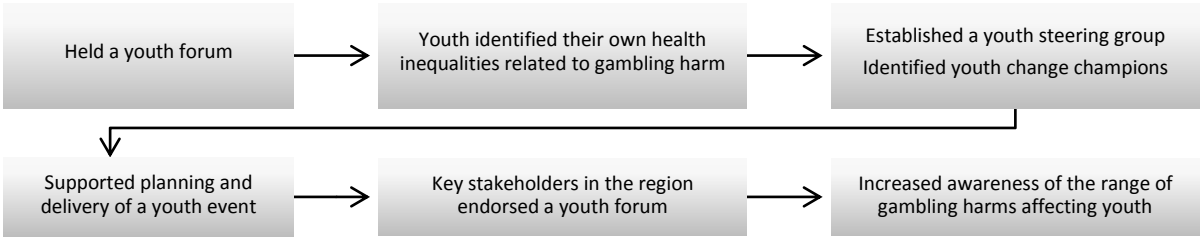

Figure 28: Supporting youth initiatives to enhance youth support as a protective factor

The youth group later delivered presentations to communities and students at a youth event in their district and at schools.

> Youth services and high schools from the [district] attended presentations highlighting the social impacts of problem gambling. From these presentations a youth steering group was established to develop and implement an event that was widely promoted through agencies and schools. Key messages were shared amongst youth on different forms of gambling harm and the impact it has on their whānau and communities...

Based on the results of pre- and post- evaluations, the provider reported on the success of the organised youth forums and presentations. They reported that the sessions had led to increases in understanding of cultural identity, social connectedness, resiliency and belongingness.

Three providers reported on the outcome of their discussions and *collaborative working arrangements with Pacific and Māori community groups* which provided opportunities for developing their awareness through joint organisation of events and presentations – suggesting a second approach used.

> [Our] Service has met with the team at [a Māori committee] to discuss their role in the community and where [we] can assist. Following the initial hui [our] service have confirmed… support and attendance at relevant upcoming events in [town] and also are working on presentations which will be presented in collaboration with [their] projects... [Our] team met with other service providers in [two other] communities to see where [we are] able to assist. These meetings were positive with the team creating new working relationships and offers of participating in events and delivering presentations were made.
>
> In consultation with the …community, [we] devised and facilitated the Gamble Free Day activities at [a sporting event]… The involvement of the … community in Gamble Free Day assisted in raising their awareness of gambling harms, and also knowledge of our healthy traditional pass times. Furthermore, the activities were whanaungatanga based, another traditional Māori approach to healing and to building social protective factors for our future generations... Community forums have remained a critical component to the awareness raising approach of [our organisation]. It allows [us] to continue to inform the ways in which we support whanau initiatives and the ideals of Māori communities' decision makers...

Best Practice Example 3: Promotion of Māori art and culture to enhance cultural connectedness

One provider identified Māori art and culture as protective factors with the capacity to enhance cultural connectedness.

> It is the aim of this public health activity to reduce barriers for participants by giving whānau experiences that strengthens and reaffirms their sense of belonging culturally [and] to build whānau and community resilience that embraces Te Ao Māori through the medium of arts and culture… [Our] kaimahi wanted to provide an opportunity to build whānau Māori resilience and social wellbeing through connections to the Māori community. Our aim is to enable the retention and the promotion of Māori arts and culture as a protective factor to preventing and minimising gambling harm.

As detailed in Figure 29, the provider reported on a pilot art and culture activity where they engaged with several Māori community groups including gamblers and affected others. The provider noted this as "an opportunity to bring whānau together in the community they live in".

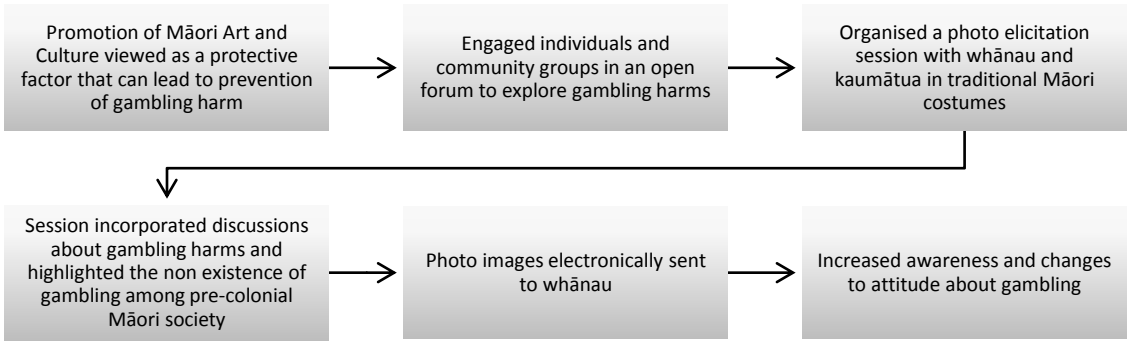

Figure 29: Pilot Māori art and culture activity to raise awareness of gambling harm

Through the activity the provider was able to "sustain and maintain trust and rapport with whānau" and to promote the availability of their gambling support services. They reported on their success based on the learning outcomes they observed, comments received from participants and their responses to what they learned about Māori culture.

> This activity verified how: Our service can utilise arts and culture through the medium of photo elicitation as an opportunity to enhance a whānau Māori activity. Despite being a vulnerable community participants have a unique way of living, as a collective, surrounded by their whānau, hapū and iwi. The participants understand and acknowledge the range of gambling related harm that affect whānau Māori which can still impacts their community.
>
> The feedback received from the whānau who participated in this activity was positive and they were satisfied with the outcome of their photo images.

A third approach was *participating in events organised by networks and groups that were focused on social issues* with the aim of including problem gambling on their agendas and linking problem gambling with other social issues. One provider reported:

> We participate in the… Family Violence Prevention Network to ensure the management of minimisation and prevention of gambling harm, is included. We attended the… Hands on Careers Expo and Mayoral expo to develop relationships with members of the community, agencies and organisations and promote gamble free, gamble safe messages.

Additionally, the above provider had sought community responses in the development of awareness raising activities, thus ensuring activities met community needs.

> The health promoter has worked closely with [several public health, education and community organisations]. She has changed two planned activities due to community feedback, and has designed, planned and received approval for two alternative activities. …She... received feedback from a number of Kaimahi who said they would not attend the… Health Services Expo and that there must be better ways of engaging with each other. [She] thought about this and sought permission to run a quiz night for services, the local community and [staff of another PGPH service provider]. Her proposal was approved and the quiz night will be held on Sept 1 - Gamble Free Day, after [another] event.

Another provider reported that they were invited by several community groups and organisations to deliver presentations as guest speakers in their programmes and workshops.

> [Our] Team were invited as quest speaker to raise awareness [at a Church Sunday Class for adults] regarding problem gambling issues and how the church members can work with [our] team to minimise the harm in our community. [We] were [also] invited as guest speaker to present to 100 youth and single adults about problem gambling and harms affecting our community. [We were

> also present at a]…youth suicide workshop [which was attended by] over 300+ people… [We were] invited as guest speaker to talk about problem gambling issues and how we can work in partnership with church members to minimise its harm in our community. …Church leaders and youth camp organisers… [also] invited [us] to present [at] their youth camp in …which aims at raising awareness against drugs and smoking and addictions… From the youth programme their survey results show evidence that the youth and church leaders did not know gambling was a problem. We were able to refer 22 individuals to the intervention team…

A further provider noted how their collaborating with other public health campaigns with the aim of connecting problem gambling with other social issues.

> [Our organisation] continues to have a strong relationship with the Family Violence Prevention Collaborative (FVPC). The "It's not OK" local campaign will have its launch at Gamble Free Day. …While the family violence team was considering what next steps to take, [our organisation] was able to get a better idea of how to incorporate the possible directions into Gamble Free Day… we are [also] working to improve our relationship with refugee and migrant and CALD (culturally and linguistically diverse) communities... [One of our health promoters] met with one of the refugee and migrant health managers to discuss gambling issues in CALD communities, how they are already being addressed at the refugee and migrant centre, and how [we] can support the work that is already being done. The manager was interested in developing a better relationship with [us] and perhaps sharing some of the free advertising space that he has acquired to communicate messages around gambling… The Child Poverty Action Group (CPAG) … is highly regarded in… New Zealand. One of their staple events each year has been a post-budget breakfast, and this year, [our] staff member took an active role in planning the event, including helping to arrange speakers and organising logistics for the day. One of the speakers invited our [public health staff] to contribute as a co-speaker. This was an excellent opportunity for [our organisation] to gain recognition amongst the CPAG team and their supporters, as well as for the 60+ attendees of the breakfast to see how one of the factors influencing child poverty can be gambling.

The above provider also noted their support for a health day organised by a community trust in their area.

> [Our] health promoter is on the planning team for the annual …"Māori… Health Day." [The organising community trust] put together an interested group of people to plan their annual health day at a local high school. The event was held successfully in June, with many young people and other social services interested in our materials. It was positive for problem gambling to be addressed openly, particularly with its high attendance of young people, particularly Māori young people.

Providers *offering of awareness raising workshops to community and public service organisations* appeared to be a fourth approach used. One provider indicated having approached Māori Wardens which led to the organisation of a workshop for this stakeholder group.

> [Our] service met with the Māori Wardens to discuss their service and where [our] team can be of assistance. An outcome of this hui is the Wardens are interested in understanding the signs and symptoms of a problem gambler and the support available to them. [Our] team will participate in hosting the Wardens in a one day workshop featuring problem gambling and suicide prevention.

A different provider reported a relationship with the Community Law Centre in their area, and the delivery of monthly awareness raising workshops for the centres' clients.

> A relationship has been established with the …Community Law Centre and monthly workshops ranging in themes are delivered for the community's benefit. The sessions have included… knowing your consumer rights, …making submissions, [and]…welfare changes.

A different provider reported on their working relationships with the Department of Corrections in developing pathways for prisoners to receive counselling services and the potential for inclusion of gambling harm into prison education.

> Continue to work alongside the Department of Corrections, Probation, the … Māori advisor to Justice and Māori health providers including our own, to create better alignment with services for those in pre-sentence and post-sentence (community) in terms of counselling services required.

> …Probation has asked a composite group of providers to undertake tikanga based services which may include the gambling harm kaupapa as part of the curriculum.

Another provider reported having approached youth organisations, Māori medium schools and Iwi social services to build capacity among teachers and coordinators in minimising gambling harm through education.

> [We used] education and HSC resources… to enable youth coordinators to successfully encourage and advocate against the negative impacts of gambling among their students. [We supported] youth coordinators… to advocate and discuss the impacts of excessive gambling with students of [the youth programme]. [We also provided] education and HSC resources… to enable teachers and teacher aides to successfully encourage and advocate against the negative impacts of gambling among their students.

Provider-led awareness raising initiatives appeared to be a fifth approach used. One provider reported on awareness raising at an annual school kappa haka event in their region.

> [We participated in a] primary school kapa haka competitions [which is an] annual event in [the region] celebrating excellence in Māori performing arts of our young people within the region. 'Choice not chance' was promoted at the event. The organising committee supported this kaupapa as a positive inclusion to effectively raising the issue of problem gambling in our communities through the eyes of our tamariki…and whānau…

One provider reported that an area of challenge faced was the difficulty in obtaining Health Promotion Agency sponsorship for community-led activities.

> [We] worked alongside 4 grassroots community groups, which were willing to promote their events as only problem gambling events, three of them were sporting events and they were seeking small amounts of sponsorship and resources to fully engage in the problem gambling messaging. Applications were completed but the Health Promotion Agency of New Zealand (through its problem gambling community funding programme) found no reason to support this action and did not supply sponsorship or resources, an opportunity missed.

The provider recommended that the Ministry of Health "work alongside the Health Promotion Agency… to ensure equitable outcomes for community groups trying to access sponsorship and/or resources. Especially, those groups with high proportions of Māori, Pacific and rangatahi".

5.5 Public discussion and debate on gambling harm and related issues

The Purchase Unit Description also required that activities delivered for PGPH-03 included the promotion of "public discussion and debate on gambling harm and related issues (i.e. the ethics equity of accepting (or not accepting) gambling funding" (Ministry of Health, 2010, p. 33).

Some providers' reports were clear that the aim of their activity was to encourage public discussion and debate; for instance, providing the space for discussions to occur. In other cases, it was not explicitly stated in the reports that a particular activity was for the purpose of encouraging public discussion and debate. These may have been implicit in the various awareness raising activities, such as the delivery of presentations to stakeholders and the setting up of information stalls in public places. As the objective of these activities was to raise awareness about gambling harms and the availability of help, it can be assumed that such activities are likely to have led to, or involved, some form of public discussion and debate.

5.5.1 Providing space and avenues for public discussion and debate

The reports from four providers suggested that the purposeful provision of space and avenues for conversations to occur was a way that public discussions about gambling harms could be encouraged.

Based on their observations of problem gambling among Pacific communities and their conversations with the community, one provider noted the need to develop a "Community Voices Group" for discussions to occur.

> From our conversations, we hear some Pacific people feeling they need to explain their circumstances through paying their bills, ensuring food is on the table, and making their financial obligations before playing socially. A question that is constant: How can Pacific people spend their time and money playing pokie machines when they cannot afford to? There are growing Pacific people who appear to have their house in order when it comes to choosing where, when, how much, and the type of gambling activity i.e., casino, gaming machines or at the TAB or texas-hold'em they are participating in. High risk families and communities tend to be vulnerable to harmful practices around gambling. We are seeing decile 1 school students sharing stories of their parents' gambling.

The above provider also noted that the Choice Not Chance campaigns provide the arena for productive conversations to occur.

> Choice Not Chance opens up a different kind of space for conversation. The previous 'problem' gambling approach started from a negative point, and was difficult for our Pacific community to engage. We were fortunate to have four community fono prior to the new message being launched in June 2011. Choice Not Chance presented us with an opportunity to refresh our spaces with a new message. We were extremely pleased to hold a workshop with a group of elders from the Samoan community. The focus of the workshop was to get a sense of how the message will impact on conversations with general community. Choice Not Chance offers a better space to conversation and lowering barriers than the problem gambling message.

One provider reported a workshop that was specially designed with the objective of providing the "space" for conversations about gambling harms to occur.

> 'Space workshop' - This was a strategy coordinated by [another PGPH service provider]. Its purpose was to create an informal talking space for community, to discuss community issues impacting on families/whānau. It addressed the uncontrollable determinants (e.g recession) and the fall out (gambling). It looked to understand the things we could control, in an effort to build resilience for our children.

Similarly, another provider reported plans to provide such spaces for facilitating community discussions.

> Building concepts of post-disaster community development into public health project. Will include tools such as 'conversation cafes', open space technology.

A different provider reported having organised a meeting for Māori providers, which resulted in the provision of space for discussions to occur among kaumātua.

> Hosting the National Māori providers hui, provided an 'ideal' opportunity to have Kaumātua actively involved in discussions relevant to problem gambling. Approximately 12-15 Kaumātua were directly involved and their involvement stimulated some thought provoking discussions. This has resulted in [a renowned kaumātua] indicating an interest to become more involved to determining from a 'Māori perspective' what actually is the issue… [Discussions]… amongst Kaumātua [included] their thoughts on problem gambling - to consider cultural perspectives and discuss the role of Kaumātua in involving themselves in providing guidance, advice and assistance.

The provider later reported on positive outcomes in the form of deeper discussions about issues related to gambling and gambling harms within the context of the Māori language, protocols and customs as well as an emerging acceptance of the Kaumātua role in health promotion.

> Increased awareness, acceptance and utilisation of Kaumātua in defining their role within the general problem gambling environment. Initially the input and influence of Kaumātua was minimal - the very concept and behaviours of present day gambling versus those of their generation were significantly different. Following discussions with Kaumātua the advice and direction from Kaumātua has commenced to develop some influence as the input provided is centred within Te Ao Māori, rather than seeking clinically based problem solving activities. The co-development of whānau ora has also assisted in the development of this. …Relationship with one particular Kaumātua grouping has strengthened whereby the group is more informed over issues that exist within gambling e.g. determining the difference between enjoyment and harm; the difference between risk and gambling and similar discussions which has now evolved with the group being reasonably well informed of the issues. Target is to extend the experience into other Kaumātua grouping within [the region]. [Discussion on the]… difference between enjoyment and harmful

> behaviour… has continued... A focus has been developed to encourage enjoyable forms of gambling at occasions which are significant for Māori communities. This happens frequently on specific occasions for Māori within [our region] and card games with the associated enjoyment factor have been re-established, with key participants sharing key messages about enjoyment and laughter being important. Noted that more open conversations and discussions about gambling in general also developing.

5.5.2 Promoting discussions during presentations and workshops

As detailed in section 5.4, the delivery of health promotion programmes often included presentations and workshops. Providers' inclusion of discussions with participants during these awareness raising events may be viewed as a second approach for encouraging public discussion and debate. For example:

> Our focus here was to develop resiliency and promote and enhance social protective factors by taking a targeted approach. This saw us involved in a 10 week educative process with at risk youth. Also presenting and discussing problem gambling with young Māori mothers.

Another provider included breakout discussion groups as part of a workshop which facilitated community discussions about problem gambling.

> … The theme for the workshop was: "*Keeping families and children safe and happy during the Xmas season*." We had the men, women and young people break into their groups to share their thoughts around keeping their families safe and happy, and identifying issues with gambling, alcohol, family violence. The following topics were discussed: Budgeting and free services assisting our families to manage their finances; Women playing bingo up to three times a week; Women and men visiting the poker machines and TAB regularly; Impact on children who remain at home who are not attending school; Church and extended family providing the support for children outside of the responsibility of parents - this keeps the problem gambling hidden; Why people gamble as a repeated practice? Why people not owning up to this form of addiction?

In conjunction with a youth week in their district, another provider reported collaborating with other partners in organising an "interactive" awareness raising workshop at a high school which included healthier alternative activities.

> … along with other partners [we] conducted a one hour interactive workshop over the lunch break at [a] high school, where the unhealthy risk of problem gambling for young people was highlighted using a unique and interactive method. The introduction of alternative leisure activities such as riding a unicycle, learning to juggle, plate spinning or participating in Ki-O-Rahi was employed as a vehicle for building confidence and competence, developing resiliency and protective factors thus minimising the harm experienced from problem gambling.

5.5.3 Promoting discussions at local events and festivals

Twelve providers reported on raising awareness during local public events such as mental health awareness week, health days, Gamble Free Day, White Ribbon Day, special school-based events, and cultural festivals such as Matariki. Promotional activities included setting up information stalls, organising fun activities, distributing resources, delivering presentations and, in some cases, carrying out brief screenings. As such events often involved discussions with members of the public (reported by a few providers), this may be viewed as a third approach for encouraging public discussion and debate about gambling harms.

> [We] attended a seniors' expo in tandem with [another PGPH service provider]. The team utilised materials provided by the Health Sponsorship Council ("Choice not Chance" wristbands, postcards) as well as public health resources developed by [us]. Feedback from the public was overwhelmingly positive. Participants made comments that the resources were "inspirational" and a "good reminder" of the harm gambling can cause. Many participants stated they wished to give the resource to people they knew who gambled. During the expo, a number of the attendants discussed their concerns about the impact of gambling on their friends, family and colleagues. One elderly lady spoke of her concern over other elderly patrons of a club she attends who seemed addicted to the 'pokies'... [Another] recognised that AOD addiction went hand-in-hand with [the gambling problems of a colleague] and wanted advice on how to help [him].

While participating in an annual speech competition event at a local school, one provider organised the inclusion of problem gambling as a speech topic, thereby contributing to discussions among students.

> [The event in] 2012 saw the inclusion of a speech topic asking tamariki to describe the positive characteristics of a leader. This topic was supported through the 'Choice Not Chance' promotion at the event and education sessions… The organising committee supported this topic as a positive inclusion to positively raise the issue of problem gambling through the eyes of our tamariki… The winning Māori speeches… spoke on this topic and emphasised the importance of strong leadership within the communities to effect positive whānau behaviour change.

For another provider, opportunities to interact with members of the public during such events also provided the opportunity to develop an understanding of public levels of awareness and perceptions which led to ideas for appropriate resource development as well as beneficial networking.

> Key themes to emerge from discussions with members of the public included: [1] Identification of a high level of knowledge about locations of gambling venues (by children and adults alike); [2] Various members of the community being aware about who engaged in significant gambling; [3] People identifying a reluctance to seek help (e.g. fear of the unknown, perception of getting others into trouble, desire to mind own business); [4] Concerns being raised about impact of gambling harm on children - but not knowing how to "help"; [5] Adolescents voicing concerns about significant adults in their lives. Following [health education and sports] Expo [we] began to discuss about how best to address the concerns raised. As a result of some of those discussions, we began to develop a workshop and resources to minimise gambling harm on children. The Expo also afforded [our organisation] to network with other providers. Discussions with a member of the Inland Revenue Service indicated they were engaged in working with a number of businesses who were facing financial difficulties due to the effects of gambling harm. We subsequently made contact with provider and have offered to undertake training with members of their staff.

However, the above provider also noted that reluctance among the public to approach information stalls at some events was a challenge faced in this awareness raising activity.

> [We] participated in the Gamble Free Day activities held 1 September 2010. From a collaborative viewpoint, the activity was successful and afforded us the opportunity to enhance our working relationship with other providers. However... team members noted that members of the community actively avoided the display and refused to engage.

While awareness raising activities in public spaces often involved the distribution of resources, one provider noted that provision of information alone was insufficient in achieving the outcomes for this purchase unit.

> You draw a long bow if you believe providing pamphlets or a talk to communities somehow builds resilience, it is a much more intensive process. Even though information in itself can be informative, it is usually a much more careful and considered process that leads to long term outcomes like PGPH-03.

5.5.4 Promoting discussions on the ethical perspectives of gambling funds

As noted in the preamble to this section, the purchase unit description specified "the ethics equity of accepting (or not accepting) gambling funding" as a related issue to be included in public discussion and debate (Ministry of Health, 2010, p. 33). The reporting of nine providers suggested various efforts to achieve this outcome.

Encouraging and supporting alternative funding sources

Two providers' reports suggested that one approach was to encourage the uptake of alternatives to gambling funds. One provider reported on several projects with different groups which encouraged and supported the sourcing of alternatives to gambling funding. They reported having worked with a Māori interest group in sourcing alternatives to gambling funding, providing assistance with funding proposals, and thus supporting the group towards becoming an exemplar within their community.

> [We] have been assisting [a Māori interest group] with their alternatives to gambling funding options, research funding options, gathering support letters and compiling funding applications.

> Many of the group members have experienced problem gambling in their whānau and therefore are interested in role modelling how to fundraise without accessing pokie funding. [We] see working with such groups as a vehicle to building whānau resiliency, developing community capacity to facilitate change and connect with healthy traditional pastimes. [We] supported the development of funding proposals aligning to their whakaaro of role modelling how to source finances without accessing pokie funding.

Another provider reported on a "Gambling Harm Minimisation Programme for Communities" to encourage alternative fundraising among community groups that were engaging in gambling-based fund raising activities.

> [We are] aware [that] a number of communities and community based groups (including a marae) use gambling based activities to fund raise. We are also aware that these same groups are often working with at risk individuals and whanau who do not seek assistance from an established problem gambling [service] provider.

The provider reported on their resource development process, which took into account existing resources and community needs. As shown in Figure 30, their process included consulting the community, reviewing existing resources, and identifying current resource needs.

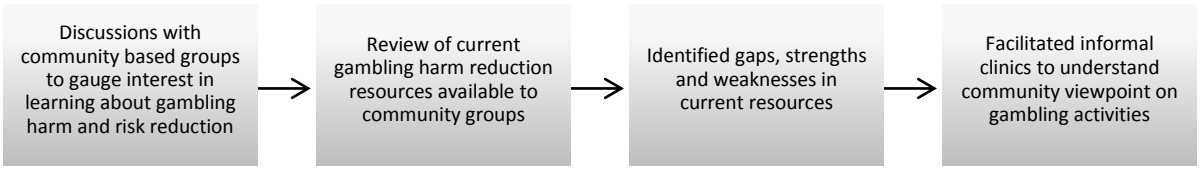

Figure 30: Community consultation in resource development

Based on their consultation with Māori community groups, the provider "identified that most available resources targeted individuals directly affected by gambling harm" and that there were "very little specific resources developed for community groups or organisations". They also identified knowledge gaps.

> Many people also spoke about not knowing how to reduce the effects of gambling harm on them and their whanau.

The provider developed a "checklist for workplaces to help… develop awareness of problem gambling and ways to minimise gambling harm". Piloting and evaluation of the checklist suggested that further work was needed to improve it. However, they reported that work progressed slowly "due to difficulties re-conceptualising ways to assist communities with fundraising". In working with the community groups the provider noted that although the groups were keen on learning about gambling harm and harm minimisation measures they were less ready to consider alternative fundraising methods.

> …[In our discussions with these community groups we found that although they]… recognised activities such as raffles, Lotto, bingo were gambling activities - they identified that these activities were ones they were familiar with and able to run successfully in order to fund raise. Many individuals stated [that] they felt [that] engaging in gambling activities provided them with a social outlet [and they also] perceived [gambling as an] opportunity to improve their lifestyle. One of the tensions to emerge from the discussions was between people wanting to engage [in] what they perceived as fun based activities but not be perceived as having gambling issues. …Work progressing slowly in this area due to difficulties re-conceptualising ways to assist communities with fundraising… In part, this has been due to difficulties resolving tensions about how we could realistically support communities to find alternative accessible sources of funding. Although we had expected some difficulties we had not anticipated the degree to which this would impede our work.

Supporting the stance of non-acceptance of gambling funds

The reporting of three providers suggested that another approach was to support groups that already have a stance of not accepting gambling funds while also promoting awareness of alternative funding.

In a jointly organised cultural festival with another PGPH service provider and community groups, one provider supported a stance of non-acceptance of gambling funds held by the event organisers.

> The steering group, led by event producer, who is [also our organisation's] champion for the reduction of harm from gambling kaupapa supported a pokie free funding stance. Highlighted concerns included the impact of utilising pokie funding on the whānau led projects reducing harm caused through problem gambling. It was widely agreed this steering group would support this stance to support the whānau led initiatives within [their area].

Additionally, the above provider reported having supported the awareness raising work carried out by a community group alongside their stance of non-acceptance of gambling funds.

> Over the last six months [we] have been working with [a] grass roots community group... has become a champion community organisation dedicated to promoting problem gambling awareness to their community. The [group is] seeking to establish a marae complex for the… and in their on-going support of the problem gambling kaupapa they continue this mahi with a pokie free funding approach. This stance is one they have promoted to whānau and [the] Local Board representatives.

The above provider also expressed solidarity with a sports organisation that held an event free of gambling funding, by providing funding support to promote this ethical stance.

> [The sports organisation has]… a healthy funding stance and do not accept pokie funding. [We] provided funding to enable organisers to promote this pokie free funding message. Engagement with whānau attending the two day tournament included a stall handing out resources and promotion of organiser's stance as well as acknowledgements across the facility's PA [public address] system.

Likewise, another provider indicated how they supported a sporting event that does not rely on gambling funds.

> One of our [public health] workers began working with a group [of organisations] on the planning of a waka ama event to be held on Gamble Free Day… is an event to support a waka ama club that does not receive gambling funding. Community groups and schools will be invited to participate to raise awareness of alternative funding methods and celebrate Gamble Free Day. Our PH worker's role is to assist with planning and identifying youth groups and schools to participate on the day. The… event overall was a success… There were approximately 150-200 rangatahi who attended and took part in the activities from alternative education providers …There was problem gambling information displayed around the site such as where to get help, how problem gambling affects communities, how to talk about gambling with family/whānau and how to raise funds through alternative means.

Another provider reported on a cultural festival's organiser's stance of not accepting gambling funds as well as workplace policies in relation to the acceptance of gambling funding.

> One community policy initiative that occurred during this reporting period was [a] successful …biannually held sport and cultural festival for [our region]. Organisers agreed that no financial support will be sought from any gaming trust. One Kaumatua group also has a similar 'policy' and for [our organisation] we also have a similar workplace policy whereby no tautoko can be provided if gaming trusts are also involved.

Introducing the idea of alternatives to gambling funds among youth groups

Considering that youth are an at-risk population group, two providers reported on their efforts to introduce the idea of alternative funding sources and supporting youth in efforts to secure such funds.

One provider supported tertiary students in alternative fundraising while building on their awareness of gambling harms.

> This one off [student dinner] event was designed to motivate and empower the student and their lecturers to use alternative ways to fund raise instead of gambling (toll tickets) and to celebrate the Gamble Free Day events. Our team contributions included connecting the students to [a radio station to promote their event]… We also promoted our service by being the main Masters of Ceremony on the night… Outcomes included the over 300 participants on the night and the students were able to achieve their target amount of money needed from their fundraising event.

Similarly, another provider took the approach of providing support to a youth group in seeking and securing alternative funding which led to increased knowledge about alternative sources of funding as well as gambling harm as it relates to youth.

> [We]… have engaged a group of young people … aged 12-24 years who had formed a collective. …[The group had] strived to gather funds enabling them to share their success stories and strengths with an overseas audience [in an international conference]. This has provided… [a] unique access to a specialist population who are at risk of developing premature gambling behaviours… Fundraising advice was administered as with sponsorship of tickets, printing and media. Numerous occasions for networking were established and various materials to assist in the broad range of gamble-free fundraising activities undertaken by the group. These actions were followed up with an evaluation meeting to discuss expected and actual outcomes. Overall the knowledge and experience of alternative funding options have increased based upon the funding plan developed by the group. This will enhance the way in which they approach future funding opportunities and strengthen decision making around healthy funding opportunities… Many successes were seen during this reporting period including the continued promotion of gamble-free fundraising which has supported a conscientious recognition of the deceptive nature problem gambling poses on a specialist population group such as young people.

The provider later reported that the youth group had "continued to make significant improvements in their capacity to actively work among youth and community networks" in their district.

Encouraging thinking about the ethics of gambling funds

Encouraging thinking about the ethics of gambling funds appeared to be a fourth approach used as evidenced in the reporting of four providers.

The comments of one provider appeared to suggest the need to consider the ethics of housie funding as well as its contribution towards normalising gambling.

> Housie continues to be a significant source of funding for Pacific churches and enjoyable. Seemingly it is not a hub for the problem gambler, as the takings are generally small in comparison to pokies and casinos. Housie does have its role in normalising gambling as well as [cause] a cultural community to be indifferent to problem gambling.

The above provider also reported on the establishment of an Ethical Funding Forum in collaboration with another PGPH service provider. They noted that the Forum provided "a community awareness space… to bring to the attention of community the effects of gambling on… communities". In accordance, the partner PGPH service provider reported that "the Ethical Funding Forum created a safe and respectful space for discussion and debate around funding issues" and reported on the various discussions and debate that took place among community members, city councillors and Members of Parliament.

> [Together with another PGPH services provider we] hosted an Ethical Funding Forum to bring community members together to debate, discuss and explore our dependence, as a community, on the funds derived from money lost in pokie machines. …[During a city council] submission process, local city councillors talked about the limited power that the community has in deciding whether we want pokies or not and we became acutely aware of the sports and community groups' need for pokie money for their survival. We talked to MPs and received candid responses about the lack of discussion in Parliament about the fairness of pokie funding. It was stated to us that in the current political climate, no prospective government would consider reducing pokie machine numbers as they would expect a back lash from some of the general public who have become used to pokie money paying for their social and sports groups and their children's education. We also attended a community hui in May and were impressed with the breadth and passion of community activity and the total reliance of the community groups on pokie funding. [We] addressed the group and were interested in the response from participants of the hui of discomfort in having to take pokie money but also the concern that if they speak out against the situation they may lose favour with the gambling societies and possibly lose funding for the following year. In all these discussions, there was a sense of stuckness [sic] at the intractability of the situation, a desire to not want to rock the boat due to reprisals, but also a keenness to discuss their own point of view. As a result we decided

> to make the ethical funding issue our focus for Gamble Free Day 2011... Although it was generally felt that no solutions came from the evening, it was appreciated that there was a space to discuss the issues openly and despite the contentious nature of the discussion, the discourse was respectful and warm.

In another example, the above provider reported on success in encouraging the non-acceptance of gambling funding with one group by bringing about an awareness of the connections between gambling and family violence.

> [Our] PH worker raised awareness about domestic violence and problem gambling and promoted debate on ethics of receiving funding from gambling sources for a Blow the Whistle Campaign at [a] Family Violence Prevention Network and the group then decided not to use this funding stream.

Another provider reported plans to carry out an awareness raising workshop in relation to ethical funding, considering that some organisations receiving gambling funds or thinking of applying for such funds, may be unsure about how to respond to the issue of gambling harm.

> The topic of ethical funding is being raised in the community and a selection of agencies/ organisations identified… We are providing workshops to identified agencies/organisations. This workshop covers what problem gambling looks like in New Zealand, the history New Zealand gambling (including the Gambling Act 2003), strategies for reducing gambling related harm and, an ethical discussion around the New Zealand community funding model. [An] ethical funding event… is being organised around Gamble Free Day which will include representatives from each of the engaged agencies/organisations… Our intention is to host a debate and invite a range of people including Class 4 gambling societies, local politicians and other bodies such as COGS. This will include a presentation on how to "Off Set" the harm associated with particular types of funding and we hope to facilitate a debate…

A different provider also took the opportunity to steer thinking around the issue of accepting gambling funds in a health related conference, which led to the development of a project focusing on the issue:

> Attendance at one health conference provided an opportunity to discuss an issue which may confront professional and health focused organisations which are dependent upon financial income and accept financial contribution from gambling trusts.

The provider reported that the objective of the project was to "promote public discussion and debate on gambling harm and related issues (i.e. the ethics of accepting or not accepting gambling funding)". The provider focused on the recipients of financial contributions from gaming trusts. Their reporting suggested a consideration of social marketing approaches by eliminating the "guilt appeal", focusing instead on raising understanding on the concept of minimising and reducing harm.

> Accepted the reality that community groups will accept financial resources from gaming trusts and eliminated the 'guilt' factor that was frequently associated with this action. Provided an opportunity for recipients to understand more some implications associated with gambling and allowed an opportunity to contribute towards the key target - "minimising and reducing harm."

5.6 Culturally appropriate resiliency building through community partnerships

Another expected activity within the PGPH-03 Purchase Unit Description was for providers to "partner with communities to support the development of resiliency building activities that are culturally appropriate. This may include gambling free forms of fundraising, entertainment or skills and strategies to limit gambling related harm" (Ministry of Health, 2010, p. 33).

Thirteen providers reported a range of approaches they had employed to develop partnerships with communities to support resiliency building activities.

5.6.1 Using Kaupapa Māori approaches

Three providers indicated using Kaupapa Māori approaches when working with community and in delivering specific activities, thus ensuring the cultural appropriateness of resiliency building activities.

One provider reported on developing a school holiday programme for children based on Māori guiding principles such as "manaakitanga, kaitiakitanga, rangatiratanga" and "kotahitanga" which they believed "provided direction around the outcome of developing the resilience, capacity and capability of the tamariki" they worked with. Another reported:

> [We] work in a holistic way in terms of building resilience, in individuals and within communities, our unique approach is also Māori centric and utilises Māori methodology. Social cohesion, secure intellectual identity, shared responsibility amongst communities and consideration of the wider determinants of health are key considerations in terms of this outcome.

Another provider reported a programme for students that was based on Māori culture and encouraged healthier alternative behaviours. Inclusion of teachers in the programme enabled an element of programme sustainability as the teachers expressed confidence in being able to take over the delivery of the programme.

> The [public health] worker has facilitated [several programmes for students] at [a] college in the third and fourth terms … Students learn to play [kī-o-rahi] and are told stories on Māori culture and the impact of colonisation on Māori, explore the impact of addictions…and whānau experiences of problem gambling and learn about the healthy benefits of food and activity. The teachers are also involved in the programme to raise awareness around problem gambling and addictive behaviours within the school environment. Evaluations provided some practical feedback and a teacher believes they will be able to facilitate the programme themselves after a couple more practises. [The]… students … discussed problem gambling and addictions in their lives, discussed alternatives to destructive behaviours; discussed the impact of colonisation on themselves and their whānau/communities. Included the teachers in the development of the programme and raised the awareness of problem gambling and addictive behaviours within the school staff and an at risk group of students.

5.6.2 Establishing and supporting client groups and client-led initiatives

Four providers reported having established client or consumer groups that they worked with in planning and delivery of various awareness raising activities.

One provider reported having organised a client focus group to discuss appropriate approaches for building resiliency.

> Organising the client focus group to meet and discuss ways that keep them healthy within a community context, social resiliency, activities, any barriers/successes they may have had… Working with focus group to coordinate a *Gamblefree Day* activity.

In their ongoing work in establishing a consumer group, another provider reported on their objectives as follows:

> The overall purpose of this project is to enable people with lived experience of gambling harm to take action in their communities with the aim of preventing and/or reducing gambling harm. Successful implementation of this project will result in raising awareness of gambling harm and preventative measures being increased for all members of their communities. A steering group has been set up …[and our organisation] will facilitate and administer a consumer action group on a monthly basis… this group was heavily involved in the "Community Awareness Bus Tour" and were supported to do media interviews around the [casino] issue. They have also been involved in submissions around the Gambling (Gambling Harm Reduction) Amendment Bill.

A different provider reported supporting the awareness raising work led by a consumer representative.

> We have continued to support our consumer representative… in the work she had done for other problem gamblers. [She] has continued to operate a consumer-run support group which we have found beneficial to have in our community. [She] was able to launch her *Problem Gambling Support Logbook* at our Gamble Free Day event.

Best Practice Example 4: Collaborative establishment of a consumer voices action group

In collaboration with other service providers, a provider reported the establishment of a consumer voices action group that was based on individuals having overcome problem gambling, expressing their stories on the impacts of gambling on their lives, the lives of those close to them and their community. The provider reported how the idea for the formation of such a group was derived from the works of…, a former gambler who had publicly shared her experiences as a result of "her desire to help prevent friends and whānau from going down [the same] problem gambling path" which eventually led to the issue becoming a priority among iwi. The provider reported how their staff initially "formulated the theory that gambling harm for iwi, hapū, whānau, and community would decrease further if consumers were fully engaged, and provided with the resources to develop their own organised voice to create change" (Figure 31).

The establishment of the consumer voices action group was in partnership with other PGPH service providers which necessitated a Memorandum of Understanding (MOU).

> …clearly outlining the joint treatment and public health partnerships, support for consumers, cultural safety, content, expertise and roles, sharing of resources, [voluntary participation ethics], [and] the need for two facilitators to be present - one counsellor and one public health worker at all times, and the responsibilities in regards to the administration and running of the group.

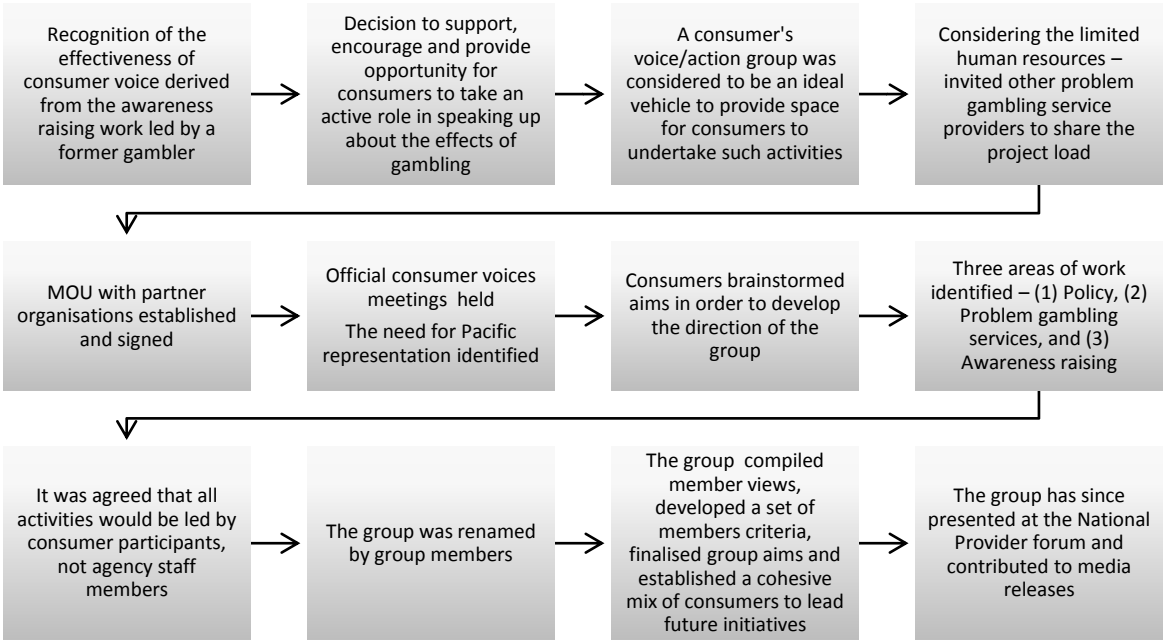

Figure 31: Establishment of a consumer voices action group

The provider noted that the decision for a consumer-led group corresponded with their cultural model, although a partner group had differing views.

> Such a concept fits well with the value "tika" from [our] Māori Ora model of health. Tika ensures the rules of engagement with communities, has a foundation of equality and justice. Giving the power to consumers to lead their group is tika, it provides equality and justice to consumers. However, giving power to consumers has not been without its difficulties as it has ruffled the feathers of one particular organisation involved. However, as indicated earlier in this report, the workshop planned for 2011 aims to help everyone feel more at ease with the project values, as well as providing opportunity to add to its philosophies and intentions.

The provider explained that the establishment of the group was based on "the premise, if raising community awareness and strengthening community action was to be truly effective, those who struggle with gambling addiction from all other backgrounds must be part of the equation".

The consumer group itself faced several challenges such as inconsistent attendance, "strong" personalities of some consumer members, fear of discrimination (in relation to future employment) that may result from participation, and cultural difference among consumer members with regard to meeting processes. Nevertheless, the group has since achieved several positive outcomes, which included a presentation at a national providers' forum which emphasised the need for service providers to effectively consider and act upon consumer voices. The consumer group had also written letters to the editor and contributed to press releases touching on issues such as internet and television gambling advertisements targeting youth, and the "revenue that is being taken out of low socio-economic areas [through]… the pokies."

In a subsequent report, the group's media engagement was noted to have expanded to a regular activity.

> Members decided over the last six months that there was a great need for more action and it was decided that writing letters to the editor in regards to any relevant gambling related news was an action they could do on a regular basis. To assist the group in writing press releases, and letters to the editors, and planning, consumer members asked if counselling and public health workers could bring to meetings relevant news articles and other event details to resource the group.

Group members also become more active in other related advocacy activities.

> In October, [consumer voices action group] discussed how to incorporate brief and regular messages at Marae. The group also discussed the lack of information available on the Department of Internal Affairs (DIA) website: members would like to see audits of venues and compliance reports included on the website - a letter to DIA requesting this to be undertaken was written by the group.

The provider reported having done the following to maintain the group, highlighting the importance of ongoing engagement.

> Continued organising, promoting and co-ordinating the consumer voices action group, providing members with information/statistics on gambling, and supporting the other organisations involved in order to maintain their support. [Along with our partner groups we continued]… engaging with the community to recruit more consumers… [We endeavour to] …maintain an ongoing relationship with the consumer voices group members at all times, we are dedicated to connect with group members on a continuous basis, and don't just wait until the meeting once a month to talk with them. Engaging with them regularly through phone, and email is key to keeping members feeling connected and valued.

The provider concluded on the success of this group as follows:

> Regular members have reported that the group has been an incredible learning experience, not just on problem gambling but on the power of having a voice. Overall [we] are happy that even though the group at times is slow in progression, that it is a group that is on the way to being led by consumers not agencies. Such an approach is in alignment with the Whanau Ora concept where individuals, whānau and communities are provided with the tools to navigate their own healthy pathways. …Overall, the group has made significant progress in terms of increasing its membership and the level of involvement of members in action processes within the community, council, industry and government departments. The group is becoming more and more self-determinant and led by the consumers themselves.

5.6.3 Supporting community groups working against gambling harms

One provider reported supporting the establishment of several action groups and providing them with the necessary information on gambling harms and support to enable their capacity to build resilience for their own communities.

> Over the past six months, action groups have been supported by [our organisation in several locations]. These have been predominantly driven by [our organisation], but have also involved other service providers. These groups are open to anyone, and are involved in highlighting gambling harm and advocating for better policy… [We have been supporting the] Gambling Action Group and assisting to organise meetings and take notes, as well as providing evidence-based information for that group on gambling and pokies. [Our] role has been to help inform the

> community about gambling harm and empower them to be responsible for making their own communities resilient…

The above provider also reported supporting the efforts of other action groups that aim to protect their communities from gambling harms.

> A "keep casinos out of …" group has been in contact with [our organisation] for information and evidence. This group is a place for those opposed to the idea of a casino in…, to make their views known. … is the only major city in New Zealand that does not have a casino. Some groups are advocating for the establishment of a 5 star casino in the …area. [Our organisation] has provided evidence to the group in terms of the impact such a casino might have on the local community. [We have] also worked with another action group in… "Keep loan sharks out of …" There are a large number of pokie machines in… and a strong link between harmful pokie play and loan shark activity. [We] attended the launch of this group, and [have] provided information and evidence around pokies and loan shark activity. A related group "Debt-free …" also recently started and [our organisation] has also had contact with this new group.

Likewise, another provider's collaborative work with a "Kaumātua/kuia reference group" led to awareness raising activities being taken on by these groups and their active involvement in policy development to support community resiliency in a culturally appropriate manner.

> Kaumātua consultation and liaison continues to be a priority area for [us]… [In addition to involvement in other activities the] Kaumātua reference group members …attended [a] cultural festival where they reinforced [our] problem gambling harm minimisation messages in the Māori village kaumātua tent. The …kaumātua kuia reference group has carried on in momentum by attending problem gambling workforce development/information events, and presenting to Māori communities on the risks associated with gambling… Kaumātua/kuia reference group have continued to entrench themselves in all aspects of the problem gambling kaupapa. Their insight and knowledge of impacts on whānau is now valued across the sector… Their reach also contributes to other addiction areas, as a result they now champion the harm minimisation and prevention of gambling at other sector forums such as regional alcohol strategy planning and corrections kaupapa… [We] look forward to supporting kaumātua to action this diversification of projects within [their area] and the continuing promotion of positive Māori based innovations developed to minimise and prevent the harm caused through gambling …[The Rangatahi reference groups we established have] representation on the …Local Board rangatahi [group] to promote problem gambling awareness and to ensure a rangatahi perspective in decision making [in addition to other policy advocacy work].

5.6.4 Collaborating through sponsorship

Another provider reported sponsoring a sporting event in which the partner organisation was encouraged to take on the role of problem gambling awareness raising.

> [We] received a letter requesting sponsorship and funding towards [a] healthy lifestyles Māori sports body… [for] training equipment and/or travel expenses to [a] national tournament. [We are] working towards sponsoring …[the sports team] via discussions and nurturing opportunities to coordinate and collaborate in promoting the national problem gambling Choice Not Chance and raising awareness on the prevention of problem gambling harm and responsible gambling. [This would raise] awareness on the ripple effect problem gambling harms may have on whānau and friends in communities.

5.6.5 Supporting community-led projects and initiatives

The reporting of four providers suggested that supporting community-led projects and initiatives was another approach used.

One provider reported provision of support for community projects that had the potential to build social connectedness. The provider supported a community development project in their area by carrying out surveys, "supporting the planning and implementation of events, gathering information regarding strengths and helping to connect whānau with other whānau that can support and meet [each other's] needs."

> [We have supported a]… community development project, run and organised by community members and supported by [a faith-based Māori youth and community development organisation network]… [We supported the network] in implementing and facilitating… [community] events, a community vision evening and also supported the undertaking of community surveys. The … community survey was created originally to gain the community's perceptions of available facilities, what they desired to see happening within the community and at all levels gain their participation. [We were able to include]… in the survey the question "do you use the pokies". The … community has one Class 4 gaming venue and one TAB that is easily accessible in their community, with one other Class 4 gaming venue that is still within walking distance. This information will support presentations and policy development. …Data was made available from the surveys currently being undertaken by the …working group, these show that many people who participated in the survey do not use the Class 4 gaming venue that is accessible within their community. [We are] concerned that if expenditure is still high at this venue it may prove that a very small amount of people from within the low-decile community are spending the majority of the money.

Another provider delivered a Driver License programme which led to their relationship with the community. The programme was based on a need identified in a community survey. The provider regarded this to be "an innovative way to engage with an at risk community to prevent and minimise gambling harm".

> The Driver Licencing Programme was developed [where]… over 100 members of whānau received support to attain either a learner, restricted or full driver licence… Participants were either descendants of …, existing clients, PHO registered or screened for problem gambling. They ranged in background, and age… Relationships between the service and the community were developed, strengthen and maintained through the delivery of the programme.

By incorporating gambling-related education in the programme, the provider was able to achieve a wider outcome that led to the strengthening of community resilience.

> Hosted a registration evening to bring an audience together to provide some education around the harms of gambling, to brief screen and to collect information to assist with the coordination of the project. Provided driving assessments to fine tune driving ability to prepare the driver about the requirements of the test, to support with multimedia resources, to assess level of awareness and provide some supplementary education around the harms of gambling.

The provider reported that the programme led to several outcomes including increased awareness about the range of gambling harms and about their problem gambling service. The securing of driver licenses also led to "increased self-confidence and self-esteem" and "increased job prospects and placement that may lead to increased income [which is] a determinant of health".

One provider supported the National Council of Women (NCW) in their efforts to raise awareness of gambling harms.

> [We have] been involved in helping prepare gambling-related remits that will reinforce the NCW's stance against gambling harm. This has included presenting to NCW and supporting their desire to put forward a remit with facts and information. A number of NCW meetings have been attended and numerous e-mail correspondence in between meetings… she has been able to increase awareness around issues of gambling within the organisation. She inspired the team that wrote the NCW submission to the … strategy [of a government authority] to include reducing gambling harm… As the clinician has become more involved with NCW, she has been able to arrange speakers who are supportive of [our organisation's] work and have increased awareness around the harms of problem gambling. These conversations have led to a call for another article in the next NCW circular…

5.6.6 Supporting programmes for children and youth

Supporting programmes for children and youth was an approach used by three providers. One provider reported an after-school programme for children affected by gambling harms, which appeared to have a resiliency building aim as the programme familiarised the children with pro-social activities within a supportive environment.

> Children and grandchildren of problem gamblers were involved in after-school programmes, …in order to expose them to pro-social activities and adults …support continued to be provided to the after-school programme on Mondays and Tuesdays. Activities included te reo me ona tikanga, the haka and gambling awareness with the provision of resources to encourage discussion around the pros and cons of gambling. Pick-ups of two tamariki… enables their participation in the programme vital for their development as impacted others. [We also] restored a community garden with some of the tamariki from the after-school programme. Knowledge about traditional planting by the moon was exchanged including karakia to connect the physical and spiritual. The importance of creating sustainable living in the current economic climate is important for whānau that are economically challenged.

The above provider also supported the delivery of holiday programmes for children, in which problem gambling themes were incorporated.

> Supervisory support was provided to three separate children's holiday programmes …Activities that encouraged gambling behaviour like bingo were prevented from being implemented during the programme through communicating with the programme coordinator.

In further reports on the development of the programme, the provider noted how the programme was based on Māori guiding principles.

> The activities were reflective of guiding principles including manaakitanga, kaitiakitanga, rangatiratanga, kotahitanga…te reo and whakapapa. The Principals provided direction around the outcome of developing the resilience, capacity and capability of the tamariki we work with. In addition to the strengths based model of building health and wellbeing amongst the tamariki, the haka…developed to raise awareness around the dangers of gambling was taught throughout the programme with explanation. Resources promoting the Choice not Chance messages were given to the tamariki as rewards for good behaviour.

Another provider reported contributing to a youth mentoring programme.

> [We] have volunteered to be mentors for… high achieving rangatahi. Part of this mentoring role includes building resilience for problem gambling and other potential barriers to success. The initial training has been completed and group mahi with mentees will begin 2013...

A third provider reported on their work with a school in their area, where support was provided in developing a health profile survey that included gambling behaviour.

> During this period [we] engaged a senior secondary school student fortnightly per a structured educational project where this young woman developed a health profile survey format, which included some opportunities for feedback on the gambling behaviours of young people. Survey format has completed and pre-tested, will be available for use in 2012. The intention of this survey is to identify needs within a particular school environment - to share feedback with that school to assist them to address any need. Gambling has been included.

5.6.7 Supporting health-focused community programmes

One provider reported the development of a project which provided an opportunity to engage the community in walking and running. The provider later reported on the positive public feedback received in relation to the programme in that it was supportive rather than prescriptive.

> [We applied] a basic logic model pattern to develop an initiative that had the potential to assist whānau to create sustainable change. This involved considering and reflecting upon the Choice Not Chance campaign and identifying ways to incorporate this into our service while still acknowledging the unique features involved in service delivery to specifically, but not exclusively Māori whānau experiencing gambling harm. In the wider community, there has been a heightened awareness of other initiatives aimed at improving Māori health and wellbeing such as … [Māori focused events] which has been successful in appealing to Māori... In developing our initiative we hoped to factor in some of the elements from …Māori [event] to encourage whānau to make positive choices to reduce gambling harm within the overall context of healthy lifestyle choices. ...Further, we wanted our actions as individuals to be consistent with messages we communicated as professionals. Thus, …was developed. …is intended to encourage whānau to make healthy lifestyle choices as a way of preventing and minimising the incidence and/or impact of gambling

> harm. [Our organisation] acknowledges that …is a process and an outcome which requires on-going commitment to choose health.
>
> [We] have identified opportunities to promote healthy lifestyles and participated in events, primarily walk/run fun events and used these events to profile the Choice Not Chance campaign and provide information on preventing gambling harm… The added benefit of … is that it is an activity which does not have to cost a lot, can be undertaken with whānau and friends and is a practical activity that most whānau can adopt. And, like change it begins with making a choice and taking a step.
>
> [The]… initiative… has been favourably received in the community… Whānau report that the initiative supports them to make change rather than telling them what not to do…

Likewise, another provider supported several community groups by incorporating a problem gambling theme into other health related programmes.

> …The objective, in relation to increase resiliency and protective factors related to gambling have been the following: Healthy eating and healthy action: this was developed into a weekly marae activity which ran continuously for 3 months. As well as promoting healthy lifestyles, it was used as a vehicle to promote… and awareness of similar agencies, who address issues of gambling harm. We [also] support [a Whānau Ora provider] on a healthy lifestyle wānanga. Our presentation was related to the delivery of kaupapa Māori strategies, in our endeavour to support whānau in addressing the multiple life stressors, as well as supporting the positive aspirations they have. The delivery of the ...initiative, addresses the need to reinstate balance back into the whānau and problem gambling has been identified as one of the determinants, which unseats this balance.

5.6.8 Challenges in working with communities

Providers encountered several challenges in establishing collaborative work with communities. One provider reported timing-related pressures when working to meet community needs.

> The main barrier for the team is the time limitation to accommodate the requirements of the services and the community groups preferred schedule time for [our] programmes. This led to a lot of after-hours work because of the community availability...

Two other providers identified a challenge in working with rural communities as being resistance to external influences.

> …when working with the providers in the rural areas it usually takes longer to get to this stage [of successful relationships] as these providers can be wary when working with external providers. This is mainly due to the providers wanting to ensure an effective service is delivered to their whānau.

One of the above providers also noted concerns over the lack of intervention services within their region and surrounding rural areas.

> …concerns have been raised that [our organisation's] problem gambling service doesn't deliver intervention services, in particular the gambling counselling support. [Services delivered by another PGPH service provider]… one morning a week however doesn't cover the [other] rural areas…. [Our] team continue to pass on [the other PGPH service provider's] contact details however there is no kanohi ki te kanohi gambling support service available.

Another provider reported that there was a real need to reach rural communities, as many people in these communities have gambling problems.

> Feedback received by other problem gambling providers and whānau from these areas report that these communities are engaging in gambling activities that are causing harm. Rural communities are a priority group for the next six months. These communities are predominately Māori. Reports from whānau themselves are that they travel to [the nearest town] to gamble…

5.7 Access to evidence based information and education

The PGPH-03 Purchase Unit Description specifies that providers were expected to "ensure access to high quality, evidence based information and education to agencies, community groups and the public about: reducing gambling related harm through community action approaches [and] processes for

monitoring and enforcing controls over gambling opportunities and licensing of gaming venues" (Ministry of Health, 2010, p. 33).

The majority of provider reports did not provide explicit examples of ensuring key groups access to evidence based information and education on how gambling opportunities and the licensing of gaming venues can be monitored and controlled. As gaming venue licensing had connections to the PGPH-01 purchase unit, this particular activity aspect may have been delivered and reported under PGPH-01.

A challenge in delivering this activity, as reported by one provider, was that "not all communities want problem gambling advice". Nevertheless, several approaches were used by nine providers to ensure the delivery of evidence based information and education.

5.7.1 Specially designed education programmes and awareness raising events on gambling harms

A few providers reported on the delivery of specially designed educational and awareness raising programmes and events. One provider highlighted the value of educating parents about children's addictions to video games, as parental restrictions may act as a factor that prevents the development of addictive habits. The provider used research findings to support their awareness raising programme for parents, suggesting the provision of evidence-based information.

> [To design] promotional presentations [for] parents of children, who are seemingly addicted to computer gaming [we first built on]… the service's knowledge through keeping abreast of international research... The research indicates that where a [player] believes he/she will die (within the game), dopamine levels rise, causing states of euphoria. Similar chemical reactions occur with gambling and smoking. Dopamine is often referred as the Master Molecule of Addiction… Exposing parents to this has led to parents restricting access to computer gaming within the home.

Another provider reported collaborating with other appropriate service provider organisations in delivering educational programmes.

> We… partnered up with several other providers to deliver a collaborative programme. This saw us working with [Māori trusts in organisation of events and] promoting problem gambling and [with] AOD misuse prevention to kura kaupapa students.

The above provider detailed the development and implementation of a youth education programme (Figure 32) which aimed to equip youth with the ability to have "informed conversations" about gambling harm. The provider described the long term expected outcomes as follows:

> Long term outcomes are expected to be that through this course of learning their whānau and communities will continue to benefit from the knowledge imparted to and gained by these youth. Raising their awareness means, for them, that any discourse they might have with those involved in gambling or contemplating it will be informed conversation.

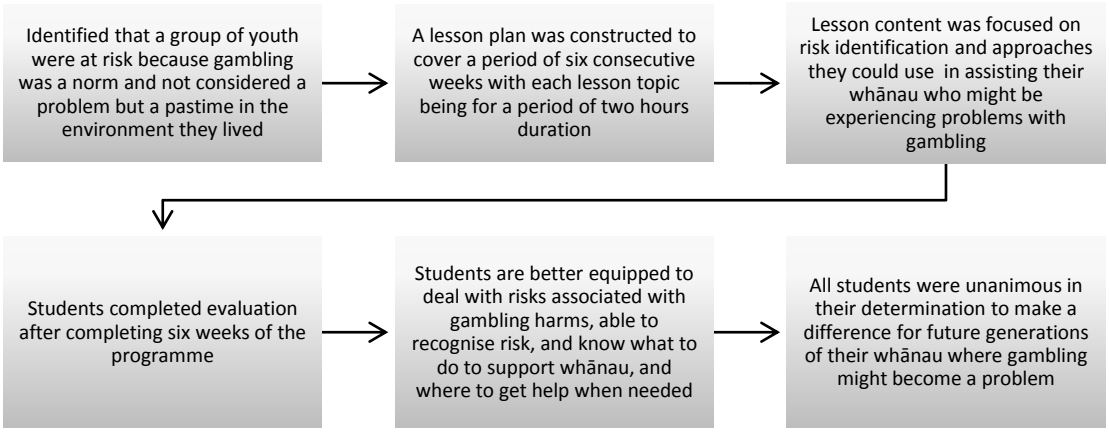

Figure 32: Youth education programme to enable informed discussions on gambling harm

The approach taken by a different provider was to offer awareness and education sessions to existing organisations that provide advice, support and education to the community.

> Spoke to the manager at the Multicultural Centre… about working with their clients in terms of gambling awareness/education sessions. She is now identifying what classes are appropriate

One provider organised a "whānau fun day" in a low income area which they believed "helped contribute to a focus on reducing the disproportionate levels of gambling harm among different population groups".

> The… whānau fun day was an event targeted at an ethnically diverse population and the attendance reflected that. 66% of attendees identified as Māori and 16% Pacific. The…whānau fun day was aimed at increasing the awareness of at-risk population groups about gambling harm. Evaluation forms indicate that people's level of awareness of gambling harm was increased by attending. The event also gained media coverage, helping to amplify the message and awareness to a wider audience… We also made contact with the Chair of the …Local Board and a member of the Māori Statutory Board - which was an opportunity to talk about gambling harm and increase their level of awareness of gambling harm…. Whānau fun day helped promote and strengthen whanaungatanga as a source of resilience to unhealthy lifestyles.

Another provider reported having prepared a standard presentation and its availability announced to organisations.

> The public health worker has offered to present services to any agency or workplace in [region]. The public health worker developed a presentation about the gambling service and the alcohol and other drug service that has been saved on a USB 'store and go' device to be disseminated in the community.

5.7.2 Providing evidential facts on gambling harms

Providers also ensured access to evidence-based information through the supply of evidential facts to encourage community action. For instance, the use of facts and statistics in the delivery of awareness raising presentations may be viewed as providing evidence-based information. In describing an awareness raising workshop for an elders group, one provider noted that "the programme contents included [a] power point presentation, [and] group discussion regarding the stats and fact about gambling harm". Additionally, the contents of their education programme for another group had included official annual gambling expenditure statistics.

One provider reported developing an awareness raising resource for their work with gambling venues (PGPH-02) which was also used for achieving objectives within the PGPH-03 purchase unit. They described community participation in the development of this resource as follows:

> The… community awareness resource... provides a meaningful opportunity for local community retailers, local council and the …licensing trust, Māori Women's Welfare league [and a Māori early childhood education collective]… to actively participate, contribute and evaluate the development, production and implementation of a locally produced problem gambling resource. The resource supports and enhances access to local problem gambling services and provides national information and advice available online and free 0800 services… The… resource development project provides a meaningful opportunity to collectively gather community and sector support to the development of problem gambling resource/strategy relevant to the… city locality. The resource provides focus for a number of community development strategies in which various organisations are able to contribute and participate in a manner that support their respective capacity and capability.

The above provider also reported on the development of an electronic newsletter for encouraging discussion on gambling harms.

> [Our]… promotional E-Newsletter is a local development to raise awareness and initiate discussion of problem gambling harms on the social, economic, environmental and cultural well-being of whānau. The newsletter will be a quarterly distribution to [our] network and to the wider community.

Another provider reported the development of evidence-based exhibition materials on preventing problem gambling. They noted the need for creative approaches to positively influence existing community attitudes towards gambling.

> [We]… are continually striving to bring positive changes in communities where attitudes of acceptance and high levels of tolerance for gambling are prevalent. There are numerous health promotion messages which are being successfully shared… however preventing a gambling addiction requires a creative and realistic approach which has the ability to pierce the human psyche enough to encourage sustainable, attitudinal change.

The provider reported on how their initial review of literature found several key factors to base their project on.

> [1] There is a clear misunderstanding of the addictive behaviours gambling encourages, with a naive nature of the extent of hope that is lost as gambling disorders progress. Introducing art as a medium to communicate the message of gambling harm can be useful in crossing cultural and fixed attitudinal barriers. [2] Public awareness campaigns appear to have a very limited impact if people are not explicitly asked to take notice of the campaign… [3] People who participate in slots and instant lotteries were significantly more likely to report awareness of initiatives to reduce problem gambling…

Their activities and processes, detailed in Figure 33, indicated consultation with a number of stakeholder groups in the development and use of the exhibition materials.

Ratings by individuals on evaluation forms handed out during one of the exhibitions showed that a majority of attendees experienced increases in knowledge about gambling harm. A majority also believed that the exhibition "identified protective and resiliency factors for Māori dealing with problem gambling" and a majority also affirmed that they would "look for ways to minimise gambling for others now and in the future".

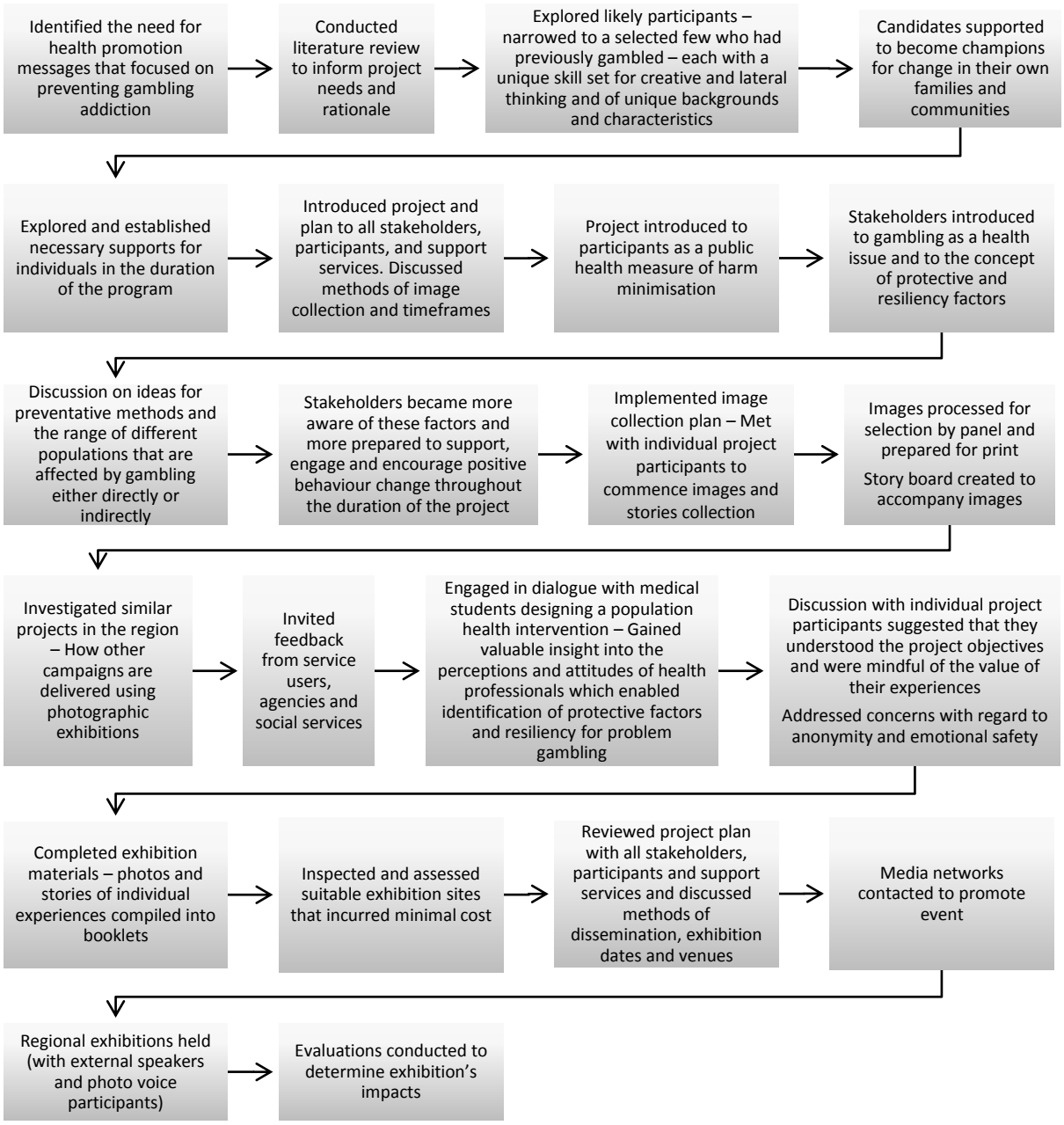

Figure 33: Development of evidence-based promotional materials for problem gambling prevention

5.8 Point of public contact for raising issues on harm minimisation approaches

The PGPH-03 Purchase Unit Description specified that service providers are expected to deliver activities that "provide an accessible and recognisable point of public contact for concerns and issues regarding public health approaches to reducing gambling related harm and improving public awareness of avenues for complaint" (Ministry of Health, 2010, p. 33).

The majority of provider reports did not detail any explicit examples of enabling a point of contact for the public to raise concerns about public health approaches or for raising public awareness of avenues for complaint. Nevertheless, although not directly related to public health approaches one provider reported that they had acted as a contact point for receiving complaints "from consumers and others about venues" in relation to "breaches of the Gambling Act" and self-exclusion.

5.9 Media and community initiates promoting social connectedness and positive leisure

Finally, the PGPH-03 Purchase Unit Description also required that service providers "develop local media and community initiatives that promote connectedness to family and community, positive leisure/entertainment opportunities, and support key stakeholders to reduce gambling related harm within their communities of influence" (Ministry of Health, 2010, p. 33).

While providers' reports did not provide any explicit examples of media initiatives that promoted family and community connectedness or positive leisure and entertainment opportunities, several community-focused initiatives towards these aims were reported by nine providers.

5.9.1 Community initiatives that promote family/community connectedness

A Gamble Free Day quiz night organised by one provider appeared to help develop community and family connectedness.

> The event was attended by 7 teams made up of over 50 participants including clients, and past problem gamblers. The Service was promoted throughout the event. Each of the 6 categories held a gambling related smile question. Promotional resources mainly Choice not Chance were made available. The social evening provided an opportunity for the community to draw on each other's strengths in working together as teams and/or family, and to enjoy each other's company. Positive feedback was received from all participants…

Two other providers reported that the promotion of community connectedness could be in the form of focusing on other community-related activities that have a "common good" element – even when these don't have a direct relevance to gambling. This idea was based on the premise that the communities' focus on other issues meant their keeping away from gambling.

> … we may have been instrumental in assisting the … community to have a robust housing project proposal via the Māori Party assistance. Although not related to gambling per se' it may be an intervention away from gambling.

5.9.2 Community events that promote positive leisure and entertainment opportunities

One provider reported plans to promote culturally-based recreational activities in a Gamble Free Day event as a healthier alternative to gambling.

> …Our Gamble Free Day event for 2011 is focused on the promotion of culturally based alternative activities to gambling. The day will also provide an awareness of risk factors associated with gambling. The event will encompass whānau ora by bringing people together, working collaboratively and providing the community (especially youth) with information on problem gambling and the opportunity and path way to further engage in healthy culturally based recreational activities in the future.

The provider also reported that they had encouraged "sponsorship from organisations providing alternatives to gambling activities, providing [these] organisations [with] another route [through] which to market themselves and [thus] strengthening … [the] relationship for further collaboration at future events."

Another provider reported on a "waka ama project" which aimed to encourage interest among Māori in their community to engage in this activity by providing them with support in seeking funding to purchase their own waka ama (outrigger canoe).

> Waka Ama provides a healthy activity for all ages, whether that be out on the water, or in the preparation and support by whānau. As a traditional activity, this has strong whakapapa to all Māori. [Following the securing of funds and purchase of the canoe we]… coordinated a Waka Ama event …for people to try out waka mana and to raise awareness of the health benefits it provides local iwi Māori. [Although the event was cancelled] due to unsafe weather conditions [the project achieved several outcomes including] engagement with key stakeholders in the community and with external Waka Ama teams [and raised interest in this traditional activity].

A different provider noted how they encouraged public discussions about alternative sources of entertainment at a community event.

> At… [a] community event [we] used interactive writing boards to gather further information on people's needs as replacements and alternatives to pokie machines …Key questions such as "What would you prefer in your community if pokie bars were not rebuilt?" and "What would you rather do than gamble/play pokies in your spare time?" are placed on the boards and people are asked to respond. Apart from getting clear and clean responses from adults, teenagers, children and families about these questions, people are also motivated by other people's answers… a summary of results has been presented to one community board and others are planned.

The above provider also reported on their work in progress on a project related to post-earthquake gambling behaviour among Pacific people in Christchurch. The project aimed to "engage in a debate with families, churches and community groups about ways to spend leisure time, opportunities for community development and address concerns of high numbers of Pacific people with gambling problems". Planned activities for the project included carrying out focus group interviews "with identified community groups to identify and analyse alternative activities to gambling pre and post [the] earthquake and provide support and encouragement to develop community-based activities."

One provider hosted a "whānau fun day" in collaboration with other community groups in their district, which aimed to provide a healthy community activity. The provider reported having secured additional sponsorship and support from fitness centres from their area for the event.

> The aim of the day was to engage as many whānau as possible to participate in a fun smoke, alcohol and gamble free day, to promote positive activities within our community and to engage in these activities as whānau. Whānau were invited to enter a team which consisted of a mixture of rangatahi, pākeke and kaumatua …[During the event our] kaimahi promoted positive key messages around the effects of gambling within [the district], problem gambling services [available at our organisation], the Choice not Chance problem gambling kaupapa and [us] as an organisation. [We] also had a static display and promotional material available throughout the event. This event allowed [our] team to engage with the community and raise the awareness of gambling harm with all ages. It was also an opportunity for [our] team to further promote their service [and] office location… Constructive feedback was collected via Facebook, emails, texts, hui and notes. The majority of feedback commented on the opportunity to be able to participate as whānau…

Another provider reported on a free family movie showing they organised as an alternative activity to gambling.

> A free family movie was held in [a] marae with the aim of improving social connectedness and providing an alternative activity to gambling. In total, 35 children and 15 adults attended the movie.

The above provider also reported on other areas of work which focused on healthier physical and cultural activities that supported this public health output.

> [One of our] team developed a theme for the year of promoting healthy alternatives to gambling including sports, art, etc. at various events, stalls and festivals throughout the year and are continuing to work through that. This year's Gamble Free Day will be an opportunity to promote some of these activities in our stall including music, art and fun activities for children. Also during the later months of the year the team is planning to promote and organise some outdoor activities and competitions for the community including cycling and running as healthy active alternatives to gambling.

5.10 Barriers and challenges

Barriers and challenges specific to particular activities have been noted in the preceding sections and subsections. One challenge that had an implication for the effective delivery of this purchase unit, as noted by one provider, was the time it takes for change to take effect and the lack of reliable measurement tools. The provider reported the difficulty of measuring changes within the community and suggested a pre- and post-evaluation approach.

> The greatest barriers to achieving outcomes in PGPH-03 are the timeframe and dedication it takes to see true change within a community let alone individuals. The other key barrier to success is the lack of effective measuring tools and resources available, to accurately measure resilience or strong protective factors in communities, in families or individuals. Having adequate and relevant resources including human resources is critical to meeting outcomes. Measurements can be taken before education and intervention strategies are employed, to get a baseline set of data about a community's current resilience, and an understanding of where intervention strategies should be focused. To date, there has been very little in-depth study on how individual, community and societal factors interact to determine how people render gambling information meaningful, and how this process translates into preparedness [for] action.

5.11 Other activities

Additional to activities that were related to the activities specified in the PGPH-03 purchase unit descriptions, a few providers also reported other activities under this purchase unit.

5.11.1 Participation in the organisation of the international gambling conference

One provider reported being on the organising committee for the February 2012 *international gambling conference* as part of their activities for this purchase unit.

> … Overall [we] feel that the conference is an effective way to pool relevant and high quality research and deliver workforce development across the problem gambling and wider addictions sector… [Our] focus for the 2012 conference is increasing Māori participation, as well as ensuring that relative sectors such as education, housing and justice are engaged to enable positive contribution towards the overall goal of wellbeing, and to model to international audiences an inclusive way of addressing gambling harm for indigenous and non-indigenous populations.

The provider reported that their successful contributions included "securing additional funding"; "weaving more Māori themes, speakers and presenters into the conference"; and "expanding inter-sectorial collaborations and input towards the conference."

5.11.2 Increasing public awareness of providers' intervention services

Another provider reported on their steps to enhance public awareness of their service's availability, considering the community's lack of awareness on the availability of intervention services.

> …Although there is a routine referrals system through probation, and corrections, there is work needed requiring raising the profile of the service. [We increased communications to ensure recognition of our presence] by [1] producing a 'first' profile-brochure focusing on… gambling services… [2] profiling our free and confidential counselling services on Access Radio Tokelau… [3] updating a second profile-brochure incorporating the new *Choice Not Chance* questionnaire… [4] utilising our public health service to profile our intervention services through the organising and launching of new *Choice Not Chance* message in [the suburb]. We are [also] re-engaging with smaller… Pacific community voices, i.e., Tuvalu, Tokelau, Niue and Tonga in this period with a focus to increasing awareness around our intervention services.

Similarly, two other providers indicated distributing informational resources at gambling venues and community support agencies to enhance awareness of the availability of problem gambling support services.

> Have been distributing 'credit card' resource among key Class 4 venues and at networks. The purpose of this resource is to (a) raise awareness about risks of gambling, (b) to direct people of where to seek help in [the region].

> [Our] service delivered resources and information to City Mission and Budget Advice as these organisations deal with families face-to-face which may be requiring these services as a result of gambling issues. Both services mentioned that they have clients on their database with gambling issues, therefore welcomed the extra support. [We] will re-visit both services again in 2013 to identify what is the best way the services can support each other.

5.12 Success indicators: Supportive Communities

"Community measures of social connectedness, resiliency, cultural identity and belonging" and "number of communities participating in the development of culturally relevant campaigns/ communications that provide information to individuals on the health and social risks of gambling" were noted as indicators in the PGPH-03 purchase unit description (Ministry of Health, 2010, p. 33).

The document analysis noted that providers' reports did not state numbers of communities that were participating in culturally relevant awareness campaigns. Nevertheless, as has been detailed in the sections above some providers reported on how the aims of their activities were to build community resiliency and social protective factors. Many providers partnered with community groups to support culturally appropriate resiliency building activities. Examples of the various ways through which providers had encouraged public discussion and debate on gambling harm and related issues, which included providing space and avenues for discussion, suggested successful output-indicators. Providers also often reported successes based on the learning outcomes resulting from their awareness raising and education activities.

5.13 Adapted Logic Model: Delivery of Supportive Communities

The preliminary logic model previously depicted was expanded based on the findings from an analysis of the six-monthly narrative reports for this purchase unit (Figure 34).

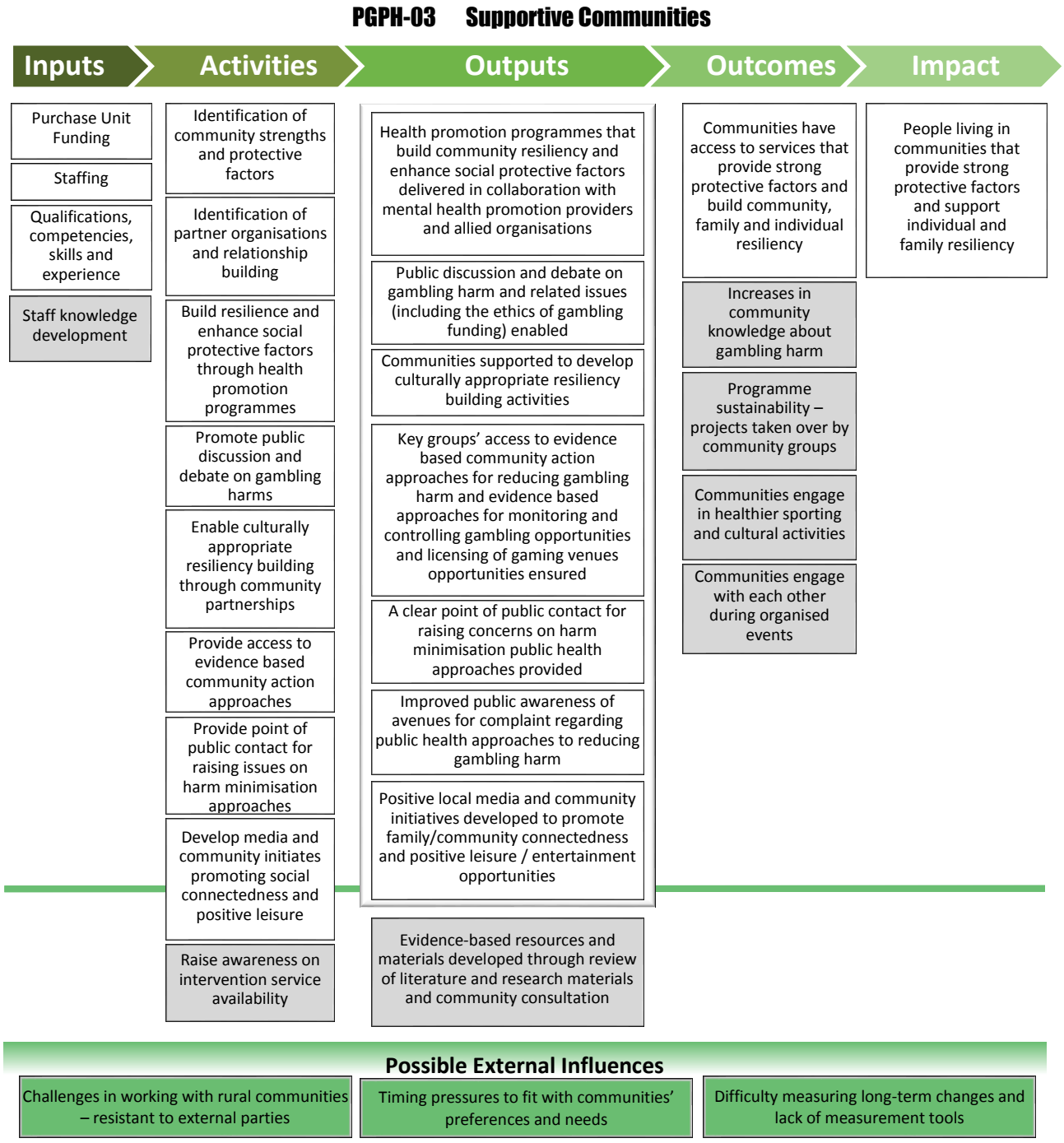

Figure 34: Adapted Logic Model: Supportive Communities

6 Aware Communities (PGPH-04)

The *Aware Communities* (PGPH-04) public health service was contracted to 18 providers. Additionally, one provider who was not contracted for this purchase unit reported on some related activities.

The objective of this service was to deliver "social marketing campaigns… consistently at national, regional and community levels to improve community awareness and understanding of the range of harms that can arise from gambling" (Ministry of Health, 2010, p. 34). Activities and key processes identified by the Ministry in the PGPH-04 purchase unit description are summarised in a draft logic model (Figure 35).

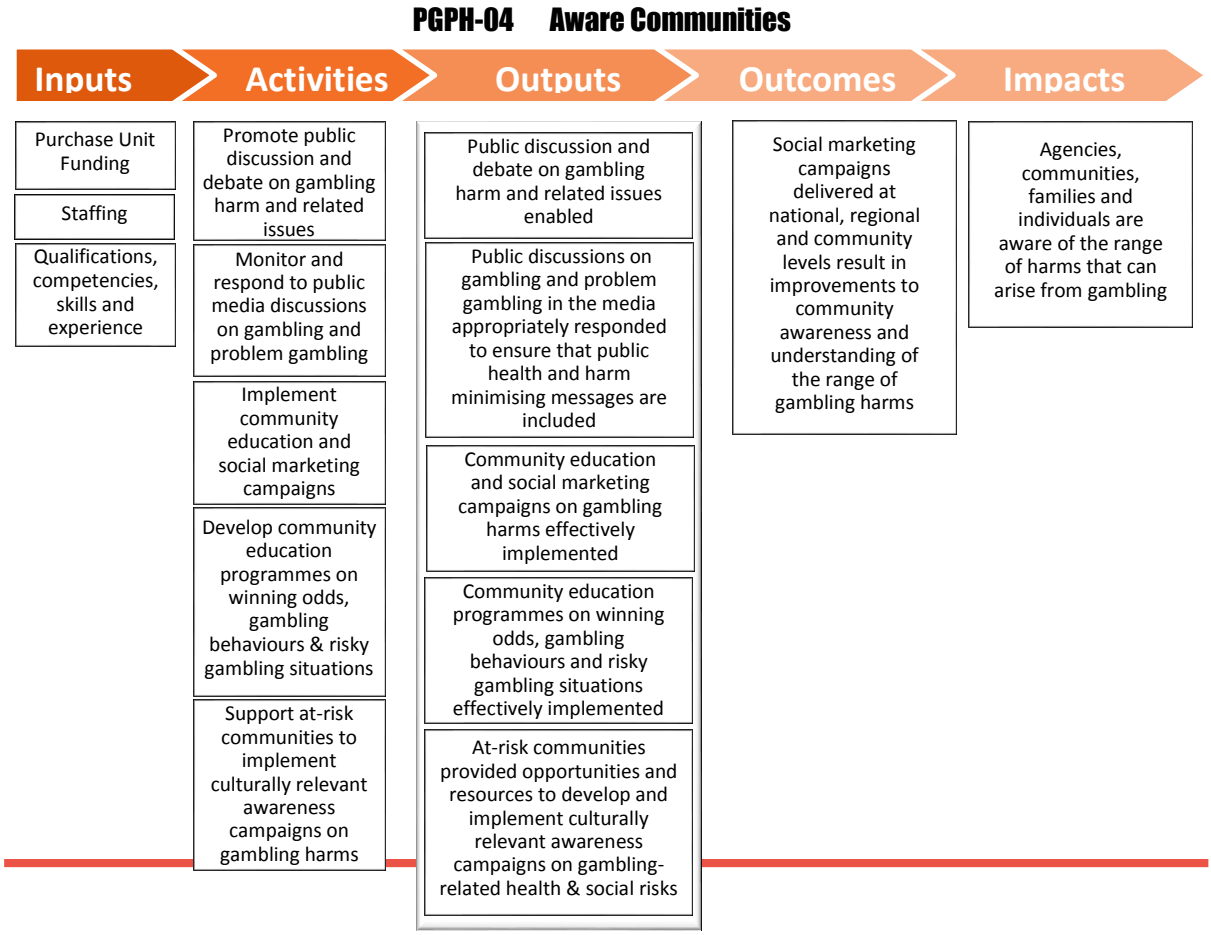

Figure 35: Preliminary Logic Model: Aware Communities

The purchase unit description stated that "all activities should complement and support the national social marketing campaign themes and messages" and the following were detailed as indicators of success for this service:

- Community awareness and understanding of gambling harms as measured by the HSC behaviour change survey
- The number of public media articles that promote debate and discussion of gambling related harm
- The number of public media articles that promote life skills and resilience to gambling
- The number of communities that participate in the development of culturally relevant campaigns/ communications that provide information to individuals on the health and social risks of gambling (Ministry of Health, 2010, p. 34).

Providers of this service were required to use the provided template and summarise the following points in their six-monthly narrative reports:

- Any social marketing and media activities delivered over the preceding six months
- Your organisation's role in delivering the activity
- The role of any other partners
- Any positive public health outcomes that the activity has helped achieve for problem gambling
- FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment)
- Any other relevant information (Ministry of Health, 2010, p. 34).

6.1 Providers' knowledge development

A few providers reported that they had developed their own knowledge and capacity to deliver services.

One provider reported involvement in a gambling-related national research project which developed their knowledge of communication approaches that were effective for Māori.

> We are part of a national research project, which is looking into strength-based initiatives to address problem gambling for Māori. One key outcome with local anecdotal evidence, is that Māori are more likely to take up behaviour modification if (1) it is a positive approach and does not single them out as the culprits, (2) they can realise short-term immediate gains, where daily tasks are made easier, [and] (3) there is a strong rapport with the service provider and a general sense that providers lend positive support for whānau rather than focus on the negative.

Likewise, another provider reported their efforts to develop staff knowledge and capacity through the use of research-based information resources obtained from another PGPH service provider, and through meetings with the Health Promotion Agency on social marketing approaches.

> Due to this being a small team with two very recently appointed staff, a significant focus has been on networking and developing strong links locally, regionally and nationally. In particular a relationship with [another PGPH service provider] has been forged and is on-going. Of particular relevance has been the access to [their] research department [that has] provided up-to-date information, statistics and literature on request… [Our staff member has also] developed strong liaison with the Health Promotion Agency and has attended a number of national strategic meetings around how to effect positive change in our community... We have also forged key relationships with the [several]… iwi organisations and [a] school. This is a continuous process and we anticipate that by the end of the year we will have presented to 20 of our key organisations with our prepared impact presentation.

6.2 Stakeholder engagement and relationship building

Similar to the delivery of other public health purchase units, developing relationships with stakeholders, and building networks, were included as activities in the reports of a number of providers. Providers reported engaging in discussions with appropriate stakeholders about gambling situations in their area, attending meetings, delivering introductory presentations, and introducing the problem gambling services that were available. These activities may be considered to be paving the way for future opportunities and arenas for public discussion and debate.

> Attended hui at the Health Promotion Development Group…, the [Department of] Internal Affairs…, [and]…the Social Wellbeing Forum… to raise awareness about the harmful effects of problem gambling. You never know what work may come from this but it is about building relationships with a view to some gambling awareness stuff coming at some point.

In one example, meeting with a stakeholder group was with the intention of ensuring that problem gambling remained on their agenda.

> [We] spoke to the Social Community and Development Forum on problem gambling. [We] also shared our problem gambling champion's mahi exampling how change can be driven from communities themselves.

One provider noted that "problem gambling information is not the reason communities, families or individuals gather together"; therefore, awareness raising needed to be "tagged on to [other] community initiatives". They documented that Māori and Pacific communities tended to naturally congregate in high numbers in places such as marae, churches and during sports events. The provider attended local events that are generally attended by large numbers of Māori and Pacific communities, to build their profile within these communities.

> [We] attended [a] local …kapahaka regionals competition, as a face seen; no health services were represented through stalls. We also attended the kura kaupapa graduation which was attended by the local kaumātua, te reo experts and whānau.

Likewise, other provides indicated attending local community meetings as these provided opportunities for raising the issue of problem gambling as well as for networking.

> Have attended several earthquake recovery meetings, mainly ones for community organisations. Opportunity at these meetings to raise other concerns and discuss behaviours such as problem gambling often ways that people may 'act out' their responses to disasters. These meetings are providing new networking opportunities with primary health care and other community agencies.

6.3 Public discussion and debate on gambling harm and related issues

Similar to PGPH-3, promoting "public discussion and debate on gambling harm and related issues" was one of the activities described in the PGPH-04 Purchase Unit Description (Ministry of Health, 2010, p. 34). The reporting template also required providers to report on "any social marketing and media activities delivered over the preceding six months" and noted that "copies of media releases and activities [are] to be provided to the Ministry on request" (Ministry of Health, 2010, p. 34).

As detailed in the subsections that follow, providers enabled public discussion and debate through public fora and a variety of media-related initiatives. Providers reported engaging with a range of media including radio, mainstream newspapers, community newspapers, television, the internet and social media.

6.3.1 Public fora

One provider contributed to hosting local government election fora which included discussions with the public and received media attention.

> [We] worked with other organisations to host three… local government election forums with mayoral candidates and others. These were hosted to generate debate on social and public health issues, including pokies and gambling… Questions asked by the public to the candidates were developed by a number of community organisations and guided by [our organisation]. 40 people attended including current city councillors, city councillor candidates and DHB candidates. The forum generated media coverage.

6.3.2 Media engagement

Sixteen providers reported on a variety of media-related initiatives. One provider reported their objectives to utilise the media to achieve the targeted outcomes of this activity as follows:

> Utilise the media to promote public discussion and debate on gambling harm and raise awareness in communities. [We] will continue to expand the use of social media.

Although the majority of providers did not explicitly report such objectives, they are likely to have viewed the media as a venue for raising public awareness as well as for encouraging public discussion and debate on the harms of gambling. In addition to raising awareness of gambling harm, providers noted the importance of raising awareness of their service availability through media messages.

> [We have] continued over the past six months to maintain a strong presence on mass media of TV, radio, and print to generate discussion and debate on issues relating to gambling harm and increasing awareness. 2013 so far has been another big year for media presence for [us] which helps expand awareness of both our service and help seeking, but also awareness of gambling harm.

A few providers also reported using the media to raise awareness of events, campaigns or the projects they were working on. For instance, one provider reported having contacted several "media networks … via a series of teleconference and face-to-face meetings to promote" one of their projects. A few other providers referred to their efforts to promote national events such as Gamble Free Day, the national *Choice Not Chance* social marketing campaign and the associated *Scribe With Us* event.

Radio

Thirteen providers reported on their engagement with radio channels and programmes including ethnic radio stations and community access radio. Encouraging public discussion and debate was particularly feasible through radio programmes that invited live comment from members of the public. Programme content was focused on gambling harms, the prevalence of problem gambling, healthier alternatives, and the help available from intervention services. Some providers also noted the value of delivering such programmes in different languages as it enabled a greater level of understanding of, and response towards, the media messages.

> During this reporting period we ran a four week radio health promotion series in conjunction with [one Maori radio station and] shared the programme with 6 other Māori radio stations… [Although] pre-recorded programmes were planned... the final programme changed to a live talkback [with Scribe] allowing questions and answers from the public. [The topics of discussion] included the whakapapa of gambling from a Māori perspective [with two] Māori consumers sharing their journey and the supports sought and obtained through [our services]...
>
> …The team also received media interviews from Asian media and mainstream media. The Team found the most effective way to engage with the Chinese community is by radio.
>
> [We have] an ongoing education programme with the support of [a]… Community Radio… [where we] are able to deliver targeted educational programmes on a fortnightly basis to the community… covering a range of topics based around problem gambling and minimisation of the harms of problem gambling. [The] programme encourages individuals to change their behaviours through education and assistance, provides health information about the risks of problem gambling and encourages positive health decisions, develops life skills and fosters motivation to make changes and take control of one's health… This programme has been ongoing for the last 3 years and continues to be a positive social marketing campaign… Listeners are reminded [in] each programme of what the service offers including social work, counselling, [and] health promotion. Particular emphasis is placed each session on the confidentiality of the service and [that] access to services comes at no cost to individuals or whānau. It is expected that through this forum we are able to reach more whānau with gambling issues and are able to deliver the message that there is obtainable help and that assistance is easily accessible.
>
> [We also] presented 7 shows to over 1,000 radio listeners in the…region "to accept that gambling is a problem in our community and it's not just a Pacific problem but it is New Zealand as a whole" …According to the radio host there have been more than 20 positive feedback calls to the studio from the Tongan community after each programme. What the listeners have reflected on with their comments is the importance of having these kind of health promotion programmes on the radio… This project enables listeners to understand the message because it was presented in the Tongan language.

Best Practice Example 1: Youth awareness raising radio programme

One of the above providers reported on a youth awareness raising radio programme implemented via an ethnic radio station which they believed increased the "support for Tongan youth to have a voice on the radio". Their process led to increased awareness about problem gambling and other social issues among the Tongan community, in addition to other outcomes such as reduced language barriers, and

strengthened relationships with the radio station and the Tongan youth community (Figure 36). They also reported on positive emails that the radio station received from listeners.

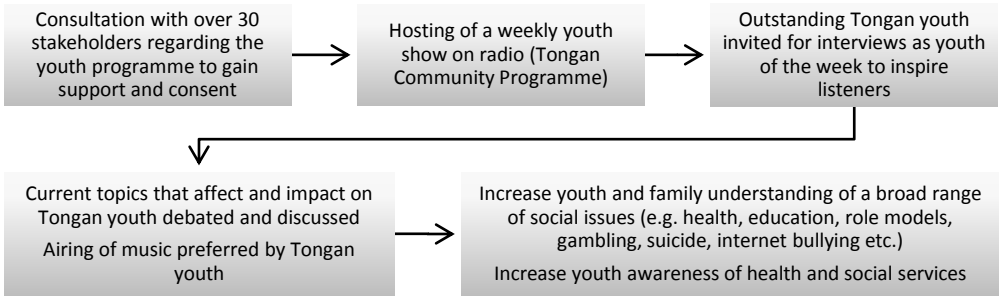

Figure 36: Youth awareness raising radio programme

Best Practice Example 2: Ethnic radio campaign

Another provider reported implementing a successful media campaign via a Pacific-based ethnic radio station which resulted in help-seeking behaviour among listeners. Their inclusion of a poetry competition attracted listeners and a fortnightly presence of a staff member on the show led to brief interventions.

> …The advertising campaign with the … Multimedia Group has proved to be a great success and incorporated the Gamble Free Day poetry competition. This attracted over 155 entries and was the largest response to a competition the radio station had ever had. The radio campaign overall resulted in a significant increase in the number of calls… from people seeking help and/or information. The Radio … campaign is continuing with daily ads and [a staff member] speaking on radio every fortnight. This campaign continues to be successful with brief and full interventions. [The staff member] is the first point of contact for … listeners and extensive work is done …with brief interventions and initial assessments… This campaign has been running for the past 12 months with a view to renew our contract with [the radio station].

Print and online news media

Ten providers referred to print and online news media including national and community newspapers, as an approach for raising awareness as well as informing the public about the availability of intervention services. Providers reported contributing to newspaper articles on various issues related to problem gambling; topics included health and social impacts resulting from problem gambling, gambling policy reviews, political issues surrounding the acceptance of gambling funds, and participation in *Gamblefree Day*.

> …Was interviewed for an article in the local community paper… which will be published next week. This will be about the health and social impacts of problem gambling in [region].

> [We were] interviewed by [a] local newspaper regarding participation by two Class 4 Gambling venues on Gamble Free Day… The exposure gained [from the newspaper report] regarding the participation of two Class 4 Gambling venues closing their gambling operations on Gamble Free Day has definitely raised community awareness. Verbal feedback received from the local community has been very positive. [In addition, our] service has been actively promoting the "*Choice not Chance*" campaign, alongside promoting Māori messages aligned with the *"Choice not Chance*" branding. An interview was undertaken and an article placed within the Wanganui Chronicle, promoting the launch of the campaign and introduction of [our] service staff. [In addition, our staff] wrote a media release supporting the need to respond to harmful levels of

> gambling as soon as identified. The article included a point of contact for support and also signs of a problem gambler and will run as a guest editorial during the summer season.
>
> [Our] aim over this period was to ensure that gambling concerns had a constant presence in the media. [Our organisation] was mentioned in the media and generated stories about a number of issues. During this six month period gambling featured in a large number of different newspapers with the *NZ Herald, The Press, Dominion Post* and *Otago Daily Times* having the majority of articles… Over this time, [we] issued nine media releases on a range of issues from pre-commitment on pokie machines to scratch cards making inappropriate Christmas gifts for children.

In addition to engagement with print media, one provider also reported on their engagement with an ethnic online news medium which had a broader outreach including communities outside New Zealand.

> An article front page on Samoa Observer newspapers in regards to the amount of money spending on pokies machines and its addiction to Samoan Communities. It is an International newspaper and online, which leads to a favour from an Australian Radio Station for a 5 minute interview.

Television

Four providers reported on their experience in engaging with television media for awareness raising purposes; approaches included the use of press releases, contributing to documentary production, participating in media interviews, and promotional shows. Highlighted issues included the prevalence of problem gambling among Māori, gambling harms related to electronic gaming machines, funding issues, difficulties in establishing healthy gambling policies, and effective communication approaches when addressing individuals faced with gambling harms.

> [We]... made comments on [a Māori news station] about the change in statistics for problem gambling. Our comments touched on the recent gambling conference and symposium and the specialists on this topic who attended those hui, the whānau ora focus which continues to be important and that although there has been a decrease, Māori problem gambling is still disproportionate to non-Māori so it is important to continue our focus on Māori problem gambling …[Members of the team]... and the Consumer Voices Group, were filmed for a documentary by Native Affairs on pokie machines. The documentary aired in August and provided audiences with an in-depth look into the harm generated from pokie machines, funding issues and difficulties associated with putting healthy gambling venue policies in place at local council level.
>
> Central TV broadcasts in… thought to have an audience of 300,000. [Our organisation] regularly presents on this show. The topics during this presentation included the work of [our organisation], implications of pokie gambling for individuals, families and communities. These are broadcast a minimum of three times to enable it to capture different audiences. It is interesting to note that some prison inmates from… have claimed to see the presentations …Other topics recently included how to approach a person with a potential gambling problem without offending that person and included information on how to have a successful conversation, safety planning, the role of [our organisation] and the "Choice not Chance" HSC promotion.

Social media

Five providers reported on their use of social media such as Facebook, Twitter and blog posts for awareness raising purposes. This media approach required regular monitoring and updating of content as well as responding to messages. One provider noted the effectiveness of using social media as it led to engagement with problem gamblers (who were also users of such media). Social media was also useful in gaining public support in the form of submission in favour of a "sinking lid" policy approach to pokie machine numbers. In the process of using social, this provider developed a better understanding of what works best for the different social media types, leading to more selective use of media content.

> A project began in the middle of the year utilising Facebook and Twitter to raise awareness about problem gambling and engage people in [our service's] work. This involves daily updates to Twitter supporters and Facebook supporters. These groups are slowly increasing [in number]. We've been getting some good engagement on Twitter, with both positive and negative responses … We've

> also started to tap into problem gamblers who use Twitter; for example, we have received direct messages from a recovering problem gambler. Photos and videos are getting the highest engagement in percentage terms. As such, there will be an increasing focus for uploading videos and images to [our organisation's] Facebook page. This is different to the norm for Facebook pages, whereby text only statuses generate the highest response. Conversely, the Twitter account appears to receive the greatest re-tweets when tweeting facts.
>
> The No More Pokies campaign produced over 10,000 submissions in favour of [a region] wide sinking lid policy, which was helped through the successful social media campaign… We've also received words of supports and thanks from recovering problem gamblers, who find the social media updates supportive of their recovery.

Social media is likely to be an important channel to consider for reaching out to online gamblers. In their attempts to explore social media as an awareness raising channel, another provider noted "the volume of gambling related activities that were available or being promoted via Facebook". They also noted that people who played such games were "regularly invited to purchase tokens to play in online tournaments" and "regularly encouraged to solicit friends to play via "gifting" of tokens". This led to concerns over harms from online gambling.

> [We have] been looking at ways to capitalise on technological awareness and the growing phenomenon of online communities and forums. Initially we began looking at established online networks (e.g. iwi mail out lists, Māori-centric websites) and social networking sites such as Facebook. As a result of the review, we noted the volume of gambling based activities/games available via Facebook (e.g. "slots", "Bingo", poker, black jack). Our estimates indicate that approximately 25% of all games offered on Facebook are either "card" or "casino" based gambling simulations. We also noted that advertisements for gambling games regularly feature on Facebook pages. We are concerned about such trends and the potential impact it may have on individuals (particularly children and adolescents) who use Facebook. Due to the "fun" nature of the games we are concerned that vulnerable others are being groomed for gambling activities… [Furthermore] there are no obvious age restrictions or warnings about the potential risk associated with online gambling.

The above provider also reported on the use of other types of social media such as blogs and YouTube videos for awareness raising purposes.

> [We have] also established a blog in recent months. The blog is moderated in line with [our organisation's] media strategy… YouTube videos play a large part of the No More Pokies campaign. These videos were produced by a contractor external to [our organisation] and were promoted through the No More Pokies social media accounts. The videos received 836, 146 and 218 views respectively. The post on Facebook promoting these videos was viewed by 32,641, and 1,461 and 8,142 people respectively.

Best Practice Example 3: Systematic approach to developing a Facebook page

One provider reported a very systematic approach for developing a Facebook page for their organisation with the aim of ensuring its ongoing manageability. Their process started with a review of existing public health social media pages. They found very limited information about gambling harm available on Facebook.

> As part of the review, it was noted there were relatively few Facebook pages which highlighted the issue of problem gambling. Of those available, most pages… [offered by problem gambling public health service providers] focused on sharing information related to issues.

As shown in Figure 37, the provider's process also included a focus group conducted to first identify user information needs, prior to designing the content.

> The [focus] group identified the key information they wanted to know included: how to identify problem gambling, how to access assistance, when to access assistance, [and] how to define gambling harm.

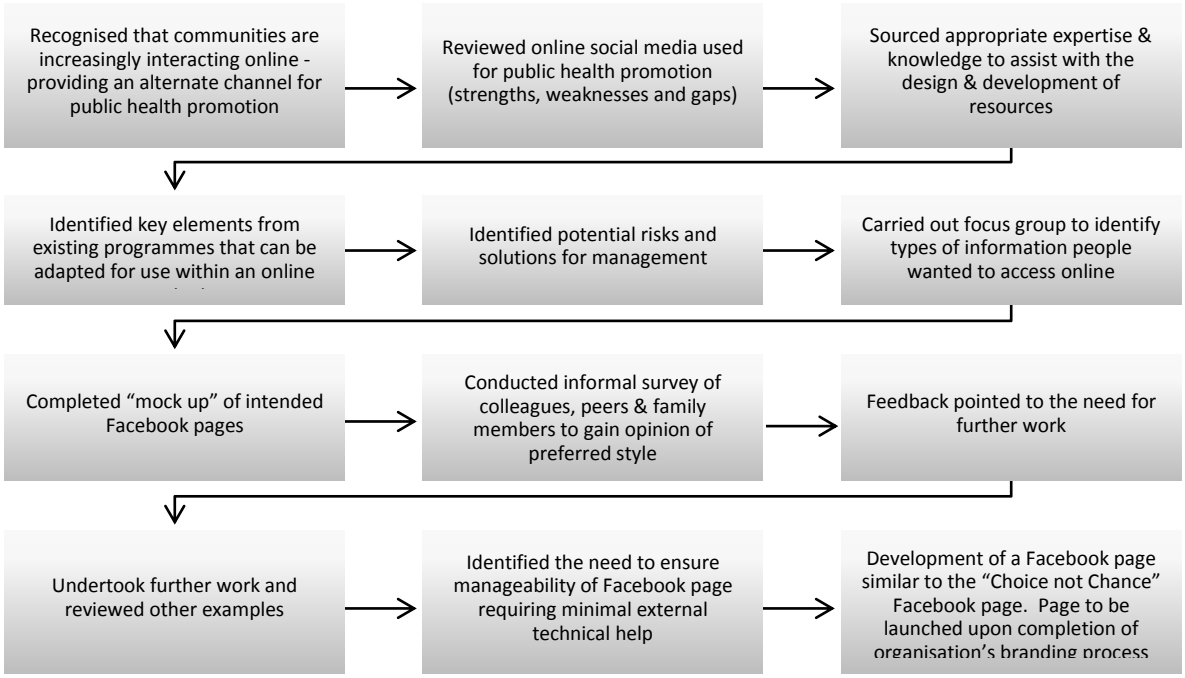

Figure 37: Systematic approach to developing an organisational Facebook page

As a second step, the provider undertook an informal survey for advice on the layout. This resulted in an additional review of other examples to further inform their Facebook page development.

> [We] broadened the search parameters to include interest pages from community groups, competitions, radio stations and advertising companies… In keeping with the realignment of the public health programme, [we] reviewed the "Choice not Chance" Facebook page. The second review highlighted a range of unexplored possibilities including: running competitions, developing game applications; using music/YouTube clips, providing opportunity for people to post comments to the Facebook wall; developing characters (similar to the Tooth fairy for Maclean's toothpaste).

Based on the gathered evidence, the provider decided to base their Facebook page on the *Choice not Chance* Facebook page while ensuring the development of a page that was within their capacity to manage with minimal need for external technical assistance.

> The review also highlighted that increasingly sophisticated applications/tools required a sophisticated and skilled understanding of how to develop and manage such applications. As a team, [we] felt it important we be able to manage and develop the content without a heavy reliance on external sources (e.g. specialist IT support or software developers). As a result of subsequent discussions, it was agreed [we] would begin developing a Facebook page that was similar to - but able to differentiate itself from the "Choice not Chance" Facebook page...

Organisational website development

While most providers have established websites, one mentioned efforts to further develop their website. They reported on their work which aimed to "…develop new concepts, designs and marketing material that appeals to both Māori and non-Māori audiences to promote gambling minimisation services". To improve their website they met with a website strategy, design and development company; despite some successful outcomes they noted this to be a challenge due to a lack of cultural understanding on the part of the website developer.

> [The website developer] put together images they thought we should use in the rotating image panel on the homepage, along with the text to identify the pictures. The following pages were presented for staff to view: [1] Gambling. How it becomes harmful. [2] A positive first step let's take it

> together. [3] Harmful gambling, see the stats. [4] Gamble Free Day let's get involved [5]. Self-exclusions learn how. None of the images were Māori so this could result in mixed messages around what communities the website represents… Due to the style and presentation of the website the Manager is working with [the website developer] to change some aspects, make changes to the text (there were some clinical errors). Over all the engagement of a company that had no knowledge of a Kaupapa Māori intervention service was not helpful, in their defence they started off working with people with an entirely different world view from the present Manager and there is a co-operative approach between the parties at present, with a view to launching in mid-February.

6.3.3 Encouraging community and client involvement in media coverage

Additional to direct involvement with the media, one provider reported supporting the community groups they had established to contribute to media discussions on problem gambling, by working collaboratively with the groups in developing media articles and press releases.

> [We] facilitated the development of a feature article with [a local newspaper] on problem gambling with [our] Kaumatua/Kuia and consumer reference group members telling their story on harm associated with gambling. [We also] supported [the] … consumer action group member with radio interview on New Zealand National Radio. [We also] enabled the …Kaumatua/Kuia reference group to develop a press release to promote mana whenua led initiatives which were proactively addressing the harms associated with gambling on their whānau.

Another provider's approach of including the media in an awareness raising bus tour also led to community involvement in media coverage and public discussion in a talk back radio show. Caller comments suggested that while there was a problem among the Tongan community, there was also a lack of awareness of gambling as a form of addiction.

> [Our] team invited 3 community workers and 2 Radio… crew [members] to join the team on [a] bus tour [of 50 people]… The [two-hour] tour highlighted the effects of gambling in our community and provided… participants with statistics, facts and testimony from the gambling sectors. [At the end of tour, we] hosted [a two-hour] talk back [radio] show for the Tongan community. The show focused on gambling harm and the reflection of those that were involved on the Tour bus … During the show we would state the amount of money lost to pokie machines from each location the caller would call from …The feedback from the 10 callers specify gambling problems are currently affecting our Tongan community. However, there is a need for programmes around gambling harm minimisations in our Pacific community [in other parts of the country]. Callers also indicated that many people in our community do not know that gambling is an addiction.

A small number of providers reported involving clients in media coverage. One provider reported that their "clinician worked with a client who told their story in the … Newspaper". Another provider noted the value of encouraging consumer involvement in media coverage, which includes therapeutic benefits to the client; however, this process required caution and careful consideration of the client's situation.

> [We] also worked with consumers who offered to tell their stories. This is challenging and sensitive work, and the interests of the consumer always come first. For some, we recommend they don't proceed with media. For others, speaking out can be an important part of their counselling or recovery. We have supported several of our clients to talk to the media either anonymously or, if they are comfortable with it, to speak openly to media on camera or in print. One [of our] clients has appeared several times in the media (print and TV) and has openly shared his experiences and story. We use a set process to work with these clients to ensure they are fully informed about what will happen with the media, to make sure they feel comfortable with speaking out and, most importantly, to ensure they have thought about all the implications of speaking out publicly. Clients are provided with a possible list of questions they could be asked. They are also advised how to deal with issues they may not wish to discuss. They are supported through the whole process both from their counsellor and the communications manager. We also support them at the time of the interview if they feel they need it. To date, this has been positive, both for the clients, [our organisation] and the media, who in general are very respectful of our clients and their privacy.

6.4 Monitoring and responding to public media discussions

The Purchase Unit Description for PGPH-04 notes an expected activity for providers to "monitor public media discussions of gambling and problem gambling and respond to ensure that public health harm minimising messages are included in public discussion and promotion of gambling" (Ministry of Health, 2010, p. 34).

6.4.1 Tracking and responding to media coverage

Five providers reported that they had kept track of gambling-related media articles. Some of these providers indicated how they had responded to media articles, when appropriate.

> [We have]… been actively tracking media articles thanks to [another PGPH service provider's] daily mail out of local and international media stories. Where the articles include local or regional individuals or communities [we] respond with a brief letter to the editor or a statement... The past six month reporting period has seen one media statement and two newspaper interviews with the provision of up-to-date and relevant details of impacts and a summary of community actions and activities...

Another provider reported their observation of trends in media coverage of gambling related issues.

> For the last four years, [we have] continued to monitor gambling related media publications (including local print, visual or radio media)…

The provider noted an "increased reporting on criminal activities (e.g. theft, fraud) that were a direct result of problem gambling behaviours" and "increased reporting about gambling venues/operators who had breached their gambling licenses". They also noted the "heightened profile of Health Sponsorship Council material via television (i.e. gambling vignettes)" as well as promotion (including self-promotion) of problem gambling services in the media. They reported that public media discussion and debate on gambling-related issues added to public receptiveness towards their awareness raising initiatives.

> The high level of interest in… has significantly contributed to the discourse around problem gambling. It has been interesting to note the level of debate that the issue has provoked. Given the heightened awareness, the community has been more receptive to delivery of this service specification.

A different provider noted that their media-related work also included responding to media enquiries, which in turn provided the opportunity to raise awareness of gambling harms.

> [We have] received over 100 media enquiries in this six month period on a range of topics, indicating the extent of media interest in problem gambling. This has not only raised awareness about problem gambling but positioned [our organisation] as a credible and reliable source of information for gambling-related topics. As media interest in gambling, particularly pokies, has been so intense over the last six months, [our] focus has been on providing interviews and/or information to the media.

6.4.2 Monitoring gambling advertising

One provider highlighted the need to expand media monitoring to also include monitoring of gambling advertising.

> In the last six months, we have… extended [our] monitoring to include unsolicited material ("spam") received via email [which promote online gambling] at [our wider organisation]… [We are] aware [that] significant advertising and promotion of gambling activities occurs via online social networking sites such as Facebook. The team are currently looking at ways of monitoring this.

The provider reported that advertising of gambling includes:

> … promotion of sports betting via television at high profile sporting events; promotion of gambling successes including articles about individuals who have won significant amounts of money/prizes from gambling activities; promotion of online gambling via unsolicited mail promotion; multiple

> newspaper articles promoting 'Big Wednesday', Bulls Eye, Instant Kiwi and Lotto promotional draws.

They also "anticipated that with the advent of the rugby World Cup, there will be increased promotion of sports betting and sports themed gambling activities (e.g. Instant Kiwi)". They noted that online forms of gambling are likely to have a particular impact on youth.

> As a service we are concerned about the increasing prevalence of gambling harm amongst rangatahi. We are also concerned about the ability of services to work appropriately with rangatahi experiencing gambling harm. While the majority of whānau accessing intervention services from [our organisation] were adults, previous research [we have] undertaken... supports the hypothesis that gambling behaviours can be transmitted intergerationally ...Further, the intention of some gambling providers to increase accessibility of online gambling products is of concern given the preponderance of rangatahi engaged in online media.

The provider suggested that gambling advertising should be accompanied by Government health risk messages.

> ... there is a significant level of advertising (paid/unpaid) and promotion of gambling opportunities available in the community. No messages on the harm caused to the family and communities, by gambling, accompany such advertising and marketing. It is again suggested that all gambling activities including Lotteries products should carry Government health warnings about risks associated with gambling and gambling harm.

6.4.3 Barriers to media responses

Two providers reported on challenges faced when responding to the media. The lack of organisational media policy for one provider acted as a barrier to their responding to media discussion.

> The local paper had featured an article about the cost of pokie machines in the [area] and this was planned to be followed up - however this did not happen as we still don't have clear guidelines around media policy in [our organisation].

Another provider reported on the difficulty of being timely in preparing media responses, as issues raised in the media become "old news" very quickly.

> Developing local strategies aimed at providing a local response to the local media to coincide with the national DIA press release, which often generates some response to comments that are often referred to. Currently we have a 'delay' in preparing for such a local response to national press articles e.g. on one occasion the national release indicated there was a drop in total 'spend' on pokies during that particular quarter, whereas locally we eventually identified [our region] has a reported increase. By the time we had ascertained that – it was old news… Current strategy is to become more effective at managing local news.

6.5 Community education and social marketing campaigns on gambling harm

Delivery of activities, as described in the Purchase Unit Description for PGPH-04, includes "implementing community education and social marketing campaigns to raise public awareness of gambling related harm" (Ministry of Health, 2010, p. 34).

As noted in the section above, some providers engaged with the media in a manner that resulted in coverage which contributed to community awareness on gambling-related harms. Additional to these, providers also engaged in other types of education and awareness raising activities such as specially tailored presentations and workshops.

6.5.1 Presentations and workshops for selected stakeholder groups

Fifteen providers reported educational activities, often in the form of presentations and workshops, organised for a range of selected stakeholder groups.

One provider indicated having carried out research to support the development of their health promotion presentations.

> Pokie spend obtained from Department of Internal Affairs [to provide] a snapshot of pokie spend in high decile/deprivation suburbs... [and] collated high decile/deprivation stats from... pokie venues. [These were compiled into a] report with graphs and statistics... [and the] information used to support [our health promotion] presentations.

The objectives of these presentations differed depending on the target audience. For instance, some presentations were geared to raising awareness of gambling harms, encouraging screening practices, and promoting the availability of intervention services. Other presentations, such as those targeting local board decision-makers, were focused on gaining support for related policies and healthier alternative activities. Some providers reported distributing relevant resources during their presentations. When screening was included as an activity within the presentation or workshop session, this often led to identification of individuals with gambling problems and referral to intervention services.

As detailed in the subsections below, such presentations were delivered to a range of groups including community groups, the health sector and the tertiary education sector.

Community groups

A few providers reported delivering awareness raising presentations or programmes to community group including ethnic-based groups, women's groups and church groups.

> Raising awareness of the harm of gambling and provided information for referral to the intervention team if needed to the leaders and the Cook Island community.

> [We were] involved with a three day hui in gambling [and] addictions (including prescription/ recreational substances and food) and related behavioural health for the Tongan community.

> [We also delivered presentations to] …community groups and iwi to bring to their attention the seriousness of the impact gambling is having on whānau. The rationale for doing this was to enable [us] to target audience groups capable of reaching large sections of the community during the normal course of their activities. It was also about encouraging organisations to screen their clients to determine if gambling was a problem or make them aware that help could be sourced to assist them… Each presentation was primarily to inform and educate other organisations about the harms associated with gambling and who was most at risk or affected by it. While delivering this message however it was also pointed out that our service was available to provide the necessary support to those who required it.

> One of our kaimahi was invited by a kaumatua to talk to a gathering of women about [our organisation] and the mahi we are engaged in. The women were very receptive to the promotion. It was known by the kaumatua involved that some of these women were gamblers and experiencing harm from the activity.

One provider included a screening component in their delivery of church-based awareness raising workshops and presentations. This provider's approach of including screening, baseline surveys and groups discussions led to referrals of individuals to their intervention team.

> [Following] consultation meetings with the church leaders… [we implemented]… awareness workshops [in two churches] to over 200 individuals. We presented in the English and Samoan language to enable more understanding and communication. We also completed baseline surveys with screening and [referred] 6 individuals to the intervention team. [In another church we were] able to collect over 110 baseline surveys with screening and the results indicated that over 60% of the church are involved in some form of gambling… However from the workshop that had been implemented, the church members feedback illustrate shame and language is a barrier that is stopping our people from to seeking help and discussing the issues openly.

Another provider incorporated culturally appropriate approaches in the organisation of awareness raising activities. For instance, in organising activities for Gamble Free Day in their region, they reported on how their presentations were tailored to include Māori health approaches.

> [In collaboration with a Whānau Ora provider we] coordinated a problem gambling awareness day at…, approximately 30 kaumatua attended. PowerPoint presentations were presented… to raise the

> awareness around problem gambling… [The presentations also included promotion of]… the natural elements of Papatuanuku (Earth Mother), Ranginui (Sky Father) and Tangaroa (Ocean Guardian) as forms of healing from gambling harm. These could be positive Māori approaches to healing and moving forward in life.

For one of the above providers comments received from participants and requests for additional presentations were indicators of the success of their awareness raising work.

> We receive a lot of positive feedback from the local community on services provided as a result of our work, networking and presentations. All presentations are well attended and the content has been well received. Organisations continue to request regular gambling presentations for education/awareness raising … and we are receiving referrals from many places.

A different provider reported including evaluations at the end of such presentations, to gauge presenters' effectiveness and their need for further training.

> Presentations were delivered to a large number of groups to raise awareness around the harm caused by problem gambling and to generate debate and discussion… We have an evaluation form that we use for each of our presentations. There is an expectation that [our] staff doing presentations will average at least a 4 (or more) out of 5. If that expectation is not met, additional training is provided.

Health and social services and local boards

Providers also reported on presentations delivered to various health and social services agencies.

> [We] presented to nine … Kaumatua and whānau at [an] Iwi Health Service …The presentation included impact evaluation identifying what participants knew about Problem Gambling, issues that are confronting Whānau Māori, where and who are the Help agencies in [the region]…

> As a means of delivering on this particular contract specification a series of presentations were made to several agencies, [including] health and social service providers.

For one provider, a presentation delivered at a conference led to a realisation of the lack of awareness among general practitioners (GPs) on the availability of addiction support services.

> [Our organisation] was invited to speak to GPs at an annual conference. The group was very interested in the presentation and was particularly drawn in by the aspects of gambling that relate to neurobiology. However, [we] had expected the group to be better informed than they were; they had not been aware of [our organisation's] services, or even of other organisations like Alcohol Action. This was a key connection to make with primary providers.

One provider reported delivering presentations to the Community Services Council in their area. Based on responses received from attendees they reported that their presentations had increased participants' awareness of the seriousness of problem gambling as well as its relevance to their respective areas of work.

> Feedback included comments such as "Didn't realise so much was gambled in …", "This session was very helpful and showed us the things people do not like to talk about. Very helpful and I am sure we can all use this in our practice", "Fantastic, really interesting and empowering to make change in the community I associate with", "I didn't know that much was spent on pokies in…", [and] "It's good to hear a personal perspective from someone who was a gambler, we know what to look for in our clients now".

The presentation reported by another provider targeted a local board and was aimed at influencing policy related decision making and gaining support for healthier non-gambling activities.

> [We] presented to [local board] on harms caused through problem gambling and the need for the board to support a regional sinking lid policy. We also took this opportunity to highlight local initiatives such as the… event happening within their rohe and the community's desire to be free of pokie funding. [We also] presented to [another local board] in support of a licence being granted to [a] Waka ama group established [in their region]. We recommended the granting of this licence as promoting cultural activities as alternatives to gambling for whānau in their rohe.

Tertiary students and education support groups

A few providers reported tertiary students as a target audience for awareness raising presentations. A few reported delivering presentations to tertiary students within the public health field including mental health, health promotion and nursing. In one case, the presentation led to a student presenting themselves with a gambling problem.

> Our health promoters presented to a class of health promotion students regarding gambling and gambling harm issues… helping to ensure that those who go into the health promotion field understand gambling harm issues. Similarly our… team presented to nursing students of [university]. The students were in their third year and were very receptive to the information provided. This included a very constructive discussion supporting health practitioners to refer to nurses.

One provider who had delivered presentations to a number of education support groups noted the mutually beneficial outcomes that resulted from their delivery of awareness raising presentations.

> [We] continue to present to groups as required. These have been both interesting and beneficial for both those we have presented to and ourselves as problem gambling providers. We were invited along to speak to *Adult Learning Support* [group] about problem gambling and funding derived from the pokies. It is a real shift to see this kind of open discussion around the dilemma small organisations have on accepting pokie funding… Another interesting presentation was to the Community English and Craft Group which is a group of refugees and immigrants who meet regularly in supporting each other. We initially planned a simple presentation though were surprised at the self-disclosure of people in the group personally affected by problem gambling. As English is not the first language of the members, it did prove difficult to fully discuss what was needed and this got us thinking about how to support such at risk groups.

Elders and senior citizens

Three providers focused on elders and senior citizens as a target group for awareness raising presentations.

> [We delivered] two 45 minute presentations to…Vietnam War Veterans Wives. These two 45 minute presentations over two days focused on gambling and stressed the relationship of both to each other. There was a focus on coping with the situations presented. 40 people were present at each presentation.

The above provider also reported on an awareness raising activity organised during the "International Day of Older Persons… annual expo for elderly people in the community".

> There were many health, social services and recreation stalls. About 3,000 older people attended. The event was a great opportunity for brief interventions; many older people were eager to share their experiences with gambling or the experiences of loved ones. The health promoter who attended left with numerous anecdotes and provided information to several people who had been affected by other people's gambling or who were monitoring their own gambling.

Another provider identified elderly members of Pacific communities as being particularly vulnerable to problem gambling, which led to the delivery of awareness raising workshops for this community group. Their workshop included screening which led to referrals to their intervention service.

> In our Pacific culture our elderly people …are …the most vulnerable people in our community. Their vulnerability may lead them to gamble without knowing the danger of becoming a problem gambler… [Our] public health team and the intervention team completed 5 workshop groups with 33 Tongan elder ladies… [with the aim of empowering] the group with the knowledge and tools to change their mindset about gambling and to disseminate information to their families and community. [We also] implement an awareness workshop to 70 members of the Cook Island group in the English and Cook Island language. We also completed baseline surveys with screening and refer individuals to the intervention team… [Among others, the workshops increased]… public discussion and debates on gambling harm and related issues [and were able to] reduce transport barriers by implementing the project in their local areas.

The further provider reported having carried out a "problem gambling awareness workshop" for a group of elders, which resulted in their increased awareness as well as their capacity to identify concerns over issues such as organised casino trips.

> The kaumātua knew problem gambling was an addiction and Lotto, races and housie was mentioned as gambling activities however they didn't know too much about pokie machines and the impacts. They also didn't know where to seek help for whānau. After the presentation the kaumātua shared stories about a… rugby league club [in their region] organising gambling trips to the… casino. There were concerns about these types of trips to casinos. They [were] more alert around problem gambling impacts on whānau and [became aware of] where to get help.

6.5.2 Education programmes for youth groups and schools

Four providers reported organising specially tailored educational programmes for youth groups and schools. One provider described how their educational programme for Māori youth led to positive outcomes such as enhanced understanding of problem gambling among Māori, making healthier choices and supporting affected whānau.

> [We]… facilitated a six week programme working with youth aged 15 to 18 who were enrolled with [a Māori trust]. Our programme included … kōrero on gambling from a Māori perspective, statistics, consumer kōrero on their journeys, questions and answers, whānau ora, tools for support, whānau support, counselling, pathways programme, and te pā harakeke model. The outcomes achieved included: A raised awareness of problem gambling for Māori in New Zealand; ways to make healthier choices as individuals; and providing support for affected whānau.

Another provider reported an educational programme delivered for a boys' group in their area and the positive outcomes resulting from the programme which included an awareness of potential triggers of problem gambling behaviours and protective factors.

> There were 9 young tāne aged between 15 and 17 years of age. The talk focused on taking the audience on an interactive journey to examine different definitions and modes of gambling, the positive and negative impacts of gambling and protective factors. To generate the audiences' thinking about protective factors, they were asked to think about successful sports role models and how they have attained their achievements. Prior to [this] I threw in a cultural element by introducing myself with the pepeha. The purpose of this was to model the use of the pepeha and pride in identifying with one's Māoritanga. A highlight of the discussion that evolved from the boys was a realisation that reasons why some people become vulnerable to their gambling behaviour is that they fall victim to a belief that gambling can solve money problems, quickly, with little effort. Furthermore, participants were able to identify with goal setting, hard work and being focused as ways to protect the self of harms associated with gambling.

The above provider also carried out programmes in several schools in their area.

> Our service facilitated interactive, informative and educative sessions of gambling related harms relevant to rangatahi. The promotion of alternative activities to gambling was emphasised as well. Simple tools such as: The Pop Quiz - a quick and simple multi-choice quiz of five questions about gambling in our… region. [The sessions] provided an opportunity for [our] kaimahi to disseminate [problem gambling and] (HPA) Health Promotion Agency resources that are rangatahi friendly. Our service has been keen to help develop career opportunities through career mentoring for rangatahi …This tautoko helped increase the likelihood of rangatahi securing paid employment, therefore, improving Māori health outcomes through earning a reasonable income. Provision of gambling education helps decrease the likelihood of gambling related harm for whanau Māori.

The above provider reported on the positive outcomes of their initiatives, as evidenced by staff observations.

> [Staff delivering the programme] have given feedback to our service about how rangatahi have responded enthusiastically to the gambling awareness presentations. The rangatahi present have been able to question kaimahi and other rangatahi around problem gambling issues. Rangatahi further have benefited by learning related to factors and consequences around gambling behaviour and its impact on whānau katoa. Some of the helpful kōrero focused on harm reduction, particularly: 1. The importance of paying bills before beginning gambling, 2. If gambling "have a

> set budget", 3. To be "money wise" create a budget plan that consists of a savings account for targeted goals.

One provider reported on what they termed a "School Intervention Project".

> [Our organisation] continues to deliver presentations to high school students… It is a struggle to get in to schools, but once we have permission the presentation is very successful (the project was evaluated last year). The presentation raises awareness of problem gambling with adolescents. [We have met with a representative from the] Cancer Society regarding planning for a school-wide video competition to raise the profile of problem gambling. [We have] also presented to the …School Counsellors Association which has resulted in a request from schools for the schools presentation. [We are] also seeking advice and support from the Health Promoting Schools programme.

The provider later reported on the challenges of accessing schools and colleges, which prompted them to focus on a different target group.

> [We] initially struggled to get into schools and colleges and as a result of that we have changed our strategy and now we focus on alternative education centres, vocational training institutes, YMCA, language schools, etc. This strategy proved to be very successful and we have reached several groups of student audiences over the past six months. This includes YMCA students …and English language schools.

Following presentations in other schools, the provider reported plans to develop a resource based on the presentations:

> [We are] planning to record the presentations and produce a resource that could be used for other regions and health promoters across the country. This project was evaluated… [and the]… results were encouraging and will guide the future development of this project.

The above provider also reported on another specially tailored education for at-risk youth.

> The… programme was designed to encourage young people to think about the potential harm from gambling and how it can impact on their lives. This six week programme was run for one hour per week each Tuesday. [Our organisation] developed a customised programme to work with this group. This client group is just out of school, not currently employed, aged fifteen to eighteen years… So far [we have] completed 4 out of the 6 originally planned sessions.

Another provider reported on the success of what they termed a "school public health intervention".

> In the previous period [we] reported on a public health intervention with a school… to raise awareness and support communities to reduce gambling harm. Following the activity, Health Sponsorship Council resources including pens, bags and cubes were left for distribution. Follow-up with the school was undertaken and the school reported that the resources generated a lot of constructive discussion and provided a possible explanation for some issues whānau within the school presented with.

6.5.3 Information stalls and awareness raising activities at public events/festivals

Nineteen providers reported being present at and/or setting up information stalls during festivals and public events, and in public places to deliver messages and resources to ensure that community members were well informed and more aware about gambling harm. A few providers reported collaborating with other PGPH service providers in their region in the organisation of such events. Some providers noted that interactions with members of public enabled them to gain an understanding of public perceptions and needs in relation to problem gambling and problem gambling services.

These events often involved the distribution of awareness raising resources as well as information about the providers' services. As evidenced in the report extracts below, many providers referred to the use and distribution of *Choice Not Chance* materials.

Awareness raising on Gamble Free Day

Fourteen providers reported a presence at, and activities during, Gamble Free Day events in their respective areas.

> In the lead up to [Gamble Free Day]... we promoted the event well leveraging off the various activities we were involved in including the radio health promotion series. We secured various resources through HPA including Choice not Chance T-shirts for our kaimahi. On the day we had a free BBQ with entertainment by way of karaoke, zumba and a quiz with prizes... Information on gambling harm, support services, resources were available throughout the event. And we initiated a number of brief interventions.

Awareness raising at public events and festivals

Providers also reported their activities at local public events such as health expositions as well as at national festivals and cultural events. These events were advantageous for attracting large crowds and populations that included ethnic minority groups.

> …a multi-organisation community health festival… Māori, Tonga, Samoa, Tokelau, Niue, Cook Island, Tuvalu, Kiribati and Fiji communities attend this festival. [We profiled]… our intervention service [at this festival] and …some connections and follow ups for intervention were made. We were looking to weaving the national problem gambling brand, *Choice not Chanc*e tent and banners from Health Sponsorship Council with [organisation]. We were pleased to have story teller-celebrity hip hop artist, 'Scribe' available to be part of our site. This has been a collective approach with [our] workers, volunteers and Health Sponsorship Council.

> Community and Social Service Expo… These events managed to engage the team with an estimate of 500 people by working collaboratively with other providers/services to increase awareness of problem gambling. Our team was requested to have a stall with resources and incentives to engage with the participants. The team had the opportunity on the stage to give away spot prizes containing the [our organisation's] t-shirt… by asking the crowd questions regarding gambling harm.

Some of these events were targeted to specific community sectors. For instance, one provider reported setting up a stall at a Māori food festival which attracted the Māori community.

> … the traditional Māori and wild food festival … showcases a variety of traditional Māori pre and post European wild food … [Organisers of this event] they pride themselves on the day being tobacco and alcohol free. Secured a stall at this festival alongside other Māori health providers, to raise awareness around gambling, drugs alcohol, harm to the predominantly Māori community. We were situated next door to the food trucks, so we had easy access to the moving crowd. The health promotion and the clinical staff manned the tent for the day and worked together to gain the registrations and gambling screens of people that wanted to talk to us about gambling.

Likewise, other providers reported on different cultural events that also attracted Māori communities.

> [We] have developed an ongoing relationship with [another PGPH service provider in our region]. [We were]… invited to attend…the largest kapa haka event in the country to assist in promoting problem gambling messages to visitors… The opportunity also gave us direct insight into the problem gambling issues surrounding the …community, as well as what services whānau, hapū and iwi are finding met their needs, and why. Such information will be useful for [us] to consider when engaging with Māori in [our area]….

Cultural events of relevance to the Asian community was also a target for one provider.

> Continue to use stalls and presentations to community groups to promote debate and raise awareness about gambling harm...This will include Asian community gatherings and festivals…

Information stalls in public places

A few providers also set up desks or information stalls in public spaces such as markets, malls and libraries.

> A stall was held at the mall to promote the launching of HSC's "Choice Not Chance" campaign. …The stall was planned to last about four hours, but the giveaways were all snatched up in the first hour and a half. The team spoke to a number of people about gambling, had four substantial brief interventions, and may have had first contact with a new client.

> [Our] service set up regular static displays at the …health centre where there is a GP service, pharmacy, library and café.

Awareness raising events involving Scribe and other celebrities

Nine providers reported providing coordination support for the organisation of the *Scribe with Us* events in their regions. Their support included ensuring cultural aspects of the event, developing promotional materials, promoting the event locally and through the media, providing security support, and assisting with venue set up. One provider, for example, listed the broad range of areas in which they provided support which included:

- Coordinating the formal ceremony including securing a… representative to open on behalf of the iwi…
- Managing the development of a promotional poster...
- Coordinating the promotion of the event on [a Māori radio station] (and other local radio stations by default) including radio interviews…
- Coordinating the Māori Wardens to provide security inside the venue and patrolling outside the venue.
- Coordinating the acknowledgement of local poem and short story entries for the *Scribe with Us* competition and the reading of the poem from Oscar Knightley.
- Coordinating the inclusion of [our organisations other public health] services to promote their services at the event.
- Assisting with setting up and packing down the venue space…
- Prepared for the role of Mistress of Ceremonies in partnership with … representative [of another PGPH service provider].

Similarly, four other providers also reported contributing in various ways to the organisation of the *Scribe With Us* event.

> Coordinating national activities aligning with Gamble Free Day - promoting Scribe With Me key activity, promoting celebrities, regional competitions for Māori, Pacific and Asian communities, profiling celebrities through media strategies, resources are appropriate for communities, creating social media strategies Facebook and web pages, facilitate a National Gamble Free Day workshop.

Another provider reported promoting a competition organised by the Health Sponsorship Council.

> [Our] service promoted the 'Scribe With Me' competition coordinated by HSC and encouraged two local rangatahi to participate who were both regional winners. Both rangatahi are willing to support the service in the development of a rangatahi advisory group in the future.

One provider noted the value of involving Scribe in such public events as it attracted youth.

> The Gamble Free Day was advertised widely throughout [the region], the drawcard being a popular artist of rangatahi, Scribe was well received. As the national ambassador of problem gambling he worked well to inform and entertain through his music. [We] worked hard to provide support to the whole festival as well as conduct brief intervention screenings. The event brought more awareness to whānau and in particular rangatahi even though it was evident (through feedback) that they came to the event because of Scribe.

A different provider organised a gamble free week in their area involving Scribe, which reached a wider audience including schools, district council staff, and the Pacific community. The event attracted media coverage and involved various activities including displays, brief screens, and talks by Scribe on how he overcame his gambling addiction.

> [Gamble Free Week included] Scribe [who] visited 3 local colleges and talked at assemblies. A lunch was arranged by [us] at the Town Hall and 60 invited guests attended including representatives from all colleges, district councillors, kaumatua and Pacific Island representatives. Scribe delivered an inspiring talk about his problem gambling experiences and sang his new song

for the first time. It was widely reported in the local press as were the other gamble free activities. A stall was erected at the local supermarket and 19 positive brief screens collected and 19 brief interventions provided.

Best Practice Example 1: Involving health and social services in a local *Scribe With Us* event

One provider reported organising a local event on ending harmful gambling, in line with the national *Scribe With Us* rap campaign. They reported their intention of making this an annual event with the theme for 2012 being 'Choice not Chance'.

> Scribe with Us - Gamble Free Day. Partnership with HSC national campaign to hold a local event in [the city]… [This] successful event… will become an annual event and a network of all agencies that participated has been established. Resources were valuable and help further promote and support the messages.

In addition to the awareness raising, their process shown in Figure 38 indicated success in involving health and social service organisations in their event.

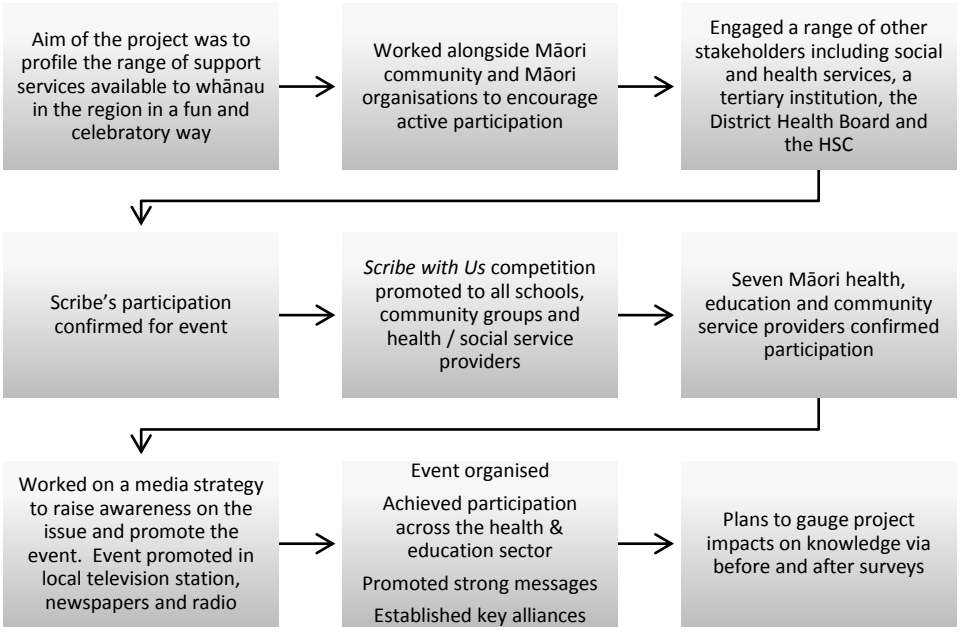

Figure 38: Provider-organised local event in line with the national *Scribe With Us* rap competition

Approaches used to encourage public discussion at information stalls

Two providers reported on the approaches they used at their public information stalls to encourage public discussion about problem gambling. One provider used information communication technologies such as laptops and iPads to upload public comments onto their Facebook page which enabled community members to engage in discussions about problem gambling.

> Our primary form of raising the profile of harm caused through problem gambling at [the] Atamira [event] utilised a well received and appropriate technological savvy approach. This included the use of iPads and laptops to conduct quick and simple surveys… Consented photos were taken of whānau who display their own written message of what it meant to be Māori in the city were immediately uploaded to [our] Facebook page. This meant that whānau were able to see their own feedback and others in real time, thus again creating extra interest in the problem gambling topic stalls …This additional interest was met positively by whānau who were more open to kōrero around gambling could they see their whakaaro fitting with many other whānau in [the region].

The approach used by another provider which included encouraging community members to participate in games and quizzes, also contributed to public discussion.

> The service promoted access to its services including counselling, budgeting advice and advocacy, and the harms associated with gambling at the Pacific youth event. Raising the community's awareness about the [harms] associated with gambling included the introduction of a newly developed interactive tool, and pop quiz and gamble screen. The tool, a silly game, called "What are the positive and negative effects of gambling?" encourages participants to draw a card with a message on it and decide whether it is a positive or negative effect of gambling. There are 11 negative and 2 positive messages in total. Positive feedback was received from all participants about the tool in generating them to think about the harms associated with gambling… [In addition] over 100 "Together We Can Make a Difference" bags were distributed to those that participated in the game and completed a pop quiz and screen. Included in the bag was a pamphlet about …services provided by [a Māori Alcohol and Drug service], Choice not Chance resources, and a Gambling Sux water bottle.

Achievement of other outcomes

Some providers used their involvement in public information stalls to achieve outcomes other than raising awareness. Many providers, as noted above, reported conducting brief interventions at such events. A few providers also carried out surveys to gauge public opinion while others used the opportunity to seek public support for policy implementation and for building networks.

> [In another public event]… apart from displays and resources, some brief interventions were carried out and an interactive exercise asking people to record ideas about what community activities and facilities they would like to see in their communities. These ideas will be converted into a presentation and presented at a …City Council community board meeting in the future.

> [Our public health staff]… helped organise… a…Marae expo with bands, information stalls and two PH tents. [Our] staff engaged with the public and gave away resources, raised awareness and conducted briefs [interventions] and found more people aware and wanting support around gambling than at previous events. Also a Marae community worker approached [us] to provide information to their kaumatua and community workers and invited us to a healthy breakfast event to promote problem gambling education.

Another outcome that appears to result from such events is media coverage which leads to subsequent outcomes in the form of political interest in gambling-related issues. Media coverage of such events may have occurred as a matter of course or as a result of providers' initiatives.

> All these events, have attracted public and media attention, in terms of promoting multiple community conduits, able to capture health and social service issues impacting upon Māori. The attention has attracted support from TPK [Ministry for Māori Development] and… district health board, as our goal is to create an informational and data hub [for]… providers….

Identified issues

Although one provider reported on their successful involvement in a joint agency planning and execution of Gamble Free Day, they noted several areas of concern. They provided a list of key issues, some of which were not yet resolved.

> 1. [A lack of a] local plan or [clearly defined] objectives… [meant that] that… [possibilities for] evaluation was limited. 2. A focus on clinical (e.g. numbers of interventions) rather than public health (such as raising awareness) approaches. 3. Lack of Pacific and Māori involvement in the planning process. 4. The planning processes were not inclusive so… cultural and public health expertise were side-lined. 5. Lack of recognition of [our organisation] both in the planning, implementation and evaluation of the event. 6. [Uncertainty if] the branding and approach [were] the best way forward for public health providers in the future. These have been raised with the planning group and particularly item 6 with Health Sponsorship Council but not resolved at this time.

6.5.4 Participation in community meetings

Organising and participating in community meetings was another approach used by a few providers to raise awareness of gambling harms. One provider reported organising a community meeting which led to discussions and debates about problem gambling.

> [Our] service… was responsible for the funding and promotion of… a community hui with the underlining kaupapa of encouraging behaviour change for whānau and affected others. Messages of whanaungatanga and aroha were promoted, to create a visualisation of what whānau can do throughout the lengthy process of supporting a problem gambler to change his or her behaviour. This hui was successful in relation to having informed discussions and debates with those attending and whānau looking for support…. Whānau that attended the community hui, understand what can be done when they identify a problem gambler.

Another provider reported the value of attending a meeting with the Family Violence Strategic Group organised by the whānau centre in their community. They were able to develop awareness of gambling harms as well as develop their networks with the other community services in the area.

> Through participation at the hui we shared our kōrero and whakaaro to help increase the awareness of gambling related harm within the… community, this we believe, helped participants connect gambling related harm, whānau violence, crime in vulnerable communities such as ours… Overall, our service has been present and aware in the community, through this we have managed to build helpful relationships not only with the community but also with other agents involved in this kaupapa. This involvement has helped our service to be effective in educating and helping the community.

6.5.5 Community awareness bus tours

One provider reported on the value of community awareness bus tours as a method for raising awareness on gambling harms and attracting media coverage:

> [We have] held two community awareness bus tours. The purpose was to raise the awareness of the pokie venues in vulnerable communities and the effects these pokie sites have on the community, utilising a method of engaging with a captive audience (passengers) riding on a bus… On board the bus were representatives from the media…, consumers, and presenters from [our] and other organisations… On route to the venues, presenters provided the passengers with information about problem gambling and in particular the impact of pokies on our community. This included consumers sharing their personal stories about gambling and various presentations from the organisations involved. The venues visited were accommodating and for many on the tour, seeing the venues and people playing the pokies was an 'eye opener'. Teams on board the bus were given questionnaires to complete to gauge the level of knowledge and understanding they had about problem gambling and pokies prior to the bus tour. The event was a great success. Even providers working in the sector benefitted from visiting pokie venues and hearing the personal stories shared by clients who have experienced first-hand the harm from pokie gambling.

Working in collaboration with the above provider, another provider also reported on the positive impacts of knowledge about problem gambling that resulted from the bus tour.

> [In collaboration with another PGPH service provider, our] staff participated in two… community awareness bus tour projects. These projects were aimed at increasing community leaders' awareness of problem gambling in their communities …The community awareness bus tours had positive feedback with 100% and 95% of participants saying that they had increased knowledge and awareness of problem gambling and pokie machines and 83% and 73% said they had changed views on gambling.

Likewise, a different provider reported supporting the main organising provider in this activity.

> [We were] approached [by a counsellor from another PGPH service provider]… to plan a community awareness bus tour initiative...

The provider reported that they had participated in four meetings in relation to the organisation of the community awareness bus tour.

6.5.6 Awareness raising materials and information dissemination

As detailed in the preceding sections, awareness raising activities such as presentations, educational programmes and information stalls included the distribution of resources. Providers reported that they distributed both HPA and their own resources for the purpose of raising awareness.

> [Our] team continue to distribute Choice not Chance resources to the community and providers. [Our] team also continue to develop their own localised resources for distribution.

> [We] have continued to use promotional material from the social marketing campaign (i.e. pamphlets, signage) at public health events within the community. Recent resources obtained included the updated edition of the promotional bags, caps and shirts. We look forward to utilising the "Choice Not Chance" material available from the Health Sponsorship Council.

To increase community awareness of their services, a few providers delivered their organisational materials to appropriate stakeholder groups in their area.

> We have begun placing posters around our rohe that promotes our service.

> We developed water bottles with our own logo... These were distributed as part of an overall [organisational] campaign targeting popular Māori sites.

A few providers indicated dissemination of information related to problem gambling to community and stakeholder groups through newsletters and emails and a few had considered mobile communication technology such as text messaging and iPhone applications.

Newsletters

Two providers reported on their newsletter distribution.

> [Our organisation] produces quarterly newsletters promoting our services. It also gives us the opportunity to raise awareness on the different health problems our community faces [including problem gambling]. This newsletter is disseminated out to all our networks both Māori and non-Māori organisations and agencies.

Another provider reported that their newsletter about their services may have led to increased referrals to their service.

> Mailed out [newsletter]. This was an introduction to ourselves and our service as well as some facts and tips around problem gambling… This newsletter appeared to produce a slight but temporary increase in referrals to the service. However, this may have been coincidental as referral source information was not obtained. Regular electronic and hard copy newsletters to our key stakeholders will also be repeated as we progress over the coming weeks.

Email

Information dissemination via email involved maintenance of an email database. As reported by one provider, this resulted in positive comments from recipients.

> [We] continue to develop a database of iwi providers and organisations which would be open to receiving email information about problem gambling and gambling harm. Within our own workplace, we have started emailing reminders and information about harm minimisation practices and policy reminders. Feedback about this has been positive.

Another provider reported compiling and distributing gambling related online media articles which also received positive comments from recipients.

> "Today's Stories", a collation of key gambling stories from New Zealand and around the world, continues to be very popular. Each morning gambling related articles are chosen from the web and distributed here and overseas to readers who have asked to be on our database. [We] received regular positive feedback on this service. The stories are also copied, tagged, and maintained in a database for future reference.

The provider reported that in addition to distribution to their own staff, the stories are distributed to appropriate stakeholder groups in New Zealand.

Mobile communication technologies

Mobile communication technologies such as text messages and the use of iPhone applications were another communication method that was considered by providers. One provider referred to phone "texting" as an alternative way of communicating with members of the public.

> [We] began to make use of texting capacity in order to work with whānau in the community. This proved to be successful and allowed the opportunity for rapid response to whānau needs. As a result of the work in this area, we began to develop a set of informal guidelines around the use of mobile telephones in our practice. Those guidelines specifically focused on implementing limitations with respect to contact hours and responses to potential crisis contacts from whānau.

The above provider also noted the potential of iPhone applications as a possible method for disseminating information.

> The development of an iPhone application has the potential to revolutionise the delivery of public health and intervention services - providing additional support for people wishing to access treatment providers and/or information about gambling harm. Utilisation of available technologies is an important way to maintain currency with the community and recognises the role that new technologies have in disseminating health information.

Following their research on iPhone application development, the provider noted that there were no applications available for reducing gambling harms. They reported that the only "similar type of programme was an iPhone application based on the 12 step alcoholics anonymous programme." They later reported on the challenges in relation to this medium of communication and their decision to not pursue the project.

> [We have] continued to work on developing a downloadable application for mobile phones. This has required significant investment of time and resources by the team as we have worked towards understanding the type of application to be developed. [We later] reviewed options with respect to development into iPad applications. As an outcome of the review, it was agreed that although useful - it would be impractical for [us] to develop an application. The resource issues associated with development were prohibitive - particularly if we wished to develop a comprehensive package… it was decided to discontinue work in this area.

6.5.7 Challenges in awareness raising

One provider reported challenges to awareness raising because of the social normalisation of gambling behaviours, gambling advertising, and the difficulties in encouraging and sustaining behavioural changes through awareness raising alone. They also noted the "ease of accessibility of gambling within the community" as a challenge to their work.

> Despite significant efforts to raise awareness of gambling harm, it has been our experience that a number of groups within the community are not fully aware of gambling harm as an issue…some gambling activities have become so normalised that whānau do not often see that choosing to purchase a Big Wednesday ticket or Lotto ticket as part of the weekly grocery shopping may be causing harm.
>
> In delivering this purchase unit, we are aware that aware communities alone do not necessarily create or sustain changes required to reduce the impact of gambling harm. However, we are also aware that community readiness does not always progress in a linear form from awareness/insight resulting in action which in turn results in behavioural change...
>
> The intention of the Lotteries Commission to increase accessibility of online gambling, convenience of gambling and player frequency is of concern...Further, the normalisation of gambling engendered by the Lotteries Commission's strategic intent may delay recognition by whānau that they may be experiencing gambling harm.

6.6 Develop awareness of gambling odds, risky gambling, and health and social risks

The PGPH-04 Purchase Unit Description requires providers to "develop and implement programmes that provide communities with information on the odds of winning and losing, gambling behaviour and how to respond to risky gambling situations, and the health and social risks associated with gambling" (Ministry of Health, 2010, p. 34).

As reported in Section 6.5 many of the awareness raising activities focused on gambling harms; for instance, impacts on financial situations and impacts on family members. Some providers also highlighted the prevalence of problem gambling behaviours among lower socio-economic decile communities. Therefore, the content of their awareness raising material is likely to have included the health and social risks of gambling.

Although the Choice Not Chance information about the odds of winning handed to members of the public may have contributed to knowledge development in this area, in general, providers' reports showed very little evidence of educational or awareness raising material content that included knowledge about gambling odds, risk-taking behaviours while gambling, or approaches for dealing with risky gambling situations that can lead to excessive gambling or loss of control over gambling. As the document analysis did not include attachments in providers reports, findings in relation to this particular activity is inconclusive.

Nevertheless, the reporting of five providers provided some details that had relevance to this activity. One provider reported the delivery of educational programmes and "workshops on problem gambling, risk taking and addictions". Another provider reported developing an awareness raising programme that included information about responding to problem gambling symptoms and seeking help for an affected gambler.

> Locally designed and developed awareness programme continues to be delivered on an 'as required' basis. Programme describes signs and symptoms of a potential gambler - signs and symptoms of possible problem gambler followed by some form of action. This programme has been shared on an 'as required or as appropriate' situation and is frequently modified to suit various occasions. [What] appears effective is identifying potential problems and suggesting a possible course of action people can take. To be evaluated to determine effectiveness. The previously reported project of development of some awareness project - signs and symptoms of a gambler took a 'twist' and although incorporating some signs and symptoms information - the thrust of this project is where and how to action help for others. This direction is less intimidating and reference to the survey [of public awareness and public communication approaches and channels] highlighted the fact that minimal numbers of people either knew where or how to seek assistance is required. A …flyer is currently being developed to assist with this discussion.

A different provider reported the positive outcomes resulting from a weekly gambling support group they organised, which included strategies to avoid risky gambling behaviours.

> [The] gambling support group… is well attended and very proactive in finding strategies to give up. My role is to talk about how I managed to beat it and some of my tips are: getting someone to handle your finances, making a conscious effort to stay out of the pubs, identifying your stressors, walking away from your gambling, drinking buddies, finding something to replace your gambling, finding your passion or what you are gifted at.

The above provider also noted the false beliefs held by the general public about gambling and the odds of winning, which appeared to suggest that the achievement of this activity needed to be preceded by a clear understanding of existing misconceptions about gambling.

> At a whole of population level and including non-problem gamblers - hold false beliefs about gambling. This may include views that games of chance can be 'influenced' and that 'strategies' can be used to shape the outcomes of gambling. Some segments of the community also see gambling as a way to 'make money' or address financial difficulties. [Other myths include]… If someone has just won on a pokie machine - this decreases the likelihood it will pay out on the next game; there are some strategies that can be used to influence your chance of winning on poker machines; increasing bet size on the pokies can help increase the chance of winning; that if you lose on a poker machine game, the next game should have slightly higher chance of winning; it's worth

> reserving a winning poker machine if you need to take a break, as this will increase your chance winning.

The above provider later reported on "plans to produce 'pictorial story boards' as a resource to dually promote positive mental health and debunk problem gambling myths".

Likewise, comments by two other providers about the views held by members of the public suggested the need to identify and address existing perceptions about gambling as a positive activity, and the role advertising plays in instilling optimistic views about the odds of winning.

> Our research has indicated that Māori whānau perceive gambling as an opportunity to escape or improve their situation. The perception of gambling as an opportunity, rather than a risk, would mean they do not necessarily consider the negative effects of problem gambling, only the rewards gambling can give.

6.7 Community-led culturally relevant awareness campaigns

The Purchase Unit Description for PGPH-04 also requires services to "provide opportunities and resources for at-risk communities to develop and implement culturally relevant campaigns that raise awareness and provide information on the health and social risks associated with gambling" (Ministry of Health, 2010, p. 34).

Nine providers reported on various examples where they had supported community and youth-led awareness raising initiates.

Supporting community-led awareness raising initiatives

The efforts reported by a few providers' to support the work of Māori and Pacific groups indicated their support of community-led initiatives in raising awareness of gambling harms.

One provider met with various stakeholders to provide support and encourage their involvement in problem gambling awareness raising activities. A few of their reported activities included supporting the work of an iwi charitable trust, a marae and a school hosting a Polynesian festival.

> [Our] problem gambling team attended a hui with [an iwi charitable trust] aimed at helping [the trust's] problem gambling services raise their profile to a larger audience, drawing on our experiences of what has helped our journey. We also strategised with [the trust's] media engagements surrounding clinical services being fronted by [the trust]. [We also] met with the manager and kaimahi of …[a] marae to find ways [our] problem gambling team can tautoko all programmes happening on the marae. [Our staff also]… attended a hui at [a] college regarding the annual Polynesian Festival (Polyfest) held in March 2012. [We] proposed the ways in which we will be raising awareness of harm caused by problem gambling and the reasons behind our chosen strategies being to make sure the overall messages were appropriate …[for the] hosting school. They acknowledged our efforts and supported the on-going awareness-raising at 2012 … Polyfest.

The above provider also reported presenting at an international conference. The provider noted this activity to be supportive of indigenous communities outside New Zealand as the content of the presentation focused on sharing their experiences of the community-driven approach they had used for their public health work.

> As part of [our] commitment to raising awareness and supporting other indigenous communities around the issues of problem gambling [our] problem gambling team submitted an abstract [and presented at] the Healing Our Spirit Worldwide conference [in Honolulu]... the event aligned with [our] strategic indigenous public health goals. The problem gambling presentation drew on [our organisation's] underlying values of Māori Ora Mauri Ora and other Māori models of health and wellbeing to reflect on lessons learned in the lead up to local government gambling policy reviews. [The presenter] recounted the journey raising awareness of the harms of gambling to whānau, hapū and iwi and supporting iwi to drive approaches to addressing gambling harm with their communities using their own culturally authentic solutions. Specific examples were given of the community's own vision for health and wellbeing in relation to problem gambling and our approach of working

with kaumātua guidance, community action, a strong voice in policy and turning to our knowledge systems such as waka ama, wānanga and other teachings of our ancestors as a pathway to healing. The presentation was well received with particular interest from the Canadian problem gambling sector.

Another provider reported on a marae-based health promotion project through which they aimed to work "collaboratively with marae, kaumatua, whānau, hapū and iwi to address gambling harm and reduction with whānau". Their project plan is summarised in Figure 39.

Figure 39: Marae-based health promotion

Among the expected outcomes for their project were provision of "opportunities for initial engagement and education about gambling harm on a marae setting"; promotion of gambling harm prevention by "key kaumatua and iwi leaders"; development of "tikanga/protocols for the delivery of a kaupapa Māori intervention programme"; and, establishment of "a presence and point of contact for gambling support on" the marae. The provider reported that they had achieved several awareness raising outcomes and were "satisfied with the results" they "achieved around gambling harm minimisation and working with whānau at" the marae.

A different provider reported supporting several Pacific community-led events where health and social risks of gambling were included. The events included guest speakers who presented "research about gambling harm in the Tongan Community and how to minimise… harm"; "alternative funding options instead of gambling means"; "mental health issues affecting… Pacific people and how it's connected to gambling harm"; and an individual's sharing of experience of gambling harm and how it affected his life and family. The events incorporated culturally-relevant activities, such as skits and dances which contained awareness raising content focusing on gambling harm.

> [One of these events]… demonstrated to the Tongan community… alternative ways of fundraising instead of gambling. The youth performed Tongan and Pacific cultural dances which empowered the youth to build self-confidence and develop leadership. The youth also performed problem gambling skits to increase awareness/community engagement which resulted in a DVD production. This event was a success with the… youth reaching their target and [our organisation raising] awareness about gambling harm. This event also brought the Choice not Chance Team…[and our] intervention services to work collaboratively with [our] public health services and contribute to the youths' fund raising event. [In another community awareness raising event, one]… group composed a skit and song [with content focusing] on raising awareness regarding the harms that's affecting our family. This event also included poems competitions for youth and adults which enhance community engagement…

One provider reported support provided to a Cook Island group's family day event in their area. They also indicated their plans to support the group's development into a gambling action group.

> Many of the Cook Island families who attend the weekly Cook Island group meetings are elderly and are long term residents of [area]. They are supporting each other through the process of having to leave their homes after 40-45 years of occupation. [Our organisation] was involved in this event, which is about celebrating being family and being Cook Island. They want to give back to their community and encourage them to continue to be positive about themselves and their families. The Cook Island community asked for the support of local providers in health, education and social services to attend the event and be a stall holder providing the messages on their services to their community. There were local Cook Island resident stall holders who were selling food, craft goods, and the language nest who performed for the locals. This encouraged many Cook Island communities to attend. If the group is still together [later in the year we] would like to support and

> nurture the group as the core Gambling Action Group - developing relationships to create a local action group.

Another provider reported supporting a community-led awareness raising initiative, the gambling action group that aimed to expand their local campaign into their region. This provider had worked in collaboration with a number of stakeholders including the Mental Health Foundation, a public health organisation, a community support centre, the District Health Board and community groups.

> Our involvement [with the gambling action group (GAG)] to date has seen participation in a range of different community and social initiatives aimed at reducing harm and raising awareness of problem gambling. The GAG have been looking at strengthening a local campaign entitled… by increasing its exposure… The Mental Health Foundation have shared a similar interest and together we look to develop this further, among existing networks within the region. [Our] role will enable facilitation among Māori communities we have links to and encourage adoption by individuals, whānau, hapū and iwi including industry where appropriate.

Two other providers reported participating in, or supporting, other community programmes and initiatives that were not directly related to gambling.

> [Our] team facilitation of the… Wellness Action Group - provide venue and catering. This group is made up of local health promoters and clinicians who are interested in working more effectively and collaboratively in tackling issues and raising awareness in our community.

Involving youth groups in awareness raising initiatives

One provider highlighted the value of encouraging existing *community-focused youth groups* to take the lead with awareness raising activities, as this would create a sense of ownership while also contributing towards the prevention of gambling in later life.

> In recent times, we have been developing projects, to better involve community… Designing events able to attract our younger population, is an attempt to embed ownership of the Choice Not Chance agenda within community. …Our focus over the last 6 months has been enticing community groups such as YAC (youth action committee) as a key driver of the problem gambling kaupapa into community. The intention being, to develop a sense of ownership among community with this agenda. Investment into activities to generate interest and involvement have been such initiatives as [the] Scribe event, which has proven successful by organisations and rangatahi who had attended… Having an annual event, with a 4 month build up, ensures the illumination of problem gambling remains conscious among our community, as well as embed the event and problem gambling kaupapa within community. Of worth to note is the environment, which tends to increase exposure to gambling are delinquency, truancy, substance abuse during rangatahi years, and access to online gambling. Investing in our young people now, will aid as a buffer in later life to the triggers and drivers towards gambling, which whānau often turn to in times of depression.

Another provider also reported on a project involving youth. They detailed their efforts to develop a cultural performance for raising awareness of gambling harms, which was then taught at an after-school programme. Their objectives were:

> …to provide a culturally congruent tool to… and the wider community to use in a number of fora, that carried a message about the harms of gambling and the safety in cultural identity. We wanted something that would be relevant, memorable, easy to learn and increase cultural capacity and pride.

Their process, shown in Figure 40 included consultation with an expert to ensure cultural appropriateness.

The provider reported that following training, the after-school programme participants will "use the haka to perform at community events where appropriate…" They believed their efforts were a success:

> [Our] service has a haka and waiata that can be used whenever we engage with other groups. We have also provided a resource for the iwi, and increased the cultural capacity of participants.

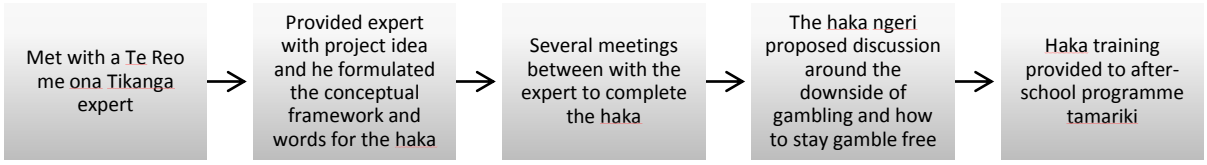

Figure 40: Designing an awareness raising cultural performance

6.8 Alignment of activities with national social marketing campaign

The Purchase Unit Description also states that "all activities should complement and support the national social marketing campaign themes and messages" (Ministry of Health, 2010, p. 34). It also indicates that key process will "include maintaining an awareness of other social marketing activities occurring and providing a problem gambling focus to these programmes where possible and delivering activities that compliment or link to national social marketing campaigns" (Ministry of Health, 2010, p. 34).

While it was not possible to determine from the reports if providers maintained an awareness of other social marketing campaigns, a few providers, detailed in Section 6.7 (a) reported on their attempts to support campaigns led by community groups and their attempts to encourage the inclusion of problem gambling as an issue. However, these campaigns may not necessarily have been "social marketing campaigns" as defined within the field of marketing, that is, campaigns that draw from commercial marketing strategies and methods to influence voluntary social behaviour changes (Andreasen, 1994; Lefebvre & Flora, 1988).

As evidenced in the previous sections, all providers, although at varying levels, indicated activities that either complemented or supported national social marketing campaign themes.

Use and distribution of national social marketing campaign materials

Most providers referred to the use and distribution of Choice Not Chance promotional materials, while some reported their involvement in and promotion of Scribe-related awareness raising events.

> Our health promotion team worked collaboratively with… HPA to build [the Gamble Free Day] Expo… We supported the "Scribe With Us to help end harmful gambling" campaign for [the HPA] by distributing posters to most homes…. Distribution was done through the high schools and Kura Kaupapa. HPA supported us with the media campaign around the Gamble Free Day... Scribe's story "Choice not Chance" made it into the… newspapers. The media also made reference to the gamble free twilight expo, inviting all whānau to attend. Photos of our celebrities were sent to HPA to use in the posters which were designed and printed for Gamble Free Day. These were sent to all …homes [in the area] by the Leader Courier at minimal amount.

One provider's description of an awareness raising activity on Gamble Free Day noted the use of materials from Kiwi Lives; another national social marketing campaign.

> September 1 was Gamble Free Day where a number of health promoters were down at the Plaza… to deliver health promotion messages, present the screening and intervention tool, had the DVD - Kiwi Lives playing and engaged with the general public as they walked past.

Consultations with the Health Sponsorship Council

Five reported consultations with the Health Sponsorship Council (HSC). Three providers reported meetings with HSC staff to ensure that their activities were aligned with the national social marketing campaign.

> [We] have had a long standing relationship with Health Sponsorship Council and in December have attended a hui between the two organisations so [we] are able to align… strategically with the HSC upcoming strategic plan for 2011… Working alongside the Health Sponsorship Council provides a

> collaborative approach in the kaupapa to assist people on the road to recovery, to minimise the harms of gambling. This partnership will provide assistance in targeting high population Māori communities in a nationally recognised campaign. [We] see this collaboration as being a positive move in the work that we do to reduce the harms of gambling and raise awareness within our communities.

However, one of the above providers noted an area for improvement. This was the need for clarity and timeliness of information from HSC.

> Please note that we have had constant communication with Health Sponsorship Council for many months around the development and implementation of the national campaign and what [our organisation] was planning to do at a regional level. We have only just been told after signing a contract for the services above that we could utilise the 'Choice Not Chance' as a strapline and utilise the branding in anything we do. It would have been very helpful if there was full information about the utilisation of the campaign material.

Two providers reported providing commentary to the Health Sponsorship Council (HSC) on the design of promotional materials and social marketing strategies.

> [We] were invited to offer feedback on the promotional material provided by the Health Sponsorship Council. As part of the feedback given, we noted that it would be useful to have resources which could be adapted to reflect local content. We also noted that sizing on items such as t-shirts were inaccurate did not reflect the realities of working with predominantly Māori populations. [We] indicated we would have liked input into the design needs. Following a request from the Health Sponsorship Council, we also provided feedback on the resources developed specifically for Māori communities. Feedback (gathered from focus groups and members of the public attending various public health events) was generally positive.

Aligning awareness raising resources with national campaign materials

One provider reported on how they had aligned their awareness raising resources to reflect national campaign materials.

> In the last 6 month period, we realigned our public health programme to reflect elements of the national "Choice not Chance" campaign. As a result, we took the opportunity to refresh current resources and develop new tools to reflect the shift.

6.9 Success indicators: Aware Communities

As noted in the introduction to this chapter, the purchase unit description specified indicators to include "community awareness and understanding of gambling harms as measured by the HSC behaviour change survey"; number of media articles discussing gambling harms; number of media articles promoting life skills and resilience to gambling; and number of communities participating in culturally relevant communication campaigns on the health and social risks of gambling (Ministry of Health, 2010, p. 34).

Providers' reports, as noted in the prior sections, suggested a number of success indicators of activities as well as outcome indicators following activities. Success of activities reported by a few providers included number of media articles released or the number of hits for a particular website.

Although providers often mentioned working with several community groups, most however, did not report on the number of communities that were participating in culturally relevant information campaigns. However, reports by some provider did included outcome indicators such as public responses and participant comments when discussing the success of their awareness raising initiatives.

One provider reported that an increase in referrals to problem gambling intervention services was an indicator of the success of their public health communication initiative.

> There has been an increase with referrals via [our organisation] to problem gambling intervention services in this reporting period as to previous periods. [Our service team] believes this is due to the activities undertaken by the service.

Several providers reported on efforts to evaluate the impact of the public health communication approaches they had used. One provider indicated conducting an evaluation to determine the effectiveness of information stalls at an event in which they had participated.

> During the event, brief evaluation surveys using innovative technology from Touchbase Technologies were performed. The survey was designed to assess how well the event engaged whānau and how well messages from activities, displays and performances run on the day were received by those who attended. [We] led the evaluation of the event [organised in collaboration with other PGPH providers]. The evaluation captured and linked each organisations' key roles. Key message delivery occurred at each… organisation's stall and then participants and their whānau were asked to record these messages and provide general feedback about the day on pre-printed postcards. This greatly aided increased feedback considerations from all areas of the event and provided an innovative way to reinforce key messages.

The above provider also reported on the value of conducting surveys during public events as it led to an understanding of public views about problem gambling. They noted the value of incorporating a retrospective pre-test survey to evaluate the effectiveness of holding information stalls.

> While at the festival a survey was undertaken to gauge people's awareness of problem gambling. …The majority of rangatahi attending understood how problem gambling can impact on people, with many… [believing] that losing money on the pokies meant less expenditure for items rangatahi may wish to purchase. Rangatahi in general were open to discussing problem gambling. Next year at the Polyfest we intend to do a "what did you know about problem gambling before you visited our stall, and what you know now after visiting our stall survey". Such a survey will help us to evaluate how effective our problem gambling stalls are in regards to raising the awareness of rangatahi.

Being in contact with members of the public and posing questions also enabled the identification of possible trends in public responses. For example, one provider noted that children were more receptive to questions and messages about problem gambling than adults.

> [At the Māori New Year Festival] questions were developed to ask Māori about problem gambling. It was interesting to find the tamariki/children were very interested with the Choice Not Chance resources and particularly liked the green wristbands and cubes. 80% of Māori children identified they were taking information home for their parents or extended whānau members (mainly mentioned were females - their mothers, aunties and grandmothers) because they played the pokie machines often. The adults were not interested; however, the children were innocently sharing and open about gambling in the whānau.

Two other providers reported the need for evaluations to effectively measure the outcomes of this public health service. For example, one provider highlighted the need for "research into the effects of gambling-related material (including public health information)". Likewise, another provider reported a need to consider the effectiveness of resources used in public events as well as external factors such as event location and competing promotional messages that can influence the effectiveness of this public health approach for awareness raising.

> Participated in three public 'expos' where the presence of problem gambling resources were made available to the general public in association with other health messages being promoted. Feedback was provided to HSC on one occasion of the effectiveness of resources that were available. Noted there is a variance of 'suitability' or 'appropriateness' relating to promotional resources, and other factors that may determine how effective these 'expo' can be… e.g. location within venue, sometimes the 'over-duplication' of similar resources, the 'competitiveness' that can occur between various promotions - these comments are not criticisms, but noted as influences that can impact between a good promotional event as opposed to one that isn't. [We are] always considering how to improve [our] participation within such events… and constantly looking for innovative ideas to develop such events more effectively… [We] continued participation within any available public expos - and where appropriate feedback is provided normally to HSC over the effectiveness (or otherwise) of available resources. During this reporting period - participation within 3 public events happened. Reported back that the recently released 'Choice not Chance' does not appear to attract too much attention and various reasons were forwarded on.

The above provider also reported conducting a survey to gauge public awareness, the effectiveness of public communication approaches, and communication channels which they believed were informative for the development of more effective promotional campaigns. The survey "focused on how public identified effective promotional options used within the general gambling" sector.

> Initiated a self-developed survey to ascertain peoples' gambling practices and determine how promotional activities were having an impact upon these participants. Surveyed 69 people with an even spread of age groupings, but low participation of people over 50 years of age. Most popular forms of gambling were Lotto and scratchies followed by pokies. Generally most people had an understanding of what problem gambling meant and most had seen problem gambling messages - mostly on TV (86%) and interestingly next highest recorded space where messages were identified was in gaming venues (28%). Approximately half the people surveyed remembered the message. In reply to the question: Have you ever suggested to someone where help (for gambling problems) is available - 77% replied no. The overall results of this survey have provided some useful direction for the future of how more effective promotional campaigns could be directed...

The above provider also highlighted the need to carry out research to understand youth perspectives on gambling.

> Currently planning with providers on - young Māori peoples' perspectives on gambling. [We] have community access to the target groups for focus groups between the age of 14 – 25 years. The aim of the study is to explore the thoughts and views of taiohi about gambling and to understand these thoughts and views as they relate to a public health approach to prevent and reduce harm among Māori whānau, hapū, iwi and communities.

6.10 Adapted Logic Model: Delivery of Aware Communities

The preliminary logic model provided in the introduction to this chapter was expanded based on the findings from an analysis of the six-monthly narrative reports for this purchase unit (Figure 41).

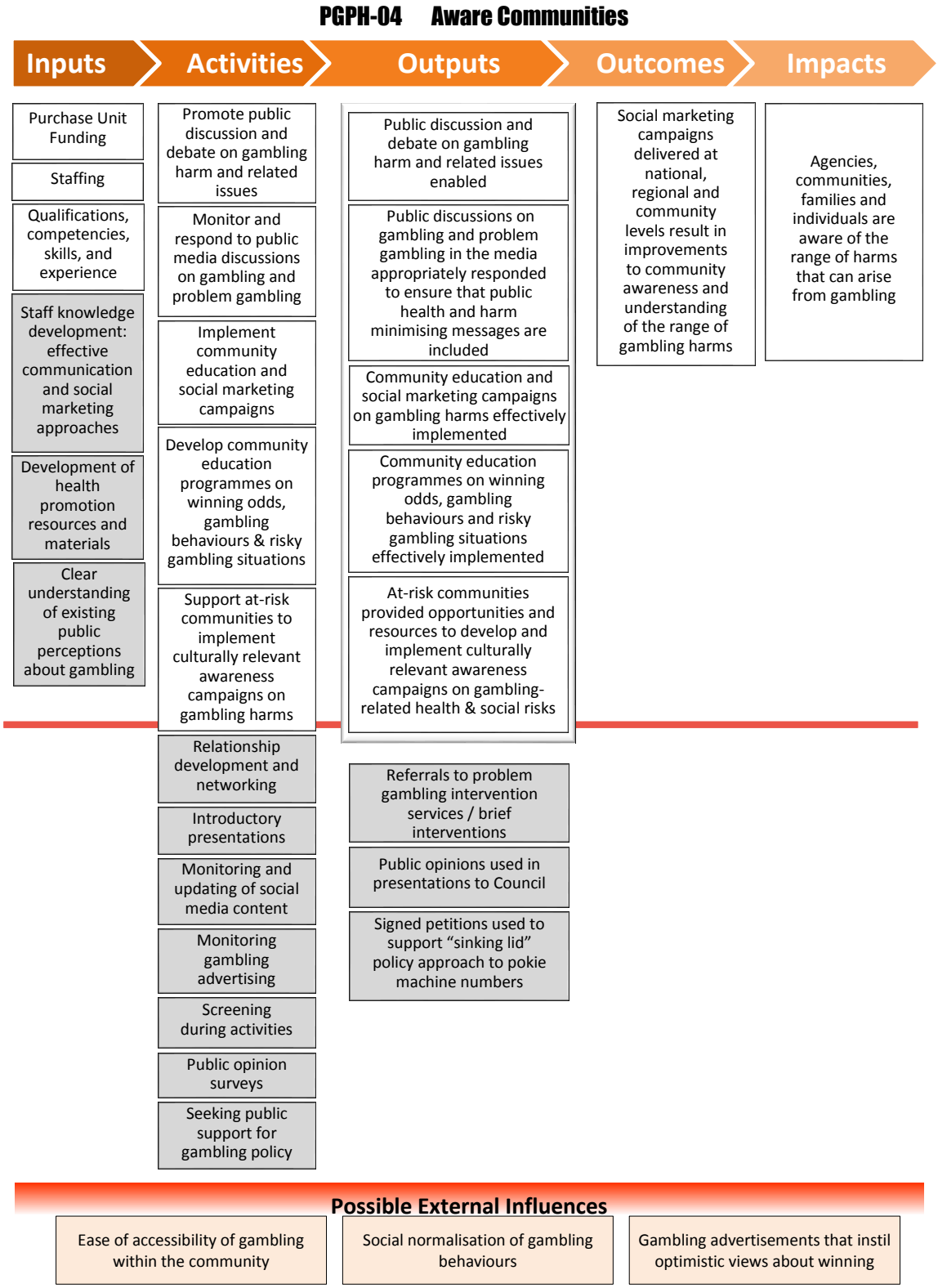

Figure 41: Adapted Logic Model: Aware Communities

7 Effective Screening Environments (PGPH-05)

The *Effective Screening Environments* (PGPH-05) public health service was delivered by 18 providers. The objective of this service was to make "relevant organisations, groups and sectors … aware of the potential harms that can arise from gambling and actively screen and refer individuals to appropriate gambling intervention services" (Ministry of Health, 2010, p. 35).

Activities and key processes identified by the Ministry in the PGPH-05 purchase unit description are summarised in a draft logic model (Figure 42).

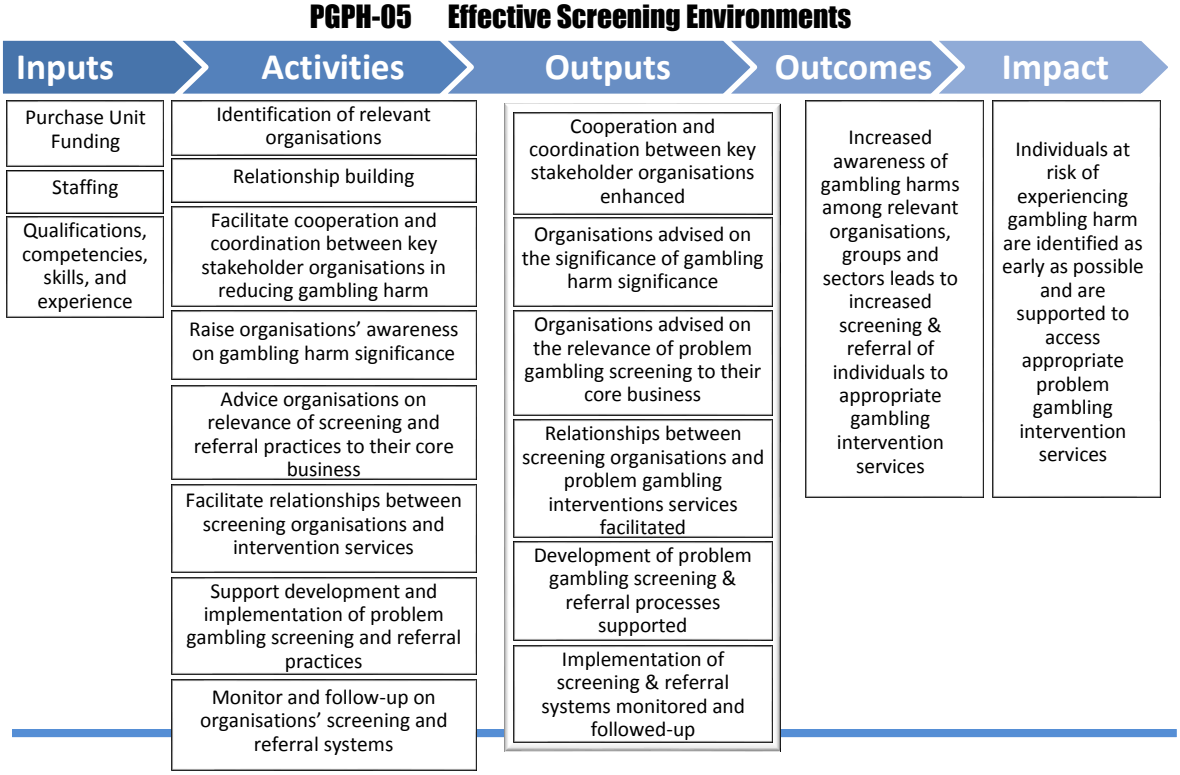

Figure 42: Preliminary Logic Model: Effective Screening Environments

"The number of organisations that actively screen for problem gambling harm and refer to appropriate problem gambling services" was specified as a success indicator for the delivery of this PGPH service (Ministry of Health, 2010, p. 35).

In their six-monthly narrative reporting, providers of this service were required to use the provided template and summarise points as noted in the excerpt below (Ministry of Health, 2010, p. 35).

- Activities you have delivered to support appropriate organisations to develop, improve and implement effective problem gambling screening and referral practices and policies
- Your role in any activities, the role of any partner organisations
- Barriers and successes to getting organisations to develop and implement effective screening and referral practices and policies
- The key agencies your organisation has identified as priorities for the next six month period,
- FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment)
- Any other relevant information

7.1 Providers' knowledge development

Providers' reports suggested that they had engaged in a number of preliminary activities which included building on their own capacity to carry out screening by attending training themselves.

Three providers reported having attended, or having plans to attend, training on brief interventions and screening provided by ABACUS.

> [Our] staff attended…Workshop for social services budget advisors and counsellors run by ABACUS which featured brief intervention training and screening.

Providers also needed to acquire additional knowledge about stakeholders which included gauging existing levels of knowledge and perceptions about problem gambling, gauging existing screening tools used by organisations and identifying barriers to screening practices.

The preliminary activities of three providers included assessing existing screening practices and tools used by organisations such as Work and Income New Zealand, prisons, probation services, and mental health and addictions services. Their discussions focused on the effectiveness of existing screening tools, whether or not the screening tools incorporated problem gambling, and the contexts within which they were used. This enabled providers to consider how problem gambling screens might be incorporated into existing processes. These discussions also enabled providers to offer training on problem gambling screening as well as promote the availability of their service for problem gambling-related referrals.

> WINZ are currently using a screening tool. I am waiting to get some feedback as to how effectively they use it. I was there in March but I am not too sure how committed staff are to capturing the data and identifying problem gamblers.

> [Our team]… has met with the …prison's cultural advisor to discuss the Justice system's screening process and how gambling is incorporated into these screens. The advisor informed [us] that the screens do incorporate gambling issues and that they refer to… [problem gambling] services. [We]… also met with various counselling services to gain an insight into their screening processes and start discussions of including the two question lie-bet tool into their screens or assessments. [Our staff also] met with…[the] mental health and addictions service to discuss their screening process for addictions, and how they would identify a problem gambler. [We were] informed that their clients are asked three times if they are suffering from any addictions; this was learning for [our staff member]. No further conversation was held as [our staff] felt as though it was inappropriate to push the idea of implementing the lie-bet tool specifically. The service will look at holding presentations and training days with service managers to promote the lie-bet tool and encourage the use of it, when appropriate.

> Discussions with [community probations] acting service manager as to the effectiveness of their brief screening procedures of offenders for any gambling misuse and their referral systems Offered to provide training in this area if required and promoted [our] services. Developed a relationship with Corrections… to possibly deliver brief screen training, including referral process. Barriers could include the extent of issues of clients probation officers work with, the rarity of a positive score to a brief screen deters the overall worth of development in this area. Successes include promoting [our organisation] as the primary service for referrals of the Māori population that present with gambling related harm.

7.2 Identification of relevant organisations and relationship building

The PGPH-05 Purchase Unit Description specifies that key processes should "include identification of relevant organisations" and "relationship building" (Ministry of Health, 2010, p. 35). The Purchase Unit Description also specifies that delivery of services should "include facilitation of community action and collaboration with a range of sectors that results in development of appropriate screening practices in appropriate organisations (i.e. social service agencies, financial institutions, debt agencies, utility services, gambling venues, volunteer services, primary care sector, primary health organisations, mental health services and corrections)" (Ministry of Health, 2010, p. 35).

In their reports, providers referred to four broad sectors (Figure 43) they had worked with in the delivery of this purchase unit. These sectors included gambling venues, the New Zealand Police, prisons, probation services, health care services, and community and social service organisations such as relationship services, Work and Income New Zealand, food banks, budgeting services, child and family services, and drug and addictions counselling services as well as schools and marae. A few providers also referred to working with groups within the primary health care sector.

Figure 43: Stakeholder sectors identified for PGPH-05

The value of collaborations for the delivery of this purchase unit was noted in the report of one provider.

> Crucial to the success of this initiative is our commitment to maintain the successful relationships that have been forged and which will serve as the crucial springboard towards positive collaborative initiatives in the… community.

However, for another provider, identifying organisations to work with was a challenge suggesting that one of the required input areas for this purchase unit could be providers' capacity to identify and establish working relationships with such stakeholder groups.

> I am finding this outcome of [getting organisations to develop and implement effecting screening and referral practices and policies] challenging more so finding the organisations to work with. However, I will continue to make approaches to community groups.

Other providers reported that work in this area often started with preliminary meetings, introductory presentations and relationship building with a broad range of organisations; these included child and family agencies, relationship services and venue operators.

> [Our] clinician and health promoter presented [to staff and managers of child and family service agencies where we were]… able to share more about our agency and the work we do, the range of harms gambling can cause, the harms that are basically cues to ask direct gambling related screening questions, and how we could work with the individual or the agency if a gambling problem surfaced. Both organisations rated these presentations highly. We have been able to reciprocate by inviting in-services from some of these organisations. This is in part to strengthen the relationships with the teams we presented to, and also in response to questions raised by other organisations about our relationship with groups like CYF.

Another provider reported their relationship development process with a Māori health service.

> Since the meeting between [our] staff and the new CEO at [a Māori health service, we have had a hui with [their] staff and begun work with [their] clients. [Our] staff met with the new CEO… to discuss gambling in Māori communities and screening opportunities. During the meeting, [we] stressed how valuable screening could be. [They were] interested in screening and referral, as well as in educating staff and clients. [We are] beginning to develop an introduction to deliver to [their] staff and a programme to deliver to [their] clients. [Our staff] visited [them] for a pōwhiri, then presented about [our organisation's] kaupapa, gambling harm in our communities, and screening. [Their] staff also shared information about their mahi. Out of this interaction, [the Māori health service] formally acknowledged their interest in a staff member working with some of their clients to build awareness, and where applicable, minimise harm and facilitate counselling with our service.

The activities listed in the PGPH-05 Purchase Unit Description require providers to "promote, support and participate in stakeholder groups as a tool to enhance cooperation and coordination of key organisations in the reduction of gambling related harm" (Ministry of Health, 2010, p. 35).

While most providers discussed their own collaborations with stakeholders groups, relatively very few reported how they had facilitated cooperation or coordination between key stakeholder organisations in

reducing gambling harm. One provider reported on a collaborative approach with another PGPH service provider and the Department of Internal Affairs who were invited to participate as guest speakers in a training they organised on brief screening.

> [We] coordinated and promoted the Brief Screening Training, engaged with the DIA and [another PGPH service provider] to be guest speakers and facilitators. [We] arranged all meetings to discuss participant interest for another brief screening training workshop [and] facilitated meetings with other social services to discuss brief screening training …This activity will enable [us] to offer brief screening training to various government and non-government organisations that have an interest in preventing and minimising gambling harm. This will increase the level of skill of those who work with individuals/whānau and community in preventing and minimising gambling harm.

7.3 Development of screening and referral practices in appropriate organisations

The PGPH-05 Purchase Unit Description specifies that key processes should include "educating and identification of the relevance of this work to identified organisations, screening process and referral system development and support, process implementation and support, monitoring and follow-up" (Ministry of Health, 2010, p. 35). Activities included "advising organisations on the significance of gambling related harm and the relevancy of problem gambling screening and intervention to their core business" and "advocating, encouraging, and assisting organisations to develop appropriate problem gambling screening and referral processes (i.e. screening for gambling problems, accurate information giving regarding the range of intervention services available and accurate information giving regarding problem gambling and related harms)" (Ministry of Health, 2010, p. 35).

Another preliminary activity that may be needed for the delivery of this public health service was the development of appropriate promotional approaches. One provider reported on work in progress in collaboration with another PGPH service provider to develop a local promotional activity for screening and referral.

> Reviewed the work of [another PGPH service provider] and having conversations internally with the incoming problem gambling counsellor to devise a local methodology for implementation of a well-structured referral and screening promotion activity.

Providers' reports suggested that following preliminary work, their activities included delivering awareness raising presentations and training on brief screening as well as increasing stakeholder organisations' awareness about the availability of problem gambling intervention services.

However, the activity of advising organisations on the relevance of screening and referral practices to their core business may have been implicit when providers worked with stakeholder organisations as very little direct evidence was found in providers reports. Nevertheless, several providers reported the need to influence stakeholder groups' perceptions of the significance of gambling harm and its connection to other issues.

Three providers reported on plans to train stakeholder organisations around conducting brief screens.

> After liaising with a number of successful providers across the country we have learned that a crucial element for effective screening is the ability to have allied health and social providers complete an initial screen. Our current objective is to train and support employees from allied agencies to complete brief screens, simple questions that take a minimum of time, to engage with their new and existing clients, thereby acting as a referral mechanism.

Thirteen providers reported on various awareness raising presentations and training on brief screening for a number of different stakeholder groups.

Public services and publicly funded organisations

Four providers included public sector groups such as teachers, the police and probation officers in their targeted stakeholder groups. One provider reported the value of establishing screening in schools, by building teachers' capacity to identify gambling harm among students.

> The schools were a great setting to provide brief intervention as the teachers were proactive in the workshops around gambling harms. By training teachers, they know what signs to look out for (in terms of being affected by gambling) in their students.

Another provider noted the importance of engaging the police as a stakeholder group as they are in a position to identify problem gambling harm that might be linked to domestic violence.

> We met with the local police to discuss further ways to address problem gambling that's linked to domestic violence. Given the reality of policing and resource limitations, the reducing gambling harm opportunity resides in early intervention, raising awareness within whānau and self-referrals. We have packaged future work in this area into a 6 month project.

The provider noted "an opportunity to capitalise on the process of police involvement in domestic violence to raise awareness for victims, perpetrators, their whānau, and their support workers that will lead to reducing gambling harm in the community." Their activities which led to the development of appropriate public health materials are detailed in Figure 44.

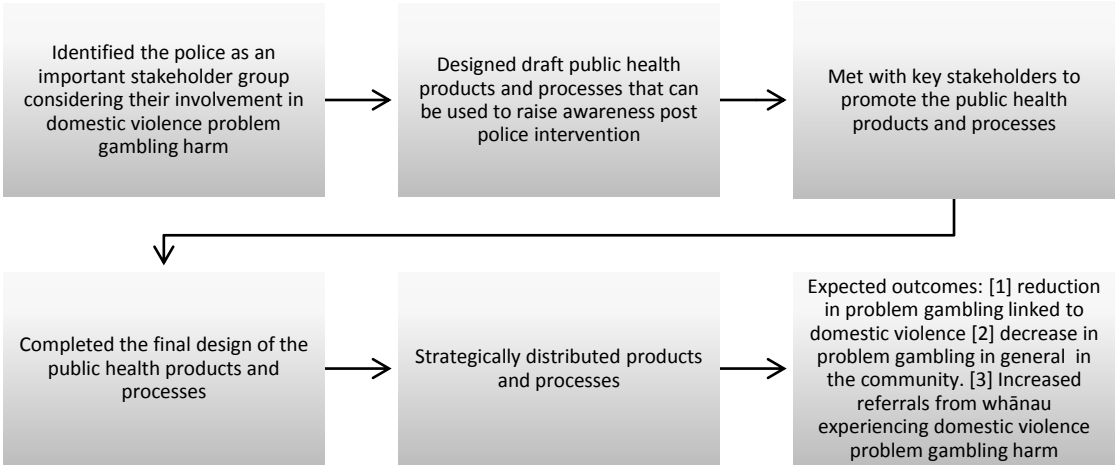

Figure 44: Development of public health materials in relation to problem gambling-related domestic violence for the police

Similarly, another provider reported efforts to develop screening approaches with probation officers as they work in an environment where they are likely to encounter problem gamblers.

> [Our team has also] been making a concerted effort to develop a city-wide relationship with probation officers. One clinician has led this initiative and booked screening presentations at three different probation offices. Many of the probation officers had encountered gambling at some point with one of their clients, and some had seen it emerge as a problem. The groups were interested in prevalence, red flags, and what to expect if they wrote a referral. One probation office was so struck by our presentation that they could approach the issue in several different ways. In addition to the presentation, they have been working with [our organisation] to organise a one-off education seminar and 6-session group work for clients in the community. These sessions began this month and have been seen as successful thus far.

Primary health care sector (general practices and primary medical care)

Five providers targeted general practitioners (GPs), primary health care professionals and students within the primary health field for awareness raising and developing screening approaches.

> Annually the services provided cultural competency training to practicing GPs. Part of the training, is building on an ongoing initiative to incorporate problem gambling, as part of the GP-client screening process. We are continuing with discussion to design an informational pamphlet (business card size), which GPs can give to their patients, should they suspect problem gambling issues with their clients.

Another provider reported promoting screening approaches at a primary health care centres. However, they reported that screening for problem gambling remained low at the primary health care centres as medical staff did not view screening for problem gambling as a priority.

> [Our staff] has spent 'a lot' of time and resources with doctors and nurses in providing training, especially around Brief Intervention. The most common barrier being 'time', which restricts both doctors and nurses in assessing patients. Another barrier being the perception of gambling as a lower form of risk to patients, and therefore of less importance than physical/medical health.

Despite ongoing difficulties, the provider maintained working relationships with health care centres suggesting that persistence was necessary for progressing effective screening practice among this stakeholder sector.

> Unfortunately in the last 6 months, the hope of screening clients for gambling at PHO services have proven somewhat difficult… with only 3 patients being referred to us by the G.P. service for AOD and gambling. However, we continue to maintain a working relationship with [the] PHO's. In 2013, we hope to begin a working relationship with the nurses at [another service] by assessing their Pacific patients who identify as being affected by AOD and /or gambling.

Three providers targeted tertiary students, such medical and nursing students, within the primary health sector.

> [Our brief screening training included]… 2nd year… Māori Nurses [at a tertiary institution] in regards to the impact gambling has on whānau and how to brief screen whānau and clients within their services.

Another provider identified General Practitioners (GPs) to be a key stakeholder group as research indicated barriers to screening by GPs due to their lack of confidence in raising the issue of problem gambling with their patients.

> Back in February 2004 after a survey of GPs through the RNZCGP titled Problem Gamblers: *Do GP's want to intervene?* One of the findings was that there was less confidence in raising the issue of gambling with a patient (53%). [We] designed and developed a GP Kit especially for… practitioners to raise the awareness of gambling issues in our region. General practitioners are often the first person to identify a problem gambler or someone affected by a problem gambler, this may be the only opportunity a patient gets to access advice and support for them and their families.

Their plan, which included identifying and approaching a medical centre in their region to implement a pilot programme, is shown in Figure 45.

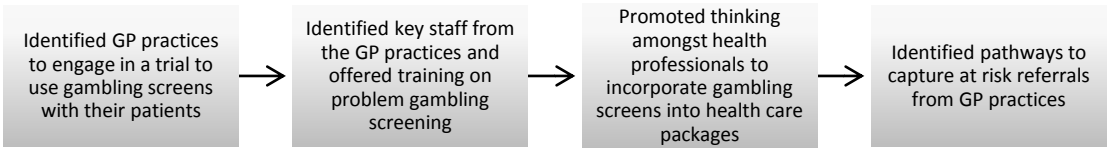

Figure 45: Approaching medical centres to screen for problem gambling

However, the provider later identified nurses as a more appropriate target group. Discussions with nurses at the medical centre led to the delivery of a presentation which aimed to meet the nurses' needs while encouraging the inclusion of problem gambling screening.

> [The nurses] particularly wanted information around mental health issues associated with gambling. We selected a presentation that would assist the nurses to identify the different behaviours of a gambler along the gambling continuum. The presentation also included types of gambling, barriers to seeking help, the local statistics, and how gambling gets you hooked. There was a lot of interaction and excitement as the clinicians were able to identify the behaviour in their patients. We reiterated that we wanted to investigate the possibility of moving forward with the screening process, by inviting the nurses to ask the patients, "Are you or your family affected by harmful gambling" and/or "Do you have an issue around gambling". The head nurse saw the value of the screening tests so now includes this in her normal screenings of patients. She also encouraged other nurses to do [the same] …she had loaded our questions onto her computer, for their use at the clinic. We

> have yet to hear whether [medical centre] would allow the screens to be added to the nurse's dashboards.

The process was unfortunately disrupted by restructuring and redundancies. Nevertheless the provider maintained a relationship with the medical centre by providing "cubes to the nurses to use as a prompt and reminder to screen …patients". They also expanded their training initiative to other medical centres in their district, often resourcing the centres with "brochures, cubes and pens" prior to training.

The above provider noted that although their project on screening for gambling had "fallen behind… with the milestones and expected outcomes" and they did not receive increased referrals the relationship they had developed with one medical centre was particularly successful and they noted nurses as a potentially reliable target group.

> On a positive note we have formed a relationship with one clinic in particular and are proposing to build on this and also to make contact with other nurse led clinics who may better see the benefits of screening on a routine basis.

Best Practice Example 1: Problem gambling harm minimisation programme for health professionals

One provider reported developing a pilot programme for health service professionals focusing on the need to screen for gambling harm. Their process, shown in Figure 46, began with identification of barriers to screening practices. The provider noted that their discussions with others in the health and social services sector led to awareness of limitations and challenges such as lack of knowledge about gambling harms, perceptions about problem gambling as a non-life-threatening problem, and lack of awareness about accessing problem gambling services, which in combination, acted as barriers to screening.

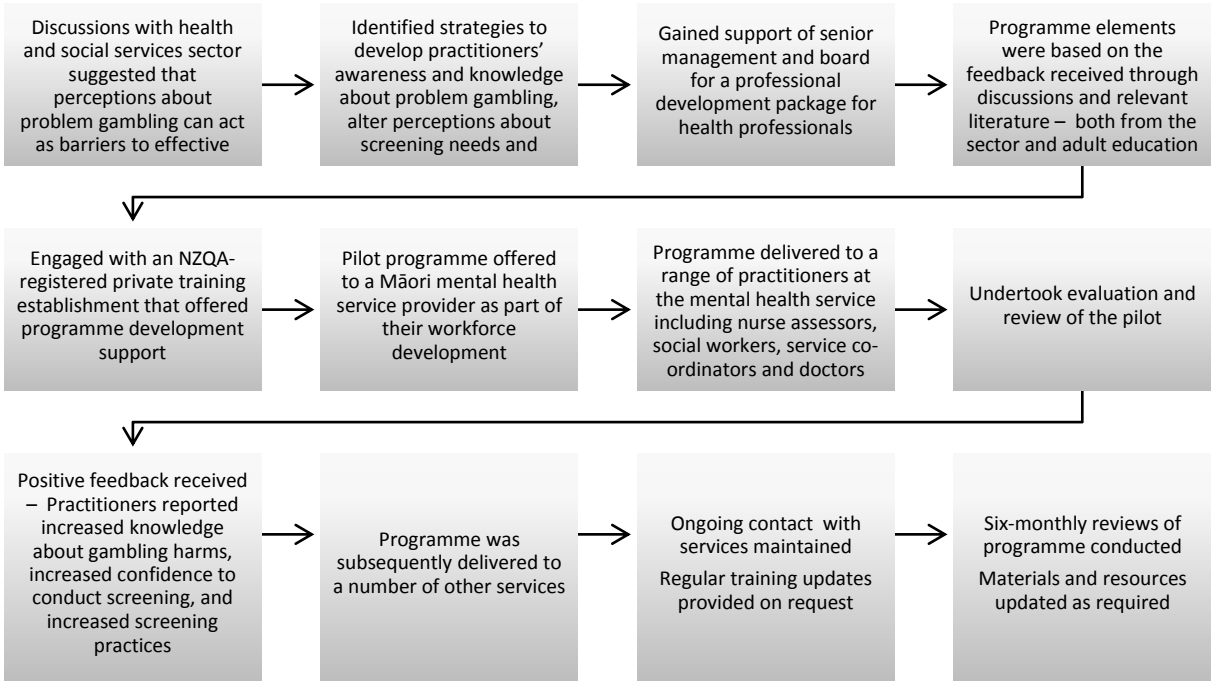

Figure 46: Development of a problem gambling harm minimisation programme for professionals

Based on the knowledge gained from these discussions, the provider considered strategies that they could use to increase health practitioners' knowledge and awareness of gambling harm and influence their perceptions about the need for related screening practice. They developed an eight-week training programme for health professionals.

> Education about gambling, problem gambling and gambling harm… opportunities for practitioners to engage in role plays where they undertook gambling screens … six-week period of mentoring,

> supervision and consultation to attendees where they had an opportunity to engage in screening in their routine roles.

Following delivery of the pilot training programme to an organisation, the provider reported positive comments received from trainees indicated increased knowledge and awareness about "gambling activities, problem gambling and gambling harm"; the "potential 'life-quality threatening' and 'life threatening' effects [of] gambling harm"; and referral pathways.

The majority of trainees also reported that they regularly included gambling harm assessments in their general assessment as a result of the training programme. The provider believed that success was a result of "increased practitioner knowledge about gambling intervention services and how to access them" and "practitioners having increased confidence in their ability to screen for gambling harm" in addition to other factors such as their collaborative working relationships with these services.

> It is further noted, that as a result of the programme [we] had maintained a very positive relationship with services and individual practitioners. [We] also noted improved collaboration and increased consultation.
>
> Health professionals report that they felt less helpless and more empowered when confronted by potential gambling harm issues. The availability of [our organisation] to provide consultation and access to intervention staff to undertake screening has also proved effective in supporting allied health professionals to implement harm minimisation practices and policies. [We have also] noted that there has been less resistance and increased acceptance of the need to develop, implement and monitor effective harm minimisation practices and policies.

The provider also expanded the programme by including a section focused on gambling harm and children as a result of comments from professionals who underwent the programme.

> [Our review of the programme] highlighted that while professionals were happy with the content and process they had poor knowledge about the impact of gambling harm on children. We subsequently developed a section to address the deficit. [We have] updated the gambling harm minimisation programme for professionals and included a section on identifying the needs of children/rangatahi affected by problem gambling. The inclusion of this section has been timely considering recent incidents of children being affected as a result of parents' gambling …Health professionals who previously completed the harm minimisation programme were given the opportunity to complete the update as a standalone unit. This assisted in refreshing their knowledge and also provided them with more specific education to assist them when working with children and adolescents who may be affected by gambling harm.

Considering its success and importance, the provider reported that the programme had become a regular component of their service delivery.

> Given the responsiveness of health professionals in the past, this has become a standard component of the public health service delivery. ...[We] adopted the position that any environment is or can become an appropriate screening environment. For this reason, [we] continued to deliver the gambling harm minimisation for professionals programme so that health professionals [who] engaged with whānau could capitalise on the window of opportunity to kōrero with whānau about the issue of gambling harm and offer options for further support.

Health and social services

Thirteen providers reported delivering presentations and training on brief screening for various health and social service organisations and groups. These included drug and alcohol counselling services, budgeting services, food banks, mental health services, Lifeline Aotearoa, Work and Income New Zealand (WINZ); mental health and disability support services; Women's Refuge; violence prevention programmes and tertiary students in public health-related fields. A few also reported on relationships established with other health and social services within their own organisation.

Presentations and training aimed to encourage problem gambling screening and referrals. The development of collaborative relationships with the target organisations was a priority, and in some

cases this extended to collaboration with other PGPH service providers. The training process included incorporating problem gambling into existing screening processes as well as provision of additional training for new staff following staffing changes.

> Establishing and maintaining relationships with other external organisations to introduce/improve gambling screening includes [presentations and introduction to] brief screening tool [and conducting] brief interventions… at appropriate presentations or awareness raising events …We provided training to… budget advisors and the food bank coordinator so they can now conduct brief screening and intervention. [We also]… presented to… college counselling students… and social work students and provided brief intervention training for Gamble Free Day support.
>
> Our secondary activities under the Effective Screening Service has been in working with the Stopping Violence Programme with the goal of setting up a regular mass screening of their clients alongside a problem gambling and addiction workshop. This involved both training for their staff as well as general education sessions for the clients going through the set-programme.
>
> The aim of this project is to equip all service providers with the necessary tools and knowledge to effectively incorporate brief screening into their already existing screening processes. Individually and collectively services have come together to discuss how this can be implemented. [Our] team continue to educate services around the harm caused by gambling and provide them with the necessary information and tools to effectively identify problem gamblers within their current and future client base. [We have had] discussions with [several] services regarding implementing a screening tool... Over the reporting period [our] team has received a lot of interest from providers for their staff to attend brief screening training.

(i) Training for staff of other services within their own organisations

Additional to delivering training and presentations to external organisations, two providers reported delivering training for staff of other (non-gambling) services within their own wider organisation.

> Delivered brief screening training to staff within [our wider organisation] including referral processes.

Likewise, delivery of training by another provider included other services within their own organisation as well as external organisations.

Their process detailed in Figure 47 suggested the importance of maintaining regular contact with the agencies.

> [We] have identified a need to keep awareness of problem gambling issues on [the] agenda at these agencies by regular contact as these are busy people with many other demands. Constant reminders seem to be working, although time costly.

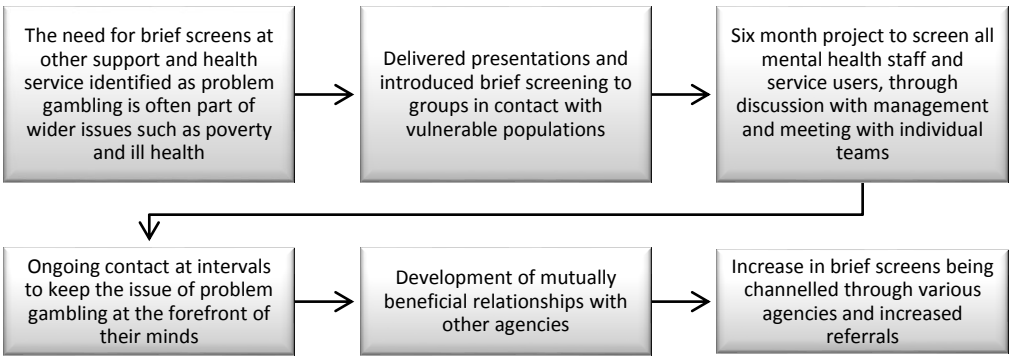

Figure 47: Encouraging screening practices among other community support and health services

(ii) Encouraging uptake of screening

To encourage various organisations' development and use of appropriate screening, one approach used by two providers was to increase awareness of the importance and merits of the screening tools by providing evidence which highlighted gambling-related harms and the prevalence of problem gambling.

> Similar to presentations that raise awareness, presentations that focus on screening also highlight gambling prevalence and statistics. Where the screening presentations differ is that these presentations also encourage the organisation to incorporate screening practices into their work.

Another provider noted the importance of ensuring that the introduced problem gambling screening fits within the existing practices of the target organisation. Thus, to an extent, avoiding the perception of screening as additional work.

> It is important that the practice of screening for symptoms of problem gambling fits into the practice of the organisation supporting the strategy. There is a tendency for organisations to withdraw their support, if they feel it is additional to what they already do …Screening process needs to complement external organisation procedures, screening times often limit what they can screen for, data and client sharing needs to be timely for organisations, in terms of realising a benefit to the overall health and social outcome of their clients.

A different provider reported efforts to increase Pacific community groups' and organisations' understanding of the importance of problem gambling screening and referrals to problem gambling intervention services. They noted language to be a challenge when developing understanding on why screening was an essential process. The provider also noted that time was required to develop relationships and gain the trust of these groups; factors they believed to be essential for establishing a longer-term screening and referral system.

> The public health service team has [delivered] 5 presentations on the importance of screening to support appropriate organisations [including Pacific-centred churches, community groups, and youth groups] to implement effective screening and referral practices… The [public health service] team's referrals to the intervention team were very minimal with a turnover of 15 individuals and their families. This was due to [our organisation]… focusing on establishment and building relationships to gain the community trust so the team can have a long-term referral system in place. The barrier in screening is time limitation and language. Most Pacific communities do not fully understand why screening is important and needed. However [our team] is already looking at innovate solutions to increase referrals to the intervention team.

One provider observed that increased profile of gambling as an issue resulted in increased receptiveness among community members towards screening.

> As gambling becomes more and more profiled the community are becoming more willing to screen for problem gambling both formally and informally.

While most providers delivered presentations at several health and social services, one provider took a more targeted approach of delivering specialised presentations to organisations that were likely to encounter problem gamblers, such as Lifeline Aotearoa.

> [One of our clinicians] …gave a talk about gambling and screening at Lifeline. Lifeline is a suicide hotline in New Zealand. With suicidal ideation being so high among our clients, Lifeline is a key organisation in minimising the harms caused by problem gambling. Five staff members attended the intensive 2-hour session to learn more about identifying gambling problems.

The above provider also provided a method of screening through the use of a survey which identified community concerns around gambling harm – survey results were then used to identify individuals for brief interventions.

> [Our organisation] supplies a survey that gauges concern around community and individual gambling harm as well as contact information. These surveys are returned to [our organisation]. The information from the form is then used by [our organisation] to follow-up with individuals where a brief [intervention] may be done.

Best Practice Example 2: Tailoring screening tools to meet stakeholder organisation needs

One provider described their process in developing screening approaches for several health and social service organisations including food banks and services associated with family violence and financial issues. The provider noted a requirement for simple tools tailored to the needs of the respective organisations that require minimum time for implementation. They stressed the importance of using simple referral processes which would help ensure that screening is carried out and referrals are made. This required an understanding of the context and pressures within which these organisations operate.

> We have provided awareness raising training to [several] agencies and began work on designing screening programmes that best suit their agency and client group... [We] are currently working towards setting up the screening programmes as part of their standard assessment practice… We focused on four medium-sized agencies who deal with domestic violence and financial stress - both issues often associated with problem gambling... We have designed a screening form that can also be used to collect a client's information and identify what type of information they require... This form included a three question screen which we have found effective with agencies which are limited by time and are often put off [by] long screening tools. We have found that understanding how an organisation operates and the pressures they are under, is important to setting up such a programme. This also helps the agency reduce the amount of paperwork as they can effectively use the screening tool as a referral form. We have met with and liaised with these agencies and feel confident we can have three of the four agencies routinely completing screening for gambling related harm.

The above provider later reported that they monitored the programme based on the number of referrals they received. They then followed up with the organisation to assess how the implementation of the screening and referral system was progressing. This led to further refinement of the screening and referral process to facilitate earlier screening and easier referrals.

> Over this reporting period we also identified a reduction in referrals by community probation into our clinical services and met with the regional probation service during this period in order to evaluate and review the screening programme we had set up with them. It appears that a change in report writing requirements of probation officers has resulted in less screening occurring early on when engaging with their clients. What was highlighted was an increase in clients being screened once they were engaged with the service (i.e. while on supervision). Our way forward was to run presentations to the regional services seeking their feedback on the referral pathway. From this we altered the screening process slightly and developed a new referral form to ensure their service users could be easily referred to a clinical service if required.

Best Practice Example 3: Development of a culturally appropriate screening and referral toolkit

Considering the need for increased awareness of screening and referral practices, particularly within non-health sectors, one provider reported efforts to develop a "screening and referral toolkit". Their activities and processes, detailed in Figure 48, showed that the development of the toolkit was based on needs identified through a consultative process, which took into account Māori cultural aspects.

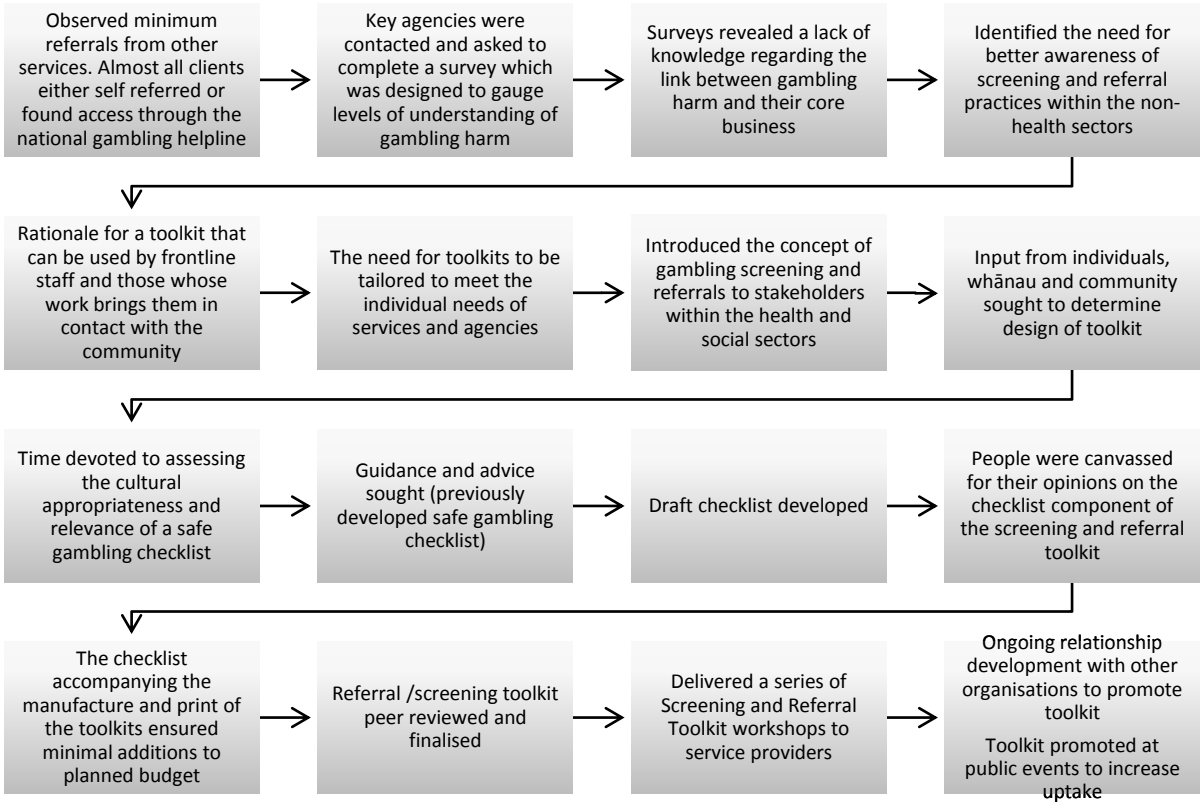

Figure 48: The development of a screening and referral toolkit

The provider noted that it was important to monitor the use of the toolkit to ensure its ongoing use and increase the prospect of brief interventions. Their finalised screening and referral toolkit contained the following:

> Brief gambler screen, affected other whānau screen, [provider's] referral form, gambling information pamphlet, [provider's] rack card containing contact details and criteria, Māori Health Sponsorship Council (HSC) problem gambling pamphlet [and] English HSC problem gambling pamphlet.

The provider later reported benefits of their "safe gambling checklist".

> [1] Allows for wider utility in a range of different settings, [2] Can be used with someone else or alone. [3] Responsive, in that it factors a Māori world view, [4] Enhances relationships of agency and client, individual and whānau member; [5] Supports whānau ora.

Although their initial delivery of the screening and referral toolkit workshop presentations to immigration services, a community law centre and a health and disability advocacy service resulted in very few referrals to their service, they later reported successful increases in referrals from budgeting service providers. This suggested the possibility of a time lag between introductory activities and resultant output.

> Referrals onto [our] intervention services have had a steady increase …Strong working relationships have been made with a number of budgeting service providers across the [regions]. Referrals from

> the budgeting sector continue to show a slow increase of referrals made so far. A follow-up process is currently employed to maintain feedback and referrals.

The provider also increased the number of presentations delivered to a broader range of stakeholder groups including budgeting services, community mental health and addiction services, settlement support services, probations, charitable trusts, and community groups. Despite their success, they noted remaining challenges included agencies that tend not to prioritise gambling referrals and that overlook the significance of problem gambling, and the complex needs of clients where problem gambling is not their main issue.

A few providers also reported the value of developing relationships with other health and social services within their own wider organisation, as it resulted in increased referrals to their service. One provider reported:

> The main work in this area involves working with other… services [offered by our wider organisation] to promote and encourage screening or improve screening for gambling problems e.g. with [our alcohol and addictions services and other social services such as food banks]… This period has seen a particular focus with our [alcohol and addictions service] including developing MoUs and enhancing screening and referral processes between … [our services].

Another took the approach of including problem gambling as an area to be identified in the referral forms of other community services offered within their own organisation. This appeared to be a way to encourage screening for problem gambling.

> [Our wider organisation's] AOD service has included problem gambling as an area to be identified on their referral forms. The health promoter is working on getting the box included on other services referral forms.

7.4 Facilitating relationships between organisations and intervention services

As part of their activities, providers were also expected to facilitate "relationships between potential screening organisations and problem gambling intervention service providers" (Ministry of Health, 2010, p. 35).

The objectives of this activity were largely met through the development of connections between screening organisations and their own problem gambling intervention services. Considering that 15 of the 18 organisations delivering this public health service were also contracted to deliver problem gambling treatment services, it is likely that providers would have seen this as the most viable step.

7.4.1 Increase awareness of availability of problem gambling intervention services

A few providers reported activities they undertook which aimed to enhance awareness of community service organisations and potential clients about the availability of their own problem gambling intervention services. One provider distributed their promotional materials to health and community services.

> The 4 general practices, dental service, mental health service, disability service and marae and some schools have been given promotional material and contact information for [our problem gambling] service.

Another provider aimed to increase awareness about their problem gambling intervention service by placing signage in places where screening takes place, such as budgeting services and Work and Income New Zealand (WINZ).

> The budget service continues to screen their clients and attend facilitation appointments at [our premises]. Sandwich boards with contact details for gambling services [were] placed in the WINZ reception area and at the budget service.

A different provider distributed brochures that included a quiz which members of the public could return to the service via boxes set up in various community support centres. This process aimed to aid referrals as well as assess the prevalence of gambling problems.

> [We have] implemented drop boxes in… [several] communities in an effort to screen these environments. One was placed at [a mental health & addictions peer support/advocacy centre and] one at [a]… clinic and the others are to be placed in… [other areas]. This is also part of a strategy to determine how many in these areas are experiencing gambling-related harm. Our new brochure is easy to fill in and perforated so that the person keeps information about [our organisation] and we get the quiz that doubles as a contact for a possible intervention… The promotional material and drop boxes have aided the referral process, however, the predominant form of referral and contact remains word-of-mouth (existing clients telling others) and face-to-face, i.e. self-referral or organisations that we network with ringing when a prospective client presents to them.

7.4.2 Develop relationships with stakeholder organisations to increase referrals

In some cases, providers built on existing relationships with stakeholder organisations or established new relationships to increase referrals to their services.

One provider reported on how their working relationship with a financial cooperative in their area had led to the promotion of their brief interventions and referrals to their services.

> [A local financial cooperative] actively promote the brief intervention package. Copies of our interventions are given to tellers. They support [us] by promoting our quiz. [The financial cooperative] is a by-Māori-for-Māori financial institution that continues to support [our organisation] by actively guiding customers to the drop box. They allow their customers access to the telephone to ring our kaimahi. They allow one of our kaimahi an allocated time where they can engage with people.

This provider also reported that a budget advice service regularly contacts them for advice and promotes their organisation "as a first contact intervention service". This example may be viewed as informal screening and referral practices that have been adopted by stakeholder organisations because of working relationships with the service provider.

Another provider reported a more formal relationship development process with a similar aim of increasing referrals. They identified an appropriate partner and reported on initial efforts to develop a formal partnership.

> Relationships with [the] community link centres [in our district] which service the north and south areas of the district have proven effective in strengthening relationships for the purpose of identifying problem gambling among client groups of partner services and organisations. Submission for a regional agreement will increase the capacity of community services and organisations to identify and refer individuals who may be at risk of gambling harm… Success with this initiative has been obvious through identifying gambling problems and increased awareness, however ongoing monitoring of this process reveals no significant improvement in referral rates. We will continue to monitor progress in this area with a view to establish a regional agreement with other community link centres in [the region] and improve referral rates among these new and existing networks.

Although this connection did not result in direct referrals, the provider reported on other outcomes of their working relationship with community link centres which included their staff being present at the premises of the community link centre to deliver services and raise awareness. This helped to raise their organisation's profile.

> Reliable information and education on the range of harms from gambling supports a robust understanding for both community link staff members and its community partners. [We now have a] weekly community space at… community link stands [where] space is available for us to run clinics, conduct education and information sessions with clients and improve access to gambling services for those visiting that site… Regular attendance at the link space has raised the profile of [our organisation] and increased understanding of problem gambling with link services and other providers; however, it has not resulted in any direct referrals.

A different provider reported that a "referral relationship" with their organisation was proposed by a social worker from a District Health Board (DHB).

> [We] had a request from a… DHB social worker who had a client with a significant gambling problem [and] they wanted to set up a referral relationship between the two organisations for future referrals. Our public health worker discussed best practice techniques to work with problem gambling clients (e.g. MI [motivational interviewing] to roll with the resistance, naming discrepancies in health issues/goals) and promoted problem gambling services in [the district].

7.5 Brief screening at public events and premises of community support services

Twelve providers reported delivering screening assessments at public events, with a few providers indicating that they conducted brief screens in the premises of community support services. Delivery of this activity included preparatory work such as developing appropriate materials for screening. One provider reported developing appropriate resource materials such as flyers, screening cards, banners and evaluation forms. Another provider reported that they "developed a small poster with EIGHT screen" which was displayed and later "prompted a referral" to their service.

Some providers noted the value of carrying out brief screening at public events as it served as an awareness raising activity, reached out to target groups in high need communities and lead to increases in brief interventions.

> [Our] youth team screened hundreds of young people and their families attending the ASB Polynesian cultural festival... In March, the high numbers for Brief Intervention... (132) can be attributed to our AOD/gambling youth team's involvement in the secondary schools Polynesian Festival. These are phenomenal results as young people are willing to discuss the impact of gambling on themselves and their families. Also in April, clinicians had great success in assessing 43 patients at a …community health expo.

> Brief interventions are conducted at appropriate education presentations e.g. marae open day, Gamble Free Day events… and outside court. Also conducted brief interventions at flea market …, Silver Fern mini expo, and university orientation day.

One provider reported attending a number of expositions, community events and festivals where they delivered presentations and carried out brief screening. However, a challenge was that these brief screens did not result in help-seeking behaviour.

> In most presentations we are capturing Māori, however the percentage requesting follow-up is minimal. There may be a skills gap, further analysis is required alongside more robust gathering of statistics.

The above provider noted the value of involving clinicians in public health promotion events as a way of increasing help-seeking behaviour.

> The health promotion team are responsible for organising and delivering these activities [e.g. Waitangi Day and Gamble Free Day]; however, if it requires a clinical perspective one or two of our clinicians will attend the event. This will become more common as we investigate how we can proceed further with the Brief Interventions - making follow-up a natural course of action rather than a low level maybe… Our service is committed to existing and ongoing health expos. We attend to maintain and build strong relationships we have with… [the] Health Promotion Kaimahi …[which] ensures that we have a place to participate in these and future Health Expos.

Three of the 12 providers also reported conducting screening at the premises of support services (allied agencies) such as Work and Income New Zealand, and alcohol and drug treatment services and how this resulted in referrals as well as instilled an interest in problem gambling screening.

> Continued gambling screening at Work and Income community link centres… have conducted brief interventions and received referrals from both places in last six months. [Our] public health worker [also] presents fortnightly at [a drug rehabilitation trust] and screened 106 clients via the EIGHT-Screen. 36 screens came back with a score of 4 or more. This information is passed on to the clinical director and has prompted a discussion with [the trust's] senior management to be pro-active in screening for problem gambling and providing a support group within their existing

> programme. [In another case]… [in] an interactive educational hour at [another centre] with a total of 112 AOD residential treatment clients [our staff] passed the EIGHT-Screen around the 9 clients present at the time… It led to further discussions with [the centre's] senior management about improving the opportunities and effectiveness of screening …AOD clients. [Another public health worker also attended meetings with a regional]… addictions network with a view of influencing the different AOD treatment providers to include problem gambling screening.

7.6 Barriers and Challenges

Additional to the barriers and challenges mentioned in the prior sections and subsections, providers reported on other challenges in relation to this purchase unit.

7.6.1 Lack of response to training offer

One of the barriers to successful implementation of training on screening for problem gambling was the lack of initial uptake. One provider reported that a number of challenges were encountered including lack of registrations, which meant delays to training delivery, and the need to seek alternative channels to promote the training.

> The training was not implemented due to lack of registrations. [We]… will promote the training through different avenues and implement in the next reporting period… [We have] identified various network meetings to promote the training and will engage with interested organisations from these.

In a subsequent report the provider reported that selecting suitable dates to maximise attendance was also a challenge.

> As a result of last year's brief screening training [our] team was invited to present at the National Budgeting Services …AGM. Unfortunately the… budget advisory service manager… did not get back to us with times and dates. Consequently the presentation did not go ahead.

7.6.2 Lack of "holistic" screening practices uptake

One provider reported difficulties in encouraging stakeholder groups to take up "holistic" screening practices which would include co-existing issues as well as impacts on others.

> It has been difficult to encourage community groups and agencies to "buy in" to the action part of working holistically. [Our organisation] and other services talk about working holistically, however when it comes to screening for something we are not specifically contracted for, there is a lapse in commitment. Our contract states that we are to screen for problem gambling, alcohol and drugs, co-existing issues, suicidality, depression and where appropriate suicidality and we do. What is not stated is screening for propensity for violence, safety of children and older people.

The provider noted the need for a different approach which combines this PGPH-05 outcome with the activities under the PGPH-01 purchase unit that aims to encourage workplace gambling policies.

> We will be targeting the same organisations that we have in the past, however we are going to use a different tactic to approach these same groups. This will involve management to management contact in regard to gambling policy implementation and hopefully if we are successful with implementing policies in the work place we might then be successful with screening implementation as the policy drives the practice. We will report an update in our next report.

7.6.3 Lack of interest among stakeholder organisations despite promotional efforts

Another challenge was the lack of interest among some stakeholder organisations to take on screening and referral roles despite efforts taken to encourage them. For instance, one provider reported.

> [We have]… not supported organisations to develop, improve and implement effective problem gambling screening and referral practices and policies. Although some of the conversation, specifically with venues and sports clubs has touched on their current processes for referral, no stakeholders have expressed an interest in screening for gambling harm even though the topic has been broached with them… I have had ongoing conversations with Corrections/probation, WINZ,

> venues and sports clubs around the inclusion of screening and their knowledge of referral pathways. [These organisations]… do not want to include problem gambling screening.

The above provider suggested the need to normalise the screening process and the need to define environments that are likely to be most responsive to screening.

> A lot more can be done in this area to normalise, maybe even de-stigmatise screening and streamline the referral process …Identifying problem gamblers as early as possible and supporting them or their whānau to access appropriate problem gambling intervention services is a high priority, more work needs to be done to define the most responsive environments to supportive effective screening.

7.6.4 Time constraints

Encouraging uptake of screening practices appeared to be a particularly time consuming process for providers. First, establishing contacts and waiting for stakeholder groups to respond to initiatives added to the time required to implement activities. Second, substantial time was needed to change currently held perceptions about problem gambling as a non-priority issue and to convince organisations of the importance of problem gambling screening. Screening for problem gambling was often perceived as unimportant, imposing additional work or time.

> Our public health workers often find it difficult to initially get into many organisations to establish and maintain good relationships. They report that it can be months of phone calls, emails, and cold calls without gaining any tangible results. The usual barrier is that gambling is not the 'presenting' issue or need for most organisations and they have time and resource constraints and targets of their own to meet. Most organisations just do not realise the relevance for problem gambling screening. Again, gambling screening takes a lower priority to other work, which is more obvious and clients are less secretive. Our public health workers are working to explain the relevance of screening for gambling and the benefits of this exercise.

Stakeholder organisations that often had other pressing issues and numerous other assessments that they were expected to carry out were often reluctant to take on problem gambling screening as an additional task. Therefore, perceptions about the time consuming process of screening may also deter its uptake among some organisations. Additionally, two providers identified that other contractual commitments may be a barrier to proactive involvement in problem gambling screening.

> While a number of organisations offer to have [our organisation] present, only a limited number take up the option of screening for problem gambling. Sometimes this is because of a perception of increased workload or because the organisations feel they are screening for too many things. Sometimes this is because the organisations feel that to screen for gambling may prevent people from coming to their service in the first place.

> In workplaces like Child, Youth and Family and Work and Income a plethora of assessment already exists that must be satisfied, most of it has legislative consequence. Although gambling may be a significant related issue, to go the extra mile and assess for gambling harm can be seen as superfluous to requirements.

7.6.5 Culture-related challenges

One provider indicated language to be challenge when developing Pacific community groups' understanding of the importance of problem gambling screening. Two other providers reported culture-related challenges in the development of screening approaches. For instance, identifying that someone has a problem through screening is in conflict with the Māori cultural norm of refraining from causing shame or embarrassment to another.

> Whakamā - some organisations do not feel like it is their place to 'tell' people or even 'assume' that people may have a problem.

Another provider noted a need to consider cultural differences in the screening process, which would take into account Māori perceptions about addictions as well as sensitivities around being exposed as a problem gambler.

> It is identified in the assessment process that there are salient current and historic conditions which are not related to gambling but have impacted on the individual to the extent where coping

> mechanisms have included gambling addiction. Focusing on the addiction will not subdue the 'dragon' so to speak. The ability to work through present, past and intergeneration issues both from a Māori and non-Māori paradigm, eventually leads to opportunities of transformation for the client and his/her whānau.
>
> [Some of the culture-related challenges include] issues of host responsibility and intervening with clients or staff with symptoms of gambling addiction. Such comments highlight the sensitivity individuals have in terms of being exposed as problem gamblers; [and when] perception of Māori behaviour and gambling tends to develop long lasting preconceptions about Māori, leading to a resistance in the integrity of our strategy.

7.7 Success indicators: Effective Screening Environments

The number of organisations actively screening for problem gambling harm and referring individuals to appropriate gambling intervention services was specified as an indicator for the delivery of this PGPH service (Ministry of Health, 2010).

As detailed in the previous sections, while some providers reported how they had successfully supported the implementation of screening and referral processes in some organisations, none of the providers reported the exact number of organisations with which they achieved success. However, the number of organisations was implicit as names of organisations were often reported.

Three providers, reported on other measures of success. Success indicators included positive responses from participants on training programmes, implementation of screening, increase in referrals and sometimes early stage interventions.

> There was a lot of interest in the brief screening training; however, the date chosen was not suitable for some. Positive feedback was received from those that did participate [with] some stating they were better informed of the harmful effects of gambling… not only on the individual but those around them and in the community. A Māori social service organisation now screens their clients for problem gambling. Overall a good outcome was achieved.

One of the providers identified a need for better data collection on their part, for self-evaluation purposes.

7.8 Adapted Logic Model: Delivery of Effective Screening Environments

The preliminary logic model previously detailed was adapted based on the findings from an analysis of the six-monthly narrative reports for this purchase unit (Figure 49).

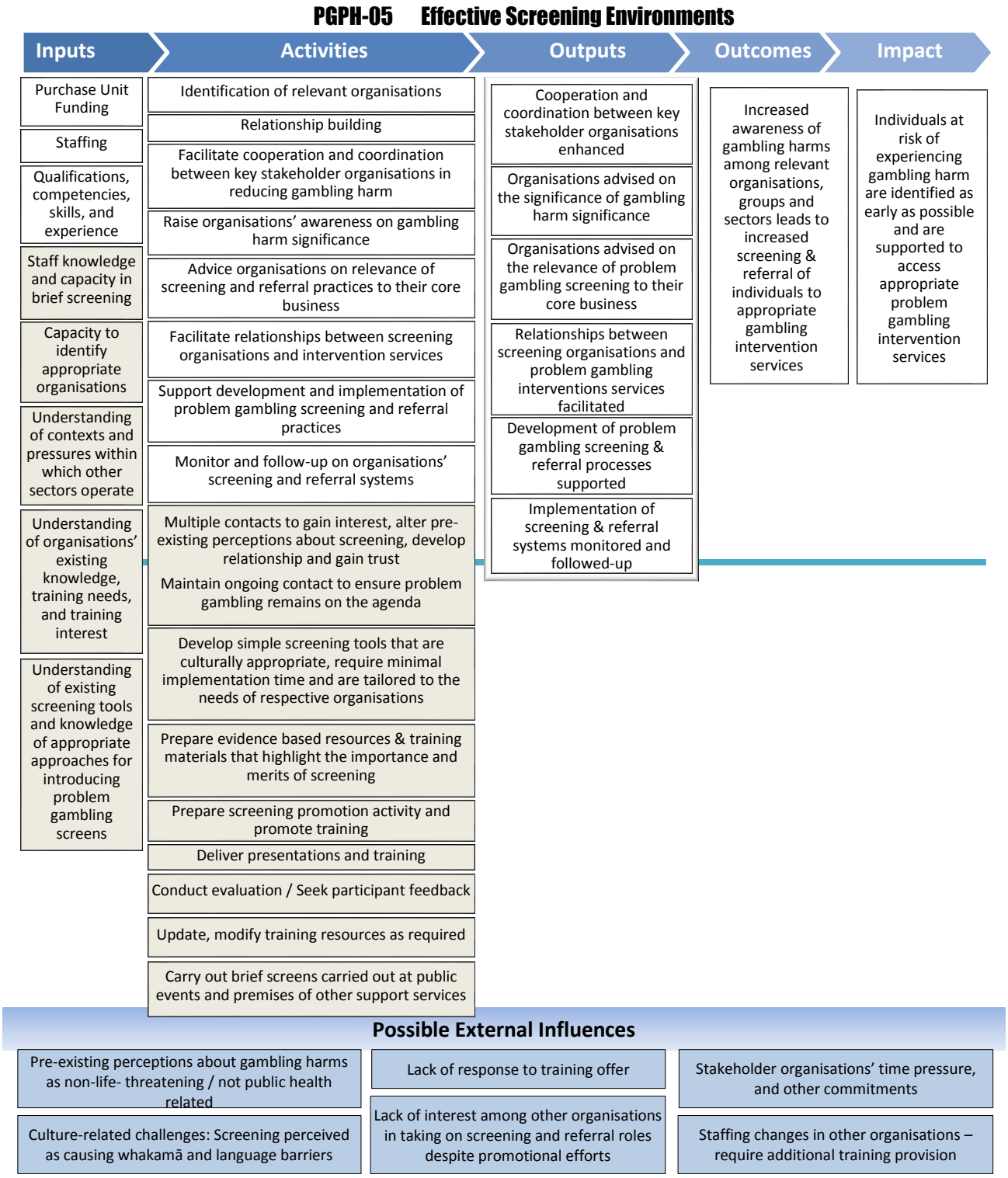

Figure 49: Adapted Logic Model: Effective Screening Environments

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9 Glossary

Aotearoa	Māori name for New Zealand
fono	meeting
hāngī	an earth oven which uses heated stones for cooking (Moorfield, 2011)
hapū	"kinship group, clan, tribe, subtribe - section of a large kinship group and the primary political unit in traditional Māori society…" (Moorfield, 2011)
hauora	health
hui	(verb) to gather or to meet; (noun) meeting, conference (Moorfield, 2011)
iwi	"extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor" (Moorfield, 2011)
kaimahi	employee, staff (Moorfield, 2011)
kaitiakitanga	guardianship, stewardship (Moorfield, 2011)
kanohi ki te kanohi	face-to-face, in person (Moorfield, 2011)
kapa haka / kappa haka	a Māori performing group
karakia	prayer (Moorfield, 2011)
katoa	"all, every, total, whole - used with a verb, often preceding the noun it qualifies" (Moorfield, 2011)
kaumātua	an elder, "a person of status within the whānau" (Moorfield, 2011)
kaupapa	"topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative" (Moorfield, 2011)
Kaupapa Māori	"Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology" (Moorfield, 2011)
kī-o-rahi	a traditional ball game - played with a small round flax ball called a kī (Moorfield, 2011)
Kōhanga Reo	Māori language preschool (Moorfield, 2011)
kōrero	(noun) discussion or narrative (Moorfield, 2011)
koroneihana	coronation
kotahitanga	(noun) unity, togetherness or solidarity (Moorfield, 2011)
kuia	"elderly woman, grandmother, female elder" (Moorfield, 2011)
kura	school

mahi	(verb) "to work, do, perform, make, accomplish, practise"; (noun) "work, job, employment, trade (work), practice, occupation, activity, exercise, operation" (Moorfield, 2011)
manaaki	(verb) to "give hospitality to" or to "show respect"; (noun) support, hospitality (Moorfield, 2011)
manaakitanga	"hospitality, kindness, generosity – the process of showing respect, generosity and care for others" (Moorfield, 2011)
Māoritanga	"Māori culture, Māori practices and beliefs, Māoriness, Māori way of life" (Moorfield, 2011)
marae	"courtyard - the open area in front of the wharenui, where formal greetings and discussions take place. Often also used to include the complex of buildings around the marae" (Moorfield, 2011)
Matariki	Māori new year celebration
mauri	"...life principle, vital essence, special nature, a material symbol of a life principle, source of emotions - the essential quality and vitality of a being or entity. Also used for a physical object, individual, ecosystem or social group in which this essence is located." (Moorfield, 2011)
pā harakeke	"…generations - sometimes used as a metaphor to represent the whānau and the gene pools inherited by children from their two parents and the passing of attributes down the generations" (Moorfield, 2011)
pākeke	adults (Moorfield, 2011)
Pasifika Festival	An Auckland-based festival held yearly in March which offers visitors a variety of Pacific Islands-themed cultural experiences such as traditional foods and performances
pepeha	"tribal saying, tribal motto, proverb (especially about a tribe), set form of words, formulaic expression, figure of speech, motto, slogan" (Moorfield, 2011)
pokie	Slang term used in New Zealand and Australia for a slot machine, i.e. gambling machine that operate with the insertion of a coin into a slot, with reels which then spin at the push of a button
Polyfest	A large Pacific dance / cultural festival held in Auckland every year in March (www.asbpolyfest.co.nz)
pōwhiri	"rituals of encounter, welcome ceremony on a marae" (Moorfield, 2011)
rangatahi	"younger generation, youth" (Moorfield, 2011)
rangatiratanga	"sovereignty, principality, self-determination, self-management" (Moorfield, 2011)
rohe	"boundary, district, region, territory, area, border (of land)" (Moorfield, 2011)
taiohi	"youth, adolescent, young person, juvenile" (Moorfield, 2011)
tamariki	children (Moorfield, 2011)
tāne	boy (Moorfield, 2011)

tautoko	support (Moorfield, 2011)
Te Ao Māori	'the Māori World'
Te Kakano	Public Health Gambling Harm Minimisation workforce (http://www.tekakano.ac.nz/)
Te Ngira	The Auckland Problem Gambling Health Promoters' Collective
Te pā harakeke model	A whānau centred service approach
Te Reo	The Māori Language
Te Reo me ona Tikanga	The Māori Language and its Customs
tikanga	"correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention" (Moorfield, 2011)
waiata	"song, chant, psalm" (Moorfield, 2011)
waka ama	"outrigger canoe" (Moorfield, 2011)
wānanga	"seminar, conference, forum, educational seminar" (Moorfield, 2011)
whakaaro	"thought, opinion, plan, understanding, idea, intention…" (Moorfield, 2011)
whakamā	"to be ashamed, shy, bashful, embarrassed" (Moorefield, 2011).
whakapapa	"genealogy, genealogical table, lineage, descent - reciting whakapapa was, and is, an important skill and reflected the importance of genealogies in Māori society in terms of leadership, land and fishing rights, kinship and status. It is central to all Māori institutions…" (Moorfield, 2011).
whānau	"extended family, family group, a familiar term of address to a number of people – the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members" (Moorfield, 2011)
whānau ora	"Whānau ora has been used widely within the public sector in New Zealand to describe an overarching goal in the development of Māori specific programmes, strategies and policies" (Kara *et al*. 2011, p.102). Within the health sector the implementation of the whānau ora framework "acknowledges that health and wellbeing are influenced and affected by the "collective" as well as the individual, and the importance of working with people in their social contexts, not just with their physical symptoms" (Kara *et al*. 2011, p.102).
whanaungatanga	"relationship, kinship, sense of family connection – a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship" (Moorfield, 2011)