

Chapter Six

Where to From Here?

Concluding Comments, Key Findings, Implications for Policy and Recommendations

The themes and concepts discussed in this report are by no means exhaustive. The team realises that this investigation is the beginning of much needed information gathering and analysis required to understand gambling and problem gambling behaviours, contributors and effects for the Tongan community in Auckland.

The intrinsic cultural meanings of the themes and concepts identified require further contextual *po talanoa* or as Manu'atu (2000) explains the 'construction, deconstruction and reconstruction of Tongan social realities'. The complexities of analysing the findings within appropriate cultural frameworks continue to challenge and expand the parameters of social theory and analysis.

A focus on gambling problems and addiction without attention to the whole context and without understanding of other contributing or underlying factors will not bring the health and social benefits expected. For example, problems of partner abuse and child neglect or financial stress would not be well addressed by focussing on gambling as a single contributing factor. Gambling may be a symptom as well as a cause of some of these problems. Gambling may exacerbate existing stresses.

The de-regulation of gaming and gambling in New Zealand in recent years has seen significant growth in the presentation of gambling problems, growth in gambling related service providers and training, steady growth in information and research and a government response in strategic Public Health planning and funding of possible interventions. At the community level increased availability and accessibility of gambling activities and venues in the local community contributes to a changing landscape in many of the most deprived areas around Auckland.

De-regulation significantly contributes to the normalisation of gambling on a nation-wide scale at an unprecedented rapid pace. To date, strategies to counter balance this new social hazard such as health promoters working in raising community awareness, have been under-resourced to effectively address the bombardment of market enticements, excitement and the sheer revenue resources of the gambling industry.

Public Health frameworks such as the Ottawa Charter encompass a holistic approach that can be useful in developing effective and efficient interventions for Tongan communities in Auckland. However, consultation, discussion and planning to address the issue depends on support, co-ordination and resources from all key stakeholders such as the government, service providers, church ministers and community leaders. This is an urgent need.

Service providers that do not have a good understanding of a Tongan worldview will inevitably fall short of helping their clients. Language as shown in the Tongan profile still remains a large factor in reaching the Tongan community. Existing services such as telephone helplines or counselling do not address language needs, cultural responses and needs for discussion of gambling issues as well as other social effects of gambling for the Tongan population in Auckland..

Participants have reiterated time and time again that there needs to be solid co-ordination between all the key stakeholders and information and resources need to be available in order for education and awareness in the community to begin and be effective.

Tongan people in Auckland, of whom the majority live in the highly deprived areas with high number of gambling venues continue to be enticed on an open V.I.P invitation to either continue gambling, start gambling or 'try it out'. Factors such as the legality of gambling accessibility and availability of venues, shifting socio-cultural sanctions, normalisation, market strategies, low socio-economic status and the themes and concepts discussed in this report contribute to form a logical and rational reason for Tongan people to gamble.

Given the targeting of poorer and under resourced communities by the gambling industry, possible cultural congruence, lack of social and financial opportunities, the lack of education about the odds of winning and the hazards of gambling and existing addiction it would be surprising if gambling did not increase in the Tongan community and with it increases in the social problems identified. The findings in this report indicate that gambling is a significant public health issue for Tongan people in Auckland. Intervention is urgently required.

Summary of Key Findings

The information gathered during this research project has identified a number of key findings exposing and supporting the view that gambling is indeed a health concern/issue for Tongan people in Auckland. Information has also been in-depth and culturally significant in identifying contributing factors in developing problem gambling for Tongan people and the array of possible reasons for Tongan gambling.

Furthermore the particular research process based on a Tongan methodology that was followed was able to identify and mobilise leaders within the community and to initiate interest in the development of a co-ordinated approach to address gambling in the Tongan community.

The findings are listed under the main headings/areas identified below;

1. Families

- 1.1 The family has been identified as the most affected by gambling and problem gambling. The impact of gambling on the family has been a reoccurring and consistent theme within the fieldwork and *po talanoa*.
- 1.2 Neglect of children and the elderly due to lengthy absences from the home of the gambling parents/caregivers, lack of appropriate supervision of children and young people.
- 1.3 Increased referrals of children to service providers due to inappropriate health standards, unmet school requirements, inappropriate supervision and lack of support for schoolwork and activities.
- 1.4 Marriage problems and break-ups due to the problem gambling habits of one or both parties. Mistrust, lies to cover up absence from the home, special events, commitments, stealing from the family home and unmet fixed expenses and depletion of savings.
- 1.5 Abuse of elderly pensions to fund gambling habits and the casino being used as a crèche for the elderly. Old people are dropped off and picked up.
- 1.6 Young people introduced to gambling while they wait for parent/s in gambling venues.

2. Household

- 2.1 Associated with the problems within the family are the consistent stories about financial household difficulties such as the disconnection of household utilities, poor nutrition and other unpaid household expenses.
- 2.2 Increased occurrence and normality of goods and property being repossessed, mortgagee sales and evictions, which result in bad credit ratings, therefore future credit approvals or applications, are severely disadvantaged.

3. In the Community

- 3.1 Increased availability and access to gambling in the local community has been identified as one of the major contributors to the increase of Tongan gambling.
- 3.2 Targeted marketing contributes the endorsement and normalisation of gambling.
- 3.3 Local church, village, family and community fundraising using gambling methods such as bingo/housie, bonus tickets and raffles increase the normalisation of gambling activities.
- 3.4 Women's gambling highlighted the lack of recreational venues and activities for women especially the older women.
- 3.5 Increased availability and access of small pawnshops and Tongan money loaning outlets that accept Tongan crafts and artefacts as well as other goods and property as security on small loans.
- 3.6 Imbalance of community awareness and prevention programmes compared to the onslaught of gambling opportunities and venues in the community.
- 3.7 There is a lack of understanding/knowledge of gambling odds, chance and the gambling industry and its operations within the Tongan community.
- 3.8 Lack of definition of gambling within the community. Gambling is an 'unknown evil'. Unlike alcohol, drugs and tobacco where the community have some understanding of the effects.

There is a misconception in the community that gambling is endorsed entertainment and fair.

3.9 Community leaders need to be more proactive in addressing gambling in the churches and community trusts.

3.10 There is no co-ordination between service providers, community leaders and churches in working and providing services for the Tongan community. There needs to be co-ordinated approach.

4. Socio-Cultural Context and Public Health Frameworks

4.1 The themes, concepts and discussion regarding Tongan worldviews and understandings point to the need for Public Health frameworks in order to be inclusive of cultural dynamics, changes and the contextual implications of these changes on the Auckland Tongan community.

4.2 Migration and the many effects of adjusting and living in New Zealand have contributed to numerous cultural shifts and/or changes within the Auckland Tongan community.

- Transferral of dreams from New Zealand to gambling venues and machines
- Break-down or fragmented kainga systems/networks
- The desire for class mobilisation and inter level movement.
- Shift of socio-cultural sanctions; Women

4.3 The themes and concepts identified need further research and contextual analysis and continual po talanoa in order to develop appropriate Public Health frameworks and interventions to begin community awareness, promotion and education.

4.4 Public Health has not adequately addressed gambling and the urgent need for community awareness and prevention programmes.

5. Government and Territorial Local Authorities

5.1 Legalised and deregulated gambling has normalised gambling for many Tongan people. Gambling is seen as being endorsed by the government. Gambling activities are therefore perceived as controlled, fair, and honest way to make money.

5.2 Many participants have commented that the government is to blame for the deregulation of gambling and its rapid saturation of the community without anything to counterbalance it at the same pace and intensity.

6. Assistance

6.1 Current facilities have been described by participants and commentators as inappropriate to deal with the complexities of socio-cultural reasons why Tongan people gamble.

6.2 Very little access or use of treatment facilities by Tongan community due to:

- Tongan people do not understand that gambling is a problem that needs treatment, assistance and or help – lack of awareness.
- Tongan people do not know that there are facilities to help problem gambling behaviours.
- Problems associated with gambling are perceived as personal and private problems that need to be solved within the home or family.
- Current facilities are alien, misunderstood and/or unfamiliar to the community and culturally inappropriate.

Implications for Policy

The key findings have indicated some implications for policy planners and government direction. The overwhelming information reported regarding the need for culturally appropriate service provision has major implications for policy in the areas of research, intervention and policy development for Pacific and Tongan people.

The information gathered reveals the urgency required to address the growth of gambling and problem gambling in the Tongan community. Evidence informed interventions require cross cultural frameworks and ethnically specific researched information in order to develop and apply appropriate, effective and efficient Public Health interventions.

Implications for Policy are in the areas of:

1. Funding ethnic specific research in order to develop appropriate contextual socio-cultural methodology, analysis and findings.
2. Gambling service specifications need to include culturally appropriate interventions, community consultation, resources, staff and co-ordination of providers and community leaders.
3. Government review of gambling policies in low socio-economic areas.
4. Responsiveness to diversity and ethnic specific service provision, research and funding.

Recommendations

We recommend:

1. The New Zealand Government

1.1 Fund the implementation of ethnic specific and national evaluation of the socio-economic and socio-cultural impacts of gambling in New Zealand.

1.2 Review legislation and deregulation of gambling laws with special attention to gambling access and availability within local communities and neighbourhoods.

2. Territorial Local Authorities

2.1 Review and monitor gambling venues in low socio-economic areas in accordance with the aim of minimising harm

2.2 Stop further expansion of gambling venues and activities in the local community

2.3 Monitor and ensure equal and correct distribution of grants and funding to local community groups from gambling revenues.

2.4 Plan and develop alternative recreational facilities and activities in the local community, especially for older women.

2.5 Develop community awareness media campaigns about gambling in the community.

3. Public Health Units

3.1 Develop and maintain networks with key community stakeholders and service providers to ensure coordination of activities and appropriate cultural input

3.2 Plan, implement and fund active health promotion programmes in partnership with community leaders, churches and other service providers to address gambling issues.

3.3 Initiate further research projects to inform policy planners and contribute to local and international literature regarding gambling issues and public health interventions.

3.4 Develop a media approach for community awareness of problem gambling as well as promoting services that can assist with problems related to gambling.

4. Social and Health Service Providers

4.1 Work in collaboration with community leaders, churches and other service providers in a co-ordinated approach to address problem gambling in the community.

4.2 Develop and promote gambling awareness programmes in the community.

4.3 Access media for promotion of health issues and services for problems associated with gambling.

4.4 contract specific gambling services to develop and implement appropriate frameworks and systems for dealing with Tongan clients. Culturally appropriate programmes, staff and service are needed.

4.5 Ensure that problem gambling symptoms are identified and appropriately referred for treatment and assistance.

5. Community Leaders

5.1 Advocate and lobby local and central government regarding gambling accessibility and availability in the community.

5.2 Monitor growth of gambling activities and establishments in the local community.

5.3 Support and implement community awareness programmes and projects in partnership with service providers, churches and other key stakeholders.

5.4 Develop and maintain networks with key stakeholders in order to promote co-ordinated awareness programmes.

6. Churches

- 6.1 Ministers to be aware of social and public health issues in the community and develop pastoral care and awareness messages in their congregation and/or parishes.
- 6.2 Ministers to work in collaboration with service providers, community leaders and other key stakeholders in order to provide a co-ordinated approach for gambling issues as well as other public Health issues.
- 6.3 Ministers to be aware of appropriate service providers in order to develop a systematic and appropriate referral process for congregation/parishioners.
- 6.4 Discourage gambling type fundraising.
- 6.5 Develop alternative programmes and projects within the church for members especially the older women.

7. Tongan Academics and Professionals

- 7.1 Support and advocate for the development of cross-cultural frameworks and Tongan models for research and analysis.
- 7.2 Initiate and lead ethnic specific researches, programme development, evaluation and monitoring.
- 7.3 Disseminate current and relevant information to community leaders, ministers and service providers to assist in their health promotion programmes.
- 7.4 Contribute to the investigation of 'new' public health issues such as gambling within the Tongan community.