
HIA Support Unit, Ministry of Health

Barbara Graves

Background

The Gambling Act requires that Territorial Local Authorities develop class 4 (Non-Casino Gaming Machines (NCGMs) - ‘poker machines’) and Totaliser Agency Board (TAB) venue policies in consultation with their communities. The policies must be reviewed every 3 years. The Gambling Act more specifically requires that:

- **In adopting a policy, territorial local authorities must have regard to the social impact of gambling within the territorial authority district;**

Nelson City Council (NCC) adopted a Class 4 and TAB Gambling Policy in early 2004 and the three-yearly review was due for completion in February 2007.

NCC staff decided to undertake a Social Impact Assessment (SIA) to inform this process and to work with the Public Health Service (PHS) of Nelson Marlborough District Health Board (NMDHB) to carry this out. The PHS had been encouraging the use of HIA through submissions and workshops and this was seen as an opportunity to put the concept into practice. Other councils had successfully used the SIA process and several Council staff had attended Health Impact Assessment (HIA) training. The decision to undertake this SIA was based on the commitment of individual staff members rather than on existing organisational processes.

Previous work with Council had shown that in order for the issue to be seen not as a health issue but as an issue of community wellbeing, the term ‘health’ - as in HIA - was avoided. It was decided to adapt the HIA methodology to fit with the requirement of the Gambling Act - to consider the social impact of gambling - and therefore SIA was used.

**SIA Steering group (direct involvement / some involvement)**

**NMDHB**
- Healthy Communities Health Promoter (HIA trained)
- Public Health Registrar (HIA trained)
- PHS Manager (funding)

**NCC**
- Community Policy and Planning Adviser
- Community Liaison Adviser – Social Wellbeing
- Manager Cultural, Social and Recreation Services
- Co-ordinator Strategic Planning Unit

PHS and NCC each provided $2500 partnership funding to employ the services of Quigley and Watts to oversee the process. All other costs were met within the existing contractual work of the staff involved. It was decided to undertake a rapid SIA as the timeframe was very tight – to fit with the Council submissions period on the draft strategy.

Rationale

A scoping meeting was held and the following aims and objectives of the SIA were established:

**Overarching Aim:**
To assess the positive and negative social and wellbeing impacts of the draft gambling policy to inform the development of the policy.

**Working Objectives:**
- To undertake a participative assessment process that uses international, national and local evidence.
• Use a systematic process to inform judgements on the potential impacts and recommendations for change.
• To effectively communicate the process and outcomes of the social impact assessment to Council, other stakeholders and the community.

**Process Objectives**
• Demonstrate that Impact Assessment can inform the progress and support the development of policy.

During the scoping meeting it was decided that the SIA would focus on the whole of the draft NCC Gambling Policy (Siting of venues, number of machines and number of TABs)
Population groups identified as significantly affected by the policy were gambling venue operators, community organisations and problem gamblers (and others affected). The main determinants of community wellbeing included in the SIA were income and relationships.

**Carrying out the SIA**

**Those involved in the SIA scoping group**
NCC  
• Manager Cultural, Social and Recreation Services  
• Community Policy and Planning Adviser  
• Community Liaison Adviser – Social Wellbeing

NMDHB Public Health Service  
• Healthy Communities Health Promoter  
• Public Health Registrar
Police - Area commander
Representatives from MSD, Te Kahui Hauora O Ngati Koata Trust, Ngati Koata Social Services, Methodist Social Services, Nelson Marlborough Institute of Technology and a gambling venue operator.
The session was led by Quigley and Watts.

**Those involved in the SIA Appraisal Workshop**
The session was led by Quigley and Watts.
Many of the people in the room knew of each other and each other’s work but had never had the opportunity to sit round the table. The subject area was highly political and through the SIA process representatives from all sectors related to gambling were able to work towards understanding and production of a shared set of recommendations.

**Methods**
• NCC contacted NMDHB PHS to request assistance to carry out SIA  
• Steering group formed to screen policy to check suitability of doing SIA and to plan process.  
• Agreement to fund assistance from Quigley and Watts to ensure that process was followed and to up-skill participants.  
• Partnership funding provided by NCC and NMDHB. ($5000)  
• Scoping workshop designed by steering group and Quigley and Watts  
• Logistics of meetings and invitations dealt with by NCC staff  
• Scoping meeting held  
• Scoping report written by PHS staff with guidance from Quigley and Watts.
Appraisal meeting designed by steering group and Quigley and Watts.

Evidence base established by PHS staff through
- Literature review – Medline and internet search
- Statistics gathered from Department of Internal Affairs, the Problem Gambling Foundation of New Zealand and material provided by the Charity Gaming Association of New Zealand.
- Local data on problem gamblers from local Problem Gambling Foundation representative and local gambling related crime information from the police.
- 1:1 telephone discussions with key informants.

Appraisal meeting held
- Following introduction to the process and presentation of the evidence, the participants were divided up into three groups, each with a designated facilitator and scribe. (Facilitators had been fully briefed prior to the workshop). Each group considered the impact of one aspect of the draft gambling policy (Siting of venues/number of machines/stand-alone TABs) on a specific population group. Two sessions were held and this allowed for more than one proposed policy change to be explored. With a focus on the two determinants (income and relationships) groups were tasked with recording; potential impacts of the policy, solutions to these potential impacts and which agencies needed to be involved in the development of solutions. All results were recorded and typed up by the scribes and these were used by the authors to test, integrate and explore concepts and impacts.

Further scientific and sociological evidence gathered.

Report written by Public Health Staff and sent out for stakeholder feedback.

Report presented to Council (Resource Consent Committee) on day of submissions hearing.

Main Findings and Summary

Key points
- Gambling in one form or another is now a leisure activity for over 70% of adult New Zealanders
- Many community organisations are dependent on the grants that ensue from gambling profits for survival
- 100% of problem gamblers presenting for treatment in Nelson use non casino gambling machines (NCGMs) as their primary mode of gambling.
- There are likely to be approximately 800 problem gamblers in Nelson.
- Research suggests there is a relationship between increased density of NCGMs and problem gambling.
- Density of non-casino gambling machines in Nelson is higher than the national average, especially in low decile areas.
- Limited research and monitoring data available

Recommendations
The recommendations were based on a precautionary approach recognising research findings and limitations as well as stakeholder views.

Policy recommendations were:
- to cap the number of NCGMs in the city at the current levels and
- to place restrictions on the siting of new venues.
- To allow no consents for stand-alone TABs.
Council to convene a local cross-sector forum to consider harm reduction strategies and maximise the economic benefits to the community.

**Proposed process for monitoring and evaluating the SIA**

Following the final report, staff from NMDHB PHS and NCC met to evaluate the process and to look for ways of using the SIA process again in the future.

**What worked well:**
- All participants reported that they found the SIA process valuable and would take part in an appraisal workshop again, and particularly valued the diversity of groups involved.
- SIA process demonstrated to be valid, realistic and worthwhile.
- Collaboration between PHS and NCC worked well, good communication, flexibility and complementary skills sets.
- Council policy flow chart was developed to allow for consideration of SIA for future policy development and review.

**What could be improved:**
- Timing of SIA to allow longer for preparatory work to be carried out and information gathering.
- Ensuring purpose of scoping meeting is made clear to participants.
- Change way report is delivered to Council, not as part of submissions hearing process. Would involve Councillors in process and brief chair of committee beforehand. Would also consider using Council report form style to make easier for Councillors.

**From the recommendations made the following were adopted**

Adoption of the objective

“To support and promote harm minimisation principles for gaming activities within the Nelson City area.”

1. **Siting of venues**

   No new consents issued for venues that are within areas zoned residential or within 100 metres of a range of children’s and family locations and Cash Machines (ATMs)

2. **Gaming Machine numbers**

   - Leaving the number of Non-casino gaming machines at the current level (at the time of this Policy being adopted) until the next Policy review in 2010.

**The following recommendations were not adopted**

- No new consents for venues located in areas categorised as NZDep2001 deciles 8-10
- No consents be granted for standalone TABs during the life of this policy.

It was suggested by the Council Committee that the recommendation to form a local forum be raised again under the forthcoming review of the Social Wellbeing Policy. A recommendation was made to look into setting up a trust to control local distribution of ‘grants’.

**Key learnings for practitioners of S/HIA**

**Time**

Try and get as much time for lead-in, preparation and delivery as possible. This was all completed in about 8 weeks, from first phone call until the presentation of report and that included the Christmas
break. It’s possible to do in a short time but would be better for everyone if more time was available. Working on a policy at draft stage will often limit the time available.

Evidence base
Ensure rigorous approach to evidence collation and presentation to provide neutral base to inform discussion and recommendations. This is very valuable where polarised views are represented at workshop sessions.

Process
Expert help with S/HIA is available and can enhance the process, particularly when undertaking it for the first time. Ensure broad representation from stakeholder groups. Using briefed, trained facilitators during the workshop sessions maximizes the output and assists with participants being able to abstract their own role and see the bigger picture. The scoping stage is vitally important to determine what is being appraised and it is important to ensure that the purpose of this is made clear to those participating.

Participants
Ensure all relevant stakeholders are present, particularly those seen as ‘experts’ and those directly affected by the policy outcomes. The SIA process created an environment where participants from diverse perspectives were able to express opinions and debate issues in a constructive way.

Councillors
Involve the Councillors, who will finally receive the recommendations of the SIA, early in the process. There is a possible trade off in directly involving Councillors in the workshops as this may inhibit openness in some of the participants, but having a ‘champion’ in the Council could add significant weight to the outcomes. If possible, provide the Councillors with training in HIA and brief the committee chairperson prior to the report being delivered.

Report
Establish ownership of the report from the outset – who is it for and who ‘owns’ it. Try and ensure that it is seen as different to a submission. Ensure that Councillors realise that the report is based on the broad input from a range of experts. In the report delineate which evidence is factual and which is based on expert opinion and link each recommendation to the evidence it is based on. Set up time to allow for questions and answers about the report, the process and the recommendations.

Ongoing
Try to ensure that S/HIA is included in the work plans and contracts of those expected to carry out this work. Continue links established and identify future opportunities for collaborative work. Try to get S/HIA embedded into organisational procedures to ensure process can continue when individual staff members leave.

Author
Barbara Graves (Limbic Ltd)

With input from
Kath Inwood (Nelson City Council)
Jill Sherwood (Public Health Service, Nelson Marlborough District Health Board)