



## Problem Gambling National Pacific Fono - November 2008

### Summary of Proceedings - Brief

#### INTRODUCTION

The Problem Gambling National Pacific Fono 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, UoA.

The main objectives of the fono were to:

- Support Pacific provider engagement and input into Ministry service development processes (intervention, public health and infrastructure)
- Provide opportunities for Pacific providers to communicate and exchange issues / trends with the Ministry
- Build provider skills and knowledge through sharing workforce development opportunities
- Increase collaboration between providers.

The fono was facilitated by Vienna Richards, newly appointed National Coordinator of the NCS.

The fono, followed by the Abacus Workforce Development Clinical Training day, were held at the Pacific Business Trust in Otahuhu, South Auckland, on 18 and 19 November 2008 respectively.

## ATTENDANCE

The fono was attended by approximately 24 participants representing all five dedicated Pacific providers in New Zealand and Pacific staff working for generic providers, namely:

- (1) Auckland - Niu Development, 4 staff
- (2) Auckland - Tupu Alcohol, Drug and Gambling Services, 4 staff
- (3) Hamilton - Pacific Peoples Addiction Service Inc (PPASI), 3 staff
- (4) Wellington - Taeaomanino Trust, 2 staff
- (5) Christchurch - Pacific Island Evaluation Inc (P.I.E.I), 1 staff
- (6) Gambling Helpline of New Zealand, 2 staff
- (7) Problem Gambling Foundation of New Zealand, 2 staff

In addition, other key stakeholders relating to Problem Gambling were in attendance:

- (8) Health Sponsorship Council  
PG Programme Manager, Hannah Booth, attended and presented on Day 1.
- (9) Ministry of Health National Problem Gambling Team representatives - Derek Thompson and Carmela Petagna attended Day 1 and Day 2 respectively and Barbara Phillips (Manager) was present briefly on Day 1 to speak.
- (10) Lana Perese, Senior Research Analyst for the Ministry of Pacific Island Affairs attended and presented on Day 1.
- (11) Colin Mason, Gambling Helpline, presented also on Day 1.

## **DAY 1: Tuesday 18 November 2008 - PG National Pacific Fono**

### **OPENING**

The fono began at 9.20am. The newly appointed National Coordinator (NCS), Vienna Richards, opened the workshop with Tupe Taisalika from Niu Development offering the opening prayer.

### **NEEDS & EXPECTATIONS**

The fono began with the facilitator asking participants to get into pairs with someone they did not know. They were asked to discuss the following:

- Their individual training needs
- Their individual hopes and expectations.

### **PRESENTATIONS**

#### **KEYNOTE SPEAKER**

**Lana Perese, Ministry of Pacific Island Affairs, Senior Research Analyst**

A Pacific Gambling Research Profile was presented - see power-point slide attached.

In the following discussion it was noted that there is a lack of specific research and information on Pacific peoples and gambling. The national generic research projects often do not have large enough samples of Pacific to analyse the data, especially between different Pacific ethnic groups within the whole Pacific Island nations. Their researchers also need to work with Pacific providers in planning and implementing the research better. There was a request to the Ministry of Health to provide more specific Pacific research, preferably conducted by Pacific researchers.

#### **KEYNOTE SPEAKER**

**Barbara Phillips, Ministry of Health Update**

Barbara Phillips informally addressed the forum acknowledging that this was the first forum for some time. She spoke about her new role as Group Manager, Minimising Harm, within the Population Health Directorate. The Minimising Harm group includes the National Drug Policy Team, the Addiction Treatment Services Team and the Problem Gambling Team. This will help to ensure greater connectedness across the addictions part of the health sector. The Minimising Harm group also works closely alongside the Mental Health group of the Ministry.

Barbara also spoke briefly about the fact that we have a new Government and that it is too early to understand the implication of this change other than looking to the National party election manifesto and documents.

Barbara also spoke briefly about next years (2009) work programme for the Ministry including the levy consultation documents and process in the later half of 2009.

Finally she thanked everyone for their energy and enthusiasm in their on-going work and wished everyone a safe and happy Christmas break.

#### **KEYNOTE SPEAKER**

**Hannah Booth, Health Sponsorship Council**

An update on the Kiwi Lives Stage II Campaign was provided:

- Stage I aimed to get NZ'ers to think about problem gambling. Stage II builds on this to provide information about the specific harms and increase awareness about what they can do.
- Three TV commercials (30 second and 15 second version for each) have been developed and will go to air November. They are testimonial-based ads based on an individual, family and community.
- New resources will be distributed to providers – they will include postcards, magnetic memo pads, pens, bags + hats for providers/volunteers.
- Website [www.ourproblem.org.nz](http://www.ourproblem.org.nz) has been re-developed to re-launch as part of the Campaign.
- HSC would like to start process for developing resources that are appropriate for Pacific communities. Starting point is to understand what is currently available and what gaps there are.
- The service providers split into regional groups and discussed what resources they currently use with Pacific audiences and potential gaps and ideas.

#### **Gaps/Ideas**

- Opportunity to develop locally appropriate resources for these areas, or local input into development
- National Resources with local providers details
- What is appropriate message – cause no more harm
- Pacific faces and voices
- Resources that can be used day to day
- Pamphlets – in ethnic languages and pan Pacific
- Pacific Island Calendars
- Posters
- Gambling van
- Business cards
- Gambling diary (like drinking diary)
- Info on coping/keeping safe
- Flow charts/educating tools
- Small model of pokie machine to demo
- Youth Bebo page
- Pacific data to use in networking
- Youth research
- Pacific training (train the trainers)
- Renew Pacific resources
- Specific PI resources for 7 ethnicities
- More electronic resources

- DVD's, video, radio, balloons, pens, tags, stickers, postcards, Pacific banners
- Workforce development
- Quarterly networking meetings
- Pacific PG Conference bi-annually
- Radio ads
- Presence (info Booth) at Pacific events – Pacifica, Polyfest, Grey Lynn Fest, Otara Flea-market
- Budget pack for Pacific

### ***Action Point***

- HSC will continue to engage with Pacific providers to develop resources within the scope of their mandate from the Ministry of Health, which are effective and useful from a Pacific context.

### ***Update***

- HSC met with a number of Pacific providers early in 2009 to further understand their current work, their public health needs and explore ideas. HSC then facilitated a workshop at the National Provider Forum (1-3 April 2009) on Pacific resources. A number of resource ideas were discussed. Those that showed greatest support are now being explored further.

### **KEYNOTE SPEAKER**

Colin Mason, Gambling Helpline New Zealand, Assistant Manager

Gambling Helpline New Zealand is now under the umbrella of Lifeline which has many resources that can be utilised. Gambling Helpline has recently had some changes at management level. Alan Scott is the Manager, Colin Mason is the Assistant Manager and Sue Hohaia is Quality Assurance Manager.

We are now operating 24/7 with 17 counsellors and 7 admin staff. We are aiming to be more inclusive. We receive around 15,000 calls a year, with about 30 or 40 regular callers. Not everyone who rings Gambling Helpline wants a face to face referral.

Gambling Helpline has a specialised Pacific line - Pasifika. Hana Asi is Team Leader. We are not sure how effective the pamphlets are in accessing Pacific people - How do we get more people through the door? Do pamphlets really work? Is there another way we can do it/advertise this service?

Day 1 was closed with lotu/prayer.

Notes will be disseminated to all participants and used to build on in subsequent Fono and for discussion with the Ministry of Health National Problem Gambling Team.

## DAY 2: Wednesday 19 November 2008 - Abacus Clinical Training

To ensure cultural safety and to optimise training, an Abacus Pacific consultant (Pesio Ah-Honi Siitia) co-presented with an Abacus principal (Sean Sullivan) and the day's training was provided at the Pacific Business Trust premises at Otahuhu.

The training day commenced and closed with a Pacific blessing and a Matua provided input and cultural feedback during the day. Pacific food also added to the cultural appropriateness of the Training Fono. Written resources were provided to those attending, including copies of the power-point presentation for ongoing use.

The Training Fono was attended by the MOH as an opportunity for the Pacific practitioners to ask questions of, and pass immediate feedback to their representative.

Items raised were recorded during the training day for informing future training needs for Pacific PG practitioners.

The training commenced with free-flowing discussion upon a range of statements published about Pacific practice and needs in treatment of addiction.

Next, the training covered Motivational Interviewing ('MI'), alcohol and other drug misuse as a co-existing issue, depression and suicidal ideation, all addressed from a Pacific perspective. The delivery was interactive and used MI as a process during the training (reflection, client centredness, permission, curious interest, (covert) guidance to resolve stuck issues, respect, summarisation, and other skills) with positive effect. Practitioners confirmed or provided Pacific perspectives and processes in respect of the topics trained.

Please see power-point attached for training notes.

The training progressed in a way that reflected many of the issues expressed below. Pacific practitioners raised the following:

### ***Environment & Safety:***

- Pacific PG practitioners emphasised the need for safety in the way the room/venue is presented.
- The presence of a Matua can pave the way, especially with families, because of respect for the elders, and a Matua in a service can increase effectiveness.

### ***Barriers:***

- Barriers can be widespread and need to be addressed – can include age differences, titles, Matais, cultural safety, protocols, Island (recent) vs Island/NZ vs NZ born or integrated.
- Problem gambling is often a foreign concept and may need treatment (a concept foreign to many Pacific people)

### ***Time & building trust:***

- There is a need to connect and build trust, perhaps more so than with Palagi. Building trust may avoid lies (e.g. shame, not wanting to lower

themselves in eyes of counsellor), so that more time should be spent doing this before assessing.

- Pacific people may arrive not seeking or feeling they need counselling because they can seek help in many issues

### ***Families:***

- Pacific people may approach for help as a collective, rather than an individual, as part of a family. A family approach to treatment can be both a strength and a weakness.
- Sometimes they need to heal themselves with gambling and other problems (other family members may have problem gambling behaviour or be pre-contemplative about the help-seeking member's need for therapy) being counter-productive.
- There can be a concern about confidentiality also

### ***Spirituality:***

- This is a strong concept in Pacific peoples. Expressed often as religion– but may also be spiritual connections with family, parents who have passed away, even curses. There may be combined aspects of both in spirituality. Spiritual interventions are often part of therapy – having time to pray, and to address spiritual issues are important aspects of the Pacific approach

### ***Time requirement higher:***

- Some asked for the funding to recognise the additional time required for Pacific ways and interventions. More sessions were required for Pacific clients, with the first 6 sessions possibly being about building connections, an important basis for therapy.
- For various reasons, some sessions are anonymous (confidentiality?) and these should be able to be counted as part of Pacific delivery. Especially when dealing with families, there is a necessity for (additional) time to work with them.

### ***Pacific therapy/working with Pacific clients:***

- There needs to be an integration of Pacific and Palagi approaches – training on this (such as the current training addresses) is vital.
- Some Pacific clients come in crisis, and after one session addressing the crisis they feel better and don't feel they need to come back – these single sessions (where all the assessments around gambling are not conducted because of the crisis focus) should be counted.
- Transparency, following the making of connections, is important (doesn't have to be directive or confrontational), – and can be about providing clients with as much information as possible so they can make informed decisions.
- Education in both clinical and public health is important – this is often hard to achieve in the Pacific community where it may not be supported. Safety is often promoted through education, and educating clients too – these are often foreign concepts they are learning.
- Pacific people relate to metaphors – and also use these when being transparent/honest
- Pacific people contacting the Helpline expect directness, and not 'colluding'.
- Rather than having written questions, asking these in conversation is better, but clinician skill is needed to be able to do this – terminology (written

forms/assessments) can be a huge barrier and are not useful for Pacific clients – visual is better.

***Possible future foci/topics:***

- Continue with real life case studies at training
- Identify what 'depression' is in a Pacific context
- Change the training on Model of Readiness to Change from an individual to a group (e.g. family) if possible
- Standardise an AOD/suicide/depression screen in one or two questions alongside gambling
- Non-Pacific practitioners would also benefit from learning Pacific ways of providing an intervention (with their Pacific clients)

The training environment reflected the safety that practitioners emphasised as critical (the site being a Pacific entity, appropriate food was provided, and a Pacific trainer (one of two trainers), with the Palagi trainer having previously trained Pacific practitioners). The presence of a Matua who was often referred to, and feedback given by her, provided a living example of the best practice for Pacific connection, respect and knowledge transfer. Upon completion there was a call through the Matua for more training along the lines of that provided during the Training Fonu.

## FORUM EVALUATION

The fono was generally well received according to feedback and evaluations. All participants that completed evaluations thought the time spent attending the fono (both days) would help them with their work and would recommend attending the next PG National Pacific Fono.

**Day 1 - 15 evaluations (rating average out of 5 (lowest =1, highest =5)):**

- Easy to understand = 4.13
- Matched to your learning style = 4.00
- Enough information presented = 3.87
- Covered the right topics for you = 3.80
- Helped you gain knowledge in areas help was needed = 3.93
- Helped you gain new skills in areas help was needed = 3.73
- Met your needs and expectations = 3.87
- Inspired you = 3.93

**Day 2 - 3 evaluations completed**

- Easy to understand = 4.00
- Matched to your learning style = 3.67
- Enough information presented = 4.33
- Covered the right topics for you = 4.67
- Helped you gain knowledge in areas help was needed = 4.67
- Helped you gain new skills in areas help was needed = 4.33
- Met your needs and expectations = 4.33
- Inspired you = 4.67

The following is a summary of the comments made by the participants:

### What did you enjoy?

- Meeting and learning about other PG providers
- Sharing - opinions, attitudes, information, group activities
- A Pacific focus and discussion
- Networking
- Presentations for, and by, Pacific Stakeholders
- Friendly, inspiring, interactive, respectful
- Training day - expertise of presenters
- Motivational interviewing for both Public Health and Intervention
- Great venue
- Excellent Food

### What did you not enjoy?

- Time keeping essential - did not run to programme
- Need more up to date Pacific data

### **Suggestions from the Attendees**

- Need Key Speakers from community workers
- Age Range/no representatives for youth and the elderly
- A possibility of having time allocated to spend in specific ethnic groups to discuss in own language and bring back to the main group discussion
- 3-4 Pacific Fono's per year.

### **Conclusion**

Overall, the level of participant satisfaction was above average. These evaluative comments on the fono are fed back to the Ministry of Health and will be considered in the planning of future fono and related Pacific specific training.