



PROBLEM GAMBLING
NATIONAL COORDINATION SERVICE

Ehara taku toa i te toa takitahi, engari he toa takitini
The strength is not of the individual but of the collective

Problem Gambling National Provider Forum

21st - 23rd July 2010

Wellington, New Zealand

Summary of Proceedings

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INTRODUCTION

The Problem Gambling National Provider Forum was organised by the Problem Gambling National Coordination Service (NCS), a Ministry of Health contract with The Salvation Army, in partnership with the Centre for Gambling Studies, University of Auckland.

The three day forum was held on the 21st - 23rd of July 2010 at the CQ Conference Centre, 223 Cuba Street, Wellington. The forum followed a structured programme that encompassed four key fields: interventions, public health, workforce development and research. The objectives of the forum were to:

- Facilitate workforce development opportunities;
- Increase collaboration between providers;
- Support provider engagement in Ministry service development processes (intervention, public health and infrastructure); and,
- Provide opportunities for the sector to communicate and exchange problem gambling trends with the Ministry.

The Programme Booklet for the forum has been attached to this document and provides details on each day's schedule and the associated presentations.

ATTENDANCE

The forum was attended by all Ministry of Health funded service providers (General, Maori, Pacific and Asian) and a number of other stakeholders:

- Abacus
- AUT Gambling and Addictions Research Centre
- Best Care Whakapai Hauora
- Centre for Gambling Studies, University of Auckland
- DAPAANZ
- Department of Internal Affairs
- Gambling Helpline
- Hapai Te Hauora Tapui
- Hauora Waikato Group
- Health Sponsorship Council
- Massey University - Shore & Whariki Research Centre
- Matua Raki
- Ministry of Health
- National Coordination Service
- Nga Kete Matauranga Pounamu

- Nga Manga Puriri Trust
- Nga Tai O Te Awa Trust
- Niu Development Inc
- Pacific Island Evaluation Inc
- Problem Gambling Foundation of NZ
- Raukura Hauora O Tainui
- Taeaomanino Trust
- Te Kahui Hauora O Ngati Koata Trust
- Te Kahui Hauora Trust
- Te Kakano
- Te Rangihaeata Oranga Trust
- Te Rau Matatini
- Te Roopu Tautoko ki e Tonga Inc
- Te Runanga O Toa Rangatira
- The Salvation Army - National Addictions
- The Salvation Army - Oasis Centres
- Toiora - Healthy Lifestyles
- Tui Ora Ltd
- Tupu - Pacific Alcohol, Drugs & Gambling Services
- University of Auckland
- Wairarapa Addictions Service
- Whakawhanaungatanga Relationship Services
- Woodlands Trust

In addition, the following distinguished guests attended:

- Hon. Peter Dunne, *Associate Minister of Health*
- Billy Graham, *Speaker Link (Motivational Speaker)*
- Ann Dysart, *Ministry of Social Development*
- Alan Radford, *Radco Consulting Ltd (consultant for The Ministry of Health)*
- Emma Wootten, *Surethought (consultant for Health Sponsorship Council)*

Total Participants - 140

OVERVIEW OF DAY 1: WEDNESDAY 21ST JULY 2010

Day 1 was comprised of sessions that addressed a wide range of topics, including clinical training, public health training, workshops and presentations from service providers and infrastructure providers. Each presentation/workshop was facilitated by a nominated chair, and during the afternoon sessions, the chairs also summarised the main points and reported back to the forum the following day.

The opening and morning sessions were facilitated by Eru Thompson and Melino Maka (respectively), of the Problem Gambling National Coordination Service.

Where applicable, power point presentations are available on the Problem Gambling National Coordination Service website - www.salvationarmy.org.nz/ncs. The availability of a specific presentation is indicated by the presence of the *Microsoft Powerpoint* logo:



OPENING SESSION - Day 1

The forum began at 9.30am with a Powhiri - led by the Ngati Toa Rangatira Kaumatua. This was followed with a welcoming address and an overview of Te Kakano.

Welcoming Address

Hon. Peter Dunne, *Associate Minister of Health*

Te Kakano Overview

Ruth Herd & John Raeburn, *Te Kakano*

A brief overview of the Te Kakano project, from its beginnings with the Te Ngira Workplan (2004) up until the present time, including the work plan being rolled out via an e-learning hub that was officially launched at the National Forum.

MORNING SESSION - Day 1


Motivational Speaker

Billy Graham, [Speaker Link](#)

'What Will You Do - 2010 to 2013?' - Breaking Down the Barriers

Jenny Wolf, *Ministry of Health*
Nationwide Co-Existing Problems ("CEP") Project - an overview

'What Will You Do - 2010 to 2013?' - Youth Provider Discussion

Fiona Rossen, *Centre for Gambling Studies, University of Auckland* 
Hinemoa Metekingi, *Te Runanga o Toa Rangatira*
Sharna-Lee Packer, *Nga Tai O Te Awa Trust*
Rufo Pupualli, *PGFNZ - Mapu Maia*
Billy Graham, *Speaker Link*

The session began with a presentation by Fiona Rossen that gave a brief overview of youth gambling issues. Each representative of the panel then gave a brief introduction of themselves, their role and how they work with or are involved with youth. The floor was then opened for questions/discussion.

AFTERNOON SESSION - Day 1

Abacus Clinical Training

Orientation Workshop for New Clinicians: This module described the service specifications introduced by the Ministry of Health in January 2008,

and also introduced the Practice Requirements Handbook and Intervention service model components, relating it to clinical concepts such as the Model of Change. The different pathways clients may use to access intervention services were also noted. The module also described the documents, screening tools and forms used to collect data for client intervention statistics. The four main components of service provision were described in detail; Brief intervention, Full Intervention, Facilitation and Follow-up. There were opportunities for training participants to work in small groups with client scenarios for each specification, in order to practice using the various forms, and to provide a means for clarification and to compare their experience with others.

Peer Review Practice Workshop for Experienced Clinicians: This workshop provided an opportunity for experienced practitioners to share their expertise and practise clinical skills. Interactive exercises and role plays were utilised and participants also had a chance to see if motivational interviewing can work in groups for those with gambling problems and with significant other groups.

Te Kakano Public Health Training

Navigating the E-Learning Hub (Ruth Herd & Bruce Timmins): Ruth has been working with Bruce (Streaminteractive Ltd) for just under a year to develop the e-learning hub and took participants through a virtual tour of the site, explaining the features and demonstrating how the technology will enhance the learning experience.

ABCD Health Promotion Model (John Raeburn): John developed the ABCDE model for application in health promotion and it is included in the Te Ngira workplan. Piloted by the PGF pioneer group in 2004, the model is easy as ABCDE!

A is for Awareness Raising (Wenli Zhang): Wenli presented the highly successful Gamble Free Day Asian Restaurant Promotion that has been developed by the Asian Team at PGF. The promotion was planned utilising a simple programme logic model that workshop participants were able to try out for themselves.

Re-thinking on the Purpose of Problem Gambling Practice

Chris Watkins & Judy Clarke, TSA - Oasis Dunedin

Chris and Judy argued that problem gambling service providers' witness on a daily basis the erosion of fundamental human relationships. Life-worlds (that of family, friends, cultural groups and colleagues etc) are increasingly being defined and controlled by the abstract systems that characterize modern society, such as money, state bureaucracy, international corporations, the internet and television marketing. Pokie gambling is a very good example of an abstract system colonizing the life world and effectively substituting for direct human relationship. They proposed that to a greater or lesser extent, each of the forces mentioned above meet and coalesce in the presence of the pokie machine in our communities. And we each, more or less, feel powerless to resist these forces in our lives. In observing this, questions about the purpose of problem gambling counselling inevitably arise. Are we there solely to help the client cease their gambling behaviour? Is our task to turn dysfunctional consumers into functional consumers in a dysfunctional world? Should we be endeavouring to assist people toward authenticity and autonomy? Do we have a role as a radical voice critiquing these trends in modern society? Where do issues of social justice sit with the role of

counselor? It was argued that by offering a real, mutual, human relationship, problem gambling practitioners take a radical stance over and against a dehumanizing environment. Indirect ways of relating can be challenged by endeavouring to support community awareness around social justice and community participation in decision making. This presentation initiated a conversation around these questions and discussed the implications of this for the work of counselors.

'Tuaoi Tagata': An Integrated Model of Pacific Practice

Pesio Ah Honi Siitia, *PGFNZ Mapu Maia*

The Mapu Maia team presented a draft model of practice that integrates both public health and clinical interventions. "Tuaoi Tagata" meaning the relationship and boundaries between people. The team described how privileging relationships with key people and understanding these relationships encompasses all the various dimensions of working with Pacific people. The presentation explored Pacific engagement protocols at various levels of the family Fa'amatai structure and how the team aim to work alongside families using the "Tuaoi Tagata" model. One of the teams' values is - We Value People - We value Tagata and the way forward for Mapu Maia is to first value the engagement process.

CEP (Co-existing Problems) Capable

Jenny Wolf & Dean Adam, *Ministry of Health*
Raine Berry, *Matua Raki*



This half hour workshop focused on the 4 quadrants of approaching co-existing gambling and AOD issues. The workshop discussed systems and workforce themes to address for services to become more "CEP-capable".

Talanoa I Le I'A - Youth Action Viewpoints on Gambling in Churches

Rufo Papualii, *PGFNZ Mapu Maia*

Rufo presented on 'Talking to the fish' (talanoa i le i'a), which is the representation of building relationships with the Pacific youths in churches using a strengths based model. The Samoan proverb says "O le i'a a tautai e alu i le faalolo," relates to the collective voice of youth members that come together to support the leader for an effective reason. The church youth members are committed to share common beliefs, family values, spiritual understandings and environment confidentially. They believe to work collectively to achieve minimization of gambling harms. This is the beauty of Pacific society at any forms, levels, settings and cultural practice. As a public health worker practicing in South Auckland, building relationships with the Pacific youth members Rufo must engage personal values of love, caring, empathy, and empowerment and build resilience to make a good move. Papatoetoe youth members in 2008-2010 are making a step forward to be self aware of harmful gambling in using gambling ways of fundraising. In 2010+ Mapu Maia is confirming an action plan to move on from the Samoans to the Tongan Methodist youth members. As being approved and discussed by the church ministers we are planning to engage the same strategic plan to share among other youths in 6 years. This is the move on / long term project of Mapu Maia for Pasifika youths targeting all Pacific Islands groups in Auckland Churches. Mapu Maia is

currently planning the strategic plan for three years 2010-2013 for this new Tongan youth group. We are backing up all the church youths fundraising by supporting them to find more ways to develop youth's project financially. We run programmes on monthly basis to strengthen the motive of the youth. We work collaboratively with the Church Ministers to strengthen this community action. We plan events together with ideas from the youth. If possible the media will report the essence of this Pasifika youth strengths model.

Community Harm from Access to Gambling Opportunities

Martin Wall, Centre for Social & Health Outcomes Research & Evaluation, Massey University-


Martin presented findings from a recent research project that used an ecological model to examine to what extent gambling 'exposure' (ease of access to gambling opportunities) impacts on the wellbeing of communities. The team derived a number of indicators of community wellbeing or harm based on a theoretical model and using data collected for routine or administrative reasons. Indicators were calculated at Census Area Unit level (CAU). Indicators related to different dimensions of community harm including: crime, schooling achievement, social cohesion, debt redlining, property prices and volunteering. Measures of gambling exposure we concentrated on electronic gaming machines, widely considered the type of gambling most associated with harm. Exposure measures included density of gaming machines within 800m and 5000m of the centre of each CAU. A series of statistical models were fitted relating measures of gambling exposure to indicators of community harm. The New Zealand deprivation score, urban or rural character of the region and CAU population were included as potential confounders. It was hypothesised that greater exposure (as measured by greater density) would be associated with greater community harm. This was true for indicators of crime rates, social capital, food parcels and volunteering but not for property sales, debt profiling and schooling outcomes. The results demonstrate that data collected for routine or administrative reasons can be used to measure community harm and be incorporated into a public health model of gambling. However, lack of coverage at local level and the fact that routine data is usually collected, collated and provided in a way that is not ideal for measuring community well being has meant our results are often unclear. Gaps remain in our understanding of the community impacts of exposure to gambling opportunities.

Please see the associated power point for presentation details

OVERVIEW OF DAY 2: THURSDAY 22ND JULY 2010


Day 2 began with a breakfast session that was facilitated by Ian Potter and Hannah Crump of HSC. The remainder of the day was comprised of sessions that addressed a wide range of topics, including clinical training, public health training, workshops and presentations from service providers and infrastructure providers. Each presentation/workshop was facilitated by a nominated chair, and during the afternoon sessions, the chairs also summarised the main points and reported back to the forum the following day.

The breakfast and morning sessions were chaired by Major Lynette Hutson, of The Salvation Army.

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BREAKFAST & MORNING SESSION - Day 2

Breakfast Session: Health Sponsorship Council - Overview & Gaining Your Views

Ian Potter & Hannah Crump, *HSC* 
Emma Wootten, *Surethought*

The first part of this session relayed information on how to order HSC resources, key information on Gamblefree Day and launched the new Kiwi Lives DVD. The second part of the session was a facilitated discussion/workshop on emerging issues with the Problem Gambling brand and the underlying values.

Summary from Day One Breakout Chairs

Key Points were summarised by the chairs from the breakout sessions

Ministry of Health - The Changing Environment We Are All Operating In

Barbara Phillips, *Ministry of Health*
Barbara Phillips welcomed everyone and gave an overview of the Ministry of Health restructuring including the new National Health Board and the National Problem Gambling Team.

Overview - Integrated Gambling Platform (IGP)

Sanjay Sewambar, *Department of Internal Affairs* 

This presentation provided an overview of the IGP, which is an integrated electronic solution to help improve regulation of gambling in New

Zealand. Several benefits of the IGP were outlined, including: Enhancement of the compliance capability - Dept & sector; Creation of more efficient interactions - e-licensing; Creation of transparency of the \$ - grants database; Provision of comprehensive monitoring, reporting and research information. The systems progress to date and anticipated next steps were also outlined.

Research: It's Purpose & Role in Gambling Practice & Policy

Max Abbott, *Auckland University of Technology* 

This presentation provides an overview of gambling research with an emphasis on New Zealand studies during the past 20 years and their impact on, and implications for, policy and practice. It discusses particular examples, starting with the first national problem gambling study in 1991, of ways in which research findings have changed how we think about problem gambling and played an important role in raising public and professional awareness and influencing the development of policy and services. It also identifies some major unanswered questions and discusses potential implications of current and planned research for future developments.

Please see the associated power point for presentation details.

Expectations/Measuring Outcomes

Dean Adam, *Ministry of Health* 

This presentation discussed - what is an outcome? Intervention data is good, public health need more evidence. The need to develop a framework, identify areas that can be evaluated, looking at indicators that reflect these changes.

Please see the associated power point for presentation details.

Whanau Ora

Ann Dyshart, *Ministry of Social Development*

Ann Dyshart gave an overview of the Whanau Ora project - it has been a fast moving piece of work, a collaboration between Te Puni Kokiri, Ministry of Social Development and the Ministry of Health. Also discussed was the selection process to determine who would be given the 20 Whanau Ora contracts. It is about whanau, building on their strengths - not about service providers.

AFTERNOON SESSION - Day 2

Abacus Clinical Training

Facilitation Workshop for Clinicians - Working in Problem Gambling Services: This module provided an opportunity to gain a greater understanding of the facilitation service specification for problem gambling treatment providers. Facilitation was defined, detail was provided on how facilitation works, and the differences between facilitation and referrals were examined. The session also looked at facilitation in association with full interventions, brief interventions and follow-up and there was the opportunity to share ideas about how to make the most of this service spec.

Te Kakano Public Health Training

B is for Building Networks and Coalitions (Pesio Ah-Honi Siitia): Pesio has extensive experience building networks and coalitions with a view to community development over an extended period of time. She shared some practical tips with participants to enable them to develop their own plan of action.

C is for Community Development (Rufo Papali'i): While relatively new to problem gambling, Rufo has great community development skills and has become the HSC's face of problem gambling through her work with the Otara Responsible Gambling Action Group.

D is for Developing Policy & Resources (Cynthia Orme): Cynthia has developed a harm minimisation module for the Te Kakano e-learning hub and was supported by the PGF Public Health Team who presented their case study on working with Territorial Local Authorities to review gaming venue policies. Workshop participants were able to work with the team to develop a plan for their own harm minimisation projects.

Media Training

Hannah Crump, Ben Everist & Liz Price, HSC

This practical session aimed to enable confident engagement with local media in the community. Gamblefree Day was used as a practical example.

Multi Venue Self Exclusion Workshop - Gambling Harm Prevention: A Package for Providers of Pokie Gambling - 'Xclusion'

Philip Townshend, PGFNZ - Nelson

This session began with an overview of the various stakeholders in gambling: the Government which creates the regulatory environment and acts through the Gambling Commission and DIA to monitor and enforce regulations; the Gambling Industry - a not for profit industry that exists to raise money for community and has an implicit social contract with the wider society; public health providers, including the Ministry of Health who aim

to reduce exposure to harmful gambling and build community resilience; treatment providers who provide and promote effective interventions for those harmed by gambling and gamblers themselves who expect product safety and entertainment. Each of these groups has legitimate and sometimes conflicting interests in gambling. The PGF has developed a package that can contribute to the requirements of each of these stakeholders by assisting class 4 venue staff to recognising and reduce gambling harms where in venues where gambling occurs. This package is a web based system - Xclusion - that incorporates an exclusion monitoring system which streamlines the initiation and monitoring of exclusions by venue staff; Online host responsibility training for venue staff, and a venue self-administered gambling audit tool. In this presentation the three parts of this system were described and demonstrated. It is expected that treatment providers will have the most interest in the web exclusion part of this system as this has the capacity and so improving the effectiveness of a useful clinical tool.

Multi Venue Self Exclusion Workshop & Discussion - The Move Towards a Nationwide Electronic Exclusion System

Matt McMillan, *Te Kahui Hauora O Ngati Koata Trust*
Eru Loach, *Ngā Kete Mātauranga Pounamu Trust - Invercargill*
Chris Watkins, *TSA - Oasis Dunedin*

The Gambling Act 2003 acknowledges the importance of host responsibility measures for addressing gambling related harm and, provides the means by which problem gamblers can be excluded from class 4 venues, placing responsibility for compliance jointly with the gambler and gambling venue. Seven years on, only a few problem gambling providers appear to appreciate the potential of utilizing the exclusion process in assisting the problem gamblers in their area. This slow uptake may be due to a limited understanding of the exclusion process by problem gamblers, providers and venue staff as well as the difficulty in establishing relationships between providers and venues which the presenters have found is an essential part of ensuring that this tool is used both effectively and appropriately. With the use of exclusions expected to increase steadily, there is the need for regions to develop their own MVES and the need to start the process of devolving an effective standardized national MVES. This presentation consisted of a brief presentation by the speakers followed by the opportunity for an open discussion on how best to implement a MVES in an attendees own area, as well as what should be done towards a MVES at a national level. It outlined the importance of such a system, the role of the key players and, the benefits for the problem gambler, the venue and problem gambling providers.

Expectations/Measuring Outcomes Workshop (Repeat)

Dean Adam, *The Ministry of Health* 

Please see thee associated power point for presentation details.

Prevention, Problem Gambling and Poverty - Workshop

Layla Lyndon Tonga & Marino Murphy, *Nga Manga Puriri Trust*

Layla and Marino shared their experiences of working in indigenous health and explored a view of culture as a protective factor for Maori and how

the rise of Maori renaissance has influenced the beginnings of positive change for Maori communities in the Northland region of New Zealand. Gambling is now an integral part of the culture for many communities in New Zealand and is one of the largest industries in the world. The exploitation of vulnerable minorities for the sake of revenue and profit has long lasting and far reaching effects on Whanau Ora (Health of the family). The presenters explored how, when plagued with numerous addictions, Maori communities fare when traversing the pathway into a new era. When a minority population is mis-lead by dreams of hope, social gambling can result in problematic or pathological disorders. It was argued that protective and resiliency factors become integral to the growth and sustainability of the population. Treatment delivered with these factors in mind then becomes a powerful tool in protecting Maori people from the exploitative business of gambling. Introducing the impacts of gambling and its relationship to the erosion of one's culture enables true success in this area and gives empowerment to those who would otherwise have none. This workshop explored how this process has worked in the Northern region of New Zealand with diverse communities who balance retention of past values while creating durable generations of the future.

The Development of a DVD

Matt McMillan, *Te Kahui Hauora O Ngati Koata Trust*
Philip Townshend, *PGFNZ - Nelson*

The presenters described the content and the process of developing a DVD resource that provides information and a level of clinical intervention for new and prospective clients seeking assistance for problem gambling. The presenters believe that the DVD format may have a significant adjunctive role in providing services for minority client groups, clients living in remote areas or immediate services to clients who otherwise would have to wait for treatment. The DVD is professionally presented but sufficiently low cost that it can be given to clients as a handout or be accessible on the Net. When the DVD is played the client sees a menu allowing them to choose a number of short treatment interventions, motivational information and information giving sessions or vignettes of 2-10 minutes durations. The client can view these in their own time and may reuse them (the relaxation vignettes) use them a few times (the desensitisation and consumer voices vignettes) or access once (the information giving vignettes). The advantage of using a DVD format is that information can be presented in a high quality format and is able to be edited over time to adapt to changes in the problem gambling environment. For example as internet gambling becomes a significant mode of gambling for presenting clients the DVD can be changed by adding a specific and targeted internet gambling vignette. The DVD produced involves multiple ethnic and gender contributors. Some of the segments of the DVD have proven useful as a Public Health tool and in Host Responsibility Education and a future DVD is planned that will incorporate both Clinical and Public Health components.

Effective Client Communication in this Electronic Age

Brent Diack, *TSA*
Colin Mason, *Gambling Helpline*

This session explored the current use of modern communication technology, such as direct dial, cellphones and email, with regard to effective 'interventions' in the problem gambling counselling relationship. An open discussion was facilitated about the role of these technologies in the work of problem gambling clinicians.

Whanau Ora - “We’re Doing it Already”

Dianne Richards, TSA

This case presentation argued that while Whanau Ora has only been recently launched, many problem gambling practitioners have been doing it for years. The practical application of Whanau Ora was demonstrated from a gambling context, with the following multifaceted issues being explored:

- Whanau dynamics;
- Tino Rangitiratanga;
- Ethical considerations;
- Contractual obligations;
- Organisational Policy; and,
- The dichotomy between cultural and clinical considerations.

“Avanga Malie” Windows of Opportunity

Kotoni Fe’ao, Malo Silailai & Sherona Mariner, *Tupu Pacific Alcohol & Drugs/Gambling*

The Tupu team presented in relation to Pacific cultural clinical interventions. They argued that while gambling exists within Pacific communities, the challenge is trying to identify it, as gambling is still a hidden disorder. Unlike alcohol or drugs, there are no obvious or visible signs that help us to identify that a person is experiencing problems around gambling. It is only when they present to services that the problem is made obvious. Therefore, for Tupu it is about meeting clients half way (wherever they present) and finding a place where any issues or concerns around gambling can be shared openly and discussed. As a service, Tupu consists of a team of Pacific Island regional workers who specialise in alcohol, other drugs and gambling counselling. Being a regional service, an important aspect of the Tupu service is not only carrying out clinical work, but also networking and partnering up with other Pacific services. In establishing these relationships it allows the team to work in different settings and to provide awareness around gambling to their community. As an intervention service, the Tupu team use clinical processes to safely screen and identify clients who may present with gambling issues, and work towards education and intervention (if needed). Furthermore, existing satellites are used to improve access and they work collaboratively with the justice, primary health care and mental health services. These are ‘windows of opportunities’ which helps the team work towards their goal of reaching out to their Pacific community, and provide an awareness as well as intervention around problem gambling.

Measuring Therapeutic Outcomes


Bernie Smulders & Vicki Fowler, Woodlands Trust

The Woodlands Trust team outlined their Initial Gambling Screen and Final Gambling Screen - a 38 Item screen for use with problem gamblers. It

measures three category areas: loss of control over gambling, negative consequences of gambling and drivers of gambling behaviour. Statistical results were presented for the screen's versatility over a number of years of application. The presenters outlined how when used in conjunction with Woodlands Trust gambling recording system, the screen becomes a very useful assessment and monitoring tool for clients in measuring therapeutic outcomes.

OVERVIEW OF DAY 3: FRIDAY 23RD JULY 2010

The morning session of Day 3 was chaired by Graeme Ramsey of PGFNZ and began with a summary of the breakout sessions from Day 2. This was followed by presentations from the Ministry of Health, a Provider Panel discussion, and an update on Addiction Competencies. The remainder of the day was comprised of sessions that addressed a wide range of topics, including clinical training, public health training, workshops and presentations from service providers and infrastructure providers. Each presentation/workshop was facilitated by a nominated chair, and during the afternoon sessions, the chairs also summarised the main points and reported back to the forum the following day.

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MORNING SESSION - Day 3

Summary from Day Two Breakout Chairs

Key Points were summarised by the chairs from the breakout sessions

CLIC Data Improvement System Project

Alan Radford, *Radco Consulting Ltd*



Please see the associated power point for presentation details.

Provider Initiative - Re Upcoming Opportunities

Dean Adam, *Ministry of Health* 

Please see the associated power point for presentation details.

Working Collaboratively - Provider Discussion

Denis McLeod, *Toiora Healthy Lifestyles*
Louis Smith, *Taeoamanino Trust*
Chris Watkin, *TSA - Oasis Centres - Dunedin*
Bernie Holden, *Relationship Services*

This panel began with each panellist introducing themselves and outlining who they are, their role, and how they work collaboratively across the health sector (e.g. amongst problem gambling providers and other agencies e.g. AOD, mental health, family violence etc.), with the gambling industries, with communities and/or culturally. The discussion was then opened to the floor, with the forum being invited to address the panellists and ask questions.

Addiction Competencies Nearing Alignment: The Situation To Date

Ian MacEwan & Paula Parsonage (*DAPAANZ*) & Sean Sullivan (*ABACUS*) 

Last year, the members of the Addiction Competency Project Contracts Management group (the Contracts group) charged by the Ministry of Health with development of aligned competencies between AOD, Smoking Cessation (SC) and Problem Gambling (PG), presented details of the project to the PG national Forum. During the year the Contracts group's work has been supported by a Reference group, representing practitioners across the three addiction sectors. The Contracts group recently presented information to date for feedback to a wider stakeholders group in Auckland, and to identify training availability. Following development of Draft Foundation competencies across the range of addiction workers within these sectors, the integration of Lets Get Real skills (for those working in addiction and mental health), the Takarangi Competency Framework, Real Skills plus Seitapu, and Draft PG competencies, further feedback on the draft is being sought from the sectors. In addition, DAPAANZ was approached as the existing professional body for AOD, to ascertain whether it may also be the professional body for PG and SC. An interim arrangement has been reached with DAPAANZ for PG practitioners which was reported on in this presentation. Paula Parsonage as project leader described the projects progress to date, while Sean Sullivan from Abacus reported on the PG competencies. Ian MacEwan, as DAPAANZ Executive Director, reported on the availability of DAPAANZ for PG practitioners who seek to belong to a professional body.

AFTERNOON SESSION - Day 3

Abacus Clinical Training

Real Skills - Competencies Workshop for Clinicians: *Lets Get Real* describes the essential knowledge, skills and attitudes for effective mental health and addiction treatment. There are seven skill sets described as Real Skills, for short, that have both a broad definition and three indicator levels (essential, practitioner and leader) of what is required to achieve these. The aim or purpose of *Lets Get Real* is to:

- Help everyone working across services that assist those affected by mental health and addiction (and clients) to understand each other better;
- Ensure all know what is best practice;
- Is a complement to different competencies of the various health professionals (i.e. overview of essential, skills and attitudes);
- Improve ability for practitioners to move between services;
- Improve workforce development; and,
- Increase our accountability, especially to service users.
- From late 2008 this framework started to be rolled out.

This training covered the expectations of *Lets Get Real*, the values and attitudes upon which they are based, and how they will fit with the draft problem gambling treatment competencies.

Te Kakano Public Health Training

E is for Evaluation (*Pesio Lorna Dyall & Zoe Hawke*): Reducing gambling related harm is hard work and has many similarities to housework; we need to do it often, use the tools and equipment available to keep one's whanau, hapu, iwi community clean and free of harm. The powhiri model was presented as a framework to consider what outcomes we could expect to see over time from effective public health action. Ongoing evaluation is important as it provides the opportunity to reflect and review what we have achieved, make adjustments or try new strategies. The goals and milestones we set are important, we need to celebrate what we have or have not achieved, for the learning is all part of the journey. Involvement in gambling public health action requires courage, commitment, passion and knowledge of all the laws, rules and regulations we have available to make a difference.

Onoono ki Tua, Onoono ki Mua (Looking Back, Looking Forward)

Mali Erick, *Niu Development Inc.*

To be able to plan for the future, one must look back to the past and the lessons learnt. Niu Development Inc is one of the Pacific providers, funded by the Ministry of Health to deliver problem gambling health promotion to Pacific families and communities in the Auckland region. The

service has built very strong relationships with the Pacific communities, NGOs and churches seeking support to raise awareness of the harm caused by problem gambling to the Pacific people. This paper presented how the Niu Development Inc Problem Gambling Team worked with other services to keep problem gambling issue at the fore. This paper also presented some of the achievements and challenges faced by staff in their work, and where to from here for the service.

Health Sponsorship Council

- Merchandise, *Hannah Crump*
- Resources, *Hannah Crump*

Facilitation - Navigating Bureaucratic Pathways

Leigh-Ann Pukeroa, *TSA - Oasis Centres*

This case presentation detailed the difficulties experienced by mental health consumers in working with multiple public organisations. The extensive facilitation work outlined the need for problem gambling counsellors to be open to a more flexible and fluid approach in order to meet the needs of clients with mental health issues.

Samoa & Pasefika Cultural Competency - Fonofale Model

Mua'autofia Tueipi Clarke & Maliana Erick, *Niu Development Inc*

Cultural shapes human behaviors, all humans are cultural beings, ways of doing things and beliefs systems are a function of culture (Macpherson, 1990). To be able to work competently with culturally different (i.e. a person(s) from a culture that is different from your own), clinicians', counsellors, or anyone working with Pacific people in problem gambling fields must acquire some understanding of that particular culture. This presentation raised awareness of cultural aspects and explored how they can be utilised to provide a 'goodness of fit' (balance) between cultural practices within Pacific peoples Problem Gambling. The Fonofale model was created by Fuimaono Karl Endemann Pulotu and is a holistic wellbeing model for Pacific people from the Samoan perspective. Many Pacific people agree that the Fonofale model is similar to their culture and wellbeing belief.

The Eagle in Our Midst

Gerardine Clifford & Louis Smith, *Taeamanino Trust*

At nearly 20 years of age, Taeamanino Trust is one of New Zealand's longest standing Pacific owned and operated community organisations. This presentation talked about engaging with Pacific peoples/communities from the perspective of Taeamanino Trust. The presentation provided tips for working with the Pacific community. It also looked at the cultural models Taeamanino uses to work with families once they have engaged with

their services. Taeaomanino Trust presented its (Talatalga a Aiga and Sulu) approach to working with families and developing stronger communities.

Helping Our Whanau Reach Their Goals

Grant Reihana, *Raukura Hauora O Tainui*

This presentation included a brief overview of Raukura Hauora o Tainui and the services provided. Some of the interventions that assist whanau in reaching their goals were shared and demonstrated. These interventions reflect Traditional Maori & Pacific Practises and tools to understand yourself and why the Raukura Hauora o Tainui team do what they do. For more information the team can be contacted on 09 263 8040, email - enquiries@raukura.com, or visit www.raukura.org.nz.

IDT and Chinese Problem Gamblers

Wenli Zhang, *PGFNZ - Asian Services*

Interactive Drawing Therapy (IDT) is a therapeutic modality in which clients' thoughts and feelings are expressed on paper, and used as a medium for facilitating therapeutic change. Originally created in New Zealand by Russell Withers, IDT's rationale and practical applications have been used internationally, and elaborated in the professional literature. In spite of its heuristic value, IDT's use with Chinese clients, and in particular with those who present with gambling problems, has not been formally investigated. The purpose of the present project is to systematically explore and critically evaluate this issue. Chinese clients challenge gambling professionals to carefully consider the relevance of their theoretical constructs, the techniques and technical processes they use, the culture of the client-counsellor relationship, and the wider goals of the therapeutic process. IDT provides a modality with technical characteristics and ways of working that can be seen as particularly relevant for Chinese clients with gambling problems. The data used in this presentation was accumulated by the primary author, Wenli Zhang, as she incorporated IDT in her counselling practice at the Problem Gambling Foundation over a period of some five years, with particular attention to its more sophisticated use in more than 40 sessions with gambling clients during 2009. The results indicate that IDT, as a modality and conceptual framework, is very relevant for such clients. Its use is further refined when both counsellor and client are Chinese, and its effects are especially meaningful when integrated against a background of the clients' cultural belief systems, migration history, and adaptation strategies. The results of this initial study form the basis for an analysis of more in-depth themes, an exploration of technical implications for intervention with gambling problems, and the development of training protocols.

CLOSING SESSION - Day 3

Summary from Breakout Chairs (Day 3)

Key Points were summarised by the chairs from the breakout sessions

Summary, Final Comments and Recommendations

Facilitated by Graeme Ramsey, *PGFNZ*
Three questions were asked of the participants to summarise the forum

We got most from?

Values and ideas
Sharing & networking
Collaboration panel
Huge respect of work being done in the sector
Rangitahi & Consumer presentations
Collaboration of providers
Excellent plenary presentations and information
Hearing and learning from everyone involved

What we will do differently from now on?

Come together more often/network more
Being more collaborative ourselves
Have other organisations involved
Utilise and improve facilitations

Next Time we would like to see

More leaders involved
Breakout sessions were great - however we need to extend the time allotted to get best value
More consumer input
More intersectorial collaboration
A Maori and Pacific presentation in the plenary sessions
Improved format so clinical and public health training does not overlap other presentations

Closing Speeches

Melino Maka & Eru Thompson, NCS

Poroporoaki (Formal Closing)

Kaumatua - Eru Thompson, NCS

FORUM OUTCOMES

The general consensus was the forum was well organised and was a success. All the service providers were fully represented and made full use of the diversity of the programme. The Motivational Speaker was well received. There was excellent balance between clinical and public health workshops and presentations and the days were utilised fully. The venue was excellent, providing plenty of room to have multiple sessions participating at one time and areas to network and refresh. There are areas of improvement and these will be actioned in the next National Provider Forum.

EVALUATION / FEEDBACK OF FORUM

EVALUATION:

An evaluation form was given to all participants from the National Coordination Service and a summary of the responses are listed below.

The forum was very well received according to feedback and evaluations. All participants that completed evaluations thought the time spent attending the forum would help them with their work and would recommend attending the next PG National Provider Forum. The venue and location was excellent with many staff enjoying the forum being hosted in the Wellington region. The average % overall recorded from all the responses received was 80% of all participants gave the forum an evaluation of good to excellent, with only three areas of the forum scoring below 71%. These were - availability of information prior to forum (68%), food at the forum (62%) and the opportunity to update knowledge/skills in areas relevant to themselves (67%). These areas will be addressed at the next forum. A survey on the programme for the next forum will be sent out to all problem gambling service providers ensure all requirements and needs for workforce development are met. The verbal feedback was excellent and it would be more beneficial to have this feedback via written evaluations.

Thirty one responses were received from a possible 130 overall for the NCS evaluation and they are summarised below.

NATIONAL PROVIDER FORUM JULY 2010 EVALUATION

Responses recorded as a percentage based on the 31 evaluations received

	Excellent	Good	Fair	Poor	Abstain
Forum as a whole	36%	52%	6%	3%	3%
Venue	48%	36%	16%		
Location	65%	32%	3%		
Helpfulness of forum organisers	52%	38%	10%		
Availability of information prior	36%	32%	26%	3%	3%

to forum					
Registration process	38%	62%			
Accommodation recommended	29%	42%	10%		19%
Food at forum	29%	33%	29%	3%	6%
Did the Forum meet your needs and expectations overall	27%	48%	19%	3%	3%
Did the Forum Inspire you	29%	48%	10%	10%	3%
Content of Day 1	33%	48%	16%		3%
Content of Day 2	26%	52%	16%		6%
Content of Day 3	30%	48%	6%		16%
Opportunities to update knowledge/skills in areas that are relevant to you	37%	30%	30%		3%
Opportunity to network with other providers and presenters	59%	38%	3%		

These comments are collated from the 31 responses received out of a possible 130

What were the highlights of the forum for you?

- Panel on Working Collaboratively on Friday x 2
- Networking x 14
- Public Health integrated workforce – working together with clinicians
- Te kakano x 3
- Billy Graham – motivational speaker x 6
- Media Training x 2
- The passion & love Pasifika people bring to their work
- Meeting others
- Opportunities to work collaboratively
- Gathering information & ideas
- Some of the workshops
- Input into HSC processes
- Government, Research and Provider updates
- Electronic age challenges workshop
- Youth Panel
- IDT & Chinese PG - presentation x 2
- Helping Our Whanau Reach their Goals – presentation x 2
- Understanding Competencies
- Jenny Wolf from Ministry of Health x 2
- Ann Dysart – Whanau Ora – presentation x 2
- Barbara Phillips – Ministry of Health
- Opportunity to speak with Ministry of Health and local agencies
- Whakawhanaungatanga
- What is working
- New developments and opportunities
- Chris Watkins – Social Justice session
- Great to hear/share with other practitioners – what they are doing x 2

- New Ideas/interventions x 2
- ABACUS - gaining clarity around certain processes – on facilitation, etc x 2
- Max Abbott presentation
- CLIC presentation
- Te Ngira work plan – health model.
- The chance to inform other service providers of the PGF library
- Everything was great
- Michelle & Lisa were great, patient, helpful – fantastic ladies well done

A participant's reflections

“It was a treat to be able to see and hear others in roles similar to mine, especially catching up with everyone else and meeting all the new additions to the field. I really enjoyed the motivational speaker, although at first I was about to leave as I found him to be irritating...however after 5 mins I found his speech to be of great comfort in terms of the things we are aiming to achieve in Problem Gambling”

What aspects of the forum could have been improved on?

- Breakout session format – we had to miss really good stuff – maybe less choice next time? Or run workshop twice in one day x 2
- More time for breakout/workshop sessions – more time to explore the issues x 2
- More non-gambling providers
- More opportunity to network – dinner/drinks
- Better streaming between Public Health & Clinical
- More relevant public health workshops – perhaps a practical session
- Overlaps with break out groups better managed
- Poor time keeping on day one
- Motivational speaker was a waste of time
- Two days not three
- Fewer workshops that are more strategic/fewer streams
- Consumer input/involvement in the forum
- Motivational speaker if required – should be an inspirational story from the field
- Need a social event – helps with networking
- Less streams running at one time x 2
- Cultural sensitivity
- Karakia before day starts & to finish (Maori, Pacific and Asian)
- Layout – couldn't see screen at one end of room
- Be flexible when things crop up
- Length of day – 10 hours is too long? In breaks we still work (networking etc)
- Training sessions – if choosing to attend - miss out on other presentations
- More planning of programme – specialist services not pitted against one another
- Finish after lunch – to network/ or a fuller presentations

- More clinical workshops
- Not enough public health discussion, very clinical focussed
- More fun getting to know your activities
- Time sharing for both clinical & public health
- Too many choices
- Consultation on content with audience
- Forum on issues affecting us all
- Cultural appropriate practice (karakia, multicultural welcome, blessings for kai etc...)
- Last day finish at 3.00pm (for travel home)
- Time keeping – too structured – no flexibility
- More understanding between tikanga & Pasifika
- Great time to interact around P?G presentations, all tino pai rawa atu
- Display tables need to be set up away from meal area – not in a corridor that people move through for food
- Better content, shorter conference.
- Having a social programme – conference dinner, speaker, structural networking opportunities
- Less fancy font on name tags – can not read them

A participant's reflections

“Given the enormous growth this sector has undergone over the last 3-5 years it has been an endearing process to see new providers join the sector. The poignant casualty of losing services when viewed through an holistic lens however, impacts on all of us therefore it would have been nice to have witnessed the parting of Niu Development Inc. in a more harmonious way.

Do you think time spent attending the National Provider Forum will help you in your work?

- Absolutely/Definitely / Yes x 16
- Not really, field is small, very little new information since last year
- Yes – I have made lots of contacts
- It has shown me I need a higher profile amongst some providers
- I realise the need to raise awareness of my role amongst the providers on how I can assist them re sourcing good information to help them in so many ways to get the message out to communities
- Always a good hui, great for networking x 2
- Great seeing how other providers and services work and function around H/P in their Rohe
- Some what
- Yes, seeing what areas to build on – Self exclusion, Ministry of Health outcomes, Maori and Pacific Island working closer together
- Very valuable, we use it all the time in our culture, we may not have PH degrees however we have walked the talk in our area

- Yes – see highlights – would like to see more regular hui/meetings on a regular basis
- Absolutely – gives me more inspiration
- Yes it is always good to attend – pick up new skills and knowledge
- Thankful to coordinators – Nga mihi ki nga iwi Ngati Toa me Te Ati Awa
- Some ideas, good for unification
- Would like to have input into types of presentations
- Yes see bigger picture better
- No – but there were some useful and interesting aspects
- Most definitely – great networking opportunities
- Yes heaps – Re invigorated/inspired/motivated

A participant's reflections

Time spent attending this forum will assist in strengthening national networks and continuance of knowledge sharing. It also serves to build and strengthen the workforce of problem gambling.... Great Stuff!!

Are there any additional comments you wish to make?

- Thank you, great conference! Packed full – very long days!
- Thank you for everything that I was inspired by – the forum with everything
- Well done Coordination Service
- Rooms could be warmer
- Did not like listening to competencies when I am public health worker – waste of an hour
- Programme to be relayed to all registered participants prior to forum
- Having some workshop sessions repeated was very valuable
- The forum was well organised, congratulations
- Focus on – the big challenges facing us as a sector – how is gambling changing and what change do we want to see, training and professional development, addressing the drivers of problem gambling
- Conference should include consumer input and the opportunity for: mental health, AOD, food bank, budget advice, relationship services, CYFs, Social Development etc to be involved x 3
- Not many clinicians presented – disappointing
- Many services showcasing their projects/achievements – could be better use of time on up skilling. Service could showcase at poster sessions
- Entire venue was freezing
- Michelle & Coordination Service did awesome job! Run so professionally & effectively, thanks
- Kai was good but lets have some other ethnic foods

- Please include consumer groups in panel discussions – relationship services not required
- Thank you Michelle for the hard work, conference ran smoothly. Also to Lisa for her hard work – looking forward to next forum. Kia kaha korua in your mahi ahead
- All ethnic and general stream presentations should be spaced out better x 2
- For collaborative work we want to awhi each other but programme did not allow that
- Specific lunch dishes – Maori (rewena), Pacific Island dish, Asian dish – euro dish to value in a sense for the worker appreciation
- What happened to kapa haka
- Great
- Staff at hotel were great and very helpful
- Needs more flow/direction from plenaries to workshops to recommendations
- More papers related to other fields
- Perhaps joint forum with some other sectors
- Fantastic organisation and amazing time keeping given how much was packed in – thank you

Reflections from two participants

Our mahi is not easy, sometimes this may be a time to vent for some & support where necessary (supervision perhaps). But we need to forge on or we will not succeed. Gambling sector does not need any more support by us squabbling over political, historical or cultural issues. We are all here because of our passion. We can't let those personal issues dissolve our relationships within.

Thanks so much for the time and effort that has gone into planning this event, it's not an easy job and I really got a lot out of this forum, it continues to get better every time. Keep up the good work