AUT UNIVERSITY GAMBLING AND ADDICTIONS RESEARCH CENTRE

CONFIDENTIAL REPORT

EVALUATION OF PROBLEM GAMBLING INTERVENTION SERVICES

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STAGE THREE

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EXECUTIVE SUMMARY

Background

The Ministry of Health is responsible for the funding and coordination of problem gambling services and activities in New Zealand. This includes the funding of a national telephone helpline, two national face-to-face counselling services and several regional treatment providers which include Maori and Pacific specific services (Asian specific services are provided as a division of one of the national face-to-face treatment providers) (Ministry of Health, 2008a).

From 2008, the Ministry of Health funded face-to-face problem gambling treatment providers have received specific training around the Ministry of Health expectations for service practice requirements (e.g. the types of intervention that will be funded and the processes expected within those interventions as well as for referrals for co-existing issues), and expectations around data collection, management and information submission to the Ministry of Health. The Ministry of Health has also identified specific sets of screening instruments to be used with clients, which vary depending on whether the client is receiving a Brief or Full-length intervention, or is a problem gambler or family/whanau member („significant other') of a gambler. These screening instruments came into use in 2008, with different sets of instruments having been used previously.

At the present time, the effectiveness of the current problem gambling treatment services is largely unknown, as is the optimal intervention process for different types of client. Whilst this sort of information can ultimately only be ascertained through rigorously conducted effectiveness studies (randomised controlled trials) (Westphal & Abbott, 2006), an evaluation (process, impact and outcome) of services could provide indications as to optimal treatment pathways and approaches for problem gamblers and affected others, as well as identifying successful strategies currently in existence nationally and internationally and areas for improvement in current service provision.

In September 2008, the Gambling and Addictions Research Centre at Auckland University of Technology was commissioned by the Ministry of Health to conduct the research project *Evaluation of problem gambling intervention services.*

This project was to focus on four priority areas:

- Review and analysis of national service statistics and client data to inform workforce development, evaluation of the Ministry of Health systems and processes, and other related aspects

- Process and outcome[1] evaluation of the effect of different pathways to problem gambling services on client outcomes and delivery
- Process and outcome[1] evaluation of distinct intervention services
- Process and outcome[1] evaluation of the roll-out and implementation of Facilitation Services[2]

Methodology

The priorities as detailed above were achieved through a three-stage process:

1. Stage One: Involved a desktop analysis of two national gambling treatment service datasets for the 2007/08 financial year (1 July 2007 to 30 June 2008) (face-to-face counselling [CLIC] and national telephone helpline data) plus the Asian hotline database
2. Stage Two: Involved key stakeholder input and further analysis of data from gambling treatment services and other sources on relevant delivery from 1 January to 30 June 2008
3. Stage Three: Involved a review and comparative analysis of 2008/09 service delivery and national data trends against initial findings

Stage One

The three databases were analysed for sample population, profile of clients, data completeness and accuracy, and trends. Statistical comparisons were performed for key areas of interest, and where numbers were large enough to allow comparisons. Preliminary information from Stage One was used to inform the design of the survey questionnaires for Stage Two.

Stage Two

Fourteen gambling treatment services were involved in Stage Two; they included the national telephone helpline, two national face-to-face services, seven regional Maori services, two regional Pacific services, one national Asian service and one regional Mainstream service[3]. Their involvement included staff participation in one of four semi-structured focus groups, and surveys of all staff available during the time frame of the survey (N=60) and of 61 clients recruited by convenience sampling. Eighteen staff from allied agencies to which clients (from the 14 gambling treatment services) have a Facilitated referral for co-existing issues (Facilitation Services) also took part in a survey. Stage Two also included a group interview with the provider of training and workforce development to gambling treatment services.

The focus groups and survey questionnaires covered topics relating to clients' pathways into and out of treatment, distinct (specific) interventions provided by some services, Facilitation Services, satisfaction with the processes, and also training and workforce development issues in relation to the processes. The group interview covered similar topics from a training and workforce development point of view.

Findings from Stages One and Two have been presented in the Stages One and Two Final Report for this project (Bellringer et al., 2009) and are not re-iterated in this report.

Stage Three

[1] An outcome evaluation was realistically not possible in the time frame of the project which thus focused on process and some impact evaluation.

[2] Facilitation Services is the Ministry of Health term for active support of clients (by their problem gambling counsellor) to access allied social or health services for co-existing issues.

[3] These treatment services represented about half of the services funded by the Ministry of Health and were selected by the researchers to include a mix of national and regional services, and Mainstream and Ethnic-specific services.

Stage Three was essentially a repeat of the methodological processes used in Stages One and Two with comparison of findings against those from the former Stages. In Stage Three there was, however, more of an emphasis on examining the extent that service objectives had been met and on measuring whether goals had been achieved. This involved less of a focus on the pathways into services (which was a major feature of Stages One and Two), and more of a focus on treatment the pathways within services (i.e., Brief, Full and Follow-up sessions), the pathways out of services (Facilitation Services) and client outcomes from these. Additionally, and as in Stages One and Two, the effectiveness of delivery of services, including efficiency and quality of data collection and management, were assessed.

The same three databases (as used for Stage One analyses) were analysed for the 2008/09 financial year (1 July 2008 to 30 June 2009). As in Stage One, the databases were analysed for sample population, profile of clients, data completeness and accuracy, and trends. Statistical comparisons were performed for key areas of interest, and where numbers were large enough to allow comparisons.

The same gambling treatment services involved in Stage Two of the project were involved in Stage Three, apart from three organisations which were about to not have their contracts with the Ministry of Health renewed to provide problem gambling treatment services at the time of data collection for Stage Three. In addition, not all gambling treatment services participated in all parts of Stage Three due to losing their contracts for provision of services or due to having their contracts reduced. As in Stage Two, gambling treatment service involvement included staff participation in one of four semi-structured focus groups, and surveys of all staff available during the time frame of the survey (N = 67) and of 49 clients recruited by convenience sampling. Twenty eight staff from allied agencies to which clients from the participating gambling treatment services have a Facilitated referral for co-existing issues (Facilitation Services) also took part in a survey. Stage Three also included a group interview with the provider of training and workforce development to gambling treatment services.

Only results from Stage Three have been presented in this report. The discussion also focuses mainly on Stage Three findings with reference to findings from Stages One and Two, when comparisons have been made. Findings from Stage Two have been presented in the Stages One and Two Final Report for this project (Bellringer et al., 2009). This Stage Three report should be read in conjunction with the Stages One and Two Final Report.

Results

Database analyses

Client demographics

- *Gambler versus significant other:* Sixty-two percent of the clients who attended the participating services during the 12-month study period were gamblers and 39% were significant others. The two Pacific services and six of the Maori services had a higher proportion of significant other clients as compared to gambler clients. The Alcohol and Drug service only had gambler clients.
- *Gender:* Mainstream services and the majority of Maori services generally had a similar ratio of male to female gambler clients. The two Pacific services, the Alcohol and Drug service and one of the Maori services had substantially more male than female clients. Most services had at least two-thirds female significant other clients and in only four services were male significant other clients the majority.
- *Ethnicity:* Almost all services provided interventions for more than one ethnic group. However, as would be expected, the majority of gambler and significant other clients

were ethnically matched to the service itself (e.g. majority New Zealand European in Mainstream services, majority Maori clients in Maori service).

- *Age:* Whilst the majority of services had gambler and significant other clients across the age ranges, one Mainstream service had more clients (gambler and significant other) in the 50 to 59 and 60+ year age groups than the other Mainstream services. Additionally, Maori services generally had more gamblers clients in the <30 and 30 to 39 year age groups (i.e. a younger population group) than other services, as did one of the two Pacific services.
- *Geographic location:* Mainstream and Maori services generally recorded clients in almost all Territorial Local Authorities. Pacific services recorded clients in the area within which the services were located.

Treatment programmes, sessions and type

- *Episodes[4] and sessions:* On average, clients were in 1.57 and 1.29 (gambler and significant other, respectively) treatment episodes over the 12-month period. The mean number of sessions per treatment episode was 3.13 and 1.79, respectively; however, there was substantial inter-service variability in mean session number ranging from 1.00 to 22.11.
- *Episode type:* The majority of services recorded all three episode types; however, two services did not record any Brief intervention episodes with gambler clients, two did not record any Brief interventions with significant other clients, one service did not complete any Full intervention episodes with gambler clients, two services did not complete any Follow-up episodes with gambler clients, and six services did not record any Follow-up episodes with significant other clients.
- *Length of time per episodes type:* Overall, the average length of time (gambler/significant other) for a Brief intervention was 0.37/0.34 hours, for a Full intervention was 1.09/0.99 hours and for a Follow-up session 0.42/0.33 hours. Mean times were generally consistent across services, although some recorded episodes substantially longer than average.
- *Intervention outcome (episode completion):* Episode completion data were fairly consistent across services, with (gambler/significant other) 51%/76% of episodes classified as treatment completed, 8%/4% as treatment partially completed, 25%/14% as administrative discharge, <1%/<1% as transferred to other problem gambling treatment service, and 16%/6% ongoing. An average completed treatment episode was 33 days for gambler clients and 22 days for significant others.
- *Primary gambling mode:* In general, the primary gambling mode recorded per episode of treatment was electronic gaming machines, particularly those outside a casino.
- *Counselling type:* Overall, 85%/90% (gambler/significant other) of session types recorded were individual counselling sessions. A further 3%/2% was couples counselling, 2%/4% family/whanau counselling, and 10%/4% group counselling.
- *Counselling sessions:* The majority of sessions recorded by all services were counselling sessions. Although there was wide variability, on average 16%/31% (gambler/significant other) of sessions were recorded as assessments and 9%/10% were recorded as Facilitation sessions.

Contact dates, referral pathways and treatment pathways

- *Initial contact date:* Overall, 12% of gambler clients and 4% of significant others pre-existed the time frame of analysis. Across services, the percentage of new clients

[4] An episode is a distinct series of counselling sessions providing an intervention for a client. An episode can be Brief, Full or Follow-up. A Brief episode contains only Brief sessions. A Full episode contains only Full or Facilitation sessions. A Follow-up episode contains only Follow-up sessions. Each client is expected to have two to three episodes, i.e. Full and Follow-up or Brief, Full and Follow-up.

entering treatment was relatively even across both the first (July to December 2008) and second (January to June 2009) halves of the report period.

- *Referral pathway into services:* Overall, 33% of gambler clients self referred themselves to their respective service as did 47% of significant others. The Gambling Helpline was the only other specified referral source that accounted for 10% or more of overall referrals (14% gambler clients, 5% significant others). Overall, most services were reliant on between one to three referral sources for the vast majority of their clients.
- *Treatment episode pathway:* Eighty-four percent of the completed gambler client treatment episodes were consistent with a standard pathway, with most consisting of up to three Brief sessions or up to six Full counselling or Facilitation sessions. Two percent of the standard pathway episodes consisted of Brief, Full/Facilitation, and Follow-up sessions and a further 8% consisted of Full/Facilitation and Follow-up sessions. Similarly, 94% of the significant other completed episodes were consistent with a standard pathway, with most consisting of up to three Brief sessions or up to six Full counselling or Facilitation sessions. One percent of the standard pathway episodes consisted of Brief, Full/Facilitation, and Follow-up sessions and a further 3% consisted of Full/Facilitation and Follow-up sessions. Inter-service variation was evident; however, in few services did the majority of completed episodes (either gambler client or significant other) contain the range of session types (Brief, Full/Facilitation and Follow-up).
- *Referral pathway out of problem gambling service (Facilitation destination):* Overall, an identifiable Facilitation destination was only available for 43% of gambler clients and 60% of significant others. The data that was available suggested gambler clients are most often Facilitated to financial advice and support services, significant other clients are most often Facilitated to legal advice/support services, and gambler clients and significant others are both frequently Facilitated to mental health services, physical health services, and relationship and life skills services.

Assessments

Assessment data was frequently not reported for gambler clients or significant others. For example, of the 13 gambler client screening/assessment instruments included in the Stage Three analysis, the rate of initial (baseline) measurement among new gambler clients ranged from a high of 59% to a low of less than one percent. Only one screen, the Brief gambler screen, was completed by more than 50% of new gambler clients. Eight of the 13 screening/assessment instruments were completed by less than 20% of new gambler clients and the rate of completion of Follow-up assessment was even lower. Thus, whilst outcome data was available and has been reported in Section Three of this report, it is not possible to draw any meaningful inferences from them.

Analysis of trends: New client trends

- *Services:* Client numbers grew steadily in three services, remained relatively consistent in two, and fluctuated markedly for two, culminating in substantial gains in the latter stages of the report period
- *Age*: There was much fluctuation in all of the age groups across the report period; however, there was substantial growth in the number of significant other clients in the younger age groups, especially <30 years, and there was marked growth in the number of gambler clients across all age groups in the latter stages of the report period.
- *Ethnicity*: The number of new European and Maori clients fluctuated widely across the report period, but overall increased markedly with respect to significant others and, more recently, gambler clients. The numbers of Pacific, Asian and „other' clients were comparatively steady, although increases in the number of Pacific and Asian significant other clients were evident in the past 12 months.

- *Gender*: The ratio of new male to female clients remained relatively stable both for gamblers and significant others, despite the growth in overall client number (i.e. the increase in client number was not disproportionately male or female).

Analysis of trends: Session trends

- *Services:* The number of gambler counselling sessions increased across all services during the report period, with one exception. Increases in the number of significant other counselling sessions were also evident, although there was substantial fluctuation.
- *Age*: The ratio of counselling sessions in each of the age groups remained fairly consistent over time with the exception of the <30 year age group in which there was a disproportionate increase, especially in the number of counselling sessions provided to significant others.
- *Ethnicity*: The ratio of gambler counselling sessions provided to the various ethnic groups remained consistent over time. However, there appeared to be a disproportionate increase in the number of counselling sessions provided to significant others of Pacific ethnicity. There was also considerable fluctuation in the number of counselling sessions provided to significant others of European and Maori clients across the report period.
- *Gender*: Despite the increase in the number of counselling sessions provided, the ratio of sessions provided to male and female gamblers and significant others remained largely consistent.
- *Session type I: individual, group, family/whanau, couple:* There was steady and substantial growth in the number of individual gambler and significant other counselling sessions provided during the report time. The number of group, family/whanau and couple sessions provided remained relatively constant.
- *Session type II: Brief intervention, Full intervention, Follow-up:* The number of Full intervention sessions provided to gambler clients fluctuated over the report period, trending towards an increase in the latter stages. The number of Brief intervention and Follow-up sessions provided to gambler clients increased at a relatively steady rate. The number of Brief and Full interventions provided to significant other clients fluctuated widely over the study period, but culminated in substantial growth. There was steady, but comparatively less growth in the number of Follow-up sessions provided.
- *Session type III: counselling, assessment, facilitation:* The number of counselling sessions provided to gambler clients fluctuated over the report period trending towards an increase in the latter stages. The number of assessment and Facilitation sessions provided to gambler clients increased at a steady rate. These trends were mirrored in the significant other data; however, there was substantially more fluctuation in the number of assessment and Facilitation sessions provided.

Analysis of trends: Episode trends

- *Episode types:* For both client groups there was fluctuating but (over time) consistent growth in all three episode types, with a substantial spike in the number of Brief intervention episodes provided during the latter stages of the study period.
- *Episode completion:* There was substantial and consistent growth in the number of gambler episodes ending in „treatment completion' and a surge in the number of „ongoing' episodes in the last six months of the report period. The latter stages of the study period also suggested a decrease in the number of gambler episodes ending with an administrative discharge. As with the gambler episodes, there was substantial and consistent growth in the number of significant other episodes ending in „treatment completion'; however, there was less marked growth in the number of ongoing episodes and the number of episodes ending in administrative discharge remained steady.

Staff survey

- *Demographics:* Sixty seven participants completed the staff survey. The majority were female (70%) and were employed full time (61%) in a Mainstream service (88%). Nearly half the sample were of New Zealand European ethnicity (49%), although a high percentage of Maori and Asian staff members were successfully recruited (25% and 13%, respectively) as were employees of ethnic-specific services (30%).
- *Pathways into services:* The five most frequently reported pathways into gambling treatment services were: formal referral from other gambling treatment services; informal referral from family, friends or word of mouth; in response to media advertising; self referral; and formal referral from the corrections/justice sector. Opinion was mixed as to whether there was a relationship between a client's pathway into a service and their presenting problems, the treatment approach employed or subsequent outcome.
- *Treatment pathways within services:* Sixty-three percent of participants reported the Brief intervention to be a good approach for assessing whether someone has a problem related to gambling and may be in need of further assistance and 58% thought it encouraged further help-seeking. The most commonly reported positive features of the Brief intervention were its educational/awareness raising properties and the opportunity it provided for early intervention. It was suggested by a number of participants, however, that the questions are inappropriate, insensitive or not "user friendly" and that it is an inappropriate or ineffective intervention for a counselling service.
- Seventy-nine percent of participants reported the Full intervention to be a good approach for assisting someone with problems related to their or someone else's gambling. The most commonly reported positive features of the Full intervention were its comprehensive nature, the opportunity it provides for problem gamblers to engage in a counselling/ change process and that it supports preferred or flexible counselling approaches. However, some participants noted (amongst other things) that the intervention length needs to be longer for some/most clients and that the screening measures are lengthy, poorly worded (in places), or restrictive.
- Fifty-eight percent of participants reported the Follow-up a good approach for assisting someone with problems related to their or someone else's gambling. The most commonly reported positive features related to the traditional functions of a Follow-up service, such as the maintenance of a therapeutic relationship, relapse prevention, outcome monitoring, and as a mechanism for treatment re-engagement. Commonly reported negatives included the intrusive nature of Follow-up, fears that it may trigger a relapse and that clients can be difficult to contact.
- *Facilitation Services:* Most participants reported that clients found the Facilitation Services to be „good' or „very good' (54%), that they impacted „positively' or „very positively' on their relationship with their clients (60%) and that they result in „better' client outcomes (52%). Nevertheless, only 31% of participants reported finding the Facilitation Services either „easy' or „very easy' to implement. Despite these largely positive findings, a degree of resistance to Facilitation was evident. For example, when asked why some clients are not Facilitated to other services, nearly half of the respondents indicated that the client did not want Facilitation even though they may have co-existing issues and 39% reported giving the client the relevant referral information in order that they make contact with the allied agency themselves.
- *Ministry of Health data collection and CLIC:* Fifty-six percent of participants reported understanding the Ministry of Health data collection and reporting requirements either „well' or „very well', although only 26% reported finding them to be „good' or „very good'. Thirty percent of participants reported that the data collection process impacts „positively' on client outcome and 40% identified some form of „positive' impact from the data collection process on the relationship building process with their clients. A wide range of possible improvements were suggested.
- *Training and workforce development:* Sixty-four percent of participants reported having attended a training session for intervention services, data collection and reporting

systems. Fifty-six percent of these participants rated the training „good' or „very good' and 77% considered it beneficial. However, only 47% reported that the training had assisted them to provide a service which better serves the clients and only 42% reported that it had assisted them to integrate the Ministry of Health requirements (for data collection) into the therapeutic process with their clients.

Client survey

- *Demographics:* Forty-nine participants completed the client survey. Fifty percent were male, the majority (75%) were aged between 30 and 59 years and were of New Zealand European ethnicity (51%). A relatively high percentage of Maori and Asian clients were recruited (31% and 14%, respectively). Ninety-two percent were seeking treatment for their own gambling-related problem and 8% were significant others. The median number of treatment appointments attended at the time of the interview was nine.
- *Pathways into services:* The most frequently reported pathways into gambling treatment services were media advertisement, referral by family or friends, and referral by the national telephone helpline. Forty-nine percent of participants knew of more than one treatment service prior to seeking help. The most frequently reported influences on their decision to choose one service over another were the type of treatment/help provided, service recommendation or the service location.
- *Outcomes/satisfaction:* The vast majority of participants reported positive treatment outcomes and high levels of satisfaction with the treatment experience. Factors considered most helpful/satisfying were the clinician skills or personal attributes, the knowledge or insight gained during the treatment process or the progress made, and referral to, or support accessing, other services.
- *Facilitation Services*[5]*:* Twenty-nine percent of participants stated that they had been Facilitated to another agency for co-existing issues. The counsellors' assistance in the Facilitation process was widely considered „helpful', as was the assistance received from the agency to which the participant had been Facilitated.

Allied agencies survey

- *Referral process:* Twenty-eight completed survey forms were received. The majority of respondents reported that the Facilitated referral occurs over the telephone and that the clients attend their service more than half or all of the time after the Facilitated referral has been made. Seventy-five percent of respondents also reported that they refer clients *to* gambling treatment services.
- *Advantages/disadvantages to the client:* Sixty-four percent of participants reported benefits to clients of the Facilitated referral process, primarily including the advantage of shared care/collaboration, specialised input, and support in the referral and/or initial service contact stage. Only 18% of participants identified potential disadvantages. Eighty-six percent of participants reported that they thought clients have more positive outcomes if they are receiving interventions for their gambling issues as well as other co-existing issues.
- *Advantages/disadvantages to the agency:* Fifty percent of participants reported benefits to their agency/organisation from the Facilitated referral process. Primary benefits included receiving specialist knowledge and/or more detailed information about the client in the early stages of service contact and specialist support from the problem gambling service which, as noted by a number of respondents, is likely to result in better client outcomes and, therefore, better organisational outcomes. Only 21% of participants identified potential disadvantages.
- Eighty-two percent of participants rated the relationship between their agency and gambling treatment services as either „average' (57%) or „poor' (25%), although 43% of

[5] Facilitation Services is the Ministry of Health term for active support of clients (by their problem gambling counsellor) to access allied social or health services for co-existing issues.

participants felt their organisations' awareness of problem gambling had increased due to having received referrals of problem gambling clients.

Focus groups

- *Brief interventions:* There appeared to be some confusion regarding what counts as a Brief intervention as per the Ministry of Health requirements; in particular, the demographic information that was required and how this could be asked in the settings in which the Brief interventions were being conducted. Privacy issues around collection of such data and the inability to follow this up with a one-on-one conversation were raised. This was of particular concern to cultural groups where English was not the first language. Generally there was a positive view of Brief interventions. There was, however, some concern about Brief interventions being a public health activity rather than a clinical procedure.
- *Full interventions:* The Full intervention was discussed as the intervention the participants were most comfortable with. However, the Full intervention was seen as a broad intervention that was not necessarily suited to different clients' needs. A concern voiced by participants in all focus groups was the Ministry of Health's apparent restriction to eight sessions per client for a Full intervention[6]. In addition, the question relating to household income was seen as problematic, with a number of participants discussing the difficulties of obtaining this information from clients, particularly if a client shut down and did not want to answer further questions.
- *Follow-up sessions:* Whilst some participants found no problems with conducting Follow-up sessions and reported positive feedback from clients, others discussed difficulties. Issues arise when clients therapeutically re-engage in the Follow-up, increasing workload and administrative duties. Some clients do not open up to a different counsellor conducting the Follow-up sessions but participants considered honest feedback might not be given if a client's original counsellor conducted Follow-up sessions. Participants discussed the issue that some clients do not agree to have Follow-up sessions, and for those who do agree there may still be problems with phone disconnections.
- *Facilitation:* Focus group participants had a mixed perception of Facilitation Services. Facilitation Services were seen as valuable for some clients and in some circumstances and were often thought to result in better outcomes. However, a number of concerns were discussed. These included client-related issues such as a client having to repeat their story to another person as well as service provision issues such as what can be counted as Facilitation. Managing risk was also discussed by some participants in relation to when a client is talking to different agencies about different issues, whilst other participants discussed the positive aspect of case management when there are complicated interacting issues. Participants would like feedback from allied agencies after they have Facilitated a client, so they know what the outcome has been for the client; so far this type of feedback has not been forthcoming.
- *Training:* Participant discussion within the focus groups in relation to training fell into two areas: a) administrative training, and b) clinical training. Administrative training was considered to be lacking in clarity as the requirements appear to be continually changing. Participants considered that there should be a minimum level of clinical training, though there was mixed discussion on how this could be achieved. Participants discussed the need to train counsellors in public health areas so they are able to fulfil requirements for Brief interventions. Another area of interest for training was that of clinical training for working with the elderly and youth, both seen as areas that require some additional skills. There were some issues raised about the cultural appropriateness of the training.

[6]It is important to note that this piece of research reports the results as presented by the participants. In places the perception of participants may or may not be an accurate reflection of such things as contractual requirements.

Group interview

Participants discussed two areas of training that they provide to gambling treatment services. The first related to service provision specifications as required by Ministry of Health materials (e.g. the Interventions Service Practice Requirements Handbook) and the CLIC database, whilst the second related to training modules written by the training provider. The modules have been developed to meet specific needs identified by gambling treatment services.

Participants commented that feedback had been received from gambling treatment services on the Handbook during training sessions and that there were still some points of confusion for treatment services staff. The Ministry of Health has reacted positively and responsively to this feedback allowing more flexibility in the training. The flexibility to train ethnic groups in their preferred manner has been well received.

In relation to Brief, Full and Follow-up interventions, and Facilitation Services, required by the Ministry of Health, training has focused around clarification and interpretation of the requirements. Participants indicated that Brief interventions and Facilitation Services were a particular issue where there was still much confusion amongst gambling treatment services. For Brief interventions, the lack of motivational interviewing skills by those conducting the intervention was a major issue.

Participants perceived that gambling treatment services attending the training sessions found them helpful, but that it is a continuous and complex process - in fact more complex than had been initially imagined. They felt that in general people were positive, but occasional frustrations still occurred around comprehension of the changes. This is a particular issue in smaller services or locations where knowledge may not be passed on when staff leave, due to the small number of staff.

Discussion

Interventions

Study findings indicate considerable growth in the provision of Brief interventions, Full interventions and Follow-up sessions over the 24-month report period and increasing satisfaction with, and understanding of, the respective requirements of each intervention type. However, it is quite possible that in the largest area of growth, the provision of Brief interventions, much of the reported increase may be attributable to changes in reporting practice rather than a genuine increase in the number of clients exposed to a Brief intervention. In addition, there is a reasonable high level of resistance to Brief intervention among problem gambling treatment providers. Comparatively, the Full intervention and Follow-up processes appear to be „bedding' well within the existing gambling treatment framework, although some resistance remains.

Facilitation Services

Facilitation services are generally supported by gambling treatment staff, are being provided at a consistent frequency, and are believed to positively contribute to client outcome. However, the data indicates that many (probably most) clients of gambling treatment services do not receive a Facilitation session during the course of a treatment episode and that gambling treatment staff do not strictly adhere to Facilitation guidelines. Consistently expressed concerns about Facilitation, especially the perceived threat to holistic or comprehensive treatment provision, suggest the current level of support for Facilitation sessions is based on the counsellor/treatment provider maintaining a reasonably high degree of discretion as to if and when (and where to) Facilitation occurs. It is also unknown, given

the limitations of the available data, whether Facilitation significantly improves client outcome.

Client outcomes

Primarily because of the lack of screening/assessment data available for outcome analysis, very little can be concluded in terms of client outcome from gambling treatment services as a result of the evaluation process. Nevertheless, this finding is of value in and of itself as it highlights major limitations in the current data collecting and reporting process with respect to outcome monitoring.

The fact that the baseline measurement for most of the screens/assessments was not completed with most clients, suggests that in many cases it is either not possible or appropriate to do so. The low rate of repeated measurement also suggests the current Follow-up model is functioning poorly, at least with respect to outcome monitoring.

Data collection and reporting

Support for the data collection/reporting processes has improved over the 24-month evaluation period, but is still far from being overly positive. Furthermore, limitations in the data being collected and/or reported render some of the more potentially useful applications of the data collection/reporting process redundant (e.g. outcome monitoring) or undermine confidence in the data that is reported (e.g. Brief intervention provision). The potential clinical utility of the data collection/reporting process also appears to be unrealised or poorly understood. All of these factors suggest careful consideration needs to be given to the value of the data collection/reporting process in its current state.

Training

The response of treatment providers to the training provided has improved over the evaluation period, yet it remains far from glowing. It is quite probable, however, that the concerns expressed with regard to training may be criticisms of the training objectives. The intervention and data collection/reporting requirements that the training focuses on are seemingly complex and difficult to comprehend for many gambling treatment providers and there has been, and continues to be, a degree of resistance to some aspects of them. The findings would suggest that worksite specific and/or ethnic-specific training may improve comprehension of the intervention and data collection/reporting requirements, as would more intensive and/or regular training.

1. BACKGROUND

The Ministry of Health is responsible for the funding and coordination of problem gambling services and activities in New Zealand. This includes the funding of a national telephone helpline, two national face-to-face counselling services and several regional treatment providers which include Maori and Pacific specific services (Asian specific services are provided as a division of one of the national face-to-face treatment providers) (Ministry of Health, 2008a). However, at the present time, the effectiveness of the current problem gambling treatment services is unknown, as is the optimal treatment process for different types of client. It is anticipated that the results from this project may be informative for improving the effectiveness of current intervention processes, in particular in relation to the Ministry of Health requirements for intervention provision and data collection, management and processing, as well as improving access to particular service types by specific client population groups.

From 2008, Ministry of Health funded face-to-face problem gambling treatment providers have received specific training around Ministry of Health expectations for service practice requirements (e.g. the types of intervention with clients that will be funded and the processes expected within those interventions as well as for referrals for co-existing issues), and expectations around data collection, management and information submission to the Ministry of Health. The Ministry of Health has also identified specific sets of screening instruments to be used with clients, which vary depending on whether the client is receiving a Brief or Full intervention, or is a problem gambler or family/whanau member („significant other') of a gambler. These screening instruments came into use in 2008, with different sets of instruments having been used previously.

In September 2008, the Gambling and Addictions Research Centre at Auckland University of Technology was commissioned by the Ministry of Health to conduct the research project *Evaluation of problem gambling intervention services.*

This project was an evaluation (process, impact and limited outcome) of gambling treatment services, to provide indications regarding optimal treatment pathways and approaches for problem gamblers and affected others, as well as identifying successful strategies currently in existence and areas for improvement in current service provision.

- *Process evaluation* measures the activities of the services in question, in the current case treatment services for gamblers and affected others, as well as measuring services' quality and the population groups reached by the services (Davidson, 2005; Hawe, Degeling & Hall, 1990; Lunt, Davidson & McKegg, 2003; Patton, 1997; Waa, Holibar & Spinola, 1998).
- *Impact evaluation* assesses the immediate effects of the services' objectives as well as measuring the services' objectives which have been achieved by the strategies put into place to meet the objectives (Davidson, 2005; Hawe, Degeling & Hall, 1990; Lunt, Davidson & McKegg, 2003; Patton, 1997; Waa, Holibar & Spinola, 1998).
- *Outcome evaluation* usually measures the longer-term effects of the services' objectives, though is also concerned with whether goals have been achieved and the effects on clients and stakeholders (Davidson, 2005; Hawe, Degeling & Hall, 1990; Lunt, Davidson & McKegg, 2003; Patton, 1997; Waa, Holibar & Spinola, 1998).
- In addition, evaluation involving Maori services will be based on *Kaupapa Maori evaluation*, based on Maori values, perspectives and research methods.

Throughout this report a number of technical/specific terms have been used (e.g. Brief intervention, Full intervention, Follow-up, episode, session, administrative discharge). These

terms are routinely used by the Ministry of Health with respect to intervention delivery, data collection and management. Detailed definitions for these terms are documented in the Intervention Service Practice Requirements Handbook (Ministry of Health, 2008b).

1.1 Research design

1.1.1 Objectives

This project focused on four priority areas:

- Review and analysis of national service statistics and client data to inform workforce development, evaluation of Ministry of Health systems and processes, and other related aspects
- Process and outcome[7] evaluation of the effect of different pathways to problem gambling services on client outcomes and delivery
- Process and outcome[6] evaluation of distinct intervention services
- Process and outcome[6] evaluation of the roll-out and implementation of Facilitation Services[8]

The research was conducted in three Stages.

Stage One

- Desktop analysis of data within the national face-to-face (CLIC), national telephone helpline and Asian hotline databases from the period 1 July 2007 to 30 June 2008

Stage Two

- Structured surveys with:
    - Counsellors, managers and administrative staff from the participating gambling treatment services
    - Current or recent past clients from the participating gambling treatment services
    - Major agencies/organisations (allied agencies) to which gambling clients had a Facilitated referral
- Focus groups with counsellors, managers and administrative staff from the participating gambling treatment services
- Group interview with the provider of training and workforce development to gambling treatment services.

Stage Three

- A repeat of Stages One and Two (in 2009) for an impact and outcomes evaluation

[7] An outcome evaluation was realistically not possible in the time frame of the project which thus focused on process and some impact evaluation.

[8] Facilitation Services is the Ministry of Health term for active support of clients (by their problem gambling counsellor) to access allied social or health services for co-existing issues.

1.1.2 Stage One

The three databases were analysed for any client recorded in the national face-to-face (CLIC), national telephone helpline or Asian hotline databases, who accessed gambling treatment services in the time period 1 July 2007 to 30 June 2008. This included new clients, on-going clients and repeat clients. Statistical comparisons were performed for key areas of interest, where numbers were large enough to allow comparisons.

Preliminary information from Stage One was used to inform the design of the survey questionnaires for Stage Two.

1.1.3 Stage Two

The focus groups and survey questionnaires covered topics relating to clients' pathways into and out of treatment, distinct (specific) interventions provided by some services, Facilitation Services, satisfaction with the processes, and training and workforce development issues in relation to the processes. The group interview covered similar topics from a training and workforce development point of view.

1.1.4 Stage Three

Stage Three involved, on the whole, a methodological repeat of Stages One and Two for the 2008-2009 time period, with comparison of findings against those from the former Stages. In Stage Three there was, however, more of an emphasis on examining the extent that service objectives had been met and on measuring whether goals had been achieved. This involved less of a focus on pathways into services (which was a major feature of Stages One and Two), and more of a focus on treatment pathways within services (i.e., Brief, Full and Follow-up sessions), pathways out of services (Facilitation Services) and client outcomes from these. Additionally, and as in Stages One and Two, effectiveness of delivery of services including efficiency and quality of data collection and management was assessed. Where possible, the same gambling treatment services participated as for Stages One and Two, however, as some no longer had gambling treatment contracts at the time of Stage Three data collection, this was not always feasible. Participating gambling treatment services were selected by the research team to represent the major providers as well as ethnic-specific services - approximately half of available services participated in the research; all services approached by the team agreed to participate.

Survey questionnaires were developed based on the questionnaires used in Stage Two and amended for the different focus (impact and outcome evaluation rather than process evaluation) of Stage Three.

<u>Surveys</u>
All surveys were structured and completed either on paper or via the internet. Internet surveys were accessible via a survey-specific website using the specialised online survey package, Survey Monkey. Staff of gambling treatment services self-completed the surveys. Clients of gambling treatment services and allied services staff completed the survey via a face-to-face or telephone interview with a researcher.

- *Staff from gambling treatment services:* All (problem gambling) counselling, managers and (problem gambling) administrative staff from each of the participating gambling treatment services were requested to completed the survey. Managers in each organisation took responsibility for requesting staff participation.

- *Staff from allied agencies:* Where provided by gambling treatment services, the main contact at the agency/organisation was telephoned by a researcher who informed them about the project and requested participation in completing the survey. Where specific contact details were not provided to the researchers by the participating gambling treatment services (e.g. if clients were referred to the local District Health Board or the local Work and Income New Zealand branch to whoever was on duty at the time), the researchers attempted to contact the manager of the agency/ organisation to deliver the survey to an appropriate person for completion.
- *Clients of face-to-face gambling treatment services:* Clients were selected via convenience sampling and were asked by their counsellor/service if they would like to participate in the research.

Focus groups

Four semi-structured focus groups were conducted with gambling treatment service staff. A focus group was held for each of: Mainstream, Maori, Pacific and Asian gambling treatment providers/staff.

Group interview

One semi-structured group interview was conducted with staff of the provider of training and workforce development to gambling treatment services.

Only results from Stage Three have been presented in this report. The discussion also focuses mainly on Stage Three findings with reference to findings from Stages One and Two, when comparisons have been made. Findings from Stage Two have been presented in the Stages One and Two Final Report for this project (Bellringer et al., 2009). This Stage Three report should be read in conjunction with the Stages One and Two Final Report.

2. RESEARCH METHODOLOGY

2.1 Ethics approval

An application for ethical approval was submitted to the AUT Ethics Committee (AUTEC) prior to conducting Stage Two and Stage Three. Stage One did not require ethical approval since it involved a desktop analysis of data from existing databases. AUTEC is a Health Research Council accredited human ethics committee. Participant materials (i.e. information sheet and consent form) and other relevant documents were submitted to AUTEC, which considers the ethical implications of proposals for research projects with human participants. AUT is committed to ensuring a high level of ethical research and AUTEC uses the following principles in its decision-making in order to enable this to happen:

Key principles:

- Informed and voluntary consent
- Respect for rights of privacy and confidentiality
- Minimisation of risk
- Truthfulness, including limitation of deception
- Social and cultural sensitivity including commitment to the principles of the Treaty of Waitangi/Te Tiriti O Waitangi
- Research adequacy
- Avoidance of conflict of interest

Other relevant principles:

- Respect for vulnerability of some participants
- Respect for property (including University property and intellectual property rights)

Ethics approval for Stage Two was received on 24 October 2008 and is presented in the Stages One and Two Final Report for this project (Bellringer et al., 2009).

Ethics approval for Stage Three was received on 4 May 2009 (Appendix 1).

During the research the following measures were taken to protect the identity of the participants:

- All participants and participating gambling treatment services were allocated a code by the research team to protect their identities
- No personal identifying information has been reported

In addition:

- Participants in focus groups, group interview and surveys were informed that participation in the research is voluntary and that they could withdraw at any time, prior to data reporting

2.2 Cultural awareness

Cultural safety, integrity and appropriateness of the research process were key considerations throughout, particularly in relation to Maori research processes. In this regard, Papa Nahi (Ngapuhi) (Research Officer within the Gambling and Addictions Research Centre) took responsibility for the research with the Maori organisations utilising tikanga Maori processes,

where possible. Ms Nahi also took responsibility for all aspects of the research involving Maori including data analysis and interpretation.

Prior to Stage One, significant consultation meetings were held with each gambling treatment service regarding their participation in the research. The discussions included logistics around how to conduct the research to maximise participation of staff as well as the optimal methods for client recruitment and participation, and how to conduct the research (within ethical and methodological constraints) within the appropriate organisational and/or cultural framework.

In addition, client surveys were conducted in Te Reo, Mandarin or Korean, where required, utilising researchers within the Gambling and Addictions Research Centre/National Institute for Public Health and Mental Health Research or employed for the purpose, who were native speakers of those languages. This enabled ethnic-matching between researchers and client survey participants, where necessary.

2.3 Stage Three database information

Access to relevant portions of the national face-to-face counselling (CLIC), national telephone helpline, and Asian hotline databases was granted to the researchers by the respective organisations owning the databases.

The key information obtained from the database analyses included:

- Identification of baseline information including typical provider and client patterns and presentations
- Evaluation of referral (or Facilitation) pathways, both into and out of problem gambling services
- Evaluation of screening and other data, data recording or client management issues apparent from the data, including accuracy and completeness
- Identification of unique or distinct services based on client characteristics, outcome characteristics or trends or features of service process (e.g. patterns of presentation, length of episodes)

This was achieved as follows:

Sample population

Any client (new, on-going and repeat) recorded in the national face-to-face (CLIC), national telephone helpline and Asian hotline databases accessing gambling treatment services in the period 1 July 2008 to 30 June 2009.

Profile of clients

Summary statistics were conducted for:

- Demographics of clients (age, sex, major ethnic groups and geographical location using local territorial authority of residence) both nationally and by service provider
- Number of sessions, types of sessions and treatment outcome within the timeframe 1 July 2008 to 30 June 2009, paying particular attention to Ministry of Health preferred treatment pathways (i.e. Brief intervention (stand-alone) or Brief intervention - Full intervention - Follow-up or Full intervention - Follow-up)
- Previous treatment history where identified. How much treatment has taken place before 1 July 2008 identifying the repeat and on-going clients
- Pathway into the service providers
- Referral pathway from the service providers
- Assessment scores and any changes in scores over treatment process

Separate summary statistics were also conducted for distinct interventions, namely workshop and Marae Noho participants (identified by the Ministry of Health for evaluation).

Data completeness and accuracy

For the summary statistics specified above, completeness of data was assessed by the identification of missing information, for example unspecified age, sex, gender, or geographical location. The presence or absence of Follow-up assessment measures and treatment episodes/sessions that are still „open', i.e. no reason for completion given, were also reviewed.

Accuracy of data was only reviewed for screening/assessment data, by the identification of any values that were outside the valid bounds for a specific screening/assessment tool.

Trend analysis

Trends were reviewed to identify any effects:

- Over the 1 July 2008 to 30 June 2009 period
- Due to the impact of social marketing work within the media, primarily August and November 2008, and May 2009.

Trends will be reviewed:

- At the national level
- For the service providers identified as part of this evaluation (where sample sizes allowed)
- By major ethnic groups

Trends were evaluated using monthly data (adjusted for the number of working days) depending on the size of the relevant cohort of interest.

Statistical analysis

Using the SPSS and SAS statistical packages, statistical comparisons were carried out for key areas of interest where numbers were large enough to make sensible comparisons. Due to small samples sizes, particularly since analyses were conducted on sub-population groups, the analyses were descriptive in nature and results are indicative rather than definitive. Comparison was also made between data collected in Stage Three and the baseline data collected in Stage One.

2.4 Stage Three key informant information

The major topic focus of Stage Three was:

1. Treatment pathways within services on client outcomes
2. Facilitation Services (pathways out of services) on client outcomes
3. Effectiveness of delivery of services (e.g. efficiency, quality of data collection and management)

1. Treatment pathways within services

The focus for this topic was intervention pathways provided to clients, with an emphasis on Ministry of Health recommended pathways comprising specified numbers of Brief, Full and Follow-on sessions, and the impact of these pathways on clients' gambling outcomes.

2. Facilitation Services

The Ministry of Health has created a process for problem gambling intervention services to actively support clients to access allied social or health services (e.g. alcohol or drug, mental

health, budget or financial advice, and housing services). The Ministry of Health refers to this process as Facilitation Services for co-existing issues. Facilitation Services were in the process of implementation by treatment services during conduct of Stage Two of the project. By Stage Three Facilitation Services were established and were re-visited as part of the evaluation to assess effectiveness and clients' gambling outcomes.

3. Effectiveness of delivery of services
The focus for this topic was the efficiency of Ministry of Health processes for providing interventions and support for clients, including the processes required for data collection and management, and the training to support the aforementioned.

The key informant information was gathered via structured surveys, in-depth semi-structured focus groups, and a semi-structured group interview.

Surveys:

a) With all (where practicably possible) counsellors, managers and administrative staff from the participating gambling treatment services
b) With current or recent past clients from the participating face-to-face gambling treatment services
c) With major agencies/organisations (allied agencies) to which gambling clients have a facilitated referral

Focus groups:

a) With counsellors, managers and administrative staff from the participating gambling treatment services

Group interview:

a) With the provider of training and workforce development to gambling treatment services

Survey questions, and focus group and group interview themes, were developed based on the key topics for evaluation detailed previously and were also informed by the results of the Stage One and Two analyses.

2.4.1 Gambling treatment services

The Stage Three evaluation required the partnership, participation and cooperation of various national and regional problem gambling treatment services in order to achieve the aims of the project. This was achieved through significant consultation during Stage One of the project.

The same gambling treatment services[9] involved in Stage Two of the project were involved in Stage Three, apart from three organisations which were about to lose their contracts to provide problem gambling treatment services at the time of data collection for Stage Three. In addition, not all gambling treatment services participated in all parts of Stage Three due to losing their contracts for provision of services or due to having their contracts reduced.

[9] These treatment services represented about half of the services funded by the Ministry of Health and were selected by the researchers to include a mix of national and regional services, and Mainstream and Ethnic-specific services.

2.4.2 Surveys

All surveys were structured and were completed on paper or via the internet (approximately 15-20 minutes to complete). Internet surveys were accessible via a survey-specific website using the specialised online survey package, Survey Monkey. Staff of gambling treatment services self-completed the surveys. Clients of gambling treatment services and allied services staff completed the survey via a face-to-face or telephone interview with a researcher.

- *Staff from gambling treatment services:* All (problem gambling) counselling, managers and (problem gambling) administrative staff from each of the participating face-to-face gambling treatment services were requested to complete the survey (Survey presented in Appendix 2). Managers of each organisation took responsibility for requesting staff participation.
- *Clients of face-to-face gambling treatment services:* Using convenience sampling, clients were asked by their counsellor if they would like to participate in the research (Survey presented in Appendix 3). This included up to five from each regional service[10] and 15 from each national service (five clients from each of their Auckland, Wellington and Christchurch offices).
- *Staff from allied agencies:* Where provided by gambling treatment services, the main contact at the agency/organisation was requested (by telephone) to complete the survey (Survey presented in Appendix 4). Where specific contact details were not provided to the researchers by the participating gambling treatment services (e.g. if clients are referred to the local District Health Board or Work and Income New Zealand branch to whoever is on duty at the time), the researchers attempted to contact the manager of the agency/organisation to deliver the survey to an appropriate person for completion.

Recruitment

Survey completion took place from June to July 2009.

- *Staff from face-to-face gambling treatment services:* The manager/s of each organisation were either Emailed or given hard copies of the survey questionnaire together with an information sheet detailing the project and requested to circulate the documents to all relevant staff for completion. Completed questionnaires were returned to the researchers by Email or post, or completed on the internet.
- *Clients of face-to-face gambling treatment services*: Counsellors at each of the participating gambling treatment services recruited potential clients for the survey[11]. Current clients (predominantly gamblers but not precluding significant others) were recruited where possible, and recent past clients were recruited, where necessary. To maximise client participation, project researchers conducted the surveys with the clients face-to-face, travelling to the relevant service provider location. However, where that was not feasible or practical (e.g. in rural locations) or where the client preferred, the survey was conducted over the telephone. Clients deemed by their counsellor to be at risk of harm to themselves or others, were not recruited for the survey.
- *Staff from allied agencies:* Contact details for the major allied agencies used as part of the Facilitation Services were obtained from the participating gambling treatment services. The research team attempted to contact the relevant person at the allied service, by telephone, to inform them about the project and encourage participation in the survey which was then completed by telephone.

[10] Ethnic-specific services do not necessarily have clients only of that ethnicity.
[11] Thus client participants were recruited by convenience sampling.

Process

All surveys were completed on paper or via the internet, either by the participants (staff survey) or with responses recorded by a researcher (client and allied services surveys). Ethnically matched researchers (who could speak Te Reo, Mandarin or Korean) were available, where required, for the client surveys. Paper copies of completed surveys were returned to the researchers either by Email, fax or by post.

Participation

Survey of staff from gambling treatment services

A total of 67 participants was recruited from the face-to-face gambling treatment services participating in this stage of the evaluation[12] (60 participants were recruited in Stage Two). Participants represented Mainstream, Maori, Pacific and Asian services as well as the Ministry of Health identified distinct interventions of workshops and Marae Noho. Services not represented in the survey are small with few staff members.

Survey of clients

Forty-nine participants were recruited (by convenience sampling) from the 70 contact details given to the research team (65% response rate). The 21 clients not included in the survey did not answer telephone calls or reply to messages left by the research team, declined to participate, no longer resided at the given address or had provided an incorrect contact number. Participants represented clients from seven of the 10 participating face-to-face gambling treatment services, which included Mainstream, Maori, and Asian services. Participants did not represent two Maori services. One of the two Maori services did not have problem gambling clients (but participated in the staff survey because they deal with the data collection, entry, management and monitoring aspects of data collected from four other services). The other Maori service did not provide clients for the survey due to issues relating to relationship and trust in their community. The Pacific service did provide client details for participation in the survey; however none of the clients could be contacted or would agree to participate in the research. The 65% response rate is lower than that achieved in Stage Two (79%) but is a reasonable survey response. The greatest limitation is the lack of participation of Pacific clients.

Survey of allied services

Participating gambling treatment services identified a total of 158 agencies to which they provided facilitated referral of clients. Of these 158 allied agencies, 28 participated in Stage Three (compared with 18 participating in Stage Two). Of the remaining 130 allied agencies, insufficient contact details were provided to the researchers for 56 (e.g. local foodbank, the client's employer). Where a telephone number or Email address was provided, 42 agencies did not respond to requests to participate, did not answer the telephone calls or their provided contact details were incorrect. Thus 60 agencies commented on the survey; of these, 32 (53%) were not aware they had problem gambling clients facilitated to them and felt they were not in a position to participate in the survey. Twenty-eight agencies, 47% of those contacted, completed the survey.

Data analysis

Survey data were entered into the SPSS (version 16.0) statistical package prior to analyses. Due to the small sample sizes, only broad findings (mainly descriptive statistics and cross-tabular results) have been reported. Where possible, responses were ordered into more specific categories for comparative purposes to determine possible cultural, population group

[12] Whilst the researchers were not informed of the total possible number of staff potentially able to participate in the survey, they believe that the 67 participants represented the majority of staff from the participating organisations, with those not participating being part-time and working a very small number of hours, or being away at the time of the survey.

or service provider differences. Open-ended questions were categorised and analysed quantitatively. Comparison was also made between data collected in Stage Three and the baseline data collected in Stage Two.

2.4.3 Focus groups

Process and participation

Four semi-structured focus groups were conducted between 14 May and 8 June 2009 with gambling treatment service staff. One focus group was held for each of: Mainstream, Maori, Pacific and Asian gambling treatment services/staff[13]. The focus groups were facilitated by research team members experienced in facilitation.

Focus group	Focus group location	No. of attendees
Mainstream	Auckland	5
Maori	Auckland	6
Pacific	Auckland	4
Asian	Auckland	8

Participants in the focus groups comprised counsellors, managers and administrative staff from the participating gambling treatment services. At least one representative from each participating service participated in a relevant focus group[14]. Participants were selected following identification by the research team subsequent to discussions with the managers and other staff of each participating gambling treatment service.

Focus groups were semi-structured to elicit detailed discussion around:

- Intervention delivery:
  - Advantages and disadvantages of the Ministry of Health model for intervention delivery
  - The effect of the model on treatment attendance and problem gambling outcome measures
  - The impact of the model on treatment services
  - Brief, Full and Follow-up sessions
  - presenting problem, and pathways into service)
- Facilitation Services:
  - Changes in perceptions around providing Facilitation Services since the Stage Two survey
  - The costs and effort required to implement Facilitation Services
  - The effectiveness of Facilitation Services for improving client access to non-problem gambling related associated services
  - Barriers to effective Facilitation Services
  - The impact of Facilitation on the range of agencies to which problem gambling clients are facilitated
- Effectiveness of delivery of services:
  - Perceived client and service provider satisfaction
  - Measures of success that relate to services' views and basis of practice

[13] This format did not preclude ethnic-specific staff from mainstream services from attending the mainstream focus group, or Pakeha staff from ethnic-specific services attending the relevant ethnic-specific focus group. Similarly, staff of different ethnicities participated in the corresponding ethnic-specific focus group irrespective of the type of service they represented.

[14] Staff from one Maori service and one Mainstream service were unable to attend the relevant focus groups, instead providing feedback on the focus group topics in writing.

- Implementation of processes including intervention development, monitoring and reporting as well as staff training, workforce development and in-service mentoring
- Performance/quality of services and materials used

Data analysis

Focus group discussions were digitally recorded for subsequent transcription and analysis. A systematic qualitative analysis of similarities and differences in participants' perceptions was conducted to interpret the data from the transcribed recordings in relation to the original research questions. Emerging trends and patterns were grouped according to themes. Responses were ordered into more specific categories for comparative purposes to determine possible service provider, cultural or population group differences. Analyses were undertaken using NVivo (Version 2) software. Comparison was also made between data collected in Stage Three and the baseline data collected in Stage Two.

2.4.4 Group interview

Process and participation

One semi-structured group interview was conducted on 14 July 2009 with three staff from the provider of training and workforce development to gambling treatment services. The interview was facilitated by a research team member experienced in facilitation.

The interview was semi-structured to elicit detailed discussion around:

- Training and workforce development:
  - Performance/quality of services and materials used
  - Content, frequency and length of training sessions
  - Adequateness of service reach
  - Ease of training treatment service providers
  - Implications of training for service provision/intervention delivery and client outcomes
  - Implications of training for workforce development
- Intervention delivery:
  - Advantages and disadvantages of Ministry of Health model for intervention delivery and training

Data analysis

The group interview discussion was digitally recorded for subsequent transcription and analysis. Findings were compared and contrasted with those from the focus groups. Analyses were undertaken using NVivo (Version 2) software. Comparison was also made between data collected in Stage Three and the baseline data collected in Stage Two.

3. RESULTS

3.1 Stage Three database information

Analyses of the national face-to-face database (CLIC), the national telephone helpline database and the Asian hotline database were conducted for the period 1 July 2008 to 30 June 2009. Data were analysed for:

- Demographics of clients (age, sex, major ethnic groups and geographical location using local territorial authority of residence) both nationally and by service provider
- Number of sessions, types of sessions and treatment outcome within the timeframe 1 July 2008 to 30 June 2009, paying particular attention to the Ministry of Health preferred treatment pathways (i.e. Brief intervention (stand-alone) or Brief intervention - Full intervention - Follow-up or Full intervention - Follow-up)
- Previous treatment history where identified. How much treatment has taken place before 1 July 2008 identifying the repeat and on-going clients
- Pathway into the service providers
- Referral pathway from the service providers
- Assessment scores and any changes in scores over treatment process

Summary statistics are presented from analysis of each database; data from each database are presented in a single table for each category. Service A03 represents national telephone helpline data and service E01 represents Asian hotline data; all other data represent face-to-face counselling services. Summary statistics have been conducted for each gambling treatment service separately and for all services overall, and have been categorised by client demographics and received treatment.

For confidentiality purposes, gambling treatment services funded by the Ministry of Health in the specified time frame have been classified into one of five groups: Mainstream services (A01 to A05), Maori services (B01 to B08 and C01-C04, C07 and C08), Pacific services (D01-D02), Asian hotline (E01), and a residential Alcohol and Drug service (F01). Maori services C05, C06, C09, and C10 participated in the stage one evaluation, but were no longer contracted at the time of the stage three evaluation (hence their exclusion).

The distinct interventions identified by the Ministry of Health to be part of this evaluation are represented in the following data as A04 (workshop approach), and B02 and B03 (Marae Noho approach). Other services with differences of note identified as part of the analyses have generally participated in the project.

It is important to note that in some of the tables clients may fit in more than one category. For example clients may have received counselling from more than one service in the 12 months from 1 July 2008 to 30 June 2009 and, therefore, will be included in the data for each service. Additionally, there are many clients who access services both as a significant other and as a gambler.

Only results from Stage Three have been presented in the following pages. Data from Stage One have been presented in the Stages One and Two Final Report for this project (Bellringer et al., 2009). This Stage Three report should be read in conjunction with the Stages One and Two Final Report.

All Stage Three summary statistics tables are presented in APPENDIX 5 due to their size and number.

3.1.1 Client demographics

This section details the distribution of clients across gambling treatment services by selected demographic variables, namely whether the client was a gambler or a significant other, and by gender, ethnicity, age and geographic location.

Gambler versus significant other

Table 1 presents the distribution of clients across gambling treatment services over the 12 month period from 1 July 2008 to 30 June 2009, by client type. Overall, 62% of clients were gamblers and 39% were significant others. Mainstream, the Asian hotline and half of Maori services generally had two-thirds or more gambler clients with the remaining third or less being significant others. The two Pacific services and six of the Maori services (B01, B02, BO3, B07, C01 and C04) had a higher proportion of significant other clients (more than 50% in all cases) as compared to gambler clients. The Alcohol and Drug service (F01) only had gambler clients. However, this was to be expected as the service is residential. Table 60 shows the comparison of clients between 2007/8 and this 2008/9 analysis.

Gender

Gambler

Table 2 presents the distribution of gambler clients by gender. Overall, there was an approximately even split of male to female clients. Mainstream services and the majority of Maori services generally had a similar ratio of male to female clients. The two Pacific services, the Alcohol and Drug service and one of the Maori services (C03) had substantially more male than female clients (62% to 83% male). Four Maori services (B02, B05, B07, C04) had a higher proportion of female gambler clients than male (approximately two-thirds to one-third, respectively).

Significant other

Table 3 presents the distribution of significant other clients by gender. Overall, 63% of significant other clients were female with the remaining 37% male. Most services had at least two-thirds female significant other clients and in only four services were male significant other clients the majority. These included two Maori services (B04, B07), one Pacific service (D01) and the Asian hotline (E01).

Ethnicity

To ensure some consistency between the national telephone helpline data which contains single ethnicity data and face-to-face treatment service data which contain multiple ethnicity data, ethnicity has been classified based on a hierarchical definition[15,16]. It is also important to note that two services, Mainstream service A03 and the Asian hotline (E01), have a large number of clients where ethnicity was not reported.

Gambler

Table 4 presents the distribution of gambler clients by ethnicity. Almost all services provided interventions for more than one ethnic group. However, as would be expected, the majority of gambler clients in Mainstream services were of New Zealand European ethnicity (ranging from 52% to 71%), the majority of gambler clients in all but two (C03, C08) of the Maori services were of Maori ethnicity (ranging from 54% to 100%), the majority of gambler clients of the two Pacific services were of Pacific ethnicity (92% and 54%, respectively), and 86% of

[15] Clients identifying with multiple ethnicities have been classified in the following order: Maori, Pacific, Asian, Other, European (e.g. someone identifying as Maori and European has been classified as Maori).

[16] Clients documented as „Kiwi' have been classified as European.

Asian hotline gambler clients were of Asian ethnicity. It should be noted that the sample sizes in the two Maori services in which Maori gambler clients were not the majority were relatively low (91 and 29, respectively).

Significant other
Table 5 presents the distribution of significant other clients by ethnicity. Again, almost all services provided significant other support to more than one ethnic group. The only exceptions were three Maori services (B05, B06, B08), although in all cases the reported number of significant other clients was very low (ranging from 1 to 14). The majority of significant other clients in most services were ethnicity matched to the service itself (i.e. majority New Zealand European in Mainstream services, Maori clients in Maori services etc). Three exceptions were evident, including one Mainstream service (A02) in which Maori were the most common ethnic group (43%), one Maori service (C03) in which New Zealand European was the most common ethnic group (60%) and one Pacific service (D02) in which Pacific significant others were the most common group, but not a majority (45%).

Age
Mainstream services A01 and A03 had a large proportion of clients where age was not reported, therefore, age distribution needs to be interpreted with care in these cases. Additionally, age was not recorded in the Asian hotline (E01) database.

Gambler
Table 6 presents the distribution of gambler clients by age group. Whilst the majority of services had gambler clients across the age ranges, it is of note that service A04 had more clients in the 50 to 59 and 60+ year age groups (i.e. an older population group), than the other Mainstream services. Service A04 provides workshop and structured group approaches as its main problem gambling interventions. Additionally, some Maori services (B07, B08, C01, C02) generally had more gamblers clients in the <30 and 30 to 39 year age groups (i.e. a younger population group) than other services as did the Pacific service D01.

Significant other
Table 7 presents the distribution of significant other clients by age group. The age distribution was similar to that seen for gambler clients. In addition, Maori services C04, C07 and C08 also had a higher proportion of significant other clients in the younger population groups, though in the latter two services numbers were very small and thus the findings should be treated with caution.

Geographic location
Data are presented by Territorial Local Authority (TLA) for face-to-face gambling treatment services only, since location data were captured via a different system in the national telephone helpline database and not captured as part of the Asian hotline database. Face-to-face Asian services are not presented separately in the database thus there is no column for Asian. In the tables the ‚n' is the number of clients (of any ethnicity) recorded by the service type in the TLA.

Gambler
Table 8 presents the number of gambler clients receiving interventions at each service type, by TLA. The greatest numbers of Mainstream service clients were in the Auckland, Christchurch city/Banks Peninsula and Manukau areas (648, 619 and 336, respectively). Mainstream services did not have any gambler clients in four of the 73 TLAs during the time frame of analysis and the TLA for 417 clients went unreported. The greatest numbers of Maori service clients were in the Hamilton City Council, Rotorua District Council and Papakura District Council areas (342, 208 and 154, respectively). Maori services saw more gambling clients relative to Mainstream services in each of these three TLAs. This was also

the case in 10 other TLAs. Pacific services had clients in the areas within which they are located, namely the greater Auckland and Hamilton/Waikato areas (plus one gambler client from the South Taranaki District Council).

Significant other
Table 9 presents the number of significant other clients receiving interventions at each service type, by TLA. Significant other client distribution of Mainstream services was similar to that for gambler clients, although the largest number of clients was in the Manukau City Council area (523). The distribution of significant other clients relative to gambler clients was somewhat different for Maori services. The Hamilton City Council remained the largest catchment area (725), although this was followed by Gisborne District Council (293) and Porirua District Council (289). Maori services also recruited more significant other clients than Mainstream services in a total of 22 out of the 73 TLAs. Significant other client distribution for the Pacific services mirrored that of the gambler clients.

Distinct interventions
Mainstream service A04 provided five one day workshops over the 12 month period from 1 July 2008 to 30 June 2009 that encompassed 73 gambler and 17 significant other clients. During this period, Mainstream service A04 also provided group therapy courses that encompassed 35 gambler and 13 significant other clients over 235 (gambler) and 48 (significant other) sessions.

Maori service B02 only had 1 client session identified as a marae noho setting, although they provided 83 gambler client sessions and 312 significant other sessions in a community setting to 40 and 288 clients, respectively. Maori service B03 delivered 109 gambler client sessions and 247 significant other sessions in a Hui setting to 72 and 113 clients, respectively.

3.1.2 Treatment programmes, sessions and type

This section details the distribution of clients across gambling treatment services by selected treatment variables. These were: average number of episodes[17] per client and the average number of counselling sessions per episode; the type of treatment received (i.e. Brief intervention, Full intervention and Follow-up); whether the treatment was completed; and whether the treatment was individual, delivered in a couple approach or family/whanau approach, or whether it was group treatment; and primary gambling mode per intervention. There has been additional analysis completed to further split outcomes, episode length, counselling type, session type by whether it was a Brief, Full or Follow-up treatment. These additional tables will be found in appendix 6.

It should be noted that there are places where an organisation does not have clients in certain treatment types, this is possibly as they are not contracted by the Ministry of Health to provide such services.

Episodes and sessions
A summary of the number of gambler clients, the number of episodes (completed and partially completed), and the number of counselling sessions has been presented in the tables.

[17] An episode is a distinct series of counselling sessions providing an intervention for a client. An episode can be Brief, Full or Follow-up. A Brief episode contains only Brief sessions. A Full episode contains only Full or Facilitation sessions. A Follow-up episode contains only Follow-up sessions. Each client is expected to have two to three episodes, i.e. Full and Follow-up or Brief, Full and Follow-up.

Gambler
On average, gambler clients were in 1.57 episodes over the 12-month period; this was fairly consistent across different services, although Mainstream service A01 and Maori services B03, B04 and B06 had a higher average with over two episodes per client. There was, however, some variability in the average number of counselling sessions per episode varying from between 1.00 and 8.10 at different services, with an overall of 3.13 sessions (
Table 10).

The Alcohol and Drug service (F01) was substantially different from the others with an average of 22.11 sessions per gambler client per episode. However, this was a residential service and thus provided treatment in a different manner than the other outpatient services (
Table 10).

Significant other
On average, significant other clients were in 1.29 episodes over the 12-month period; this was fairly consistent across different services. Maori services B06 and B08 had a higher average with two episodes per client. As with gambler clients, there was some variability in the average number of counselling sessions per episode varying from between 1.00 and 12.94 at different services, with an overall average of 1.79 sessions (Table 11).

Episode type
The type of episode relates to whether the intervention was classified as being „Brief', „Full' or „Follow-up'. Episodes in the databases for the Asian hotline (E01) were not classified as Brief, Full or Follow up and thus have not been reported in the following tables.

Gambler
Table 12 presents the episode type for gambler clients. The majority of services recorded all three episode types; however, two services, Mainstream service A04 and Alcohol and Drug service F01, did not record any Brief intervention episodes, Maori service B07 did not complete any Full intervention episodes and Maori services B07 and B08 did not complete any Follow-up episodes.

Significant Other
Table 13 presents the episode type for significant other clients. For those services with significant other clients, the majority recorded all three episode types. Two Mainstream services, A03 and A04, did not complete any Brief interventions with significant others in the 12-month period; and six services (Mainstream A03 and Maori services B04, B05, B07, B08, C07) did not record any Follow-up episodes. All services recorded at least one Full intervention with a significant other client during the 12-month study period.

Length of time per episodes type

Gambler
Table 14 presents the average length of time per gambler client per treatment session. Overall, the average length of time for a Brief intervention was about 20 minutes (0.37 of an hour), for a Full intervention was just over an hour (1.09 hours) and for a Follow-up session was about 25 minutes (0.42 of an hour).

In the main, the average length of session times was generally similar across services in which the respective interventions had been delivered. Notable exceptions included two Maori services (C07 and C08) in which the average Brief intervention duration was more than twice the overall average (0.84 hr and 0.73 hr, respectively). In Mainstream service A03 the average Full intervention duration was less than half the overall average (0.49 hr) and in Mainstream service A04 the average Full intervention duration was more than three times

greater than the overall average (3.87 hrs). The latter result may be due to the workshop approach offered by this service.

Significant other
Table 15 presents the average length of time per significant other client per treatment session. Overall, the average length of time for a Brief intervention was 0.34 of an hour, for a Full intervention was almost exactly one hour (0.99 of an hour) and for a Follow-up session was about 20 minutes (0.33 of an hour).

In the main, the average length of session times was generally similar across services in which the respective interventions had been delivered. Notable exceptions included two Maori services (C07 and C08) whose average Brief interventions per client lasted an hour or over (1.00 and 1.12 hrs, respectively). As for gambler clients, Mainstream service A04 recorded an average length of time for a Full intervention as over three hours (3.65 hrs); again this may be due to the workshop approach offered by this service. One Maori service (B06) also recorded Full intervention sessions of less than half the average duration (0.44 of an hour).

Intervention outcome (episode completion)
Episode completion in the database for the Asian hotline (E01) was not detailed and thus has not been reported in the following tables.

Gambler
Table 16 presents the intervention outcome (episode completion) data for gambler clients. Overall, 51% of the 10,246 gambler client treatment episodes in the 12-month study period were classified as treatment completed, 8% as treatment partially completed, 25% as administrative discharge, <1% as transferred to other problem gambling treatment service, and 16% were ongoing. These percentages were fairly consistent across services; however, Mainstreams service A01 and A04 had relatively low treatment completion rates (25% and 19%, respectively), with A01 having a high administrative discharge rate (58%) and A04 a high partially complete rate (76%).

Table 18 presents the average length (days) of each episode type for gambler clients. Overall, an average completed treatment episode took 33 days; however, in seven services the average length was less than one day (Mainstream service A04 and Maori services B03, B04, B05, B06, B07, and B08). The low average length of completed treatment episodes in these services may be the result of a high number of Brief intervention and/or workshop events. Conversely, longer treatment episodes (over 180 days) were noted for Maori service C08 and the residential Alcohol and Drug service (F01); the longer duration for the latter service is to be expected given the residential nature of treatment. Table 18 also details the average duration of episodes that were partially completed, closed through administrative discharge or where the client was transferred to another problem gambling service; there was wide variability amongst these incomplete treatment episodes amongst services.

Significant other
Table 17 presents the intervention outcome (episode completion) data for significant other clients. Overall, 76% of the 6085 significant other treatment episodes in the 12-month study period were classified as treatment completed, 4% as treatment partially completed, 14% as administrative discharge, <1% as transferred to other problem gambling treatment service, and 6% were ongoing. These percentages were fairly consistent across services; however, Mainstreams service A01 and A04 had relatively low treatment completion rates (34% and 17%, respectively) as did Maori service C07 (33%). Mainstream service AO4, Maori service B05 and Pacific service D02 had relatively high partially completed rates (75%, 33% and 36%, respectively), and Mainstream service A01 had a high administrative discharge rate

(56%). On-going rates were relatively high in Maori services B08, C02, C03, C07, and C08 (50%, 51%, 44%, 67%, and 39%, respectively); however, the numbers are small and the results should be viewed with caution.

Table 19 presents the average length (days) of each episode type for significant other clients. Overall, an average completed treatment episode took 22.1 days, a third less than for gambler clients. Again there was considerable variability amongst the different services; those of note included episode duration of one day or less for eight Maori services (B03, B04, B05, B06, B07, B08 and C07). These may have been the result of a large number of Brief intervention events or low sample sizes. Conversely, longer treatment episode duration (130+ days) was noted for Mainstream service A01 and Maori service C08. Table 19 also details the average duration of episodes that were partially completed, closed through administrative discharge or where the client was transferred to another problem gambling service; there was wide variability amongst these incomplete treatment episodes amongst services and generally numbers were small.

Primary gambling mode

The primary gambling mode that is causing the problem is recorded within the databases. However, it should be noted that within the time frame of analysis, clients could report multiple primary modes (thus percentages do not always total 100), and for each treatment episode a different primary mode could be recorded.

Gamblers

Table 20 presents the percentage each gambling mode was recorded as the primary mode per episode of treatment, for gamblers. Electronic gaming machines in a pub were recorded more frequently than any other mode for all but two services (C02, F01). The primary gambling mode for Maori service C02 was „other' and for the Alcohol and Drug service F01 it was electronic gaming machines in a casino. Other findings of note included the high frequency with which the Keno/Lotto mode was reported by gambler clients of Maori services B06, B07 and B08 (45%, 45%, and 48%, respectively), the high frequency with which the electronic gaming machine in casino mode was reported by gambler clients of Mainstream service A04 and Maori service C01 (46% and 35%, respectively), and the high frequency with which the electronic gaming machine in club mode was reported by gambler clients of Mainstream service A04 and Maori service C08 (46% and 41%, respectively).

Significant others

Table 21 presents the percentage each gambling mode was recorded as the primary mode per episode of treatment, by significant others. As to be expected, the spread of primary mode of problem gambling recorded by significant others tended to match that recorded for gamblers at the services.

Counselling type

Gambler

Table 22 presents the type of counselling provided for gambler clients. Overall, of the 34,505 counselling sessions provided to gambler clients during the 12-month study period, 85% were individual counselling, 3% were couple counselling, 2% were family/whanau counselling, and 10% were group counselling. All services provided individual counselling in the 12-month period, with nine of the listed services also providing group, couple and family/whanau counselling. Individual counselling accounted for 62% or more of all sessions provided for all services (in 20 services this figure was 85% +) with the exception of the Alcohol and Drug service F01, in which 74% of sessions provided were group-based. Mainstream service A04 and Maori service C02 also provided relatively high rates of group sessions (accounting for 39% and 30% of sessions provided, respectively).

Significant other
Table 23 presents the type of counselling provided for significant other clients. Overall, of the 11,392 counselling sessions provided to significant other clients during the 12-month study period, 90% were individual counselling, 2% were couple counselling, 4% were family/whanau counselling, and 4% were group counselling. As with gambler clients, all services which recorded significant other clients provided individual counselling in the 12-month period, with six services also providing group, couple and family/whanau counselling. All services mostly provided individual counselling (55% +); however, Mainstream service A04 and Maori service C02 provided relatively high rates of group sessions (45% and 31%, respectively) and Maori service C03 provided relatively high rate of couple counselling (20%).

Counselling sessions

Gambler
Table 24 presents the type of counselling session for gambler clients. As would be expected, the majority of sessions provided by all services were counselling sessions (76% of the 34,505 sessions provided). Overall, 16% of sessions were recorded as assessments, although there was wide variability between the services ranging from 0% in Maori service B02 to 73% in Maori service B07. Overall, 9% of reported sessions were Facilitation, ranging from a low of 1% in Mainstream service A03 to a high of 38% in Maori service B01.

Significant other
Table 25 presents the type of counselling session for significant other clients. As with gambler clients, the majority of sessions provided by all services were counselling sessions (59% of the 11,392 sessions provided). Overall, 31% of sessions were assessments, although there was wide variability between the services ranging from 2% in Maori service B02 to 100% in Maori service C07. Overall, 10% of reported sessions were Facilitation, ranging from a low of 1% in Maori service B02 to a high of 29% in Maori service B06.

3.1.3 Contact dates, referral pathways and treatment pathways

This section details the distribution of clients in terms of their initial contact date with services, their referral pathways into and out of services, and their treatment episode pathway within a service. This information was not readily available in the databases for the Asian hotline (E01) and thus has not been reported in the following tables.

Initial contact date

Gambler
Table 26 presents the initial contact date of gambler clients analysed within the period 1 July 2008 to 30 June 2009. Overall, 12% of the clients pre-existed the time frame of analysis with a further 39% of new clients recorded in the first half of the year of analysis (Jul – Dec 2008) and 49% in the second half (Jan-Jun 2009). Half of the 22 listed services showed an increase in percentage of clients during the second half of the year (Mainstream services A01, A03, Maori services B01, B02, B03, B08, C01, C02, C04, C07, and Pacific service D01). Conversely, the other half of services showed a decrease in percentage of clients during this time frame (Mainstream services A02, A04, A05, Maori services B04, B05, B06, B07, C03, C08, Pacific service D02, and Alcohol and Drug service F01).

Significant other
Table 27 presents the initial contact date of significant other clients analysed within the same time period. Overall, 4% of the clients pre-existed the time frame of analysis with a further 45% of new clients recorded in the first half of the year (Jul – Dec 2008) and 51% in the second half (Jan-Jun 2009). Thirteen of the 22 listed services showed an increase in percentage of clients during the second half of the year (Mainstream services A01, A02, A03, A05, Maori services B01, B03, B05, B08,C02, C03, C07, Pacific service D01, and Alcohol and Drug service F01). Conversely, nine services showed a decrease in percentage of clients during this time frame (Mainstream service A04, Maori services B02, B04, B06, B07, C01, C04, C08, and Pacific service D02). Due to the small numbers for some services, these findings should be treated with caution.

Referral pathway into services
The tables in this section detail the method that clients found out about the service that they attended, i.e. their referral or pathway into the service, during the time frame of analysis. Additionally, the tables show a monthly breakdown of media referrals to enable some assessment of the impact of the social marketing campaign „Kiwi Lives' on client entry into services.

Gambler
Table 28 presents percentage of gambler clients accessing gambling treatment services by the method of referral/pathway. Overall, a third of clients (33%) self referred themselves to the service and another 9% entered the specialist treatment sector in response to media (5%), or a search of the phone book (4%). The latter two referral pathways may be considered another form of self referral. A further 9% of gambler clients were referred by informal sources such as family/relative (5%), friend (2%) or an ex-client (2%). The national telephone helpline was the largest externally assisted (i.e. prompted by someone/something other than one's self) formal pathway into the specialist problem gambling sector accounting for 14% of referrals.

Whilst self referral was the primary referral pathway into 17 of the listed services, in five it was not. This included Pacific services D01 and D02 in which the Alcohol and Drug sector (61% of referrals) and „other' (48% of referrals) were the primary pathway, respectively. In Maori service C02 the Justice System was the primary referrer (38%) and in Mainstream services A01 and A02 it was the national telephone helpline (24%, 23%, respectively). In Mainstream service A03 the Phone book was the primary referral source (26%), although this may be considered another form of self-referral.

Half of the listed services relied on a single referral source for 50% or more or all reported referrals, and seven Maori services (B03, B04, B05, B06, B07, B08, C04) relied on a single referral source for 75% or more of all referrals. All other services received gambler client referrals from a wider range of sources; although (as noted above) self-referral typically remained the most common referral pathway.

The „Kiwi Lives' social marketing campaign may have had some impact on gambler clients entering the services as the second and third highest monthly totals for self reported „media' referrals were reported during two of the three months in which this campaign was running (n = 39 August 2008, n = 29 May 2009). However, the number of media referrals during December 2008 (n = 16) were relatively modest and this was a time when the social marketing campaign was also running (full results presented in Table 30).

Significant other
Table 29 presents percentage of significant other clients accessing gambling treatment services by the referral or pathway method. Overall, almost half the clients (47%) self referred themselves to the service and a further 3% entered via the de-facto self referral

pathways of media (2%) and phone book (1%). Unspecified „other' agencies were the next major referral pathway for significant others accounting for 20% of the reported total.

Different referral pathway trends were noted for the different service types. The most common pathway into all except one (B08) of the listed Maori services was self-referral, which accounted for 86% or more of all referrals in seven cases (B01, B02, B03, B05, B06, B07, C04). However, with one exception (Mainstream service A05), self-referral was not the primary referral pathway into the listed Mainstream or Pacific services. Rather, in Mainstream services A01 and A02 it was unspecified „other' agencies (41% and 57% of referrals, respectively), in Mainstream services A03 and A04 it was the media (50% and 47%, respectively; although, arguably, this is another form of self referral), and in Pacific services D01 and D02 it was Alcohol and Drug (93%) and „other' (85%), respectively. Overall, all services were typically reliant on one to three referral sources for the vast majority of their significant other clients.

The „Kiwi Lives' social marketing campaign seemingly had minimal impact on the number of significant other clients entering the services as the monthly totals for self reported „media' referrals were relatively modest during the three months in which this campaign was running (n = 8August 2008, n = 3 December 2008, n = 6 May 2009; full results presented in Table 31). However, it is possible that other significant other clients were motivated to call the national telephone helpline as a result of the media campaign, but did not identify this as a referral source when asked.

Treatment episode pathway

The tables in this section detail the episode pathway summary for clients within services. Due to the large number of different pathways, data have been collapsed into 15 categories; nine categories relating to the standard pathways defined by the Ministry of Health and six categories relating to completed episodes comprising a combination of session types inconsistent with Ministry of Health definitions (mixed pathways).

Gambler

Table 32 presents treatment pathways for gambler clients. Eighty-four percent (2,701/3,205) of the completed episodes were consistent with a standard pathway, with most consisting of up to three Brief sessions (1,507) or up to six counselling or Facilitation sessions (598). Sixty-two (2%) of the standard pathway episodes consisted of Brief, Full/Facilitation, and Follow-up sessions and a further 227 (8%) consisted of Full/Facilitation and Follow-up sessions. Sixteen percent (504/3,205) of the completed episodes comprised a combination of session types inconsistent with Ministry of Health definitions (mixed pathways). Inter-service variation is evident, especially with regard to the percentage of completed episodes that reflect a standard pathway; however, in few services did the majority of completed episodes contain the range of session types (Brief, Full/Facilitation and Follow-up).

Significant other

Table 33 presents treatment pathways for significant other clients. Ninety-four percent (3,476/7,701) of the completed episodes were consistent with a standard pathway, with most consisting of up to three Brief sessions (2,689) or up to six counselling or Facilitation sessions (441). Forty-two (1%) of the standard pathway episodes consisted of Brief, Full/Facilitation, and Follow-up sessions and a further 104 (3%) consisted of Full/Facilitation and Follow-up sessions. Six percent (225/3,701) of the completed episodes comprised a combination of session types inconsistent with Ministry of Health definitions (mixed pathways). Inter-service variation is evident, especially with regard to the percentage of completed episodes that reflect a standard pathway; however, in few services did the majority of completed episodes contain the range of session types (Brief, Full/Facilitation and Follow-up).

Referral pathway out of service (Facilitation destination)

The tables in this section detail the organisation types to which clients of the problem gambling services were facilitated to (destination). Data are not presented for Mainstream service A04, Maori services B07 and Asian service E01.

Gambler

Table 34 presents Facilitation destination data for gambler clients. Of the 2,803 reported Facilitation sessions, the destination was not reported in 660 cases (24%) or was reported as an undefined „other' service in 903 cases (32%). Thus, an identifiable destination was only evident for 44% of reported cases (nb. 557 of the 660 unreported cases were from Mainstream service A01). Overall, the most commonly identifiable Facilitation destination was a financial advice and support service, followed by mental health service, physical health service, relationship and life skills service, and addictions (alcohol, drug, tobacco) service (accounting for 331, 241, 230, 193, and 119 of the reported number of Facilitation sessions, respectively). Almost all services Facilitated gambler clients to a wide range of organisation types, although Facilitation destination data were rarely reported for Mainstream service A01 and Mainstream service A02 and Maori services B08 and C07 reported fewer than 10 gambler client Facilitation sessions.

Significant other

Table 35 presents Facilitation destination data for significant other clients. Of the 1,103 reported Facilitation sessions, the destination was not reported in 181 cases (16%; again, largely accounted for by the lack of reported data from Mainstream service A01) or was reported as an undefined „other' service in 260 cases (23%). Thus, an identifiable destination was only evident for 61% of reported cases. Overall, the most commonly identifiable Facilitation destination was a mental health service, followed by physical health service, legal advice service, relationship and life skills service, and a financial advice and support service, (accounting for 213, 203, 116, 57, and 53 of the reported number of Facilitation sessions, respectively). Almost all services facilitated significant other clients to a range of organisation types, although Facilitation destination data were rarely reported for Mainstream service A01, Mainstream service A03 and Pacific service D02 did not report any significant other Facilitation sessions, and Maori services B02, B04, B05, B07, and C03 and Pacific service D01 reported fewer than 10 significant other Facilitation sessions.

3.1.4 Assessments

This section details the distribution of clients across gambling treatment services by initial and Follow-up assessment score. This information was not readily available in the databases for the Asian hotline (E01) and thus has not been reported in the following tables. Reference will need to be made to the stated assessment types in order to interpret the reported scores.

Assessment types

Table 36 details the assessment types (questions/screens) mandated by the Ministry of Health during the study period and the number of each type completed by gambler and significant other clients. The number of clients who have completed each assessment type is also reported as some clients have completed the same screen more than once. Data from the shaded assessment types are presented in more detail below.

Gambler data

Brief Gambler Screen
Data is presented in Table 37. The Brief Gambler Screen was completed by 59% (2,640/4,465) of new gambler clients, 20% scored 4 positive responses to the screening questions). Follow-up assessment data were reported for 5% (120/2,640) of the clients who completed an initial screen, with an overall mean difference in score of -0.85 (inter-service range of -2.00 to 0.40). Only four services reported Follow-up data for 10 or more clients (Maori services B04, B05, B06, B08).

Brief Family Awareness
Data is presented in Table 38. The Brief Family Awareness screen was completed by 13% (580/4,465) of new gambler clients, with 10% scoring 3 and over (inter-service range of 0.13 to 3.00). Follow-up assessment data were only reported for one client.

Brief Family Effect
Data is presented in Table 39. The Brief Family Effect screen was completed by 12% (542/4,465) of new gambler clients, with an overall mean initial score of 0.77 (inter-service range of 0.0 to 6.0). Follow-up assessment data were only reported for three clients.

Coexisting Alcohol
Data is presented in Table 40. The Coexisting Alcohol problem screen was completed by 19% (865/4,465) of new gambler clients, with an overall mean initial score of 3.95 (inter-service range of 2.90 to 10.00). Follow-up assessment data were reported for 5% (44/865) of the clients who completed an initial screen, with an overall mean difference in score of -0.89 (inter-service range of -4.00 to 0.83). Only one service reported Follow-up data for 10 or more clients (Mainstream service A01).

Coexisting Depression
Data is presented in Table 41. The Coexisting Depression screen was completed by 19% (828/4,465) of new gambler clients, 47% scored 2 positive responses (inter-service range of 0.50 to 2.00). Follow-up assessment data were reported for 5% (44/828) of the clients who completed an initial screen, with an overall mean difference in score of -0.07 (inter-service range of -0.71 to 0.75). Only one service reported Follow-up data for 10 or more clients (Mainstream service A01).

Coexisting Drug Use
Data is presented in Table 42. The Coexisting Drug Use screen was completed by 17% (773/4,465) of new gambler clients, with an overall mean initial score of 0.18 (inter-service range of 0.0 to 0.67). Follow-up assessment data were reported for 5% (36/773) of the clients who completed an initial screen, with an overall mean difference in score of -0.08 (inter-service range of -0.33 to 0.0). Only one service reported Follow-up data for 10 or more clients (Mainstream service A01).

Coexisting Family Concerns
Data is presented in Table 43. The Coexisting Family Concerns screen was completed by 17% (748/4,465) of new gambler clients, with an overall mean initial score of 0.70 (inter-service range of 0.33 to 1.0). Follow-up assessment data were reported for 5% (37/748) of the clients who completed an initial screen, with an overall mean difference in score of -0.05 (inter-service range of -0.60 to 0.50). No service reported Follow-up data for 10 or more clients.

Coexisting Suicide
Data is presented in Table 44. The Coexisting Suicide screen was completed by 17% (743/4,465) of new gambler clients, it appears this was scored 0-3 for CLIC with 46% scoring one or more (inter-service range of 0.0 to 1.0). Follow-up assessment data were reported for 5% (37/743) of the clients who completed an initial screen, with an overall mean difference in score of -0.08 (inter-service range of -0.57 to 0.67). Only one service reported Follow-up data for 10 or more clients (Mainstream service A01).

Gambling Harm
Data is presented in Table 45. The Gambling Harm screen was completed by 30% (1340/4,465) of new gambler clients, with an overall mean initial score of 12.27 (inter-service range of 3.00 to 17.76). Follow-up assessment data were reported for 15% (206/1,340) of the clients who completed an initial screen, with an overall mean difference in score of -3.58 (inter-service range of -17.50 to -0.33). Five services reported Follow-up data for 10 or more clients (Mainstream services A01, A02, A04 and Maori services B04, B06).

Control over Gambling
Data is presented in Table 46. The Control over Gambling screen was completed by 27% (1,204/4,465) of new gambler clients, with 53% scoring 2 or less (inter-service range of 1.18 to 3.10). Follow-up assessment data were reported for 19% (234/1,204) of the clients who completed an initial screen, with an overall mean difference in score of -0.75 (inter-service range of -1.50 to 0.14). Four services reported Follow-up data for 10 or more clients (Mainstream services A01, A02, A04 and Maori service B04).

Coping
Data is presented in Table 47. The Coping screen was completed by <1% (5/4,465) of new gambler clients, with an overall mean initial score of 1.6 (inter-service range of 1.00 to 1.75). No Follow-up assessment data were reported.

Dollars Lost
Data is presented in Table 48. The Dollars Lost screen was completed by 23% (1,026/4,465) of new gambler clients, with an overall median initial score of $500.00 (inter-service range of $20.00 to $1,000.00). Follow-up assessment data were reported for 21% (216/1,026) of the clients who completed an initial screen, with an overall median difference in score of -$335.00 (inter-service range of -$1,031.50 to $250.00). Three services reported Follow-up data for 10 or more clients (Mainstream services A02 and A04 and Maori service B04).

Income
Data is presented in Table 49. The Income screen was completed by 22% (965/4,465) of new gambler clients, with 45% <$30,000 (inter-service range of 1.00 to 3.38). Follow-up assessment data were reported for 10% (92/965) of the clients who completed an initial screen, with an overall mean difference in score of -0.16 (inter-service range of -1.43 to 0.56). One service reported Follow-up data for 10 or more clients (Maori service B04).

Tables 79-86 look at the comparison of dollars lost to income, this shows that there was an increase in the median dollars lost as the income increased to the $51,000-$100,000 group and then dropped back as numbers decreased in subsequent income groups.

<u>Significant other data</u>
Brief Gambler Screen
Data is presented in Table 50. The Brief Gambler screen was completed by 34% (1,381/4,079) of new significant other clients, with 15% scoring 2 or more positive responses (inter-service range of 0.14 to 3.86). Follow-up assessment data were only reported for six clients.

Family Awareness
Data is presented in Table 51. The Family Awareness screen was completed by 62% (2,526/4,079) of new significant other clients, with 30% scoring 3 or more positive responses (inter-service range of 0.88 to 3.00). Follow-up assessment data were reported for 6% (146/2,526) of the clients who completed an initial screen, with an overall mean difference in score of -0.45 (inter-service range of -2.00 to 0.33). Five services reported Follow-up data for 10 or more clients (Mainstream services A02, A04 and Maori services B01, C01, C04).

Family Effect
Data is presented in Table 52. The Family Effect screen was completed by 68% (2,792/4,079) of new significant other clients, with 12% scoring the full 6 positive responses (inter-service range of 0.57 to 5.00). Follow-up assessment data were reported for 5% (152/2,792) of the clients who completed an initial screen, with an overall mean difference in score of -0.73 (inter-service range of -2.00 to 1.00). Six services reported Follow-up data for 10 or more clients (Mainstream services A02, A04 and Maori services B01, C01, C04 and Pacific service D01).

Coexisting Alcohol
Data is presented in Table 53. The Coexisting Alcohol problem screen was completed by 7% (268/4,079) of new significant other clients, with an overall mean initial score of 2.89 (inter-service range of 0.93 to 5.38). Follow-up assessment data were reported for 19% (52/268) of the clients who completed an initial screen, with an overall mean difference in score of -0.90 (inter-service range of -2.00 to 0.0). One service reported Follow-up data for 10 or more clients (Maori service C04).

Coexisting Depression
Data is presented in Table 54. The Coexisting Depression screen was completed by 7% (275/4,079) of new significant other clients, with 47% scoring 1 or more (inter-service range of 0.0 to 2.00). Follow-up assessment data were reported for 19% (53/275) of the clients who completed an initial screen, with an overall mean difference in score of -0.19 (inter-service range of -0.50 to 0.0). One service reported Follow-up data for 10 or more clients (Maori service C04).

Coexisting Drug Use
Data is presented in Table 55. The Coexisting Drug Use screen was completed by 6% (260/4,079) of new significant other clients, with an overall mean initial score of 0.14 (inter-service range of 0.0 to 1.0). Follow-up assessment data were reported for 20% (52/260) of the clients who completed an initial screen, with an overall mean difference in score of 0.00 (inter-service range of 0.0 to 0.0). One service reported Follow-up data for 10 or more clients (Maori service C04).

Coexisting Family Concern
Data is presented in Table 56. The Coexisting Family Concern screen was completed by 5% (223/4,079) of new significant other clients, with an overall mean initial score of 0.49 (inter-service range of 0.0 to 1.00). Follow-up assessment data were reported for 24% (53/223) of the clients who completed an initial screen, with an overall mean difference in score of -0.23 (inter-service range of -0.24 to 0.0). One service reported Follow-up data for 10 or more clients (Maori service C04).

Coexisting Suicide
Data is presented in Table 57. The Coexisting Suicide screen was completed by 6% (240/4,079) of new significant other clients, with 14% screening 1 or more (inter-service range of 0.0 to 1.0). Follow-up assessment data were reported for 21% (51/240) of the clients who completed an initial screen, with an overall mean difference in score of 0.00 (inter-

service range of 0.0 to 0.0). One service reported Follow-up data for 10 or more clients (Maori service C04).

Coping
Data is presented in Table 58. The Coping screen was completed by 8% (327/4,079) of new significant other clients, with 25% coping worse – score of 3 (inter-service range of 1.17 to 3.00). Follow-up assessment data were reported for 23% (74/327) of the clients who completed an initial screen, with an overall mean difference in score of -0.50 (inter-service range of -2.00 to 0.00). Two services reported Follow-up data for 10 or more clients (Mainstream service A04 and Maori service C04).

Gambling Frequency
Data is presented in Table 59. The Gambling Frequency screen was completed by 9% (350/4,079) of new significant other clients, with 27% reporting the gambling frequency as the same ore more (inter-service range of 0.79 to 3.00). Follow-up assessment data were reported for 23% (80/350) of the clients who completed an initial screen, with an overall mean difference in score of -0.64 (inter-service range of -0.89 to 0.83). Two services reported Follow-up data for 10 or more clients (Mainstream service A04 and Maori service C04).

3.1.5 Analysis of trends

This section details trends for new clients and for counselling sessions. Trends for new clients provides information on changes in attracting new clients to services, whereas trends in counselling sessions provides information on changes in clients continuing treatment or returning for further treatment as required. Figures in this section show frequency over time, in appendix 6 figures are available for the same data but showing percentage of change over time.

<u>New client trends</u>

Services
On the whole, apart from Mainstream services A1 and A2, numbers were too small for individual services to be detailed. Services are thus presented in the figures as A01, A02, A (other Mainstream services other than A01 and A02), B and C (Maori services), D (Pacific services), and F (Alcohol and Drug service). Numbers were too small for the Asian hotline (service E01) to be presented in the figures.

Figure 2 present the number of gambler and significant other clients respectively, attending gambling treatment services during the 24-month time frame of analysis (July 2007 to June 2009). As can be seen, client numbers grew steadily in services/service types A02, B and D, remained relatively consistent in A and F, and fluctuated markedly for A01 and C, culminating in substantial gains in the latter stages of the report period. It should be noted, however, that the substantial gains reported by A01 and C could be the result of a change in data reporting and should be treated with some caution.

Figure 1 - Gambler new clients by service

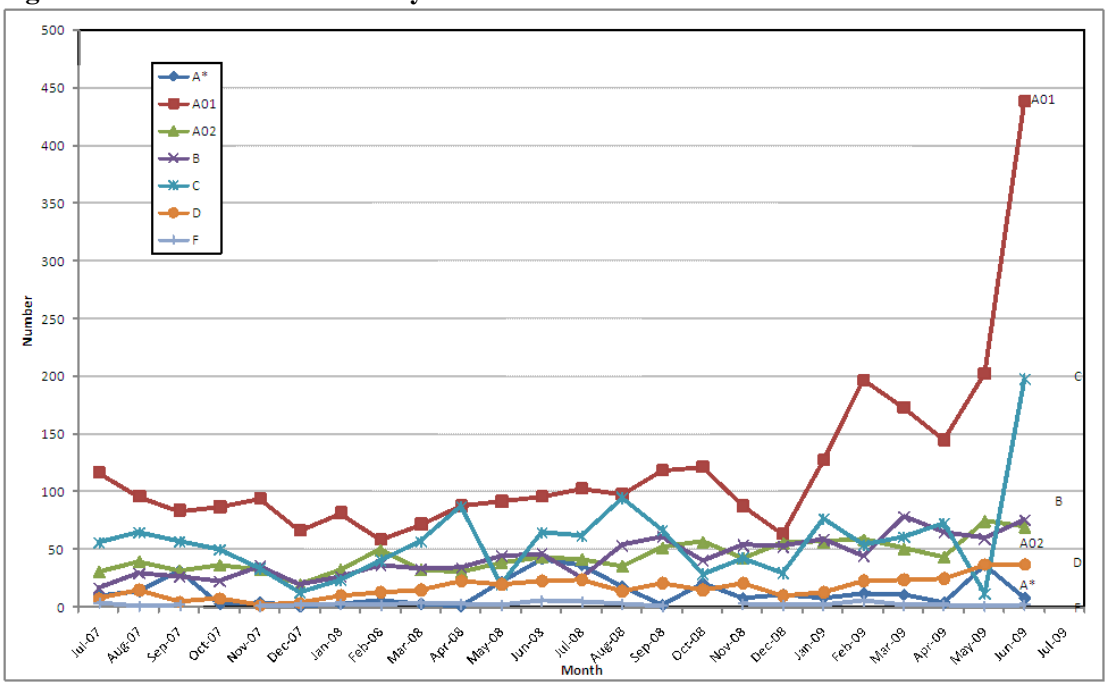
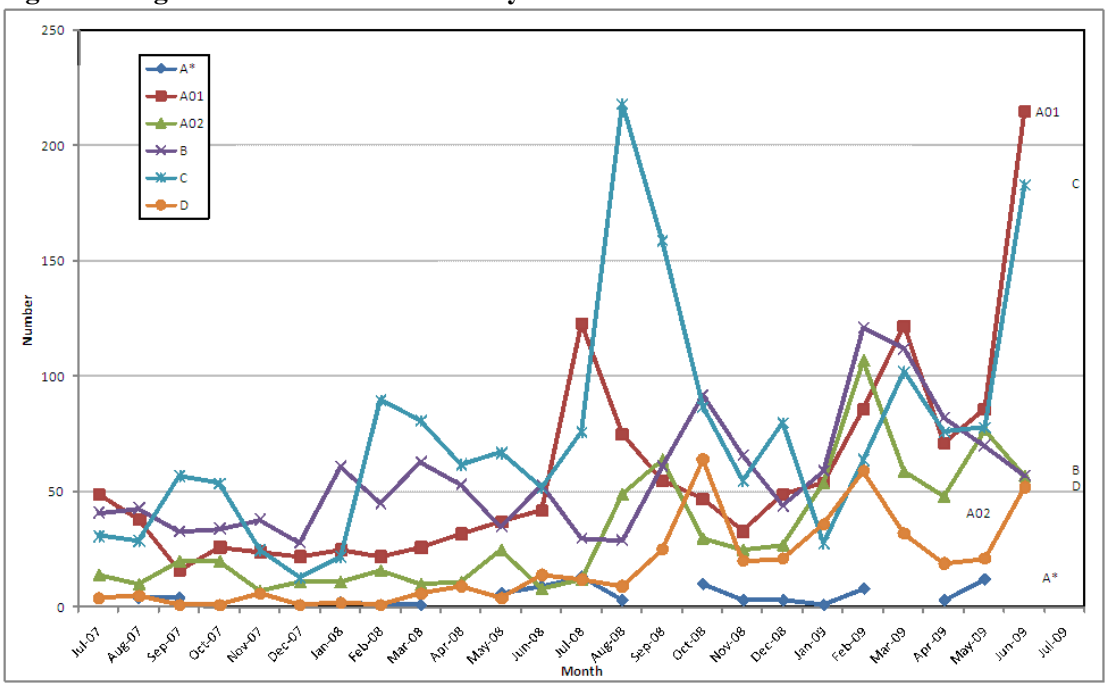


Figure 2 - Significant other new clients by service



Age

Figure 3 and Figure 4 present the number of gambler and significant other clients respectively, by age group during the 24-month time frame of analysis. There was much fluctuation in all of the age groups across the study period; however, there was substantial growth in the number of significant other clients in the younger age groups, especially <30 years, and there was marked growth in the number of gambler clients across all age groups in the latter stages of the report period. Again, the latter finding should be treated with some caution as it may be the result of a change in reporting systems in some services.

Figure 3 - Gambler new clients by age

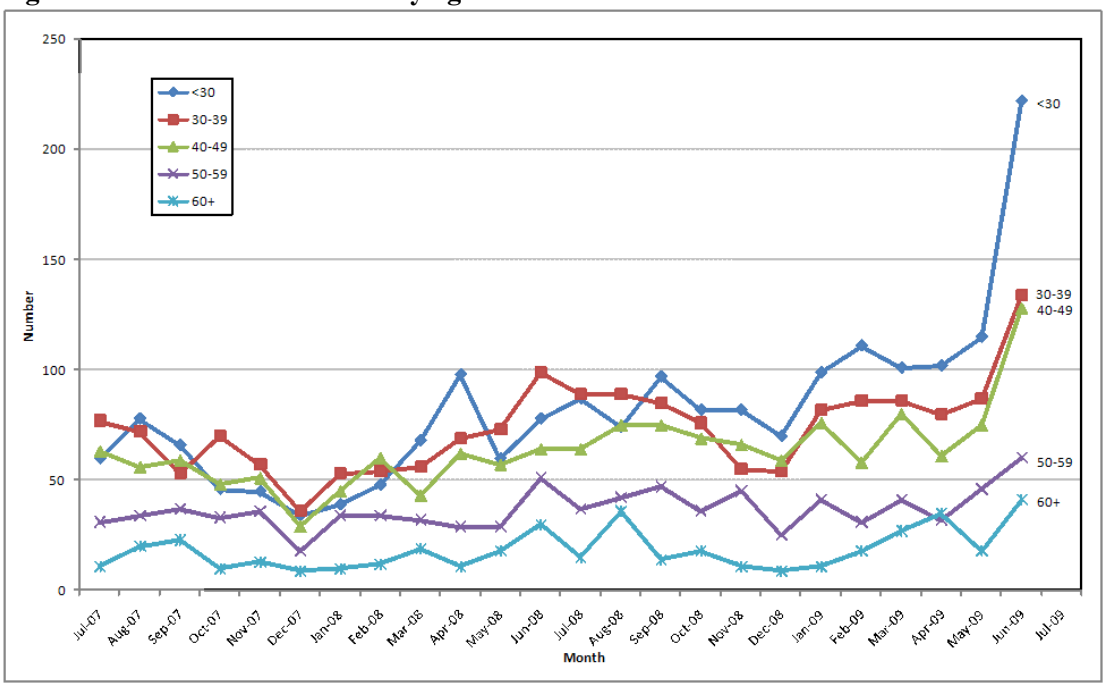
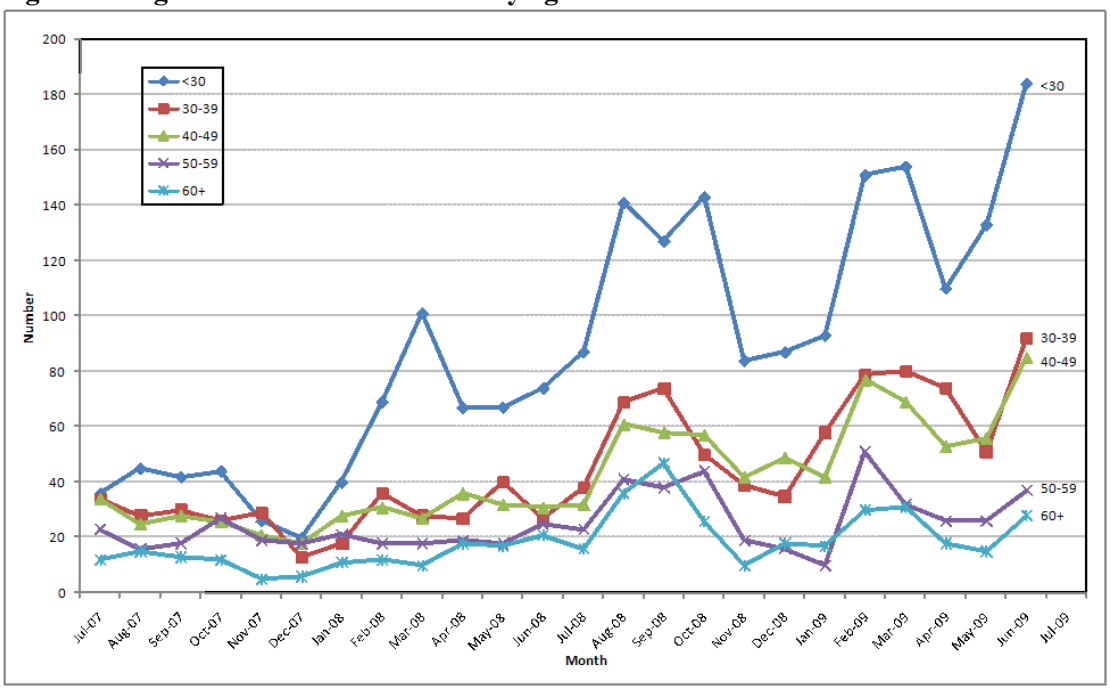


Figure 4 - Significant other new clients by age



Ethnicity

Figure 5 and Figure 6 present the number of gambler and significant other clients respectively, by ethnicity during the 24-month time frame of analysis. As can be seen, the number of new European and Maori clients fluctuated widely across the study period, but overall increased markedly with respect to significant others and, more recently, gambler clients. The numbers of Pacific, Asian and ‚other' clients were comparatively steady across the study period, although increases in the number of Pacific and Asian significant other clients were evident in the past 12 months.

Figure 5 - Gambler new clients by ethnicity

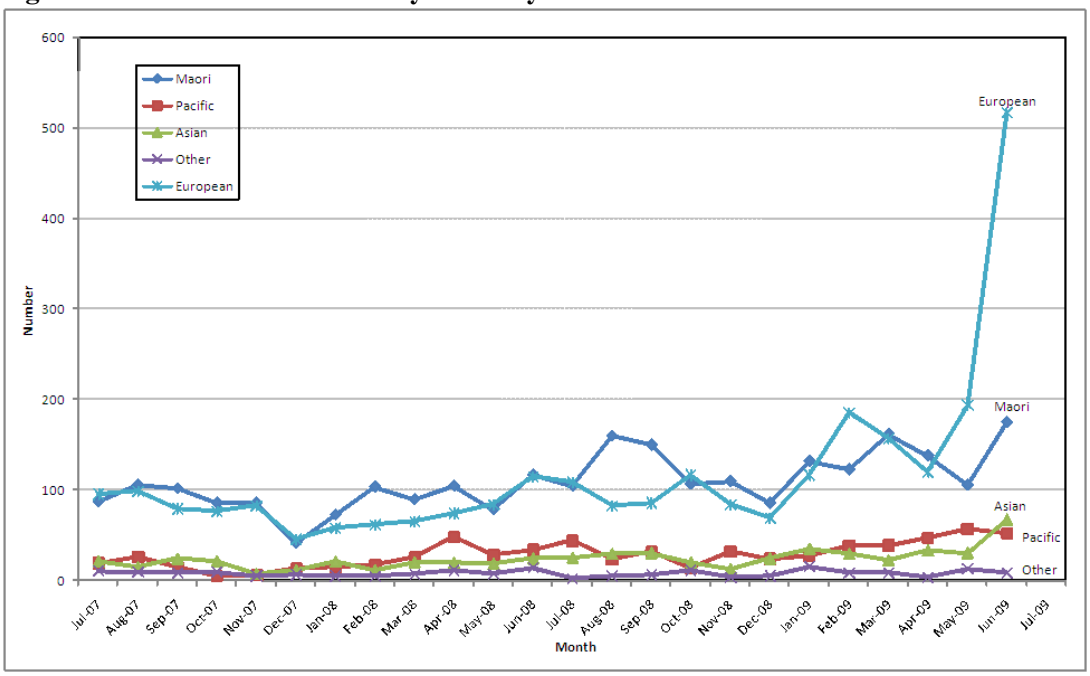
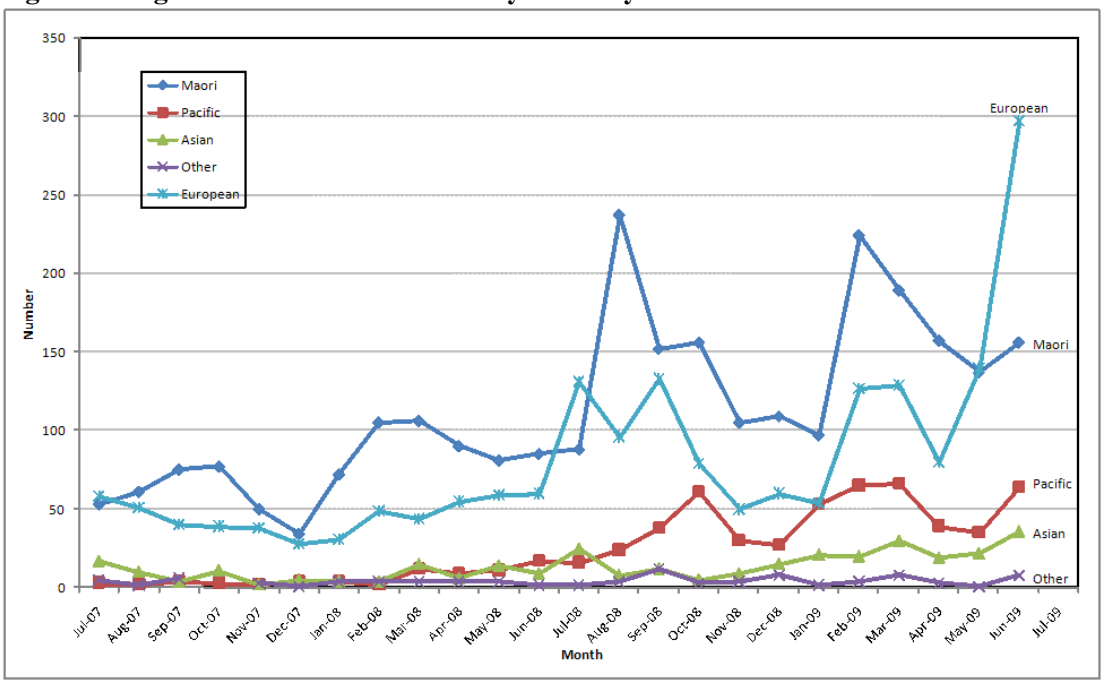


Figure 6 - Significant other new clients by ethnicity



Gender

Figure 7 and Figure 8 present the number of gambler and significant other clients respectively, by gender during the 24-month time frame of analysis. The ratio of new male to female clients remained relatively stable for both gambler and significant others across the study period, despite the growth in overall client number (i.e. the increase in client number was not disproportionately male or female).

Figure 7 - Gambler new clients by gender

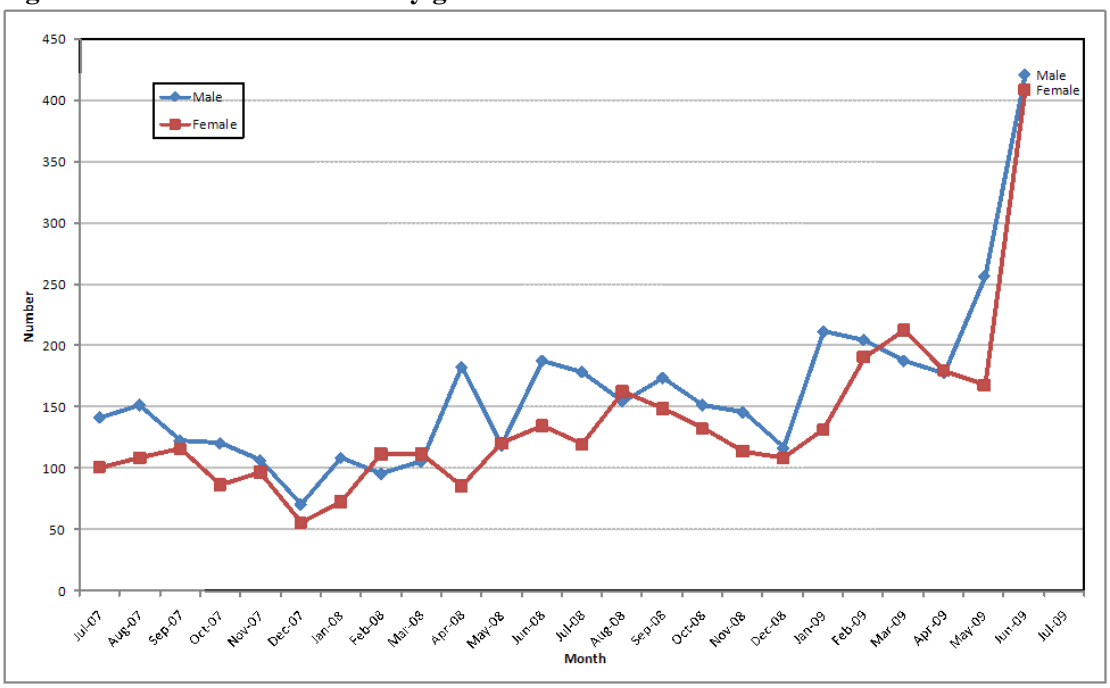
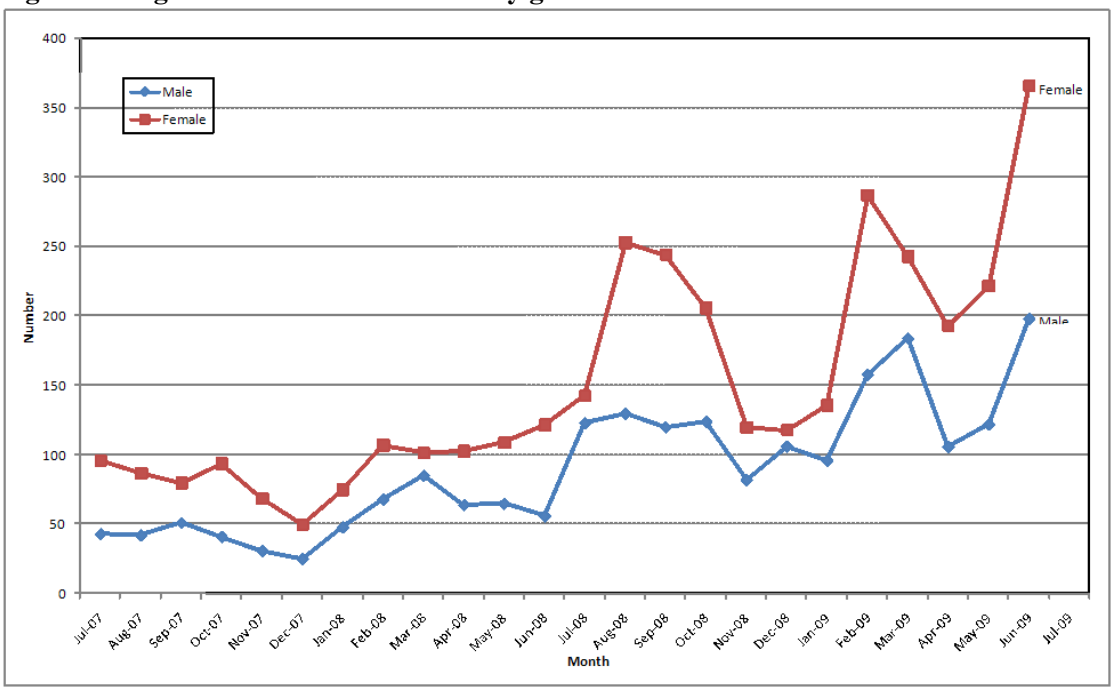


Figure 8 - Significant other new clients by gender



Session trends

Services

On the whole, apart from Mainstream services A01 and A02, numbers were too small for individual services to be detailed. Services are thus presented in the figures as A01, A02,

A (other Mainstream services other than A1 and A2), B and C (Maori services), D (Pacific services), and F (Alcohol and Drug service). Numbers were too small for the Asian hotline (service E1) to be presented in the figures. Figure 9 and
Figure 10 present the number of gambler and significant other counselling sessions respectively, by gambling treatment services during the 24-month time frame of analysis. The number of gambler counselling sessions increased across all services/service types during the study period, with the exception of service F, with especially marked increases in A01, A02 and C. Increases in the number of significant other counselling sessions were also evident, although there is substantial fluctuation across the study period, especially for A01, B and C.

Figure 9 - Gambler counselling sessions by service

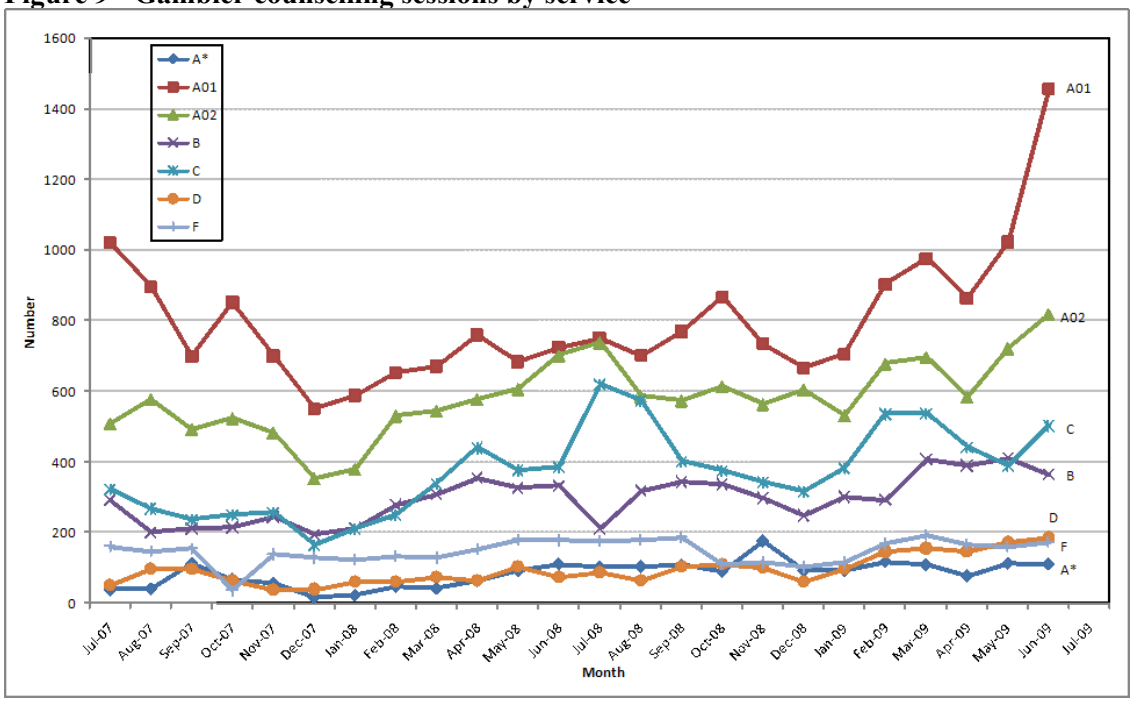
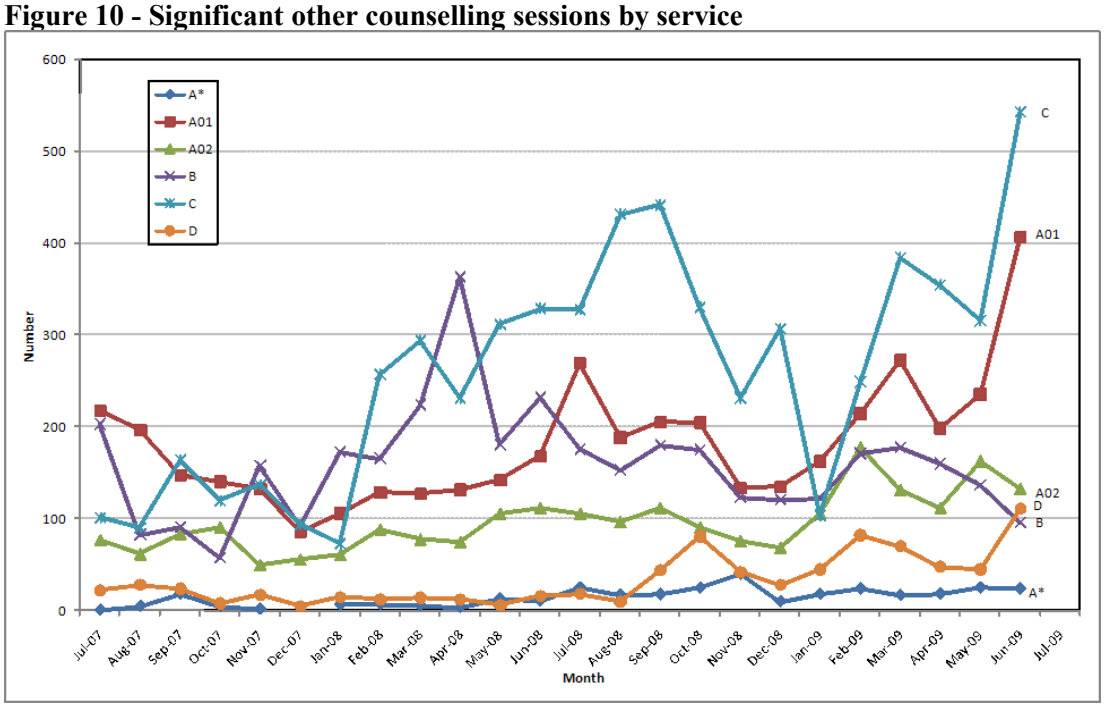


Figure 10 - Significant other counselling sessions by service



Age

Figure 11 and Figure 12 present the number of gambler and significant other counselling sessions respectively, by age group during the 24-month time frame of analysis. The ratio of counselling sessions in each of the age groups remained pretty consistent over time (despite fluctuations and a general increase in the number of counselling sessions provided) with the exception of the <30 year age group in which there was a disproportionate increase, especially in the number of counselling sessions provided to significant others.

Figure 11 - Gambler counselling sessions by age

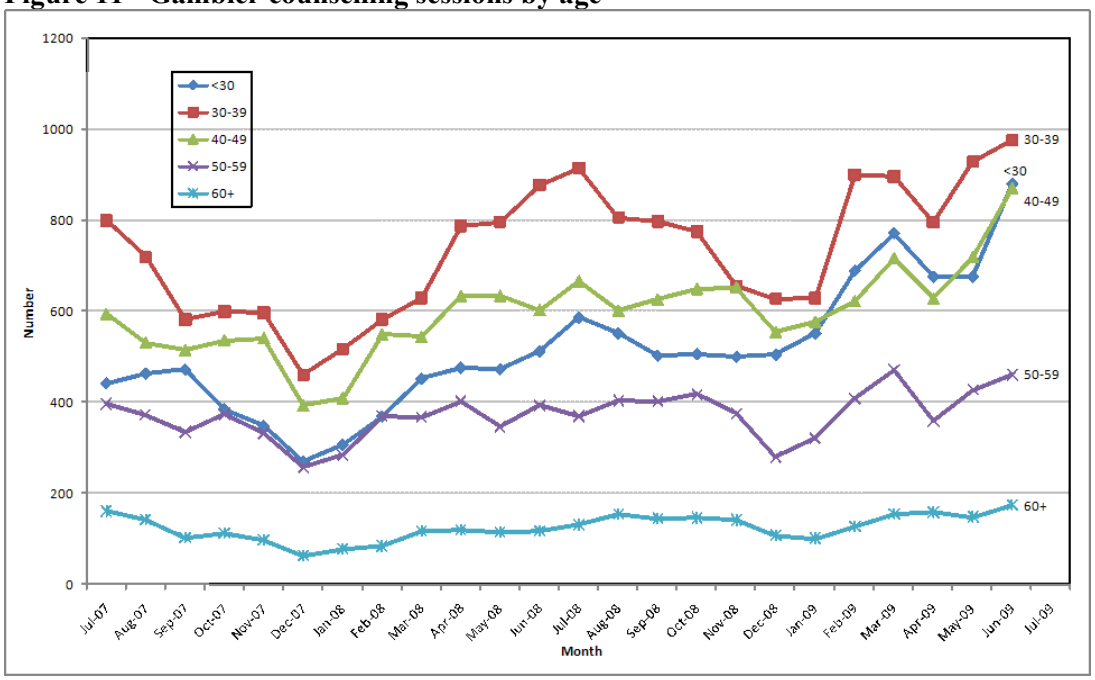
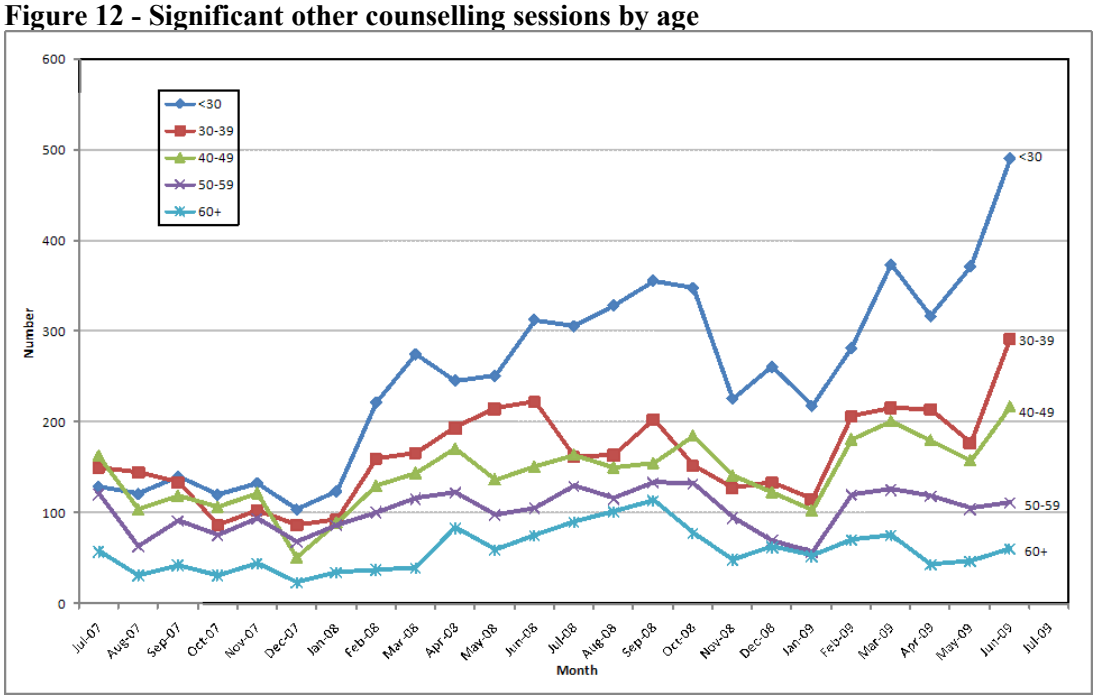


Figure 12 - Significant other counselling sessions by age



Ethnicity

Figure 13 and Figure 14 present the number of gambler and significant other counselling sessions respectively, by ethnicity during the 24-month time frame of analysis. The ratio of gambler counselling sessions provided to the various ethnic groups remains consistent over time. However, there appears to be a disproportionate increase in the number of counselling sessions provided to significant others of Pacific ethnicity. There is also considerable fluctuation in the number of counselling sessions provided to significant others of European and Maori clients across the study period.

Figure 13 - Gambler counselling sessions by ethnicity

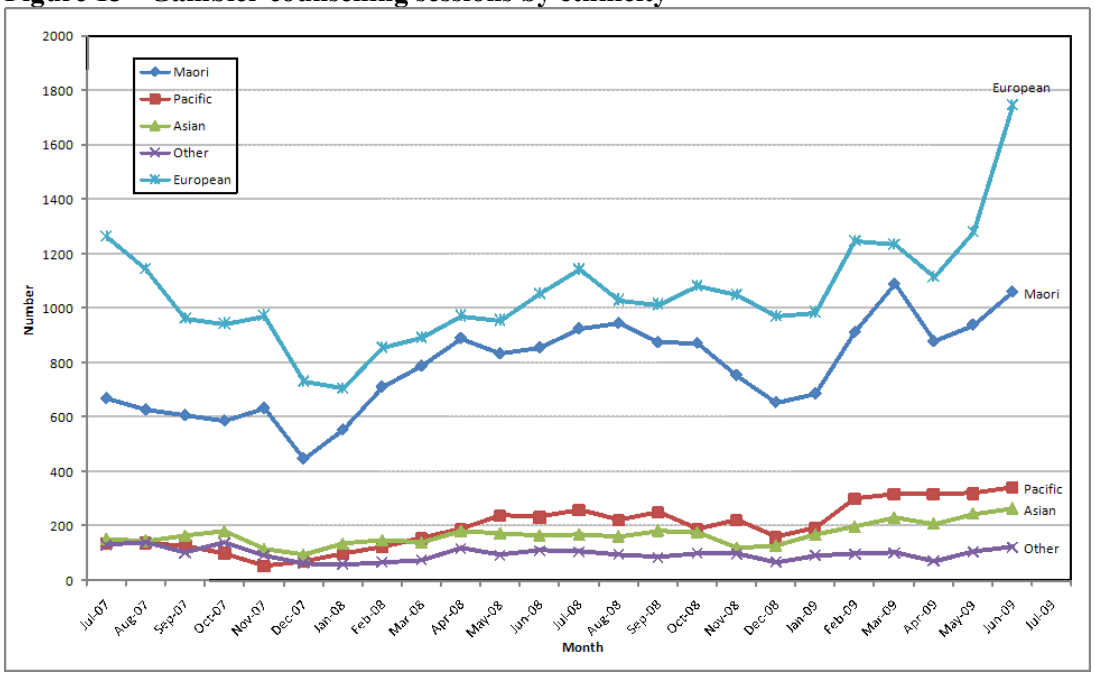
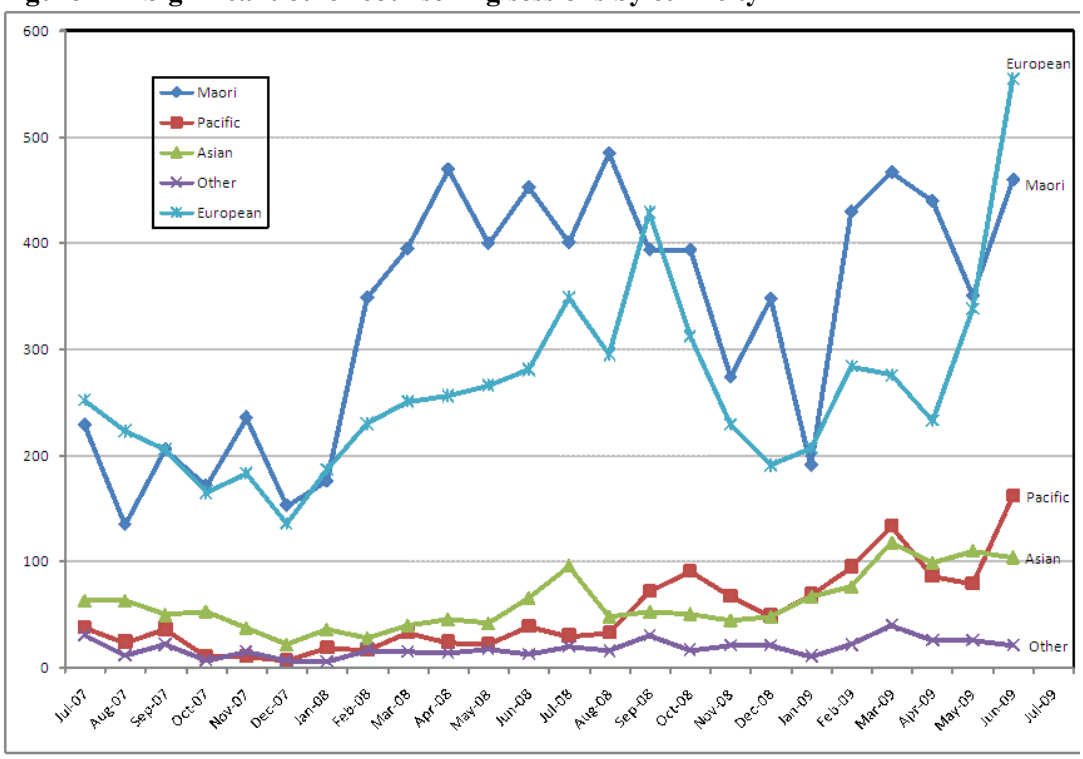


Figure 14 - Significant other counselling sessions by ethnicity



Gender

Figure 15 and Figure 16 present the number of gambler and significant other counselling sessions respectively, by gender during the 24-month time frame of analysis. Despite the increase in the number of counselling sessions provided, the ratio of sessions provided to male and female gamblers and significant others remains largely consistent across the study period.

Figure 15 - Gambler counselling sessions by gender

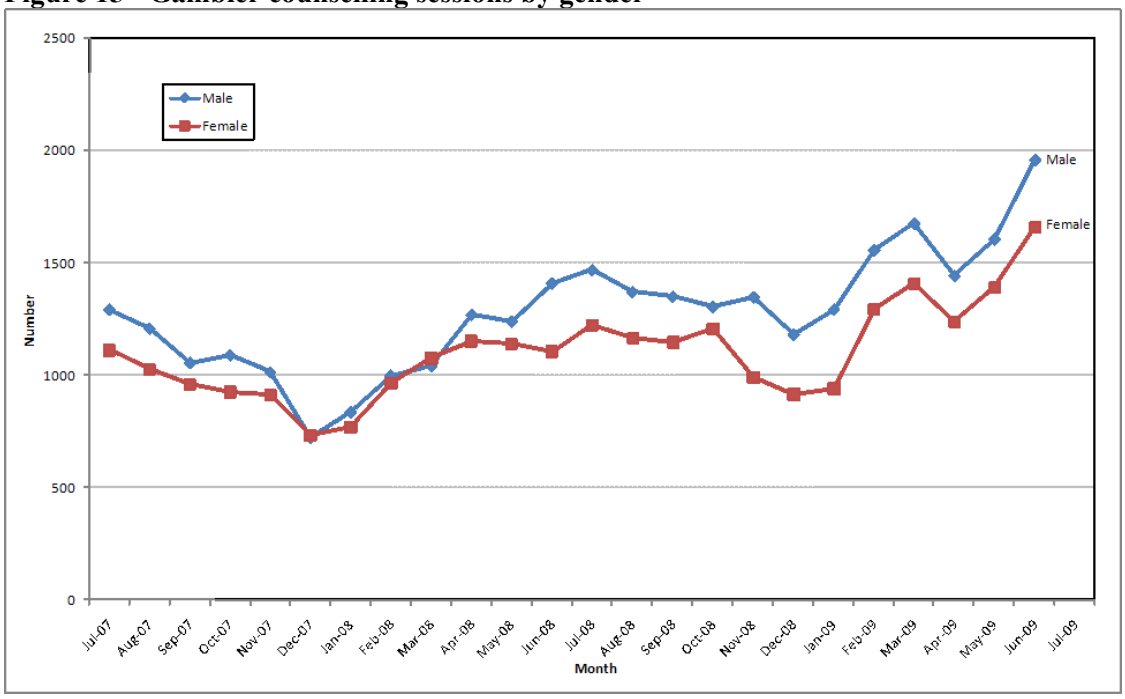
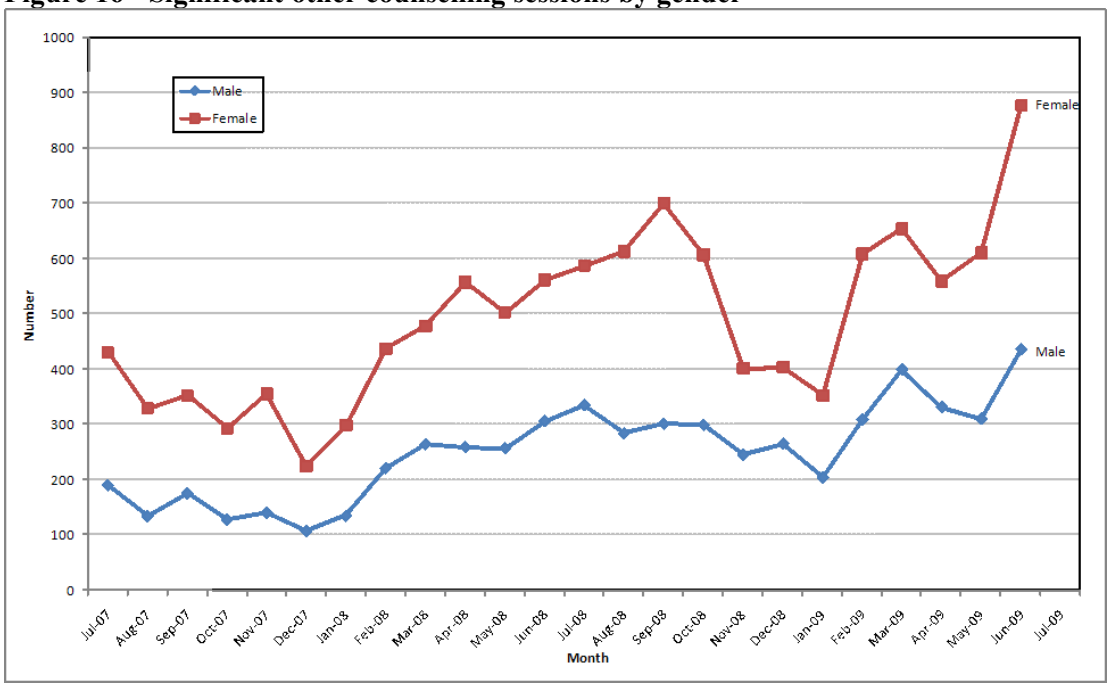


Figure 16 - Significant other counselling sessions by gender



Session type I: individual, group, family/whanau, couple

Figure 17 and Figure 18 present the number of gambler and significant other counselling sessions respectively, by session type (individual, group, family/whanau, couple) during the

24-month time frame of analysis. There is steady and substantial growth in the number of individual gambler and significant other counselling sessions provided during this time. The number of group, family/whanau and couple sessions provided remains consistent across the study period.

Figure 17 - Gambler counselling sessions by session type I

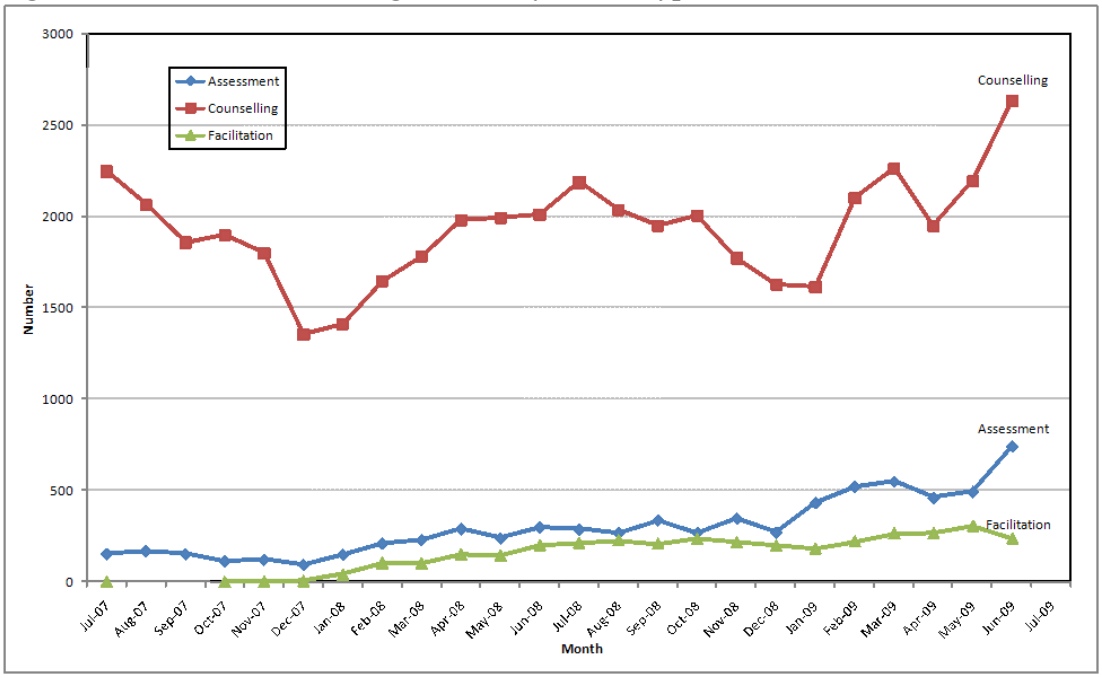
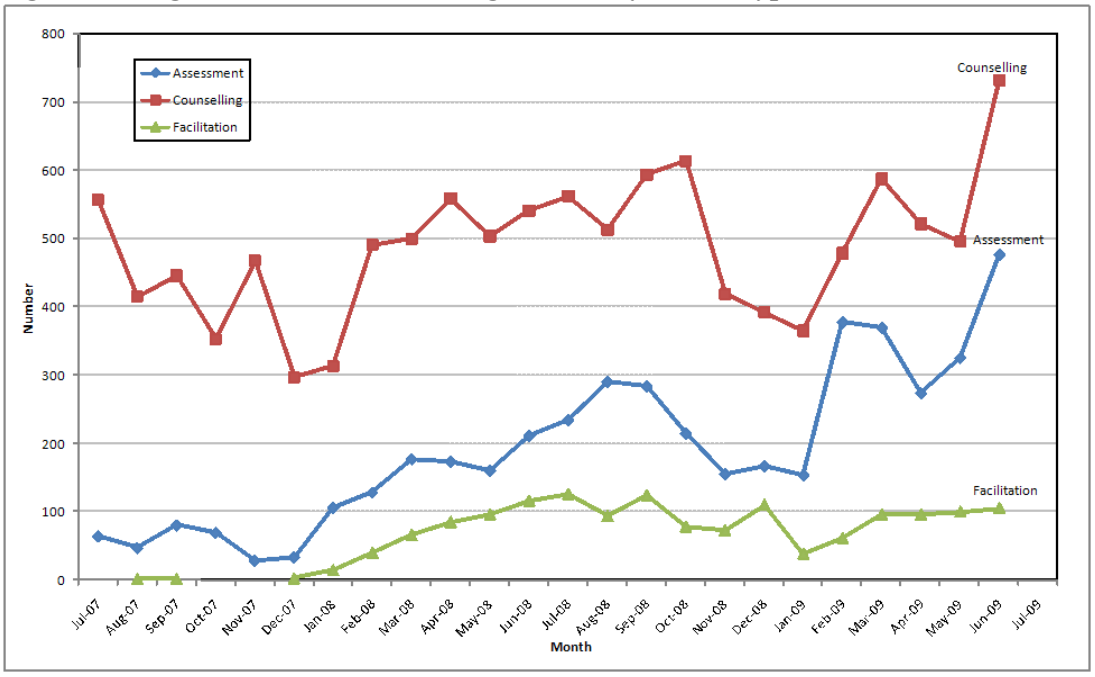


Figure 18 - Significant other counselling sessions by session type I



Session type II: Brief intervention, Full intervention, Follow-up

Figure 19 and Figure 20 present the number of gambler and significant other counselling sessions respectively, by session type (Brief intervention, Full intervention, Follow-up) during the 24-month time frame of analysis. The number of Full intervention sessions provided to

gambler clients fluctuates over the study period trending towards an increase in the latter stages. The number of Brief intervention and Follow-up sessions provided to gambler clients increased at a relatively steady rate over the study period. The number of Brief- and Full-interventions provided to significant other clients fluctuates widely over the study period, but culminates in substantial growth. There is steady, but comparatively less growth in the number of Follow-up sessions provided.

Figure 19 - Gambler counselling sessions by session type II

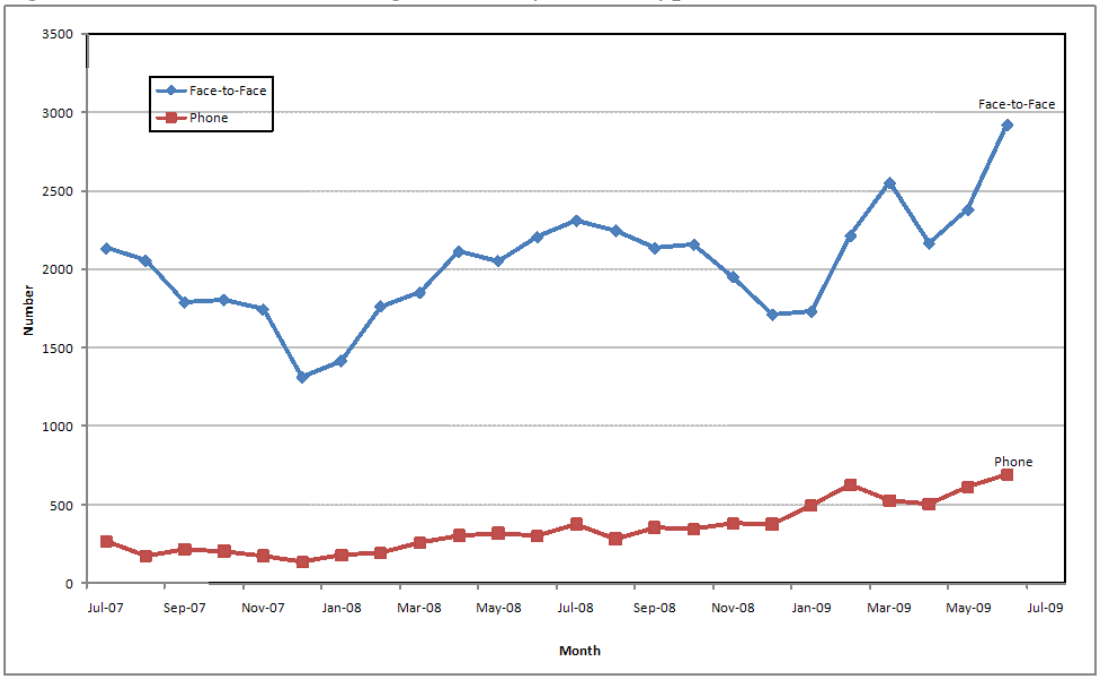
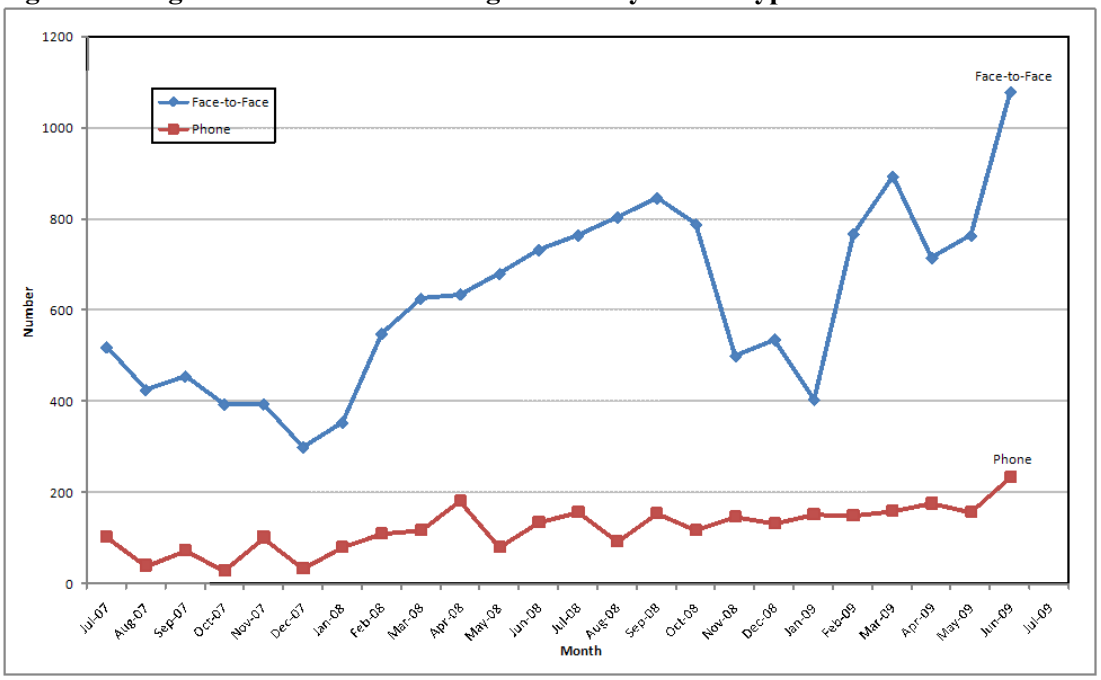


Figure 20 - Significant other counselling sessions by session type II



Session type III: counselling, assessment, Facilitation

Figure 21 and Figure 22 present the number of gambler and significant other session types (counselling, assessment, Facilitation) respectively, during the 24-month time frame of

analysis. The number of counselling sessions provided to gambler clients fluctuates over the study period trending towards an increase in the latter stages. The number of assessment and Facilitation sessions provided to gambler clients increased at a steady rate. These trends are mirrored in the significant other data; however, there is substantially more fluctuation in the number of assessment and Facilitation sessions provided.

Figure 21 - Gambler session types

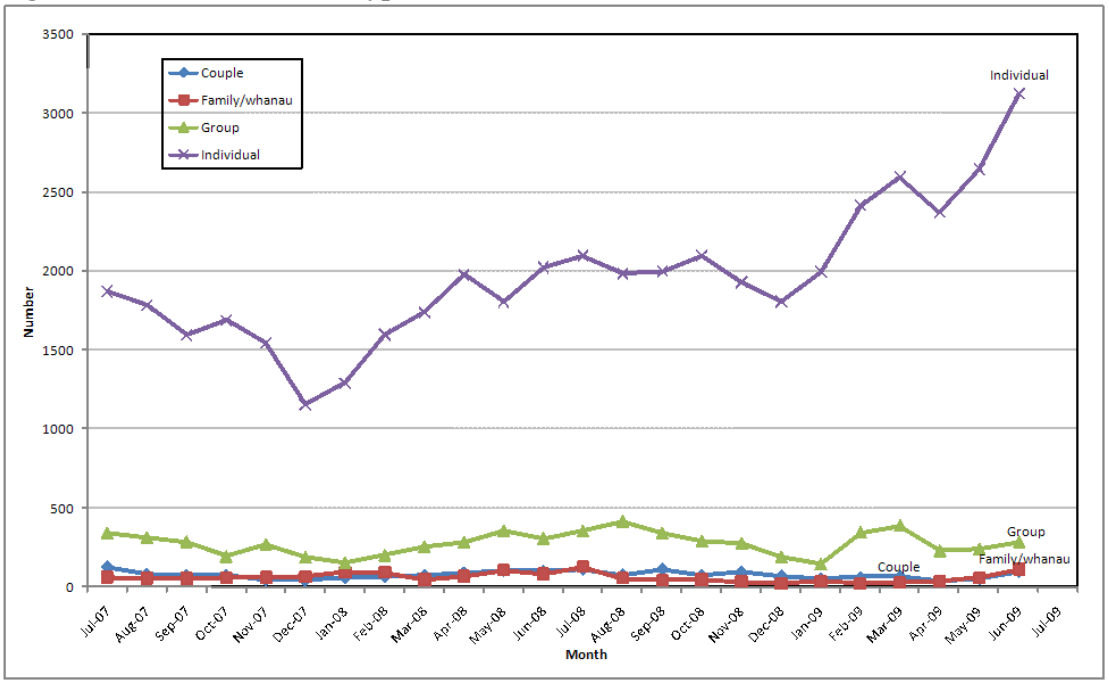
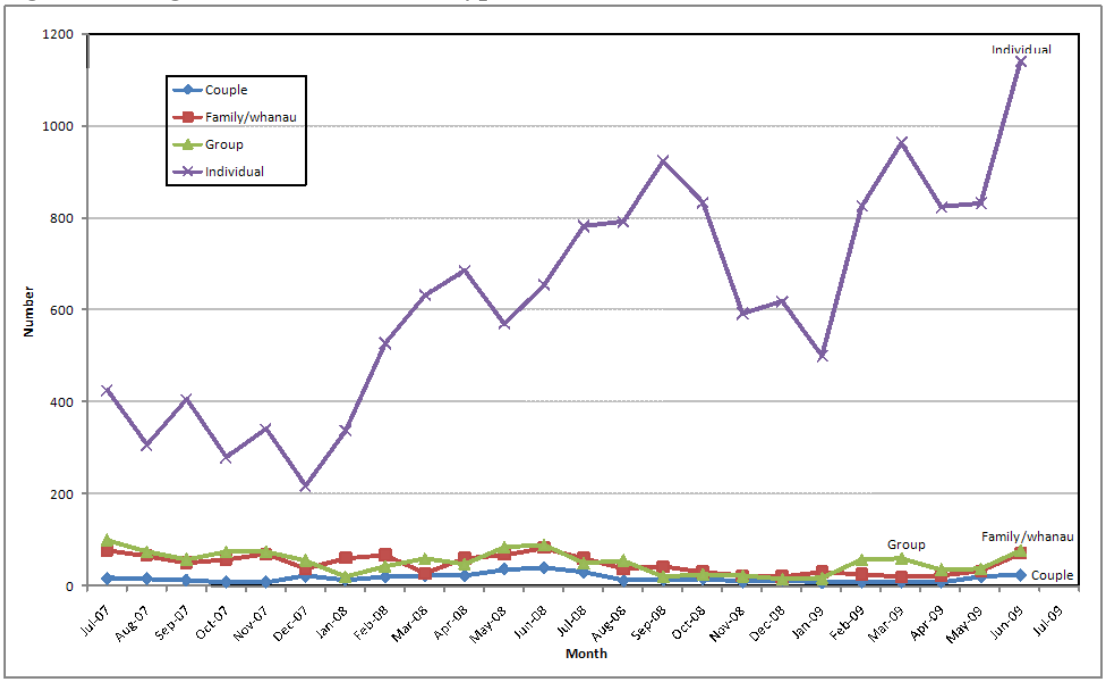


Figure 22 - Significant other session types



Episode trends

Episode types

Figure 23 and Figure 24 present the number of gambler and significant other episode types (Brief intervention, Full intervention, Follow-up) respectively, during the 24-month time frame of analysis. As can be seen, for both client groups there is fluctuating but (over time) consistent growth in all three episode types with a substantial spike in the number of Brief intervention episodes provided during the latter stages of the study period.

Figure 23 - Gambler episode types

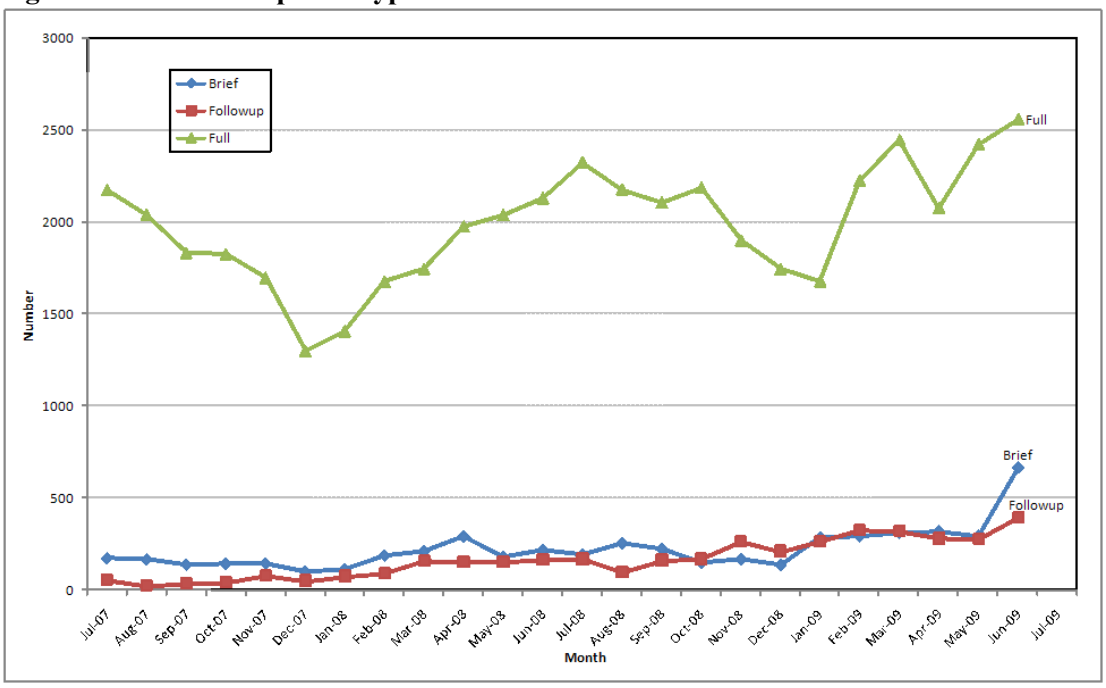
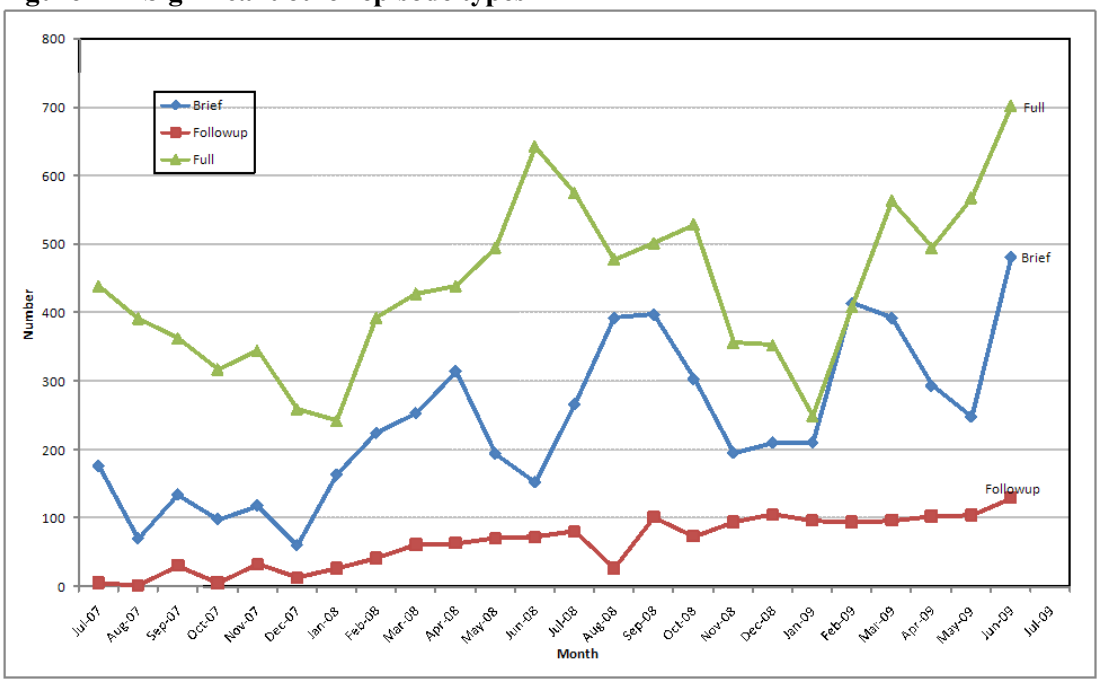


Figure 24 - Significant other episode types



Episode completion

Figure 25 and Figure 26 present the number of gambler and significant other episode completion types respectively, during the 24-month time frame of analysis. There is substantial and consistent growth in the number of gambler episodes ending in „treatment completion' and a surge in the number of „ongoing' episodes in the last six months of the study period. The latter stages of the study period also suggest a decrease in the number of gambler episodes ending with an administrative discharge. As with the gambler episodes, there is substantial and consistent growth in the number of significant other episodes ending in „treatment completion'; however, there is less marked growth in the number of ongoing episodes and the number of episodes ending in administrative discharge remain steady across the study period.

Figure 25 - Gambler episode completion

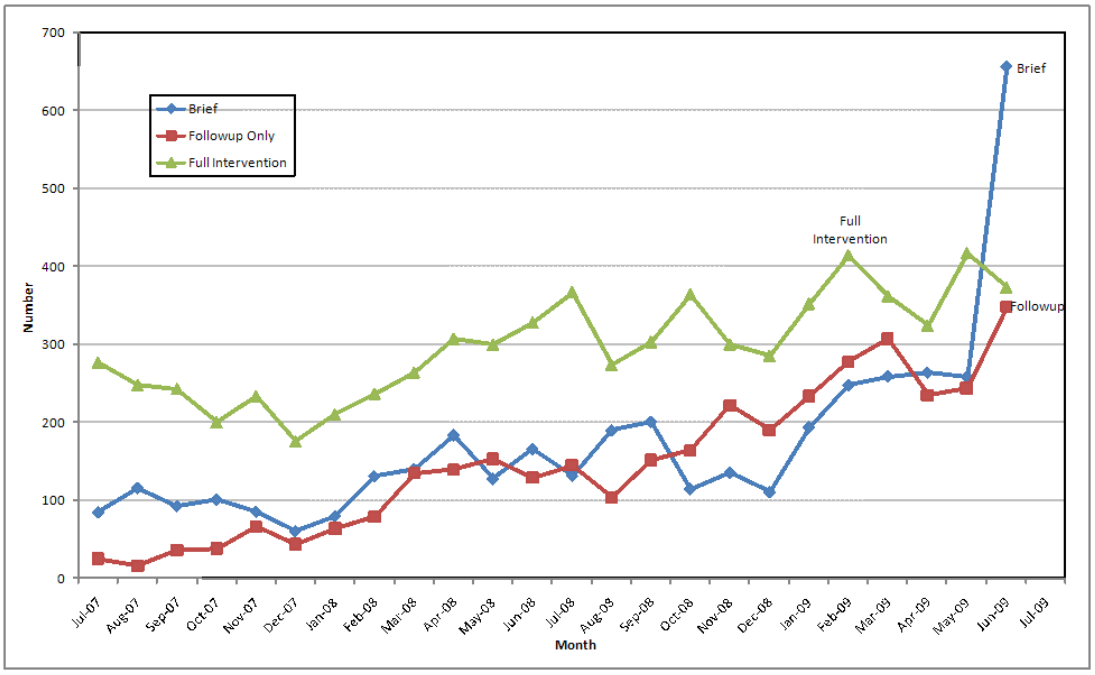
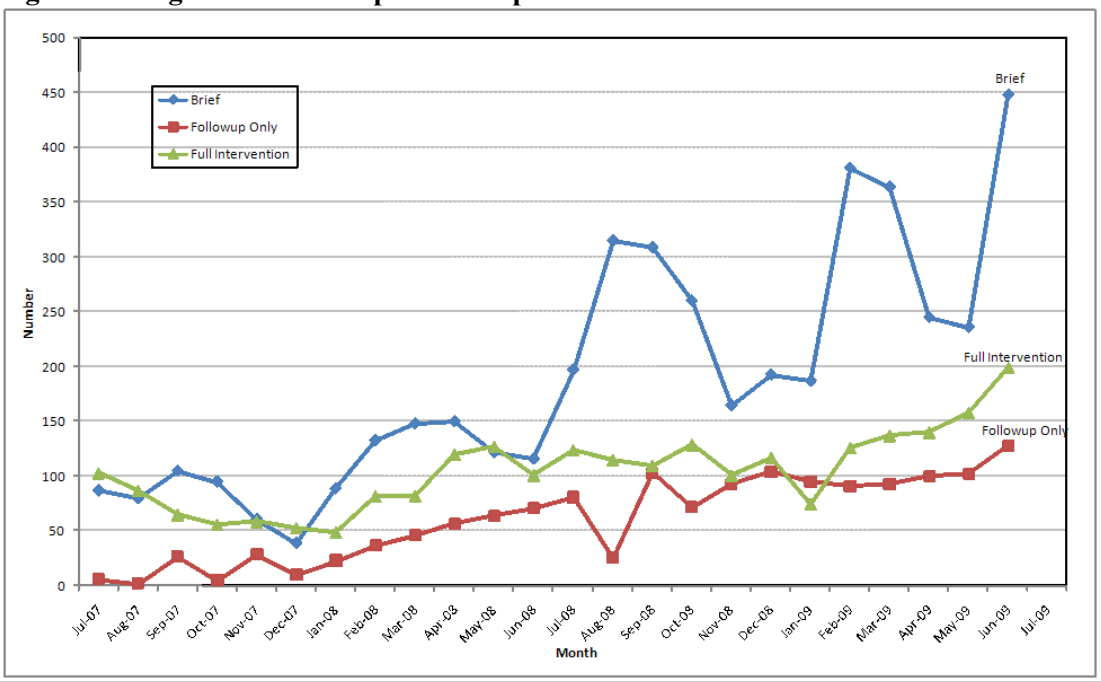


Figure 26 - Significant other episode completion



3.2 Stage Three key informant information: Surveys

The key areas of interest in Stage Three of the evaluation were:

1. Treatment pathways within services on client outcomes
2. Facilitation Services (pathways out of services) on client outcomes
3. Effectiveness of delivery of services (e.g. efficiency, quality of data collection and management)

This was achieved via a mixed-mode methodology which included surveys, focus groups and a group interview[18].

Three types of survey were conducted, with staff of gambling treatment services, current or recent past clients of gambling treatment services, and staff of allied agencies (for co-existing issues). Data from these surveys are presented in sections 3.2.1, 3.2.2 and 3.2.3, respectively. Only descriptive analyses are presented due to the small sample sizes, particularly when looking at services by ethnicity.

Only results from Stage Three have been presented in the following pages. Data from Stage Two have been presented in the Stages One and Two Final Report for this project (Bellringer et al., 2009). This Stage Three report should be read in conjunction with the Stages One and Two Final Report.

3.2.1 Survey: Gambling treatment services

This section presents findings from the 67 employees of gambling treatment services who completed the „staff survey' described in Section 2.4.2. A number of responses were missing for individual questions. This was considered to be due, in part, to individual participants not being involved with, and thus not having knowledge of, certain topic areas within the survey.

Demographics, role and workplace characteristics

Table A presents the demographic and employment characteristics of participating gambling treatment service staff. As can be seen, the majority were female (70%) and were employed full time (61%) in a Mainstream service (88%). Nearly half the sample were of New Zealand European ethnicity (49%), although a high percentage of Maori and Asian staff members were successfully recruited (25% and 13%, respectively) as were employees of ethnic-specific services (30%)[19]. Participants spanned a range of professional occupations, although most (82%) spent at least some of their time in a counselling role.

[18] Gambling treatment services were included in the analyses; the residential alcohol and drug treatment service was not included since gambling interventions are a secondary focus of the service. Although differences were noted between this service and the others in the database analyses, they were due to the residential nature of service provision rather than any other aspect.

[19] Several participants endorsed multiple „service type' options, suggesting that they provided a mix of mainstream, ethnic-specific or telephone-based services.

Table A - Demographic and employment characteristics

Variable		N	(%)
Gender	Male	20	(30)
	Female	47	(70)
Ethnicity	NZ European	33	(49)
	Maori	17	(25)
	Pacific Island	4	(6)
	Asian	9	(13)
	Other	7	(10)
Service type	Mainstream	59	(88)
	Ethnic specific	20	(30)
	Telephone	6	(9)
Role	Counsellor	55	(82)
	Health promoter	37	(55)
	Manager	14	(21)
	Administrator	24	(36)
Employment	Full-time	41	(61)
	Part-time	24	(36)

Apart from gender and employment options, participants could select multiple responses

Participants were asked to identify the types of services, or treatment approaches, provided at their place of employment. Responses are presented in Table B. All or nearly all participants worked for an organisation providing the core problem gambling treatment services of Brief intervention, Full intervention, Facilitation Services, and Follow-up. Health promotion services and group work were also reported by more than half of the participants (78% and 60%, respectively). Other service provision was for co-existing issues such as alcohol, drugs, mental health, social issues and budgeting. Workshops were provided by 21% of participants and Marae Noho by nine percent.

Table B: Services provided by survey participants

Service Type	N	(%)
Brief intervention	65	(97)
Full intervention	66	(99)
Facilitation	64	(96)
Follow-up	67	(100)
Marae Noho	6	(9)
Workshop	14	(21)
Group work	40	(60)
Health promotion	52	(78)
Alcohol	28	(42)
Drugs	28	(42)
Mental health	21	(32)
Budgeting	22	(33)
Social issues	29	(43)

Pathways into services

Participants were asked to identify the pathways by which clients "generally come to your service". The seven most common response types are presented in Table C. A formal referral from the gambling treatment sector (typically, the Gambling Helpline), was the most commonly perceived pathway into the respective gambling treatment services. Formal referral from outside the gambling treatment sector was also considered an important pathway (especially from the correction/justice sectors), but secondary to informal- or self- referral (advertising may be considered a form of prompted self referral). Other reported pathways included: referrals following public health promotion or community events (x10), referral from unidentified "other agencies" (x9), referral from the health sector (x8), employer referrals (x2), and internal agency referrals (x2).

Table C - Common pathways into gambling treatment services

Pathway	N	(%)
Formal referral - gambling treatment sector	51	(76)
Informal referral - family, friends or word of mouth	41	(61)
Advertising	39	(58)
Self referral	30	(45)
Formal referral - corrections/justice sector	26	(39)
Formal referral - gambling provider	13	(19)
Formal referral - social support service	12	(18)

Participants could select multiple responses

In response to the question, "do you think different pathways deliver people to your gambling treatment service at different stages along the gambling continuum?", 63% (42/67) of participants answered "yes", 10% (7/67) "no", 25% (17/67) were unsure, and 2% (1/67) did not answer the question. The 42 participants who answered "yes" to this question were asked to elaborate on their response. The subsequent responses revealed a general belief that different pathways did "deliver" different types of clients, although the reported beliefs were not always consistent. Some of the more common response types included: coerced referrals (e.g. from corrections/justice sector or significant others) are often "in denial" or "pre-contemplative" (x4); self referrals (x 2), national telephone helpline referrals (x1), significant other referrals (x1), or correction/justice referrals (x4) have more severe gambling problems; self referrals (x1) or national telephone helpline referrals (x1) are more likely to be in "action" stage of change; the majority of clients present when there is a crisis (x2); and self referrals (x1), community event referrals (x1), advertising referrals (x1), or social support services referrals (x1) are more likely to be suited to early/Brief interventions (i.e. have less severe problems).

Participants were asked whether different pathways into "your service impact on clients' outcomes". Forty-nine percent (33/67) of participants answered "yes" to this question, 27% (18/67) "no", and 24% (16/67) were unsure. The 33 participants who answered "yes" to this question were asked to elaborate on their response. The subsequent responses revealed the general beliefs that self-referred clients are more motivated to change (x6) or have better outcomes (x2) and that coerced clients are less motivated to change (x6) or have worse outcomes (x2). Other participants suggested the level of motivation (x3) or degree of problem severity (x2) influenced outcome, but were unrelated to referral pathway. Two other participants suggested that client outcomes may be negatively influenced by the Facilitation process between services, rather than the pathway into the original service.

Participants were also asked whether the type of intervention they provide to their clients differed "based on the pathway into your service". Fifty four percent (36/67) of participants

responded "no" to this question, 33% (22/67) "yes", and 13% (9/67) were unsure. The 22 participants who answered "yes" to this question were asked to elaborate on their response; many of these indicated clinical decision-making was based on client, rather than pathway, characteristics (x8). Correction/justice sector clients were the group most commonly identified as being distinctive in some way (x6). No other „type' of client was consistently reported as requiring a distinct intervention.

Treatment pathways within services

Participants were asked a number of questions that sought to examine their experience of providing Brief intervention, Full intervention and Follow-up services. The questions and resulting responses are summarised below.

Brief interventions
Participants were asked, "Overall, is the Brief intervention, as required by the Ministry of Health, a good approach for assessing whether someone has a problem related to gambling and may be in need of further assistance?" In response to this question, 63% (42/67) of participants answered "yes", 10% (10/67) "no", 21% (14/67) were unsure, and two percent (1/67) did not provide an answer.

Participants were invited to comment on their likes and dislikes of the Brief intervention process. Reported „likes' included: the educational/awareness raising properties of the Brief intervention (x18); the opportunity a Brief intervention provides for specialist services to engage with individuals/communities (x14) or for individuals to engage with specialist assistance at an earlier stage than they otherwise might (x6); the brevity of the intervention (x8); and the non-intrusive/non-threatening nature of the intervention (x3). The most commonly reported „dislikes' included: the questions are inappropriate, insensitive or not "user friendly" (x9); that it is an inappropriate or ineffective intervention for a counselling service (x7) and that it is better suited for use in a health promotion or non-specialist context (x4); the reporting requirements are confusing or overly demanding (x7); and the brevity of the intervention (x 3).

When asked, "do you feel the Brief intervention assists clients to seek further help?", 58% (39/67) of participants answered "yes", 18% (12/67) "no", 19% (13/67) were unsure, and four percent (3/67) did not answer the question. The 39 participants who answered "yes" to this question were asked "please explain how?" The most common responses included: by increasing awareness of the problem and/or knowledge of available supports (x18); the engagement with the counsellor during the Brief intervention process makes help-seeking easier (x3); and the Brief intervention enhances motivation to seek help and resolve gambling-related problems (x2). The 12 participants who answered "no" to this question were also asked to elaborate. Responses included: nil or few people seek help following a Brief intervention (x5); the Brief intervention is "ethically and morally unsuitable to be giving to people in any public setting" (x1); and "if someone is so naïve as to not know their gambling is problematic, a Brief intervention won't create change" (x1). Whilst the majority of participants believed the Brief intervention assists further help-seeking, only 25% (17/67) of participants answered "yes" to the question "do Brief interventions naturally progress to Full interventions?" A further 46% (31/67) answered "no", 21% (14/67) were unsure, and seven percent (5/67) did not answer the question.

When asked "how does the Brief intervention affect outcomes for clients?", 36% (24/67) of participants selected the "positively" response, six percent (4/67) the "negatively" response, 49% (33/67) were unsure, and nine percent (6/67) did not answer the question. The 24 participants who answered "positively" to this question were asked to "please explain how?'. The most common responses included: by raising awareness of problem and/or

available supports (x 10) and by encouraging further help-seeking (x5). Three of the four participants who answered "negatively" to this question elaborated on their response, stating: the questioning is too "cold and direct" (x1), clients get "very upset" with the extent of the paper work (x1), and "if the person has a problem, they are not going to admit it readily on the form as it is designed" (x1).

Full interventions
Participants were asked, "overall, is the Full intervention, as required by the Ministry of Health, a good approach for assisting someone with problems related to their or someone else's gambling?' In response to this question, 79% (53/67) of participants answered "yes", three percent (2/67) "no", 15% (10/67) were unsure, and two percent (3/67) did not answer.

Participants were invited to comment on their likes and dislikes of the Full intervention process. Reported ‚likes' included: the Full intervention allows for a comprehensive assessment (x7) and/or comprehensive/ongoing treatment approach (x12); provides an opportunity for problem gamblers to engage in a counselling/change process (x13); supports preferred or flexible counselling approaches (x13); and provides a useful structure to service delivery (x4). The most commonly reported ‚dislikes' included: the intervention length needs to be longer for some/most clients (x5), the screening measures are lengthy, poorly worded (in places), or restrictive (x5), and work is involved that does not get recognised in the current reporting system (x3). Other dislikes, each expressed by an individual participant, included: lack of time and resource to support the Full intervention; the need for whanau support is not recognised; the expectation of completing three hours of Facilitation with each client is unrealistic; dealing with involuntary clients; and concern that Full interventions (in some cases) are being provided by inadequately trained staff (i.e. non-counsellors).

Follow-ups
Participants were asked, "overall, is the Follow-up, as required by the Ministry of Health, a good approach for assisting someone with problems related to their or someone else's gambling?' In response to this question, 58% (39/67) of participants answered "yes", 15% (10/67) "no", 22% (15/67) were unsure, and two percent (3/67) did not answer.

Participants were invited to comment on their likes and dislikes of the Follow-up process. The vast majority of reported ‚likes' related to the traditional functions of a Follow-up service, including the maintenance of a therapeutic relationship, relapse prevention, outcome monitoring, and as a mechanism for treatment re-engagement (x47). Commonly reported dislikes included: the Follow-up process can be (or is perceived to be) intrusive (x12) or may trigger a relapse (x3); clients can be difficult to locate (x10); inadequate resource to provide an extensive Follow-up service (x5); the process is time consuming (x3); and Follow-ups can encourage a "dependency" on the counsellor or counselling service (x2).

Facilitation Services

Findings relevant to this section are divided into those pertaining to the experience of facilitating clients to other services (service experience) and the perceived impact Facilitation Services have on the client (client experience).

Service experience
All participants were asked, "How much time and effort have you had to put into implementing the new Facilitation Services in terms of building new relationships with other agencies?" In response to this question, 27% (18/67) of participants answered "a lot", 37% (25/67) "a little", 13% (9/67) "not much", and 22% (15/67) did not answer the question.

When asked, "have formal agreements been arranged between your organisation and the other agencies relating to Facilitation of clients to them (e.g. memorandum of understanding, written documentation)?", 33% (22/67) of participants answered "yes", 31% (21/67) "no", 18% (12/67) were unsure, and 18% (12/67) did not answer the question.

Participants were asked a number of other structured questions that sought to examine their experience of Facilitation Services. The questions and resulting responses are presented below:

Q. "Overall, how have you found implementing the Facilitation Services?"
A. Five percent (3/67) of participants answered "very easy", 26% (17/67) "easy", 33% (22/67) "average", nine percent (6/67) "difficult", two percent (1/67) "very difficult", and 27% (18/67) did not answer the question.

Q. "How do you normally facilitate a client to another service?"
A. 66% (44/67) of participants selected the "telephone" option, 51% (34/67) the "in person" option, and 29% (19/67) the "other" option (participants could select more than one option). The most common "other" options included: providing client with contact details (x5), email (x4), letter (x4), and fax (x1).

Q. "In your opinion, how have the other services responded to your Facilitation of a client to them?"
A. 10% (7/67) of participants answered "very positively", 52% (35/67) "positively", 13% (9/67) "average", none "negatively" or "very negatively", and 24% (16/67) did not answer the question.

Q. "Has implementation of Facilitation Services increased awareness of problem gambling amongst other agencies?"
A. 54% (36/67) of participants answered "yes", five percent (3/67) "no", 21% (14/67) were unsure, and 21% (14/67) did not answer the question.

Q. "Has implementation of Facilitation Services led to an increase in client referrals to your organisation?"
A. 28% (19/67) of participants answered "yes", 24% (16/67) "no", 27% (18/67) were unsure, and 21% (14/67) did not answer the question.

Q. "Do other services usually know that you are facilitating a client to them?"
A. 57% (38/67) of participants answered "yes", nine percent (6/67) "no", 10% (7/67) were unsure, and 24% (16/67) did not answer the question.

The six participants who responded "no" to this question were asked to "please explain why they do not know?" Five participants responded, stating: to protect the client's privacy (i.e. so they are not identified as a problem gambler) (x3); because the client approaches the service his or her self (x1); and "large organisations have no specific contact" (x1).

All participants were asked the open-ended question, "what improvements could be made to the Facilitation Services process?" Responses included: adopting a less prescriptive structure including empowering clients to seek help on their own behalf (x7) or lower/less prescriptive targets (x2); include whanau support services in the forms and processes (x2); recognition that Facilitation can take more time and resource than is currently contracted (x2); more information/education about Facilitation Services (x2); provision to record Facilitation that occurs without a client's presence (x1); and to develop more formal agreements with other services (x1).

Client experience

Participants were asked a number of structured questions that sought to examine the perceived impact of the Facilitation Service on their clients. The questions and resulting responses are presented below:

Q. "In your opinion, how have clients generally found the Facilitation Services?"
A. 12% (8/67) of participants answered "very good", 42% (28/67) "good", 21% (14/67) "average", three percent (2/67) "poor", none "very poor", and 22% (15/67) did not answer the question.

Q. "In your opinion, have the Facilitation Services increased client access/utilisation of these other services?"
A. 49% (33/67) of participants answered "yes", nine percent (6/67) "no", 19% (13/67) were unsure, and 22% (15/67) did not answer the question.

Q. "In general how does Facilitation impact on your relationship with clients?"
A. 18% (12/67) of participants answered "very positively, 42% (28/67) "positively", 16% (11/67) "average", none "negatively" or "very negatively", and 24% (16/67) did not answer the question.

Q. "Why are some clients not facilitated to other services?"
A. 49% (33/67) of participants selected the option "client doesn't have other issues", 49% (33/67) selected the option "client has co-existing issues, but doesn't want Facilitation", 39% (26/67) selected the option "gave the client information and referral rather than a Full Facilitation", and 27% (18/67) selected the "other" option (participants could select more than one option). Stated "other" options included: client unwilling to be facilitated/prefer to stay with current service (x6); Facilitation not required (x2); clients already engaged with required services (x2); appropriate services not available (x2); reasons vary from client to client (x2); required information is not available (x1); and "it is important, if the client is motivated and able, for them to contact the referring organisations themselves as part of a plan to develop self agency" (x1).

Q. "What are the outcomes for clients who have had facilitated referral to other services compared to the methods your organisation previously used?"
A. No participants answered "much better", 52% (35/67) "better", 13% (9/67) "the same", none "worse", six percent (4/67) "much worse", and 28% (19/67) did not answer the question.

Q. "Does facilitating a client to another agency for co-existing issues have an impact on whether they complete or drop out of treatment for their gambling issues?"
A. 21% (14/67) of participants answered "yes", 15% (10/67) "no", 39% (26/67) were unsure, and 25% (17/67) did not answer the question.

Participants were also asked, "In your opinion, do you feel Facilitation Services improve your client's outcomes in terms of their gambling issues?" In response to this question, 58% (39/67) of participants answered "yes", two percent (1/67) "no", 18% (12/67) were unsure, and 22% (15/67) did not answer. The 39 participants who answered "yes" were asked to explain "how does it improve their outcomes?" The most common responses were that Facilitation helps the problem gambling client: to access a wider range of supports (x20), address underlying/co-morbid issues (x8) or affords them a holistic treatment approach (x6). Four of the 39 participants noted that Facilitation was helpful, *but*: only if the client accesses the new service "in conjunction with a gambling counsellor as well" (x1), evidence is only

anecdotal and there is "no hard evidence on clinical outcomes" (x1), the Facilitation process "can too easily rob the client of a sense of ownership and control in the whole process" (x1), and having to "formally record" the process is "time consuming and frustrating" (x1). The one participant who answered "no" was asked to explain "why do you think this?" He/she indicated that any gains were "short term" only.

Ministry of Health data collection and CLIC

Participants were asked a number of structured questions that sought to examine their experience of the Ministry of Health data collection and reporting requirements. The questions and resulting responses are reported below.

Q. How well do you think you understand the Ministry of Health data collection and reporting requirements?"
A. 16% (11/67) of participants answered "very well", 40% (27/67) "well", 30% (20/67) "not sure", nine percent (6/67) "poorly", none "very poorly", and five percent (3/67) did not answer the question.

Q. "Overall, how do you find the Ministry of Health data collection and reporting requirements?"
A. Two percent (1/67) of participants answered "very good", 24% (16/67) "good", 51% (34/67) "average", 13% (9/67) "poor", three percent (2/67) "very poor", and seven percent (5/67) did not answer the question.

Q. How well do you think you understand the CLIC data entry system?"
A. 16% (11/67) of participants answered "very well", 37% (25/67) "well", 18% (12/67) "not sure", 12% (8/67) "poorly", five percent (3/67) "very poorly", and 12% (8/67) did not answer the question.

Q. Overall, how has the use of the CLIC data entry system been?"
A. Three percent (2/67) of participants answered "very easy", two percent (1/67) "easy", 51% (34/67) "OK", 21% (14/67) "complicated", three percent (2/67) "very complicated", and 21% (14/67) did not answer the question.

Q. How well do you think you understand the CLIC data reporting system?"
A. Six percent (4/67) of participants answered "very well", 45% (30/67) "well", 22% (15/67) "not sure", eight percent (5/67) "poorly", three percent (2/67) "very poorly", and 16% (11/67) did not answer the question

Q. Overall, how have you found the CLIC data reporting system?"
A. Six percent (4/67) of participants answered "very good", 25% (17/67) "good", 36% (24/67) "average", six percent (4/67) "poor", five percent (3/67) "very poor", and 22% (15/67) did not answer the question.

Q. "Does your organisation find the monthly/quarterly reports from CLIC useful to the organisation?"
A. 43% (29/67) of participants answered "yes", five percent (3/67) "no", 46% (31/67) were unsure, and six percent (4/67) did not answer the question.

Participants were invited to recommend possible improvements to the CLIC data entry and reporting system. Seven participants suggested the system should be simplified in some manner without specifying how. Other, more specific suggestions included: allowing the collection of a greater amount of clinical detail (x2) or more detailed reports (x 1); more in-depth, individualised training (x3); provision to record Facilitation at a Follow-up session

(x1); provision to report client "no shows" or attendance at meeting (x1); more information brought up when doing Follow-ups so all details are on screen for clinicians (x1); the CLIC data system could have an easier user interface (x1); allow all "ground workers" access to CLIC to ensure faster and easier input (x1); "where it says Ministry requirements are not met, it should tell us why" (x1); include an ‚exclusion from venues' option for Facilitation (x1); a monthly Follow-up report that includes contact details (x1); allow a client to be entered as both a gambler and a family affected other (x1); allow a greater number of options to be entered for problem gambling mode (x1); move away from micro-managing counselling (x1); improve the data collection measures and screens (x1); and provide a more effective reporting option for when a client does not want further Follow-up (x1).

Participants were asked whether the collection of data has "…a positive or negative influence on the relationship building process with your clients?" In response to this question, 16% (11/67) of participants answered "positive", six percent (4/67) "negative", 31% (21/67) "both", 24% (16/67) "data collection has no influence", 16% (11/67) were unsure, and six percent (4/67) did not answer the question. Reported positive influences included: the opportunity to monitor client outcomes (x5); to build rapport (x3) or initiate dialogue (x2); to identify problems or increase understanding of client context (x4); and as an indicator of a "professional" service (x2). The most frequently reported "negative" was that the collection of Ministry of Health data was a real or potential threat to treatment engagement or rapport building (x11), with most of these 11 participants suggesting clinical skill was required to balance the needs of data collection with the counselling process. Other negatives included: the screens/ questions can be (or are perceived to be) intrusive, poorly worded or irrelevant (x8), a documented lack of progress (via repeated measurement) can be upsetting for clients (x2), and the process is time consuming (x4).

Participants were also asked, via an open-ended question, to describe how they use the CLIC data "…to create an effective therapeutic relationship with clients?" The most common responses included: as a discussion point or educational opportunity (x12), to assist problem identification (x5), in treatment planning/review (x4), and to reduce anxiety about the treatment process or to build rapport (x3). A small number of participants provided comment suggesting CLIC data collection was not conducive to an effective therapeutic relationship. Comments included: "I minimise it, advising that they may ask anything as the wording and questions may be inappropriate in my experience" (x1); "not used for this and potentially dangerous if it is" (x1); "spin them some story about how it is used for the betterment of helping problem gamblers" (x1); and "If there was available data relevant to clients such as numbers of people using a safety plan for successful relapse prevention this would be helpful" (x1).

When asked, "in your opinion, how does the collection of data impact on the outcome for the client?", 30% (20/67) of participants responded "positively", eight percent (5/67) "negatively", 14% (9/67) both negatively and positively, 39% (26/67) were unsure, and 11% (7/67) did not answer the question.

Finally, when asked, "overall, how supportive is your organisation in providing training/ education, mentoring and monitoring of the CLIC data management system?", 19% (13/67) of participants answered "very supportive, 33% (22/67) "supportive", 28% (19/67) "average", two percent (1/67) "not supportive", two percent (1/67) "completely not supportive", and 16% (11/67) did not answer the question.

Training and workforce development

All participants were asked, "Have you been to any training sessions for intervention services, data collection and reporting systems?" In response to this question, 64% (43/67) of

participants answered "yes", 31% (21/67) "no", two percent (1/67) were unsure, and three percent (2/67) did not answer the question. The 43 participants who responded "yes" were asked a number of structured questions that sought to examine their experience of the training session(s). The questions and resulting responses are presented below:

Q. "Have you been to any training sessions in the past six months?"
A. 74% (32/43) of participants answered "yes" and 26% (11/43) answered "no".

Q. "Overall, how did you find the training for the intervention services, data collection and reporting systems?"
A. 19% (8/43) of participants answered "very good", 37% (16/43) "good", 35% (15/43) "average", five percent (2/43) "poor", two percent (1/43) "very poor", and two percent (1/43) did not answer the question.

Q. "Overall, do you think the training is beneficial, for example in terms of workforce development and your understanding of Ministry of Health processes and requirements?"
A. 77% (33/43) of participants answered "yes", 14% (6/43) "no", and nine percent (4/43) were unsure.

Q. "Has training assisted you in how to integrate the Ministry of Health requirements into the therapeutic process with your clients?"
A. 42% (18/43) of participants answered "yes", 35% (15/43) "no", 21% (9/43) were unsure, and two percent (1/43) did not answer the question.

Q. "Has training helped you to deliver the Brief, Full and Follow-up interventions as required by the Ministry of Health?"
A. 58% (25/43) of participants answered "yes", 26% (11/43) "no", 14% (6/43) were unsure, and two percent (1/43) did not answer the question.

Q. "Has this training assisted you in providing a service which better serves your clients?"
A. 47% (20/43) of participants answered "yes", 28% (12/43) "no", 21% (9/43) were unsure, and five percent (2/43) did not answer the question.

The 43 participants who had attended a training session were asked the following open-ended question: "how could the training be improved?" Responses were varied and included: more intensive and/or more regular training opportunities (x8), tailoring content to the needs of specific worksites or ethnic groups (x5), intervention specific training (x2), greater use of email/teleconferencing as a training medium (x1), inclusion of a „development' component (x1), using trainers with current experience of the problem gambling treatment sector (x1), and developing a "model" in consultation with clinicians that "maps the entire clinical process from initial contact referral to evaluation of outcomes" (x1).

3.2.2 Survey: Clients

This section presents findings from the 49 clients of gambling treatment services who completed the „client survey' described in Section 2.4.2.

Participant characteristics

Demographic characteristics of the 49 participants who completed the client surveys are presented in Table D.

Table D – Demographics

Variable		N	(%)
Gender	Male	24	(49)
	Female	24	(49)
Age	20-29	6	(12)
	30-39	14	(29)
	40-49	10	(20)
	50-59	13	(27)
	60+	6	(12)
Ethnicity	NZ European	25	(51)
	Maori	15	(31)
	Pacific Island	0	-
	Asian	7	(14)
	Other	2	(4)
Location	Auckland/Northland	19	(39)
	Other North Island	14	(29)
	South Island	16	(33)
Highest qualification	None	8	(16)
	Secondary school	13	(27)
	Technical/trade	11	(22)
	University	14	(29)
	Other tertiary	3	(6)
Household income	<$20,001	10	(20)
	$20,001 - $40,000	18	(37)
	$40,001 - $60,000	8	(16)
	$60,001 - $80,000	3	(6)
	$80,001 - $100,000	4	(8)
	>$100,000	4	(8)

An even number of males and females completed the survey (49% of each), the majority of participants were aged between 30 and 59 years (accounting for 75% of participants), and were of New Zealand European ethnicity (51%). The majority of participants had a university (29%) or technical/trade (22%) qualification and a gross annual household income of lower than $40,000. A relatively high percentage of Maori and Asian clients were recruited (31% and 14%, respectively). No Pacific participants were recruited for the client survey. There was only one Pacific-specific treatment service participating in Stage Three, and whilst they identified potential client participants for the survey, those people subsequently could not be contacted by the research team or declined to participate upon contact.

Ninety-two percent (45/49) of participants were seeking treatment for their own gambling-related problem and eight percent (4/49) were significant others. The primary gambling activity of those participants seeking help for their own gambling-related problem, along with participants' self-rating of their gambling problem severity, at the time of treatment entry, are presented in Table E. Nearly two-thirds of participants (62%) reported electronic gaming machines in pubs as their primary gambling activity, with 78% (35/45) of participants self-rating their problem severity as being a „big problem'.

Table E - Primary gambling activity and self-rated problem severity of participants seeking help for their own gambling problem

Variable		N	(%)
Primary gambling activity[#]	Horse/dog racing	7	(16)
	Sports betting	1	(2)
	Table games - casino	4	(9)
	Gaming machines - casino	8	(18)
	Gaming machines - club	2	(4)
	Gaming machines - pub	28	(62)
	Lotto/Keno/Instant Kiwi	2	(4)
Problem severity (self-rated)	Big problem	35	(78)
	Moderate problem	3	(7)
	Slight problem	5	(11)
	Not a problem	2	(4)

N=45
[#] Participants could select multiple options

Current service attendance

Sixty-five percent (32/49) of participants stated they were still currently attending a gambling treatment service. Of the 17 participants (35%) who were no longer attending treatment, 11 had exited within three months before completing the survey. The median number of treatment appointments attended at the time of the interview (inclusive of current and former clients) was nine.

Sixty-one percent (30/49) of participants reported having received a Follow-up/review call from the service they were attending or had most recently attended. Ninety-three percent of these participants (28/30) stated that the Follow-up/review call(s) was helpful.

Pathways into services

Information sources
Participants were asked to identify how they found out about the gambling treatment service they were currently attending (or most recently attended). The five most frequently identified information sources are presented in Table F (participants could identify more than one information source). The identified forms of advertisement included radio (x5), television (x2), and a magazine (x1). Other responses included: justice sector (x5), counsellor/social worker (x3), "just knew about it" (x3), health service (x2), budgeting service (x1), referral from another gambling treatment service (x1), and church-based support service (x1).

Table F - Top five sources of gambling treatment service information

Information Source	N	(%)
Advertisement	8	(16)
Referred by family/friends	8	(16)
Referred by helpline	7	(14)
Telephone book/Yellow Pages	6	(12)
Referred by gambling venue	5	(10)

Decision making
When asked "when you chose the service to attend, did you know about other gambling treatment services too?", 49% (24/49) of participants answered "yes". Thus, nearly half of the participants were aware of other options when choosing which gambling treatment service

to attend. To obtain some sense of the factors that may have influenced their decision-making process, all participants were asked to identify any characteristics about the service they were currently attending (or most recently attended) that "helped you choose to go there". The five most frequently reported responses are presented in Table G (again, participants could identify more than one characteristic). As can be seen, „the treatment/help given' was the most frequently cited response, although this included both the type of treatment on offer and/or the characteristics of the counsellor providing the treatment. The next most frequently cited response was a „service recommendation'. Other responses (not listed) included: referral from friend or family member (x4), had previously tried another service that didn't provide what I needed (x4), familiarity with the service (x3), phone number was easily accessible (x2), service reputation (x1), and reassuring advertising (x1).

Table G - Top five reasons for selecting a gambling treatment service

Choice factor	N	(%)
The treatment/help given	20	(40)
Service recommendation	10	(20)
Service location	9	(18)
Only known option	6	(12)
Referred/recommended by justice system	5	(10)

Participants were also asked to identify whether they entered their current/most recent gambling treatment service to attend a specific programme. Thirty-seven percent (18/49) of participants answered "yes" to this question. When asked to identify the specific programme they had sought to attend, the responses included: a treatment group (x16), a workshop (x2), one-on-one counselling (x1), and a course that offered "stress management" and "a lot of questionnaires for myself and my family to fill in" (x1).

When asked "would you have gone to a different gambling treatment service if there were other options available?" 18% (9/49) of participants answered "yes". When asked to explain their answer, all nine participants indicated no dissatisfaction with their current service but suggested they would have been willing to explore other options - possibly in addition to their current service.

Distinct intervention services

This section presents findings pertaining to client outcome, sources of support, treatment experiences/satisfaction, and recommended improvements for future service provision.

Outcome: Gambling problems

Ninety-two percent (45/49) of participants reported that their gambling treatment service had helped them with their gambling issues, six percent (3/49) were "not sure" and two percent (1/49) reported that their gambling treatment service had not helped with their gambling issues.

Participants who had sought assistance for their own gambling-related problems were also asked whether their level of gambling activity, control over gambling, and control over money had decreased, stayed the same, or increased since beginning treatment. Results are presented in Table H and indicate that the majority of respondents reported that their level of gambling activity had decreased since starting treatment (42/45; 93%). A further two participants reported that they had stopped gambling prior to entering treatment, and 27 of the 42 participants who reported a decrease in gambling activity since starting treatment stated that they had stopped completely. Only a minority of participants reported increased control over their gambling (22%) or money (18%); however, it is reasonable to assume that all of the

participants who had successfully abstained from gambling were also experiencing greater control over their gambling and money (i.e. the low responses may probably reflect reporting error).

Table H - Self-reported change in specified outcome measures since treatment entry

Outcome measure	Increased		Same		Decreased	
	n	(%)	n	(%)	n	(%)
Level of gambling activity	0	-	0	-	42	(93)
Control over gambling	10	(22)	1	(2)	0	-
Control over money	8	(18)	2	(4)	1	(2)

Percentages do not always total 100% due to missing values

Outcome: other problems

Seventy-eight percent (38/49) of participants reported that attending their gambling treatment service had helped them deal with other, non-gambling related, issues. Table I presents the reported „other issue' types. Given the sensitive nature of some of these issues (e.g. sexual abuse, mental health, and alcohol or drug addiction) the reported figures are most likely to be an underestimate of „other' issues addressed in a gambling treatment context.

Table I - Identified „other' issues addressed in a problem gambling treatment context

Identified issue	N	(%)[#]
Relationship issues	17	(35)
Personal development	16	(32)
Other addiction	4	(8)
Financial management	3	(6)
Grief	3	(6)
Physical health	2	(4)
Accessing legal help	2	(4)
Language/communication support	2	(4)
Mental health	1	(2)
Accessing food parcels	1	(2)

[#] Calculated as percentage of overall sample (n = 49)

Sources of support

In addition to the treatment service they were attending (or recently attended), 29% (14/49) of participants reported that they were receiving support from somewhere/someone else in regard to their gambling issues. Family or friends were the most commonly reported source of additional support (13/14), followed by other gambling treatment services (2/14).

Treatment experience/satisfaction

In order to obtain some indication of participants' first impressions of their gambling treatment service, as well as any subsequent change in their first impressions, they were asked to respond to a number of structured questions on this subject. These questions and the participant response are presented in Table J. As can be seen, 80% or more of all participants responded to most of the questions with a "good" or "very good" response with the exceptions of the initial impressions of the "information provided at the service", "client rating of the premises", and "referral assistance to other agencies". Twenty percent to 26% of participants responded "average" or "poor" to these questions, although some improvement was noted over time.

Table J - Participant ratings of selected gambling treatment service features

Client rating of	Impression	Very Poor		Poor		Average		Good		Very Good	
		n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
The information provided at the service	First	0	-	2	(4)	9	(18)	20	(41)	18	(37)
	Current	0	-	1	(2)	7	(14)	23	(47)	18	(37)
The premises	First	0	-	2	(4)	8	(16)	22	(45)	16	(33)
	Current	0	-	1	(2)	6	(12)	22	(45)	18	(37)
The reception/first contact with service	First	1	(2)	1	(2)	5	(10)	18	(37)	22	(45)
	Current	0	-	0	-	4	(8)	20	(41)	23	(47)
The counsellors	First	0	-	3	(6)	4	(8)	17	(35)	25	(51)
	Current	0	-	0	-	0	-	18	(37)	31	(63)
The treatment/help received	First	0	-	1	(2)	7	(14)	14	(29)	27	(55)
	Current	0	-	0	-	3	(6)	17	(35)	29	(59)
Referral assistance to other agencies[§]	First	0	-	0	-	5	(26)	11	(58)	3	(16)
	Current	0	-	0	-	4	(21)	11	(58)	4	(21)
Follow-up/Review calls[Ψ]	First	0	-	1	(3)	1	(3)	18	(56)	12	(38)
	Current	0	-	1	(3)	1	(3)	16	(50)	14	(44)

Percentages do not always total 100% due to rounding. [§]Percentages based on the number of people who answered the question (n = 19), for all others it was „not applicable'. [Ψ] Percentages based on the number of people who answered the question (n = 32), for all others it was „not applicable'.

When asked, 84% (41/49) of participants reported being "very satisfied" with their current/most recent gambling treatment service, and 16% (8/49) were "satisfied". No participant reported being "dissatisfied" or "very dissatisfied". All participants were provided an open-ended opportunity to identify what they found most satisfying or helpful about their treatment experience; the most frequently reported comments are presented in Table K, with the top three being: clinicians' skills and attributes, the knowledge/insight gained by the client or their progress, and referral or support accessing another service. Other comments (not listed) included: a general positive, but unspecific, comment about the help received, such as "whole treatment was great" (x7); the availability of the service (x1); time management of appointments (x1); and assistance setting up a group meeting (x1).

Table K - Most helpful/satisfying characteristics of treatment

Characteristic	N	(%)
Clinician skill/attributes	25	(51)
Knowledge/insight gained or progress made	24	(49)
Referral/support accessing services	7	(14)
Supportive environment	6	(12)
Camaraderie with other clients	2	(4)
Home visits	2	(4)

Recommended improvements

Possible areas for service improvement were examined via a series of structured questions. The questions and participant responses are presented in Table L. The majority of respondents reported that there was no need for improvement (92% to 100%) in any of the specified areas; however 10 (20%) participants suggested: more counsellors, services or

treatment groups were needed (x7); longer appointment slots (x1); more car parking (x1); improved premises (x1); and "cups at water machine" (x1).

Table L - Response to structured „service improvement' questions

Is there room for improvement in…	Yes		No		Don't Know	
	n	(%)	n	(%)	n	(%)
The treatment/counselling approach	3	(6)	45	(92)	1	(2)
The information provided about the service	3	(6)	46	(94)	0	(0)
The information provided at the service	0	(0)	49	(100)	0	(0)
The location of the service	4	(8)	45	(92)	0	(0)
The reception/first contact with the service	2	(4)	46	(94)	1	(2)
Any area	10	(20)	39	(80)	0	(0)

In addition, all participants were provided an open-ended opportunity to identify what they found unhelpful about their treatment experience. Eighteen participants (37%) provided a response, including: disliked the dynamics of the treatment group (x4); the focus or style of the counsellor (x3); irrelevant/inappropriate assessment process (x2); limited counsellor availability (x2); limited car parking (x1); length of the treatment group (3.5 hours) "was a bit long" (x1); inability to convince husband to attend gambling treatment service (x1); limited childcare support (x1); "unmanned" office - "not very welcoming" (x1); run down premises (x1); receiving "unexpected" calls from the national telephone helpline - "counselling works better when you're prepared mentally and emotionally to go and see the counsellor at an agreed time" (x1); more feedback about the course and ongoing courses (x1); and "I think they should teach abstinence only" (as opposed to abstinence and controlled gambling; x1).

Facilitation Services

When asked, 29% (14/49) of participants reported that their "gambling treatment service counsellor" had helped them to access another agency/organisation to deal "with other (non-gambling) issues". The remaining 71% (35/49) of participants responded "no" to this question.

The 35 "no" respondents were asked why this was the case, responses included: current counsellor was dealing with other, non-gambling specific, issues (x21), no other issues to deal with (x5), no other assistance wanted (x4), and already had someone else helping out (x1).

Twelve of the 14 participants who were assisted by their counsellor to access other agencies/ organisations reported that the assistance received was "helpful". Only one participant stated that the assistance was not helpful and another was unsure. All 14 participants were asked to comment on how the assistance could have been improved; however, all 14 chose not to answer or suggested that improvement was unnecessary. When asked if they knew the agencies/organisation were available prior to receiving counsellor assistance to access them, nine participants answered "yes", three "no" and two were unsure. Again, when asked, seven participants felt the assistance provided to access another service improved their relationship with their problem gambling counsellor and the other seven felt it had made the relationship worse. Finally, ten of the 14 participants stated that the assistance received from the new agency helped them with their „other' issues. Of the four remaining participants, one felt it helped with their gambling issues only, one didn't follow through on the offered assistance, one didn't get the service they wanted, and the other didn't answer the question.

3.2.3 Survey: Allied agencies

Twenty-eight allied agencies completed the survey, representing 47% of those contacted (28/60). These agencies included: budgeting and/or total money management services (x10), alcohol and other drug treatment service (x7), relationship counselling service and/or family support service (x4), mental health support service (x2), community probation service (x1), restorative justice service (x1), eating disorders counselling service (x1), women's refuge outreach (x1), and the Department of Internal Affairs (x1). The roles of participants within the allied agencies included: manager/team leader/coordinator (x10), counsellor/case worker/ social worker (x9), budget advisor (x6), probation officer (x1), gambling inspector (x1), and "service provider" (x1). Due to the small sample size, only descriptive analyses have been presented below.

Referral processes

Of the 28 participants who completed the survey, 19 (68%) were aware of gambling treatment service clients being referred to their organisation in the last six months. Methods of referral varied both between and within services: 15 participants were aware of their organisation having received telephone-based referrals, 10 letter or email referrals, and nine face-to-face referrals.

The 19 participants who were aware of gambling treatment clients being referred to their organisation were asked "what is different now from previously when clients did not receive active/supported referral?" Six participants felt nothing had changed and seven reported some benefit including a greater number of referrals (x5), improved agency relationships (x1) or better client outcomes (x1). It was also noted by some participants that supported referral clients were in „bigger trouble' with larger debts and seemingly more motivated.

Twenty-one participants (75%) reported having referred one or more clients to a gambling treatment service in the last six months. Eight did this by telephone, six face-to-face, and three in writing. The remaining participants gave their clients information in the way of either pamphlets or cards and encouraged them to make contact rather than Facilitating the contact themselves.

In response to the structured question, "after the gambling treatment service has Facilitated referral of a client to your service, do clients actually attend your service?", six participants (21%) responded "all the time", ten (36%) "more than half the time", and three (11%) less than "half" (2) or "quarter" (1) of the time. The remaining nine participants did not answer the question.

Perceived advantages and disadvantages of facilitated referral to clients

Participants were asked to identify the advantages and disadvantages to a *problem gambling client* of a Facilitated referral to their agency. Eighteen participants (64%) identified perceived advantages, including: benefit of a shared-care/collaborative approach (x6) or specialised input in a non-problem gambling area (x5), support in the referral and/or initial service contact stage (x5), and gaining some knowledge/understanding of the service before they arrive (x3). Only five participants (18%) identified potential disadvantages, including: "disempowering" to the client if the counsellor takes an active role in the help-seeking process (x2), the client may not be "ready" for the referral, subsequently resulting in a "waste" of peoples time (x2), and that the counselling approach may become "fragmented" if two counsellors are involved and the communication between them is limited (x1).

Participants were also asked to identify the perceived advantages and disadvantages of referring *their clients* to gambling treatment services. Twenty participants (71%) identified perceived advantages, including: specialist problem gambling support (x13), or enhanced outcomes at the referring agency due to receiving specialist problem gambling support (x7), and the facilitated referral process means clients more likely to access specialist problem gambling support (x2). Only three participants (11%) identified potential disadvantages, including: the client may be in denial of the need for specialist problem gambling treatment or feel "pushed" into accessing specialist treatment (x2) and the possibility of "fragmented" treatment (x1).

When specifically asked "do you think clients have more positive outcomes if they are receiving interventions for their gambling issues as well as the issues for which your agency is supporting them?", 24 participants (86%) answered "yes".

Perceived advantages and disadvantages of Facilitated referral to organisations

Participants were asked to identify the advantages and disadvantages "of the Facilitated referral approach of *gambling clients* to your agency/organisation?" Fourteen participants (50%) identified perceived advantages, including: receive specialist knowledge (problem gambling) and/or more detailed information about the client in the early stages of service contact (x5); specialist support from the problem gambling service which, as noted by a number of respondents, is likely to result in better client outcomes and, therefore, better organisational outcomes (x4); the client is more likely to attend scheduled appointments (x2); the Facilitation process presents networking opportunities (x2); and "it's a transparent and honest" process (x1). Six participants (21%) identified potential disadvantages, including: the client being in denial or not committed to the service/treatment process (x3), the referral process "takes more time" than the standard referral (x1), problem gambling clients are a "lot of work" and "complex cases" (x1), and that the counselling approach may become "fragmented" if two counsellors are involved and the communication between them is limited (x1).

Participants were also asked to identify the advantages and disadvantages to their agency/organisation of referring *their clients* to specialist problem gambling services. Eighteen participants (64%) identified perceived advantages, including: access to a specialist problem gambling service which, as noted by a number of respondents, is likely to result in better client outcomes and, therefore, better organisational outcomes (x15); allows their agency to focus on their core business (x2); and having access to specialist services affords their clients an alternative to legal prosecution (x1). Only two participants (7%) identified potential disadvantages, including: a lack of information from the problem gambling service in areas vital to their (the referring agencies) functioning (x1), and the possibility of "fragmented" treatment (x1).

When asked, "what sort of relationship exists between your organisation and gambling treatment agencies?", 16 participants (57%) responded "average", seven (25%) "poor", four (14%) "good", and one participant did not answer the question. Twelve (43%) participants felt their organisations awareness of problem gambling had increased due to having received referrals of problem gambling clients.

Suggested improvements

Survey participants were asked "in what ways could the Facilitation referral process of clients to your agency/organisation be improved?" Twenty-three participants (82%) responded to this question, although the majority of comments were generic statements (e.g. "it's fine how it is"), rather than specific suggestions. Nevertheless, three participants suggested the problem

gambling counsellor should not attend facilitated appointments with their client or make referrals on their clients' behalf due to perceived threats to "honest disclosure" or a belief that clients should seek contact on their own to "demonstrate commitment". A further two participants suggested communication needed to improve, especially with regard to whether clients attend scheduled appointments or not, two suggested more referrals were needed, and one suggested referral information should include details about the impact of gambling on a client's family.

3.3 Stage Three key informant information: Focus groups

Focus groups were conducted with counselling, managerial and administrative staff of gambling treatment services, i.e. with staff who provide interventions or who are involved in the data collection and management processes for the national face-to-face (CLIC) database. There were between four and eight participants per focus group[20]; focus groups represented Mainstream, Maori, Pacific and Asian gambling treatment services though the participants were not necessarily of the same ethnicity as the service they represented. Participants in each focus group (apart from the Asian group) represented more than one service which allowed for cross-organisational discussions.

Focus groups were semi-structured to allow scope for participants to elaborate within the areas of interest, to enable more detailed responses than could be captured by the more structured surveys. This section of the report provides a summary of the themes identified from the focus groups. Through the process of examining the dialogue from the focus groups a number of themes presented. As there was wide discussion within the groups, the reported themes are those pertinent to issues of intervention delivery (including Brief interventions, Full interventions, Follow-up sessions and Facilitation Services) and training. The themes are outlined based on type of focus group since that is where commonalities and differences appeared to lie; however, during the analysis special attention was paid to different service perspectives (since service differences were apparent from the database analyses) and if there were differences, these have been detailed below.

Only results from Stage Three have been presented in the following pages. Data from Stage Two have been presented in the Stages One and Two Final Report for this project (Bellringer et al., 2009). This Stage Three report should be read in conjunction with the Stages One and Two Final Report.

3.3.1 Intervention delivery

The different methods of intervention delivery were the main discussion topic in the focus groups, with many similarities identified between the discussions. The interventions discussed included Ministry of Health required Brief interventions, Full interventions, Follow-up sessions, and Facilitation Services. Focus group participants also discussed the Ministry of Health model and process as a whole, and the requirements placed on their organisations by the Ministry of Health.

<u>Brief interventions</u>
There appeared to be some confusion regarding what counts as a Brief intervention as per the Ministry of Health requirements, in particular this related to the demographic information that was required and how this could be asked in the settings in which the Brief interventions were being conducted. Privacy issues around collection of such data and the inability to follow this up with a one-on-one conversation were raised. This was of particular concern to cultural groups where English was not the first language.

> *"...struggle about how to do the record because at first it's not clear enough."* (Asian focus group)
> *"... they're struggling to get their head around how to have those conversations with people in non-private settings, so they're doing a presentation, a workshop, and engaging*

[20] One Maori and one Mainstream organisation were unable to send representatives to the focus group but supplied their feedback on the focus group themes in writing.

with maybe thirty, forty, fifty people and then you've gotta find a way of inviting people if they'd like to have further um discussions around gambling that they're welcome to do so in the lunch break or after the workshop." (Mainstream focus group)

"...further clarification just given in the last two weeks about the minimum data set, so we had a bit of misinformation or miscommunication initially about what we had to obtain for those Briefs." (Mainstream focus group)

"You've got to, you know, just have an everyday chat, you know, shooting the breeze sort of thing to try to get to a Brief intervention with someone" (Mainstream focus group)

"...and it's very difficult to get the information how much they spend for... for their gambling yeah, even when I asked um the age they don't answer me, but I think it's good idea." (Asian focus group)

"... difficult because Pacific Island people don't always tell you the truth straight away" (Pacific focus group)

"..asking for the Brief intervention need to be really skilful because sometimes some question may be quite - I feel may be quite um, in- not intrusive or something that you need to - to find some way in asking." (Asian focus group)

"It feels unsettling to be trying to connect with the general public - we want to do that but we're actually also having to obtain - we've got another agenda, we're having to obtain some minimum data about them." (Mainstream focus group)

"There are ethical dilemmas with regard to collecting information about members of the public and they don't realise it's going to the Ministry of Health." (Mainstream focus group)

"We actually sneak the questions in without actually letting them know that we're doing a survey which is a little bit unethical but overall we haven't actually had a lot of that." (Mainstream focus group)

Generally there was a positive view of Brief interventions and how they benefit the process of education and public health information around gambling issues. There was, however, some concern about Brief interventions being a public health activity rather than a clinical procedure. This has led to further concerns that Brief interventions do not lead to Full interventions since they reside in a different framework, one of public awareness and education rather than personal enlightenment and action.

"I think the Briefs getting out, forcing the team to go out I think it's good. It means they actually front up as a service, get them out there, everyone turns out for those, so that's quite a positive thing that happens for us." (Maori focus group)

"I quite like the concept of Brief - you know briefing - like checking to see if they have gambling problems or affected by gambling and then going into Full [intervention]. (Pacific focus group)

"From our perspective that public health would do a lot of the Brief [interventions]." (Pacific focus group)

"... the public health activity we introduce first, then start ask them questions are you concerned about the gambling issue in our community?" (Asian focus group)

"... unachievable given the fact that we're not designated to do that, we're trained up as counsellors and that's where we're going so that means that Brief interventions are very difficult to procure from our perspective, ah so it's almost un-doable unless you have targeted teams going to flea markets in weekends which [is] beyond our brief." (Mainstream focus group)

"It doesn't provide us with many increased referrals, we get the odd, the odd couple um, and the ones that they've come from have not been the big workshops, they've been where we've been at fun days and people - staff have had the time to engage a bit more one-on-one with people in the community which you don't have the time to do at a workshop or seminar presentation." (Mainstream focus group)

"... may or may not actually serve the purpose the Ministry of Health set up in the first place, given we're a counselling not an education service." (Mainstream focus group)

"I think it's felt artificial to divide the type of work you're doing into Briefs and Full interventions, so that's been a learning curve for staff, to consider um clients who are coming for counselling as Full [intervention], whereas someone whom you might initiate a discussion with outside the counselling room is a Brief [intervention]." (Mainstream focus group)

"I think that the Brief interventions from a public health agenda, needs to be a specific thing outside the clinical role." (Mainstream focus group)

"Briefs come at the clinical - out of the clinical funding, it's pretty confusing so um, it's not public health funding." (Mainstream focus group)

"It's quite different and counsellors are used to having very focused, very intentional exploratory conversations so we've got to kind of go ok take that off completely, we completely do not want to get into their personal stories in a public setting and we've got to think about ooh, got to ask that question about lying and that question about betting more and finding ways to weave it into the conversation in a natural way and then record it after the conversation's been had and it doesn't sit comfortably with me it's quite awkward." (Mainstream focus group)

"You do all these Briefs but they're not necessarily getting them to [Full] intervention." (Maori focus group)

"It's easy to get the Brief, it's hard to get the Full [intervention]." (Maori focus group)

"It's been quite hard trying to promote your service and get out there and get the Brief interventions then run back in the office and do the Full interventions then run back out and do some more other stuff." (Maori focus group)

"The disaggregation and isolation of stages of counselling, i.e. Brief, Full, Follow-up, Facilitation." (Maori focus group)

Full interventions

The Full intervention was discussed as the intervention the participants were most comfortable with as it is what they are trained to do, employed to do and do every day. The Full intervention allows for use of their clinical skills to help an individual. However, there were some concerns given the variety of clients seen by counsellors, many with numerous co-existing issues; the Full intervention was seen as a broad intervention that was not necessarily

suited to different clients' needs. An example discussed by participants was around the number of sessions that a client receives as part of a Full intervention. The concern voiced by participants in all focus groups was the Ministry of Health's apparent restriction to eight sessions per client for a Full intervention (some participants appeared to think the Full intervention restriction was only six sessions). There were many concerns raised around the need for time to build the rapport before a client would be honest with a counsellor. Some clients have many issues to work through and were even considered to require indefinite ongoing support. Some participants had experienced issues at the end of the eight sessions where a client did not wish to let go and move forward. Participants dealt with this issue in different ways; some just continued with more sessions, some tried to empower the client to go it alone. In addition, the question relating to household income was seen as problematic, with a number of participants discussing the difficulties of obtaining this information from clients, particularly if a client shut down and did not want to answer further questions.

"I think Full intervention for us is the most familiar model because every day we are doing, ah face-to-face counselling, we count as a Full intervention and Full intervention is the most important part of our services." (Asian focus group)

"I think we feel very comfortable with Full interventions ah, where people will come into your counselling room and you know that what you're doing… that's what we're trained to do." (Mainstream focus group)

"You're getting a whole range of groups called Full interventions when some are quite simple and straightforward and others are extremely difficult." (Mainstream focus group)

"I suppose the screening questions suggest to me that as an organisation, um and hopefully suggest to the person that we realise gambling doesn't happen in isolation that there might be a few other areas that we could ask questions about, um can't be quite - totally positive here because I have had a lot of significant others resent being asked to complete the screens." (Mainstream focus group)

"The current intervention model encourages a focus on Maori as individuals and limits our ability to work with Maori from within their culturally authentic structures of whanau, hapu, and iwi." (Maori focus group)

"… come to us with heavy issues, very serious situations, so it's different interventions we do need to develop… so it was not easy to deal with in six sessions so how to develop some long term care there so as we need to develop, we've got manual for clients who need six sessions but we don't have any manuals for the long [term]." (Asian focus group)

"If we're speaking about health issues or a multiple number of issues, eight sessions is just scratching the surface." (Mainstream focus group)

"What I do find is that when you work with them if it's a Full intervention and we do four to six sessions with them, they don't want to let go, they cry when you let go, they want that contact every two weeks, they want you to ring them so they know that ‚hey you know somebody's checking up on me' and we try and encourage them to ring back." (Maori focus group)

"The sessions are enough but they're scared to let go and start on their own, like I had one and I said to her ‚well we've come to the end of our Full intervention thing and now we'll look at doing some Follow-up calls one month, three months'… ‚no' she said ‚no I don't want you to stop ringing me, I need that contact'. It took a long time to talk to her to

get her out of that and to get her to start ringing in herself just for that contact." (Maori focus group)

"How dumb is that you're only allowed to do eight sessions for Full intervention with your client and if they still need it you've got to close them and then re-open them again?" (Maori focus group)

"How do you expect a person who's been gambling for years to get something out of eight sessions?" (Maori focus group)

"For our counsellors, from memory, was the actual household income, they - they got a little bit of a, um reaction around that to start with." (Mainstream focus group)

"We're having problems too, especially with the um, income household thing oh, as soon as you go into there they just shut down, they just close down completely." (Maori focus group)

Follow-up sessions

Whilst some participants found no problems with conducting Follow-up sessions and reported positive feedback from clients, others discussed difficulties. Issues arise when clients therapeutically re-engage in the Follow-up, increasing workload and administrative duties. Some clients do not open up to a different counsellor conducting the Follow-up sessions but participants considered honest feedback might not be given if a client's original counsellor conducted Follow-up sessions. Participants discussed the issue that some clients do not agree to have Follow-up sessions, and for those who do agree there may still be problems with phone disconnections.

"Follow-up is an essential element of the Full intervention programme." (Mainstream focus group)

"Clients are giving positive feedback that they're enjoying the calls." (Mainstream focus group)

"From the first month to the third month the chances of that person reengaging are very high, so Follow-up isn't Follow-up it's just a re-engagement and from an administrative perspective… person goes from sessions to Follow-up and then Follow-up sessions again and the foll[ow-up]… it's, it's just, cumbersome, it doesn't reflect anything, it's numerical garbage." (Mainstream focus group)

"If you've got a relatively full client load and you're doing Follow-ups, there is now an expectation that every second Follow-up call is going to be another intervention, so there's potential hesitancy…" (Mainstream focus group)
"The thing that, um we find a struggle here… is the Follow-up and Facilitation." (Pacific focus group)

"We had one person handling all the Follow-ups and removing the counsellors from that role." (Mainstream focus group)

"I think it does require a lot of skill to be engaging with someone who you've never met and um, and getting into really valuable feedback about how they're going." (Mainstream focus group)

"Sometimes it's quite hard for clients to do the Follow-up as the same counsellor as before, you know, who is her counsellor and also do the Follow-up, then we know to give the ah, maybe not feel comfortable to give true or correct feedback." (Asian focus group)

"Most of my clients will say yes, it's happy only, a few say ‚oh no I'm not here' or ‚I don't want you to contact me anymore'." (Asian focus group)

"Don't want the Follow-up, ‚no it's all right'. Or you ring them up and they've got, their phone's been disconnected or the cell phone's got no money on it or they've moved to a different area or they've left the country." (Maori focus group)

Facilitation

Focus groups participants had a mixed perception of Facilitation Services; this was within and across all four focus groups. Facilitation Services were seen as valuable for some clients, in particular when there are issues relating to language for Asian clients. The idea of a holistic approach, whereby a client can come to one place and receive assistance to access other agencies, was seen as positive by some participants but not by others. Participants discussed how some clients do not wish to repeat their stories to other agencies and once they have opened up to the problem gambling counsellor they expect that person to help with all their problems. Concerns were discussed around the social work aspect of providing Facilitation Services rather than the counsellor/clinical aspect of their role with clients. Participants appreciated that the Ministry of Health Facilitation Service allowed for aspects of their every day roles to be counted and funded but in the same way participants did not feel it was always appropriate for clients to be ‚passed off' to another agency no matter how it was done. The idea that a counsellor's day can consist of many Facilitations and little counselling was also considered to be a negative aspect of Facilitation Services.

Participants considered that the use of Facilitation Services often helped the outcome for clients. An example of when they considered it did not help clients was when they thought clients would benefit by being empowered to make the contact with other agencies themselves. Another negative aspect of Facilitation Services was the limitation of what can be counted as Facilitation. Issues arise when a client has completed a Brief intervention or only partially completed a Full intervention and it is obvious other issues need to be dealt with first; arranging for the client to see the appropriate agency is not counted as Facilitation. Managing risk was also discussed by some participants in relation to when a client is talking to different agencies about different issues, whilst other participants discussed the positive aspect of case management when there are complicated interacting issues. Participants would like feedback from allied agencies after they have facilitated a client, so they know what the outcome has been for the client; so far this type of feedback has not been forthcoming.

"After this model came in we know that, oh this can be part of our work so I feel more comfortable and I can help and facilitate and advocate my clients, and most of my clients they found [it] even more better, they found [it] quite useful." (Asian focus group)

"If we can facilitate, ah I found that the outcome is much better." (Asian focus group)

"The Facilitations we usually do two-way call and that's about introducing the client to the agency and we stay with them until they're quite comfortable." (Maori focus group)

"When they're having very severe you know mental health issues like depression or something like that, really need kind of counsellor to advocate for them, 'cause I notice the clients actually, they can't really help themselves when they are, yeah so sick and also we have to kind of a bit push their GP or you know um, or contact those other social worker or professional agency to make that happen for them." (Asian focus group)

"My client had an alcohol issue so I suggest the client to see a counsellor at [name of allied service] but they don't want because of, they don't want anyone to open up their stories again." (Asian focus group)

"…first he even can't maybe trust me, yeah and then begin to trust me and have to trust others you know so it's quite a long time… before I refer to another agency, he needed to see that agency person here… the first time he request me to stay with him." (Asian focus group)

"One is the language barrier, they not able to make a phone call to contact and secondly harder for them to build up another relationship and to open up to another people and so even though the other people may not understand their problem they may get discrimination from other people so there's fear if they have some bad experience in the past or heard something you will add it to that, so it's reason it's harder for us to refer them to other people." (Asian focus group)

"We're trying to empower the client to take the next step which could be anything at all." (Mainstream focus group)

"… the clients who are disempowered, who do have mental health disorders who do have developmental disabilities, or who don't have the language to speak to another professional we will facilitate those referrals." (Mainstream focus group)

"The impact of Facilitations? … The impact is they won't go on their own and you have to, and you know as hard as you try you can sit there and go through it and write it down, you can guarantee they're going to come back and they won't go because they're whakama [ashamed] about fronting up, about what to ask for or how to ask for it and who to see so they just won't go, so you have to take that time out of your busy schedule to go with them physically go with them and sit there to advocate for them." (Maori focus group)

"A lot of our clients that come here about 70 to 80% are [from the] justice [system], so they have already had Facilitation." (Pacific focus group)

"In the past we called as a counsellor and a social worker but now actually we, if - according to this model, counsellor and a social worker job is combined together." (Asian focus group)

"I see public health holding the Facilitation more than we would." (Pacific focus group)

"Yeah it was hard… that's twenty five Facilitations in the one day. I just about pulled my hair out." (Maori focus group)

"You know you haven't done the Brief [intervention] your client can't get Full [intervention] - you know can't do Facilitation without going through Full [intervention], sometimes when you see Briefs they require Facilitation you know? Straight away ,cos you can't offer whatever they're coming in for." (Pacific focus group)

"The framework's very flawed in terms of risk stratification - they just think oh it's a gambling problem basically." (Mainstream focus group)

"I think it acknowledges that there's a proportion of clients that do need a case management approach, we do need to be working outside our silos and engaging with other services to support that person. So that's a positive." (Mainstream focus group)

"I think it's also problematic as well in terms of the outcome of the Facilitation… I would like feedback from those services and I don't get it." (Mainstream focus group)

3.3.2 Training

Participant discussion within the focus groups in relation to training fell into two areas: a) administrative training, and b) clinical training. Administrative training was considered to be lacking in clarity as the requirements appear to be continually changing, e.g. changes with the CLIC database, (though participants noted that the number of changes had lessened recently), on how to use CLIC data as a clinical tool, and on what might constitute an intervention. Participants considered that there should be minimum clinical training, though there was mixed discussion on how this could be achieved. Some participants reported that their organisations have useful internal training sessions, whilst other participants directly contact the Ministry of Health with their questions rather than going through the training provider.

There were some issues raised about the cultural appropriateness of the training provider and the feeling that the only training that seemed to be given was administrative rather than clinical training. Some participants noted that clinical problem gambling training was given by other organisations in relation to practical issues and these training sessions were considered very useful. With clinical training, participants discussed the usefulness if the training were to be concentrated in certain areas directly relating to changes in the way participants see the field of problem gambling moving. Participants also discussed the need to train counsellors in public health areas so they are able to fulfil requirements for Brief interventions. Brief interventions were considered to be an area of specific interest for training, specifically for counsellors who are trained in motivational interviewing techniques, for example how to conduct Brief interventions in a public setting with a group of people. Another area of interest for training was that of clinical training for working with the elderly and youth, both seen as areas that require some additional skills.

"I just feel like every time we hear different things." (Asian focus group)

"Maybe we need more training about the, the whole service delivery, not only one model." (Asian focus group)

"There needs to be almost like regular training or consistent training around the different areas… I think there's several different layers of training, there's training on the, our contracted specifications that we're talking about, there's training on your, all the other parts of your, you know the clinical interventions and that and the skills that you have to have to do the work." (Mainstream focus group)

"I don't believe we've had training which we should have been standardised um, from the Ministry for all services rather than leaving services to interpret the contractual requirements and to run it out in their organisations." (Mainstream focus group)

"Training planned by us is maybe better to Ministry of Health mandated training." (Mainstream focus group)

"You know, you go to different services and they say to you that they've had training,

gambling training," have you, where was that?" We're the gambling services and we didn't even know about it." (Maori focus group)

"Training that is specific to gambling such as which we had to go out and get anyway. Sometimes we've gone up to the [name of] casino where they've taken us right through the entire place, those type of trainings." (Maori focus group)

"I think that there's a certain amount of time that you need to take all of this on board and early training is good in some ways but you need, like you say we need a time I think to take things on board and get used to things… but then you need to go away and work with it and that for a while to be able to come back with all the sorts of questions and things." (Mainstream focus group)

"I don't think the training was done well, I think that there should be some standardised… minimum training." (Mainstream focus group)

"…how do you do the screens and what do those results mean and things like that, all great ideas for training." (Mainstream focus group)

"I think when you take on a job there's core training and, and if one of your funding requirement is Briefs [interventions] then, um everyone should get the same training." (Mainstream focus group)

"What the barriers are for staff initiating those discussions in an out of counselling environment, so that again I think speaks to workforce development and um, we're primarily skilled and have our experience in counselling in clinical interventions and you're asking us to do a public health [Brief] intervention." (Mainstream focus group)

"Need to do some more, ah training for from the child to the elderly, we have quite broad family issues." (Asian focus group)

3.4 Stage Three key informant information: Group interview

A face-to-face group interview was conducted with three staff members of the provider of training and workforce development to gambling treatment services (training provider). The group interview was semi-structured to allow scope for participants to provide detailed responses within the topic areas of training and workforce development and intervention delivery. This section of the report provides a summary of the discussions from the group interview.

Only results from Stage Three have been presented in the following pages. Data from Stage Two have been presented in the Stages One and Two Final Report for this project (Bellringer et al., 2009). This Stage Three report should be read in conjunction with the Stages One and Two Final Report.

3.4.1 Training and workforce development

Participants discussed two areas of training they provide to gambling treatment services. The first related to service provision specifications as required by Ministry of Health materials (e.g. the Interventions Service Practice Requirements Handbook) and the CLIC database, whilst the second related to training modules written by the training provider. The modules have been developed to meet specific needs identified by gambling treatment services.

Participants commented that feedback had been received from gambling treatment services on the Handbook during training sessions and that there were still some points of confusion for treatment services staff. The Ministry of Health has reacted positively and responsively to this feedback allowing more flexibility in the training. This has allowed for association of training with other events, such as national fora, which is beneficial in terms of training reach. Requests for training sessions for allied services have also increased, particularly where the allied service may be linked to a gambling treatment service or by the Facilitation Services process.

The flexibility to train ethnic groups in their preferred manner has also been well received. For example, for Pacific treatment providers this has been the ability to have regular short training sessions, whilst from some Maori services there has been the request for training around specific therapeutic approaches. Similarly, training has been provided for individuals when the need has arisen.

Somewhat surprisingly, participants have seen a number of problem gambling counsellors attend training that has been run by their organisation under District Health Board counselling training sessions as opposed to the Ministry of Health funded training sessions.

In relation to Brief, Full and Follow-up interventions, and Facilitation Services, required by the Ministry of Health, training has focused around clarification and interpretation of the requirements. In particular, participants indicated that Brief interventions and Facilitation Services were a particular issue where there was still much confusion amongst gambling treatment services. For Brief interventions, the lack of motivational interviewing skills by those conducting the intervention was a major issue. Participants also noted that in some cases gambling treatment services are conducting Brief interventions and Facilitation Services in way that is inconsistent with Ministry requirements. However, participants also commented on good experiences in training sessions around these areas with positive results.

Participants discussed benefits of Brief interventions in non-gambling settings such as at food banks, or in facilitating access to a food bank. This led to discussion regarding the potential for Brief interventions and Facilitation Services to work well as a cross pollination/assistance for co-existing issues; an important area where training in different organisations may have positive impact on outcomes for problem gamblers.

Participants perceived that gambling treatment services attending the training sessions found them helpful, but that it is a continuous and complex process - in fact more complex than had been initially imagined. They felt that in general people were positive, but occasional frustrations still occurred around comprehension of the changes. This is a particular issue in smaller services or locations where knowledge may not be passed on when staff leave, due to the small number of staff. Participants also discussed issues with training large groups comprising a mix of public health workers and counsellors whose needs are disparate due to their different background and experience.

4. DISCUSSION

The findings presented in this report represent the third stage of a three staged evaluation of New Zealand Ministry of Health funded gambling treatment services. The third stage of the evaluation was designed to provide indications regarding optimal treatment pathways and approaches for problem gamblers and affected others, as well as identifying successful strategies currently in existence and areas for improvement in current service provision. Stages One and Two were primarily a process evaluation, whilst Stage Three was a process and impact evaluation, with a very small outcome evaluation element, where possible. Accordingly, the focus of the Stage Three evaluation was on examining the extent to which service objectives had been met and on measuring whether goals had been achieved. This involved less of a focus on pathways into services (a major focus of the Stage One and Two evaluation), and more of a focus on treatment pathways within services (i.e. Brief, Full and Follow-up sessions), pathways out of services (Facilitation services), and client outcomes from these. Nevertheless, Stage Three was largely a methodological repeat of the earlier stages; thus, comparisons across reports (which collectively span the time period July 2007 to July 2009) are possible.

Data for the Stage Three evaluation was collected via a desktop analysis of national and service specific gambling treatment databases, structured surveys, focus groups, and a group interview. Findings from each of these methodologies have been presented independently in Chapter Three of this report. This section draws together key findings from each data source and discusses their significance in terms of the evaluation objectives. In particular, the findings have been discussed under the headings: Interventions, Facilitation Services, Client Outcomes, Data Collection and Reporting, and Training.

Where relevant, comparisons have been made with data previously presented from the Stage One and Two evaluations. However, this Stage Three report should be read in conjunction with the Stages One and Two Final Report. It should also be noted that, unlike the discussion presented in the Stage One and Two Final Report, very little attention is paid to inter-service variation in the discussion to follow. This is largely because there was very little inter-service variation in the study findings to discuss, and what variation was evident was often difficult to meaningfully interpret given the low sample sizes involved.

4.1 Interventions

4.1.1. Desktop analysis findings

The overall number of gambler clients (7,035), and the treatment episodes (11,030) and treatment sessions (34,505) provided to them, in the July 2008 to June 2009 period represent an increase over the previous 12-month period reported in the Stage One evaluation (6,188, 9,172 and 26,108, respectively). The average number of treatment episodes per gambler client (1.57 versus 1.54) and the average number of sessions per treatment episode (3.13 versus 2.85) between the two time periods remained relatively consistent, however, suggesting the growth in episode and session number was primarily a function of an increase in client numbers as opposed to an increase in service use intensity. Similar trends were reported for the significant other client population, again suggesting an increase in the number of significant others accessing services, but little change in their intensity of service usage. The growth in client numbers, treatment episodes and treatment sessions was primarily driven by an increase in Brief intervention provision. For example, the number of Brief interventions provided to gambler clients per month tripled between July 2007 and June 2009 and then doubled again between June and July 2009 (although the latter may have been the

result of a change in data reporting). Similar trends were evident for the corresponding significant other data.

The substantial growth in Brief intervention resulted in a changing profile of gambling service provision. A greater proportion of treatment episodes were Brief interventions in the 2008 to 2009 report period as compared to the previous 12 months both for gambler and significant other clients (27% versus 19% and 54% versus 45%, respectively). Thus, specialist service provision was becoming increasingly brief in orientation over the 24-month evaluation period. In fact, Brief intervention was the primary form of assistance provided to significant others. Full interventions remained the norm for gambler clients, although fell proportionately from 54% to 47% of the overall treatment episodes provided per annum. Whilst the number and proportion of Brief interventions increased across the evaluation period, their average duration did not; the mean duration of a Brief intervention for gambler clients fell from 0.76 of an hour to 0.37 of an hour for gambler clients and from 0.59 of an hour to 0.34 of an hour for significant other clients. Thus, the Brief interventions provided in the 2008 - 2009 period were relatively less intensive than the Brief interventions provided in the 2007 - 2008 period. This would suggest an overall service provision shift towards shorter forms of Brief intervention and more in line with the Ministry of Health's requirement for Brief interventions to be between 15 and 30 minutes (0.25 to 0.5 hours) duration.

Whilst Full interventions reduced as a proportion of treatment episodes provided to gambler clients, the overall number of Full intervention episodes increased across the 24-month evaluation period (from 3,732 to 4,796). The same was true for significant other clients (1,072 to 1,682). Thus, the shift towards Brief intervention among the gambling services evaluated did not occur at the expense of Full intervention. Rather, increases in both Brief and Full intervention occurred, the former simply increased at a greater rate than the later.

In line with the increase both in Brief and Full interventions, the number of Follow-up sessions provided increased both for gambler and significant other clients across the report periods (1,850 versus 2,656 and 520 versus 1,092, respectively). There was little to no change, however, in Follow-up sessions as a proportion of treatment episodes provided (accounting for 27% versus 26% and 18% versus 18% of overall treatment episodes, respectively). Thus, on average, services were becoming no more or less proficient in providing Follow-up as a proportion of overall service provision. Having said this, one may have expected a proportional decrease in Follow-up service provision given the proportional decrease in Full intervention (on the assumption that Follow-ups are more likely to occur and/or are more appropriate following a Full intervention as opposed to a Brief intervention). That a correspondingly proportional decrease did not occur suggests services may be providing relatively more Follow-up sessions per Full intervention and/or have increased the number of Follow-up sessions that occur following a Brief intervention. It was also of note that the overall mean duration of a Follow-up session for significant other clients reduced from 0.67 of an hour in 2007 to 2008 to 0.33 of an hour in 2008 to 2009. A similar reduction was not evident for gambler clients (0.36 versus 0.42). Whilst reduced, the mean Follow-up session time for significant other clients in the 2008 to 2009 period is consistent with that for gambler clients, possibly suggesting a standardisation in the Follow-up process between client groups.

Despite the apparent shift towards briefer forms of intervention, there was relatively little change in the service provision context. The proportion of treatment sessions provided to gambler clients in an individual-, couple-, family/whanau-, or group-context remained consistent across both the 2007 to 2008 and 2008 to 2009 report periods (81% versus 85%, 3% versus 3%, 2% versus 2%, and 14% versus 10%, respectively). However, more change was evident among significant other clients; with notable growth in individual counselling at the expense of all other service provision contexts (comparable percentages were 76% versus

90%, 9% versus 2%, 7% versus 4%, and 9% versus 4%, respectively). These findings suggest interventions are primarily delivered in a one-on-one context; however, some caution may be required in interpreting these results as many Brief interventions seemingly occur in a communal context (e.g. at health promotion events or community meetings), yet may not be recorded as such (either because an appropriate reporting category does not exist or because a portion of the intervention may be delivered in a one-on-one context). The proportion of treatment sessions categorised as assessment- or counselling-sessions remained relatively stable for gambler clients across the two reporting periods (15% versus 16% and 82% versus 76%, respectively), although some proportional growth in Facilitation sessions was noted (3% versus 9%). The corresponding data for significant other clients was suggestive of greater change, with assessments increasing from 22% of the total session number to 31% and Facilitation increasing from 6% to 10%. These increases came at the expense of counselling sessions which decreased from 72% of overall session types to 59%. The increase in assessment sessions among significant others suggests more and more significant others are engaging with problem gambling services, but proportionately fewer are continuing to attend beyond initial assessment.

The current Ministry of Health service provision specifications were drafted on the basis that many Brief intervention clients may go on to receive a Full intervention and that, ideally, all Full intervention clients will receive some form of Follow-up service. Findings from the 2008-2009 data analysis suggest these expectations are rarely met. Only 17% (317/1,826) of the „standard pathway' (Table 32) Brief intervention gambler clients who had a completed treatment episode during this report period went on to receive a Full intervention and only 20% (62/317) of these clients went on to receive one or more Follow-up sessions (overall, 3% of the 1,826 Brief intervention gambler clients received a Brief-, Full- and Follow-up session). Similarly, of the 875 „standard pathway' Full intervention gambler clients who completed a treatment episode during this report period, only 26% (227) received one or more Follow-up sessions. The corresponding data for significant other clients were lower again. Only 7% (229/2918) of the „standard pathway' Brief intervention significant other clients who completed a treatment episode during this report period went on to receive a Full intervention and 18% (42/229) of these clients went on to receive one or more follow up sessions (overall, 1% of the 2,918 Brief intervention significant other clients received a Brief-, Full- and Follow-up session). Of the 558 „standard pathway' Full intervention significant other clients who completed a treatment episode during this report period, only 19% (107) received one or more Follow-up sessions. Corresponding findings from the earlier report period 2007-2008 are not presented here as, whilst available, the intervention pathways were in their infancy at that time.

4.1.2. Survey findings

The 67 staff members of problem gambling treatment services who completed the Stage Three „staff survey' answered a series of questions pertaining to their experience of providing Brief interventions, Full interventions and Follow-up sessions. The survey respondents were not asked to differentiate between their experience working with gambler clients or significant others. With respect to the Brief intervention, 63% of participants believed the Brief intervention was a good approach for assessing whether someone had a gambling problem and may be in need of further assistance and 53% believed the Brief intervention assists clients to seek further help when needed. When asked to comment on what they most liked about the Brief intervention, the most common responses were consistent with the anticipated/expected function of this type of intervention such as raising problem awareness and promoting increased and earlier help-seeking behaviour. Accordingly, these findings suggest that most of the survey respondents considered the Brief intervention to be a worthwhile activity (at least in some cases) and, in its current form, capable of producing the

type of outcome that such an intervention is expected to deliver. It is also of note that, in the comparable Stage Two survey, only 47% of respondents believed the Brief intervention was a good approach for assessing whether someone had a gambling problem and may be in need of further assistance. This would suggest that belief in the value of Brief intervention is increasing among problem gambling treatment staff. Having said this, when specifically asked "how does the Brief intervention affect outcomes for clients" nearly half of the Stage Three survey participants (49%) stated that they were unsure. Furthermore, although a minority, 31%-37% of Stage Three participants were either unsure of, or did not believe the Brief intervention to be a good approach for assessing gambling problems or a useful stimulus to further help-seeking. Thus, there remained a reasonable high level of resistance to, or uncertainty about, the utility of Brief interventions amongst survey participants.

Support for the Full intervention was greater with nearly 80% of participants believing this to be a good approach for assisting someone with problems relating to their or someone else's gambling. Only 52% of participants responded in the same way in the corresponding Stage Two survey question, suggesting widespread and increasing support for the Full intervention over the past 12-months. When asked to comment on what they most liked about the Full intervention, most Stage Three survey participants emphasised the (relatively) comprehensive nature of the intervention and/or the counselling/therapeutic process that is implied in the Full intervention. Arguably, these comments suggest that what is most liked about the Full intervention is that it is not a Brief intervention (i.e. that it promotes longer-term engagement in a comprehensive counselling process). These types of comment are of note in light of the fact that relatively few gambling treatment clients attend multiple treatment sessions anyway (as indicated by the mean treatment episode length of 3.13 sessions for gambler clients and 1.79 sessions for significant others). Thus, the Full intervention process is seemingly valued for its *potential* to allow clients to engage in comprehensive counselling processes even though this potential is often not realised. Having said this, the most frequently reported dislike of the Full intervention process is that the current requirements restrict intervention length (again, the current 6-10 session limit on the Full intervention would accommodate the majority of gambling treatment clients). This would suggest that there are a group of gambling service clients who do engage (or wish to engage) in longer-term treatment and that the current Full intervention requirements may not readily support this. The other most frequently reported dislike was the length, wording or rigidity of the current gambling screens. This was also the most frequently reported dislike of the Brief intervention process. Similar concerns, at a similar frequency, were expressed in the Stage Two evaluation suggesting the screening process for both Brief and Full interventions continues to frustrate a number of problem gambling treatment staff (at least some of the time). On this note it was potentially instructive that only 30% of participants in the Stage Three survey believed the collection of such data impacted „positively' on client outcome. This would suggest that the value of collecting standardised screening and assessment data is not well understood or accepted among gambling treatment staff or the *potential* value is not thought to be realised in the current system.

Comparatively little data were obtained regarding survey participants experiences of Follow-up sessions. Nevertheless, some data were available for analysis and comment. Over half (58%) of the sample considered the Follow-up session to be a good approach for assisting someone with problems relating to their or someone else's gambling and when asked to comment on what they liked about the Follow-up sessions, the vast majority of responses were consistent with the anticipated/expected function of a continuing care service. Thus, most participants were supportive of Follow-up sessions and believed they were capable of performing the expected function (e.g. relapse prevention or outcome monitoring), although 37% were either unsure about, or unsupportive of, the value of Follow-up sessions. Resistance was further evident in the number of „dislikes' reported for Follow-up sessions; in fact, more dislikes were identified for the Follow-up sessions as compared to either the Brief-

or Full-intervention. Key concerns included the potentially intrusive nature of Follow-up service provision and difficulties locating/contacting the client to complete the Follow-up session. These concerns suggest some level of ideological opposition to Follow-up, a possibility that was echoed in other comments, and practical barriers to service provision. Questions pertaining to Follow-up sessions were not included in the Stage Two evaluation; thus, comparative data were not available.

4.1.3. Focus groups findings

The Brief intervention process attracted significant comment from participants in all four focus groups and consistent themes emerged from the subsequent interview analysis. One of the key themes related to the practice of conducting a Brief intervention in group or community settings (e.g. at hui or health promotion events). Many participants were unsure as to whether Brief interventions could be delivered in such settings and/or how the screening and reporting requirements of the Brief intervention should be carried out in such settings. The uncertainty in these areas was clearly a concern for many focus group participants and, in addition to the resulting frustration, has likely resulted in inter-service variation with regard to Brief intervention provision and reporting. It is also quite probable that the documented increase in Brief intervention provision (as evidence in the desktop analysis), in part at least, is based on some or many services redefining what may be classed as a Brief intervention and adopting reporting practices supportive of the redefined intervention. The other key theme to emerge from the focus group discussions regarding Brief intervention was its perceived fit – or lack thereof – within the context of specialist problem gambling service provision. A number of focus group participants viewed Brief intervention as a public health activity and, whilst the value of this activity was recognised, it was considered an inappropriate activity for counselling staff, or a specialist counselling service, to provide. This was not a consensus view, although it was a common and often strongly held view. It is also quite possible that the aforementioned uncertainty surrounding the delivery and reporting of Brief interventions is a product of a mismatch (either real or perceived) between public health and clinical activities and the experience (or lack thereof) of a particular service (or service staff) in providing one or the other. Perhaps further compounding the confusion in this area is the fact that both specialist and non-specialist forms of Brief intervention exist, the former suited to specialist provision in a counselling context and the latter to non-specialist provision in opportunistic settings. Thus, irrespective of the Ministry of Health definition of Brief intervention, competing definitions and/or understandings are present in the wider public health/psychosocial treatment literatures which may be exerting some influence on understanding or opinion in the contemporary gambling treatment sector.

Focus group discussion of the Full intervention strongly mirrored comment from the Stage Three survey with gambling treatment staff. Participants expressed considerable comfort with the Full intervention process and saw it as a good fit with specialist service provision (unlike Brief interventions). Reported frustrations centred on the perceived rigidity of the Full intervention, in terms of the screening/assessment requirements and session number restrictions. Many participants argued strongly for a more flexible system that allowed the counsellor to provide a service suited to the individual needs of their respective clients. Again, these arguments were typically based on the needs of complex clients who want and (in the counsellor's opinion) require longer-term treatment engagement, even though such clients are a minority. The frequency with which this type of argument was made, and the level of conviction with which it was made, suggests some discrepancy between the perceived and actual client population. As previously stated, data from the desktop analysis indicate relatively Brief attendance durations are the norm, yet service staff seemingly focused on their experiences working with longer term (potentially more complex) clients when responding to the evaluation questions/focus groups. This type of discrepancy is common in

a psychosocial treatment context as, even though often a minority of the overall client population, longer-term treatment clients accumulate over time and increasingly dominate clinician workloads. This phenomenon has previously been referred to as the „clinician's illusion' (Cohen and Cohen, 1984). Such a discrepancy, if it does exits, does not invalidate participant concerns regarding the appropriateness of Full intervention processes for longer term clients; however, it does suggest the number of clients who may be adversely affected by perceived inadequacies in the existing Full intervention process may be overstated. It was also of note that a number of participants, in both the staff survey and focus group, reported adapting the Full intervention process in a way that better suited their counselling style or beliefs (e.g. staggering the assessment process or providing as many treatment sessions as considered appropriate). Thus, the *perceived* rigidity and/or inappropriateness of the Full intervention requirements did not necessarily translate into rigid or inappropriate service provision.

Follow-up sessions did not attract significant comment in the focus group discussions and the comments that were made generally reflected those of the Stage Three staff surveys. These comments reflect both positive and negative aspects of Follow-up service provision. Positive aspects again reflecting the expected functions of a continuing care service and the negative aspects primarily indicative of logistical and resourcing issues.

4.1.4. Summary and conclusions

Overall, the findings from Stages One to Three of this evaluation indicate considerable growth in the provision of Brief interventions, Full interventions and Follow-up sessions over the 24 month report period and increasing satisfaction with, and understanding of, the respective requirements of each intervention type. However, it is quite possible that in the largest area of growth – the provision of Brief interventions – much of the reported increase may be attributable to changes in reporting practice rather than a genuine increase in the number of clients exposed to a Brief intervention. The reduction in mean Brief intervention duration and the settings in which many Brief interventions seemingly take place, also suggest that what is being redefined and reported as a Brief intervention may bear minimal resemblance to either specialist or non-specialist forms of this intervention type; it may be the case that existing service provision practices (that were not traditionally considered Brief interventions) are being redefined in order to meet Ministry of Health requirements. The possibility of inter-service variation in what is defined and reported as a Brief intervention further undermines confidence in the reported data and inter-service comparisons in terms of Brief intervention provision. In addition to the concerns regarding the reporting of Brief intervention, there also remains a reasonable high level of resistance to this intervention type among problem gambling treatment providers. This resistance is often ideological in nature, although is most likely exacerbated by the uncertainty as to what constitutes a Brief intervention (which, in turn, may be exacerbated by services defining activities that bear minimal resemblance to Brief intervention as „Brief interventions'). When taken together, even though improvement over the evaluation period was evident, the persistent confusion and resistance surrounding the Brief intervention process suggest further consideration of what constitutes a Brief intervention, and its place within the gambling treatment sector, are warranted. Comparatively, the Full intervention and Follow-up processes appear to be „bedding' well within the existing gambling treatment framework, although a level of resistance to the perceived rigidity of the Full intervention process remains, especially regarding the screening/assessment process and episode length, and logistical and resource issues pertaining to Follow-up service provision were consistently voiced.

4.2 Facilitation Services

4.2.1. Desktop analysis findings

The Stage One and Stage Three desktop analyses indicate a gradual, but steady increase in the number of Facilitation sessions provided per month between the period July 2007 to June 2008. From July 2008 to June 2009, the number of Facilitation sessions provided per month remained relatively constant, suggesting the peak sustainable level of Facilitation had been achieved (given current levels of „enforcement'). These trends were evident for both gambler clients and significant others. This peak was approximately 10% of the mean number of counselling sessions provided per month; in other words, one Facilitation session would be provided for every ten counselling sessions. Service-specific data indicated that Maori services were more likely to provide Facilitation sessions relative to Mainstream or Pacific services. For example, Facilitation accounted for 15% or more of the total number of sessions provided to gambler clients by nine of the thirteen Maori services included in the Stage Three analysis; not one of the Mainstream, Pacific, Asian or Alcohol and Drug services provided Facilitation to the same proportional threshold. It is not clear whether the greater Facilitation rate among Maori services reflects the needs of their client population, better adherence to the Facilitation protocols, or limitations of the services themselves (i.e. they may be unable to provide the range of assistance available in other problem gambling services).

In the Stage Three analysis an attempt was made to identify where gambler and significant other clients were being facilitated to. These analyses were confounded by a large number of unreported cases or cases reported as being facilitated to an undefined „other' service. In all, an identifiable destination was only available for 43% of gambler clients and 60% of significant others. Thus, the reported findings may not be representative of general Facilitation destination trends. The data that were available for analysis suggest gambler clients are most often referred to financial advice and support services, significant other clients are often facilitated to legal advice/support services, and both gambler clients and significant others are frequently facilitated to mental health services, physical health services, and relationship and life skills services. Comparative data was not available from the Stage One analysis.

4.2.2. Survey findings

Survey findings relevant to Facilitation Services were obtained from all three surveyed groups; gambling treatment staff, gambling treatment clients, and allied agencies. Comparative data were also readily available from the Stage Two surveys completed with each of these groups. Accordingly, findings from each group are discussed in turn below, with a particular emphasis on the changes in participant response between the two survey periods.

Gambling treatment staff

Twenty-seven percent of participants in the Stage Three staff survey stated they put „a lot' of time and effort into building new relationships with other services for Facilitation purposes, down from 33% in Stage Two. The percentage of participants reporting that they found Facilitation Services either „very easy' or „easy' to implement increased from 22% in the Stage Two survey to 31% at Stage Three. A similar increase was reported in the percentage of participants reporting that services responded in a „very positive' or „positive' manner when a client was facilitated to them (55% in Stage Two, 62% in Stage Three). When asked "how have clients generally found the Facilitation services", 54% of Stage Three participants answered „very good' or „good', up from 42% in the Stage Two survey. Sixty percent of Stage Three respondents also stated that Facilitation impacted either „very positively' or

„positively' on their relationships with clients and 58% believed Facilitation improves client outcome, up from 52% and 48% in the Stage Two survey, respectively. Collectively, these findings suggest a reduction in the effort required to implement Facilitation Services over the course of the evaluation period as well as perceived improvement in allied agency and client response when Facilitation occurs. Despite these largely positive findings, a degree of resistance to Facilitation was evident. For example, when asked why some clients are not facilitated to other services, nearly half of the respondents indicated that the client doesn't want Facilitation even though they may have co-existing issues and 39% reported giving the client the relevant referral information in order that they make contact themselves. These responses are consistent with views expressed elsewhere that clients may be resistant to multiple agency involvement, that gambling treatment counsellors would prefer to employ holistic/comprehensive treatment approaches, and that Facilitation may undermine client "self agency". Thus, the staff survey data indicate a growing appreciation of Facilitation, although wholesale support (at least in terms of a willingness to facilitate, or attempt to facilitate, in all cases) has not been achieved.

Gambling treatment clients
Twenty-nine percent of the Stage Three survey participants reported having been Facilitated to another agency, down from 34% in Stage Two. The majority (n = 21) of Stage Three participants who had not been Facilitated stated that their current (gambling treatment) counsellor was assisting them with their non-gambling specific issues (thus, Facilitation was not required). Eleven participants provided a similar response in the Stage Two survey, further supporting the view that many gambling treatment counsellors and/or their clients are resistant to multi-agency involvement in many cases. Although the survey data cannot be considered representative of the gambling treatment client population, the data suggest most gambling treatment clients will not be Facilitated to another agency during the course of their treatment episode (a suggestion supported by the desktop analysis data).

Allied agency staff
The majority of participants in both the Stage Two and Three survey reported having received a Facilitated referral, having made a Facilitated referral (to a gambling treatment service), and believed that most clients Facilitated to them attended the service „all' or „most' of the time. Participants in both surveys identified a number of positives associated with Facilitation which generally centred on the benefits of a shared care approach, specialist knowledge, and assisted referral. Despite being provided with an opportunity, very few participants in either survey identified negatives associated with Facilitation and certainly not to the extent that consistently strong themes were identifiable. These data need to be treated with considerable caution as the sample sizes in both the Stage Two and Three surveys were low. Nevertheless, they suggest the response of allied agencies to Facilitation has been consistently positive over the course of the evaluation period.

4.2.3. Focus group findings

Facilitation received a lot of attention during both the Stage Two and Stage Three focus groups and the similarities and differences in the themes that emerged at each stage are instructive. For example, at the time of the Stage Two focus groups the Facilitation Services had only recently been introduced and there was considerable comment about the clarity (or lack thereof) of the Facilitation requirements and their „fit' with current methods of service provision. This type of comment was less prevalent in the Stage Three focus group data, suggesting participants had developed a better understanding of what Facilitation involved and how it could be incorporated with existing practice (although it should be noted that the training providers who participated in the group discussion identified Facilitation along with Brief intervention as the area still causing most confusion among treatment providers). In

both focus group periods the potential benefits of Facilitation were recognised by participants and, in the Stage Three focus groups, positive outcomes were reported. Nevertheless, many participants in both the Stage Two and Three focus groups promoted the view that they (the gambling treatment counsellor) were often better placed to provide holistic or comprehensive support to their clients and/or that Facilitation was not always appropriate. In these cases it was either implied or overtly stated that clients were not always Facilitated to other services, even if they could potentially benefit from that service (typically because the client would be unwilling to go or would prefer to stay with the gambling treatment counsellor). Thus, participant comment suggested that Facilitation requirements are largely understood, but are perhaps implemented on a case by case basis. It is of note that a number of participants in the Stage Three focus groups reported a lack of feedback regarding the outcome of Facilitated clients from allied agencies. It is possible that, if greater feedback were forthcoming (and assuming it was positive), then gambling treatment staff may be more likely to Facilitate clients more often (although it is acknowledged that privacy issues may be a barrier to inter-agency reporting).

4.2.4. Summary and conclusions

Overall, the evaluation data indicate that Facilitation Services are generally supported by gambling treatment staff, are being provided at a consistent frequency, and are believed to positively contribute to client outcome. However, the data indicate that many (probably most) clients of gambling treatment services do not receive a Facilitation session during the course of a treatment episode and that gambling treatment staff do not strictly adhere to Facilitation guidelines; rather, the decision to Facilitate a client to another service or not is seemingly made on a case by case basis (and, as stated, in many/most cases Facilitation does not occur). The consistently expressed concerns about Facilitation, especially the perceived threat to holistic or comprehensive treatment provision, suggest the current level of support for Facilitation sessions is based on the counsellor/treatment provider maintaining a reasonably high degree of discretion as to if and when (and where to) Facilitation occurs. Any attempt to increase the rate of Facilitation that undermined this discretion is likely to encounter resistance and reduce support for the Facilitation model. It is also unknown, given the limitations of the available data, whether Facilitation significantly improves client outcome. Further examination of the benefits of Facilitation, ideally via independent and prospective research activity, on client outcome may therefore be beneficial before changes to Facilitation practice were sought (if changes were being considered). Future research could also examine why Maori service providers facilitate clients at a higher frequency relative to other service providers. The findings from such an investigation could potentially inform greater uptake of Facilitation in other services.

4.3 Client outcomes

4.3.1. Desktop analysis findings

The introduction of standardised screening and assessment instruments across the problem gambling treatment sector and the repeated application of these instruments over time potentially affords considerable insight into client outcome both within and between services. Unfortunately, however, findings from the Stage Three desktop analysis suggest that the respective instruments are not being administered frequently enough to allow meaningful „outcome' analysis to take place. For example, of the 13 gambler client screening/assessment instruments analysed in the Stage Three analysis (which were selected on the basis that they were the most commonly administered), the rate of initial (baseline) measurement among new gambler clients ranged from a high of 59% to a low of less than one percent. Only one screen

– the brief gambler screen – was completed by more than 50% of new gambler clients and eight of the 13 screening/assessment instruments included in the Stage Three analysis were completed by less than 20%. The rate of completion of Follow-up assessment was even lower. Of the clients who completed an initial assessment, repeat (Follow-up) administration of the respective instruments ranged from a high of 21% to a low of less than one percent; a rate of 15% or higher was only achieved for three out of the 13 screening/assessment instruments included in the analysis. Thus, whilst outcome data were available and are reported in Section Three of this report, it is not possible to draw any meaningful inferences from them. This is true for both the gambler client and significant other data.

4.3.2. Survey findings

A range of self-reported outcome data were obtained from the 49 clients of problem gambling treatment services who participated in the Stage Three survey process. No differentiation between gambler clients and significant others were made when analysing these data, although 92% (45/49) of participants were gambler clients; thus, the reported findings cannot be readily generalised to the significant other client population. The sampling process was also non-random and service directed and, as such, the reported findings should not be considered representative of the views of the problem gambling client population. Nevertheless, the reported findings may be considered indicative of the views of some gambling treatment clients and are suggestive of positive treatment outcomes and service experiences. Ninety-two percent of participants reported that attending their respective gambling treatment services had helped them with their gambling issues and 76% reported that their treatment attendance had also helped with other, non-gambling specific, issues. Decreased gambling activity was reported by 93% of participants, the majority of whom were gambling abstinent. One hundred percent of client survey participants reported being "very satisfied" or „satisfied" with their current/most recent gambling service and when presented with an opportunity to suggest possible improvements, only a minority chose to do so. Whilst overwhelmingly positive, these findings are largely consistent with those reported by participants in the Stage Two client survey. Thus, rather than being suggestive of a trend towards improving client outcomes, they suggest a continuation of positive client outcome (although the same limitations apply to the Stage Two data as described above).

4.3.3. Summary and conclusions

Primarily because of the lack of screening/assessment data available for outcome analysis, very little can be concluded in terms of client outcome from gambling treatment services as a result of the evaluation process. Nevertheless, this finding is of value in and of itself as it highlights major limitations in the current data collecting and reporting process with respect to outcome monitoring. The findings certainly challenge the utility of the current repeated measurement system and indicate further attention is required. The fact that the baseline measurement for most of the screens/assessments was not completed with most clients, suggests that in many cases it is either not possible or appropriate to do so. The growth in Brief intervention numbers, especially Brief interventions that seemingly take place in public forums supports this possibility (and would be consistent with the concerns expressed by treatment providers). If this model of Brief intervention is going to be retained, then a more modest form of standardised screening/assessment may be required and/or interventions that take place in this forum may need to be more reported in some other way in order that the respective „clients' can be excluded from assessment/outcome analysis (at present it is not possible to differentiate between „types' of Brief intervention). The low rate of repeated measurement also suggests the current Follow-up model is functioning poorly, at least with respect to outcome monitoring. Resource and logistical issues that hinder Follow-up provision have been consistently identified in Stage Two and Three of this evaluation,

attention to which might improve the rate of repeated measurement. Alternatively, other methods of outcome monitoring may need to be examined, more education about the potential benefits of outcome monitoring may need to be provided, or a simplified "purpose built" outcome monitoring instrument may need to be developed (as has recently been done in the alcohol and other drug treatment sector, see Deering et al, 2009). It may also be the case that, rather than continuing to invest in a seemingly dysfunctional repeated measurement system, independent bodies could be contracted to complete prospective outcome studies of problem gambling treatment services on a periodic basis. The client survey data suggest current treatment models are effective, but relevant data obtained via a more robust methodology are required before firm conclusions can be made in this regard.

4.4 Data collection and reporting

4.4.1. Desktop analysis findings

Data pertaining to data collection or reporting from the perspective of the problem gambling treatment providers were neither available nor reported in the desktop analysis section. However, the experience of conducting the desktop analysis highlighted some areas of potential relevance to this evaluation. Firstly, the time and effort required getting a complete and unified dataset from all of the participating services was considerable and would be a major barrier to routine reporting across services. The major hindrance was the use of distinct data management software between services (although most services used CLIC, some did not). Another major source of frustration was the large amount of unreported data in certain, primarily clinical, variables. For example, the lack of baseline or Follow-up data reported for the screening/assessment instruments (as previously discussed) or the large amount of unreported data for Facilitation destination by some services. In other cases the required data were reliably reported, but may not have been reflective of the activities that actually took place (e.g. counting a range of potentially quite distinct activities as „Brief intervention'). These experiences suggest that some aspects of the current data collection/reporting system are largely unmanageable or inappropriate in the current service provision context (in cases where large amounts of expected data are unreported) and that a greater range of reporting options more reflective of the range of current clinical activities may be required.

4.4.2. Survey findings

Participants in both the Stage Two and Stage Three staff surveys were asked a number of questions pertaining to the Ministry of Health data collection and reporting requirements. Comparison of this data suggests limited, although improved, support over the course of the evaluation period. For example, in response to the question - "overall, how do you find the Ministry of Health data collection and reporting requirements?" - 26% of Stage Three participants responded „very good' or „good', slightly up from 22% in Stage Two. The percentage of participants responding „average' to this question, however, rose from 32% to 51% between survey points. This would suggest that most participants are not overly supportive of the reporting requirements, but most have accepted it as an acceptable or „average' reporting system. Responses to other Stage Three survey questions suggest that the data collection and reporting system may still not be well understood and the actual data entry processes may not be considered overly user friendly; only 16% of participants reported understanding the data collection and reporting requirements „very well' and only 5% of participants reported the CLIC data entry system to be „very easy' or „easy'. Participants in both the Stage Two and Three surveys were asked to comment on how the data collection/reporting system could be improved. At both time points the majority of feedback reflected a desire for a simpler and/or more flexible system with greater reporting options.

When asked, only 16% of Stage Three participants considered the data collection process as a „positive' influence on the therapeutic relationship (although a further 31% considered it both a „positive' and „negative' influence). Thus, the lack of enthusiastic support for data collection and reporting may also be related to a real or perceived threat to the therapeutic process or perceived irrelevance to the therapeutic process. This possibly suggests that the potential benefits of routine data collection for clinical practice may not be well understood and/or realised in problem gambling treatment services.

4.4.3. Summary and conclusions

Support for the data collection/reporting processes has improved over the 24 month evaluation period, but is still far from overwhelming. Furthermore, limitations in the data being collected and/or reported render some of the more potentially useful applications of the data collection/reporting process redundant (e.g. outcome monitoring) or undermine confidence in the data that is reported (e.g. Brief intervention provision). The potential clinical utility of the data collection/reporting process also appears to be unrealised or poorly understood. All of these factors suggest careful consideration needs to be given to the value of the data collection/reporting process in its current state. Given the effort put into developing and implementing the current system, and the reported frustrations when changes to the system are made, then any modifications (if modifications were to be introduced) would ideally be developed with significant input from treatment providers themselves. A move towards a simpler, rather than more complex, model and a model that has clear clinical utility would also likely be advantageous.

4.5 Training

4.5.1. Survey findings

The participant response to the Stage Three staff survey questions pertaining to training and workforce development were instructive, in the sense that it seems there is considerable room for additional or improved training. For example, whilst 56% of the 43 participants who had reported attending some training found „the training for the intervention services, data collection and reporting systems' to be „very good' or „good', 35% described it as „average'. In addition, 35% reported that the training had not helped them integrate the Ministry of Health requirements into the therapeutic process, 28% reported that training had not assisted them to provide a service which better serves their clients, and 26% reported that training had not helped them to deliver the Brief, Full or Follow-up interventions. Positive responses were more commonly provided in response to these questions; however, the percentage of participants providing a negative response (as described above) is of note. The most common responses provided when asked to identify how training could be improved were that more intensive and/or regular training opportunities were required and/or training opportunities tailored to the needs of specific worksites or cultural groups. Some comparative data were available from the corresponding Stage Two staff survey. At that time only 27% of participants rated the training for intervention services, data collection and reporting systems to be „very good' or „good'. Similarly, the percentage of participants who considered the training to be „beneficial' rose from 55% at the Stage Two survey to 77% at Stage Three. Thus, the perceived quality and utility of the training has seemingly improved over the course of the evaluation. It is also possible that participant response to the „training' questions may reflect beliefs about the intervention and/or data collection/reporting processes rather than the training itself (e.g. if a counsellor strongly believes that the current data collection/reporting requirements hinder the therapeutic process then no amount of training may change their opinion).

4.5.2. Focus group findings

The Stage Three focus group data echoed the survey findings; in particular, it was suggested that training on the administrative tasks of collecting and reporting data lacked clarity and the requirements appeared to be continually changing (less a training issue and more of a consistency of message issue) and that more clinical training was needed, especially in the area of Brief intervention. These comments are consistent with the findings discussed in both the „interventions' and „data collection and reporting' sections above. Similar themes emerged in the Stage Two focus groups, especially with respect to the changing requirements of the data collection, reporting and intervention processes and the confusion this causes with respect to training and workforce development. The comment that the training provided was not always culturally relevant was expressed in both the Stage Two and Three focus groups, suggesting this continues to be an issue for ethnic-specific problem gambling treatment providers.

4.5.3. Group discussion findings

Findings from the Stage Three group interview with staff members of a gambling workforce training provider were reflective of many of the key points emerging from the evaluation process. Interviewees confirmed that training in the intervention protocols and data collecting and reporting requirements is a continuous and complex process and, despite often receiving positive feedback, participants still expressed occasional frustration around comprehension of the service provision requirements. Consistent with the discussion in the „Intervention' section, interviewees suggested there was still a lot of confusion among treatment providers regarding the Brief intervention process. The provision of Facilitation Services was also seen as an area that many treatment providers struggled with (again, consistent with other evaluation data). A group interview was conducted with the same training provider during the Stage Two evaluation. The complexity of the service requirements and comprehension difficulties were also expressed at that time. Data from the Stage Three staff survey would suggest an improved understanding of the service requirements over time; however, the difficulties reported by both training participants and providers would suggest that conforming to the intervention and data collection/reporting requirements remains a challenge for many service providers. On a more positive note, over the course of the evaluation period the training providers have reported a shift in the flexibility and format of training provision that appears to better meet the needs of treatment providers.

4.5.4. Summary and conclusions

The response of treatment providers to the training provided has improved over the evaluation period, yet it remains far from glowing. It is quite probable, however, that the concerns expressed with regard to training may actually be criticisms of the training objectives. The intervention and data collection/reporting requirements that the training focuses on are seemingly complex and difficult to comprehend for many gambling treatment providers and there has been, and continues to be, a degree of resistance to some aspects of them. The findings suggest that worksite specific and/or ethnic-specific training may improve comprehension of the intervention and data collection/reporting requirements, as would more intensive and/or regular training. Having said this, and as stated in the previous section, changes to the intervention and/or data collection/reporting requirements may need to be carefully considered in the first instance, before thought is given to improving the responsiveness of the associated training.

5. LIMITATIONS OF THIS STUDY

Database information

Database analyses were constrained by the availability (including sample size) and quality of the data. Low sample size was a particular issue in terms of analyses by ethnicity for Pacific and Asian clients of services and precluded further ethnic sub-analyses within those population groups. However, this did not prevent broad level differences from being identified.

Results of analyses are dependent on the accuracy of the coding and data entry into the databases, which cannot be verified by the researchers. Thus, data have been taken at face value; however, major and obvious inconsistencies were investigated.

In the main it has not been possible to track clients who attended more than one service since unique client identifiers are generally not transferred with a client from one service to another (there are a few exceptions to this). It also appeared that client assessments were not directly linked to treatment episodes/programmes within the CLIC database which precluded the linking of changes in assessment scores to a specific treatment episode/programme.

Face-to-face counselling data from the Asian services division of one of the national Mainstream services is indistinguishable within the CLIC database from other data for the parent organisation. However, a separate limited database extract from the Asian services was also provided to the researchers for the purposes of this evaluation. This extract included face-to-face and hotline data. For the national telephone helpline, only those few clients who underwent a Full intervention were included in the CLIC database (as per Ministry of Health requirements) and have a full set of data which has been reported on.

Age, sex and ethnicity were not reported by some services for many of their clients; however, as would be expected, the majority of this occurred for telephone-based services where it is often not easy to collect demographic information from clients.

Key informant information

Approximately half of the gambling treatment providers funded by the Ministry of Heath participated in Stage Three of this evaluation (selected by the research team). Whilst those that participated represented Mainstream, Maori, Pacific and Asian services as well as national and regional, and urban and rurally based services, there may be some services which provide specific intervention approaches that have not been addressed as part of this evaluation. However, since the database analyses reviewed data from all funded services during a 12-month period, and as variations from general trends were identified from those analyses, it is considered that any intervention approaches not covered in the key informant part of the evaluation will not be too dissimilar from those of services that have participated.

Although the recruitment methodology was designed to minimise survey non-completion, some surveys were not completed. In relation to gambling treatment services, some services/staff did not participate in all parts of Stage Three due to losing their contracts for provision of gambling-related services or due to having their contracts reduced (i.e. a reduction in staff). In relation to allied agencies, a large proportion did not participate in the survey due to the researchers being unable to contact the organisation, or the agencies declined to participate in the research (often because they did not have any knowledge of gamblers being referred to their service). However, of those allied agencies who knew of problem gamblers being referred to their service, none declined to participate, thus the survey

responses are likely to provide representative views. Greater numbers of participants were recruited from gambling treatment services and allied agencies for Stage Three than had been recruited in Stage Two.

Recruitment of participants for client surveys was by convenience sampling from each participating gambling treatment service, where possible. A maximum of five clients were recruited per service, where possible (15 for national services; five from clinics in each of three major cities), thus the survey results will not necessarily be representative of all clients accessing each of those services. However, they are likely to give a broad indication of overall issues of interest. In isolation this would have limited the ability to draw firm conclusions in relation to any one particular treatment service. To offset this limitation, the multi-pronged approach to obtaining information about the different gambling treatment services (staff and client surveys, focus groups, and database analyses) has enabled some identification of service-specific findings. Unfortunately, a smaller number of clients were recruited for Stage Three than had been recruited in Stage Two. Whilst this was partly due to a smaller number of participating services, it was also because 21 clients could not be contacted by the research team or declined to participate. A major limitation is the lack of Pacific participation in the client survey, not only via the Pacific gambling treatment service but via any of the other participating services, precluding comment from a Pacific client perspective.

Focus group data, group interview data and open-ended responses from the surveys were coded prior to analysis. This involved subjective judgement by the researchers. However, the judgement bias was minimised as at least two members of the research team were involved in the coding process.

It is important to note that this piece of research reports the results as presented by the participants. In places the perception of participants may or may not be an accurate reflection of such things as contractual requirements, but the effect of these perceptions is important to this research.

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APPENDIX 1
Stage Three ethics approval

M E M O R A N D U M
Auckland University of Technology Ethics Committee (AUTEC)

To:	Maria Bellringer
From:	**Madeline Banda** Executive Secretary, AUTEC
Date:	4 May 2009
Subject:	Ethics Application Number 09/59 **Evaluation of problem gambling intervention services.**

Dear Maria

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 20 April 2009 and that I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 15 June 2009.

Your ethics application is approved for a period of three years until 4 May 2012.

I advise that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through *http://www.aut.ac.nz/about/ethics*. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 4 May 2012;
- A brief report on the status of the project using form EA3, which is available online through *http://www.aut.ac.nz/about/ethics*. This report is to be submitted either when the approval expires on 4 May 2012 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this. Also, if your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply within that jurisdiction.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at charles.grinter@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of the AUTEC and myself, I wish you success with your research and look forward to reading about it in your reports.
Yours sincerely

Madeline Banda
Executive Secretary
Auckland University of Technology Ethics Committee

APPENDIX 2
Gambling treatment service survey

Evaluation of problem gambling intervention services

We would like to invite you to take part in this survey for a project evaluating problem gambling intervention services. This survey is a follow-on from one you may have completed last year, and is designed to see whether there have been any changes in the last six months.
By completing this questionnaire you are indicating your consent to participate in this research

First, some general questions about yourself and your organisation

1. Gender: ❒ Male ❒ Female

2. Ethnicity *(tick all that apply):*
   - ❒ European New Zealand
   - ❒ Maori
   - ❒ Pacific Island (please further specify) _____
   - ❒ Asian (please further specify) _____
   - ❒ Other (please specify) _____

3. Your organisation type *(tick all boxes that apply):*
   - ❒ Mainstream *(i.e. your organisation is available to everyone, it is not ethnic-specific)*
   - ❒ Ethnic specific
     - ❒ Maori
     - ❒ Pacific Island
     - ❒ Asian
   - ❒ Telephone

4. Does your organisation use any special approach/s other than those the Ministry of Health requires?
   ❒ Yes ❒ No ❒ Don't know
   a. If yes, please indicate *(tick all boxes that apply)*

      ❒ Marae Noho
      Please give brief detail_____
      _____

      ❒ Workshop
      Please give brief detail_____
      _____

      ❒ Group work
      Please give brief detail_____
      _____

      ❒ Other
      Please specify _____

   b. If your organisation uses a special approach, how do you assess the outcome for your clients from participation in the special approach/ programme?
      _____

5. Your role in the organisation *(tick all boxes that apply):*
   - ❒ Counsellor
     - % of time? _____
   - ❒ Health promoter
     - % of time? _____
   - ❒ Manager
     - % of time? _____
   - ❒ Administrator
     - % of time? _____
   - ❒ Other, please state _____
     -% of time? _____

6. Do you work in the organisation
   - ❒ Full time
   - ❒ Part time
   - ❒ Specific number of days per week (state number of days) _____
   - ❒ Other, please specify_____

7. What services does your organisation provide? *(Tick all boxes that apply)*
   - ❒ Problem gambling treatment
     - ❒ Brief intervention
     - ❒ Full intervention
     - ❒ Facilitation
     - ❒ Follow-up
       Please specify how the follow-up is conducted
       - ❒ Face-to-face
       - ❒ By telephone
       - ❒ Both face-to-face and telephone
   - ❒ Health promotion/prevention
   - ❒ Treatment for other issues
     - ❒ Alcohol
     - ❒ Drugs
     - ❒ Mental health
     - ❒ Budgeting
     - ❒ Social issues (e.g. food banks, family violence, relationship issues)
     - ❒ Other
       Please specify _____
   - ❒ Other

     Please specify _____

Now, some questions about the clients your organisation sees.

8. How do clients generally come to your service (pathway)? *(e.g. referred by Helpline, through word of mouth, through advertisements etc)* _____

   _____

9. Do you think different pathways deliver people to your gambling treatment service at different stages along the gambling continuum?

   ❒ Yes ❒ No ❒ Don't know

   If yes, please explain _____

   _____

10. Do you think different pathways into your service impact on clients' outcomes for their problem gambling?

    ❒ Yes ❒ No ❒ Don't know

    a. If yes, please explain _____

       _____

11. Is the type of intervention you provide to clients different based on their pathway into your service?

    ❒ Yes ❒ No ❒ Don't know

    a. If yes, please explain how _____

       _____

12. Are there any types of gambling-related clients that your service is unable to provide interventions for?

    ❒ Yes ❒ No ❒ Don't know

    a. If yes, please explain _____

       _____

The next section contains questions about the Ministry of Health requirements for provision of intervention services and data collection, management and monitoring.

13. Overall, is the Brief intervention, as required by the Ministry of Health, a good approach for encouraging someone to recognise the consequences of their gambling and to change their gambling behaviour or seek specialist support (where necessary)?

    ❒ Yes ❒ No ❒ Don't know

    a. What do you like about the Brief intervention?

       _____

    b. What don't you like about the Brief intervention?

       _____

c. Do you feel the Brief intervention assists clients to then seek/get further help?

❒ Yes ❒ No ❒ Don't know

Please explain how _____

d. How does the Brief intervention affect outcomes for clients?

❒ Positively ❒ Negatively ❒ Don't know

Please explain how _____

14. How do you record information about Brief interventions?

_____

15. Overall, is the Full intervention, as required by the Ministry of Health, a good approach for assisting someone with problems related to their or someone else's gambling?

❒ Yes ❒ No ❒ Don't know

a. What do you like about the Full intervention?

_____

b. What don't you like about the Full intervention?

_____

16. How do you record information about Full interventions?

_____

17. Do Brief interventions naturally progress to Full interventions?

❒ Yes ❒ No ❒ Don't know

a. Please explain how _____

_____

18. Overall, is the follow up, as required by the Ministry of Health, a good approach for assisting someone with problems related to their or someone else's gambling?

❒ Yes ❒ No ❒ Don't know

a. What do you like about follow-ups?

_____

b. What don't you like about follow-ups?

_____

19. How do you record information about follow-ups?

_____

20. In your opinion, do follow-ups influence the outcome for the client?

❒Positively ❒Negatively ❒Don't know
Please explain how? _____

21. How well do you think you understand the Ministry of Health data collection and reporting requirements?

❒Very well ❒Well ❒Not sure ❒Poorly ❒Very poorly

22. Overall, how do you find the Ministry of Health data collection and reporting requirements?

❒Very good ❒Good ❒Average ❒Poor ❒Very poor

23. How well do you think you understand the CLIC data entry system?

❒Very well ❒Well ❒Not sure ❒Poorly ❒Very poorly

24. Overall, how has the use of the CLIC data entry system been?

❒Very complicated ❒Complicated ❒Ok ❒Easy ❒Very Easy

25. How well do you think you understand the CLIC data reporting system?

❒Very well ❒Well ❒Not sure ❒Poorly ❒Very poorly

26. Overall, how have you found the CLIC data reporting system?

❒Very good ❒Good ❒Average ❒Poor ❒Very poor

27. Does your organisation find the monthly/quarterly reports from CLIC useful to the organisation?

❒ Yes ❒ No ❒ Don't know

a. Please explain how _____

_____

28. What improvements could be made to the CLIC data entry and reporting system? *(please detail)* _____

_____

29. Have you been to any training sessions for intervention services, data collection and reporting systems?

❒ Yes (Answer the following questions) ❒ No (Go to Q. 36) ❒ Don't know

30. Have you been to any training sessions in the past six months?

❒ Yes ❒ No ❒ Don't know

31. Overall, how did you find the training for the intervention services, data collection and reporting systems?

❒Very good ❒Good ❒Average ❒Poor ❒Very poor

a. How could the training be improved? _____

_____

32. Overall, do you think the training is beneficial, for example in terms of workforce development and your understanding of Ministry of Health processes and requirements?

❒ Yes ❒ No ❒ Don't know

33. Has training assisted you in how to integrate the Ministry of Health requirements into the therapeutic process with your clients?

❒ Yes ❒ No ❒ Don't know

Please explain how _____

34. Has training helped you to deliver the Brief, Full and Follow-up interventions as required by the Ministry of Health?

❒ Yes ❒ No ❒ Don't know

Please explain how _____

35. Has this training assisted you in providing a service which better serves your clients?

❒ Yes ❒ No ❒ Don't know

Please explain how _____

36. Does the collection of data have a positive or negative influence on the relationship building process with your clients?

❒ Positive
❒ Negative
❒ Both
❒ Data collection has no influence on relationship building
❒ Don't know

If positive, how does it influence the relationship _____

_____

If negative, please explain why _____

_____

37. How do you use the data to create an effective therapeutic relationship with clients?

_____

_____

38. In your opinion how does the collection of data impact on the outcome for the client?

❒Positively ❒Negatively ❒Don't know

39. Overall, how supportive is your organisation in providing training/education, mentoring and monitoring of the CLIC data management system?

❒Very supportive ❒Supportive ❒Average ❒Not supportive ❒Completely not supportive

Finally, some questions around the Ministry of Health's "Facilitation Services" where you provide assisted (facilitated) referral of clients to other services for co-existing issues.

40. What types of services/agencies do you currently facilitate clients to?

_____

_____

41. How much time and effort have you had to put into implementing the new Facilitation Services in terms of building relationships with other agencies?

❒Not much ❒A little ❒A lot

a. If „A lot' please explain what you have done to build the relationship

_____

_____

42. How much time and effort have you had to put into implementing the new Facilitation Services in terms of developing an understanding between your organisation and the other agencies?

❒Not much ❒A little ❒A lot

a. If „A lot' please explain what you have done to develop an understanding between your organisation and the other agencies

_____

_____

43. Have formal agreements been arranged between your organisation and the other agencies relating to facilitation of clients to them (eg. Memorandum of Understanding, written documentation)?

❒ Yes ❒ No ❒ Don't know

a. If yes, which organisations/agencies does your organisation have formal agreements with?_____

44. What are the outcomes for clients who have had facilitated referral to other services compared to those who have not had such referrals?

❒Much better ❒Better ❒The same ❒Worse ❒Much worse

45. Why are some clients not facilitated to other services? *(tick all boxes that apply)*

- ❒ Client doesn't have other issues
- ❒ Client has co-existing issues but doesn't want facilitation
- ❒ Gave the client information and referral rather than a full facilitation
- ❒ Other

please state _____

46. Overall, how have you found implementing the Facilitation Services?

❒Very easy ❒Easy ❒Average ❒Difficult ❒ Very difficult

47. How do you normally facilitate a client to another service? (*Tick all boxes that apply)*

- ❒ By telephone
- ❒ In person
- ❒ Other

Please explain _____

48. What improvements could be made to the Facilitation Services process?

_____

_____

49. In your opinion, how have clients generally found the Facilitation Services?

❒Very good ❒Good ❒Average ❒ Poor ❒Very poor

50. In your opinion, have the Facilitation Services increased client access/utilisation of these other services?

❒ Yes ❒ No ❒ Don't know

51. In your opinion, how have the other services responded to your facilitation of a client to them?

❒Very positively ❒Positively ❒Average ❒Negatively ❒Very Negatively

52. Do other services usually know that you are facilitating a client to them?

❒ Yes ❒ No ❒ Don't know

If no, please explain why they do not know *(eg. Facilitated client to dance lessons as an alternative to gambling)*_____

_____

53. In general, how does facilitation impact on your relationships with your clients?

❒Very positively ❒Positively ❒Average ❒Negatively ❒Very Negatively

54. In your opinion do you feel Facilitation Services improve your client's outcomes in terms of their gambling issues?

❒ Yes ❒ No ❒ Don't know

a. If yes, how does it improve their outcomes? _____

_____

b. If no, why do you think this? _____

_____

55. In your opinion do you feel Facilitation Services improve your client's outcomes in terms of their co-existing issues?

❒ Yes ❒ No ❒ Don't know

a. If yes, how does it improve their outcomes? _____

_____

b. If no, why do you think this? _____

c.

56. What other kinds of linkages and relationships do you feel would enhance facilitation? *Please state* _____

_____

57. Has implementation of Facilitation Services increased awareness of problem gambling amongst other agencies?

❒ Yes ❒ No ❒ Don't know

58. Has implementation of Facilitation Services led to an increase in client referrals to your organisation?

❒ Yes ❒ No ❒ Don't know

59. Does facilitating a client to another agency for co-existing issues have an impact on whether they complete or drop out of treatment for their gambling issues?

❒ Yes ❒ No ❒ Don't know

Please explain _____

_____

Thank you for your time in completing this questionnaire.
All responses will be anonymous and treated confidentially.

APPENDIX 3
Client survey

Evaluation of problem gambling intervention services

By completing this questionnaire you are indicating your consent to participate in this research

Firstly we would like to ask you questions about gambling treatment services.

1. Which gambling treatment service are you now or have you recently been going to: (*Tick all that apply*)
   - ❒ Nga Manga Puriri
   - ❒ Ngati Porou Hauora
   - ❒ Te Rangihaeata Oranga
   - ❒ Te Kahui Hauora Trust
   - ❒ Mana Social Services trust
   - ❒ Te Hunga Manaaki O Te Puke
   - ❒ Tuwharetoa ki Kawerau
   - ❒ Tuwharetoa Social Services
   - ❒ Tupu Alcohol and Drug/Gambling Pacific Services
   - ❒ Pacific Peoples Addictions Service Inc. (PPASI)
   - ❒ Asian Service at Problem Gambling Foundation
   - ❒ Gambling Helpline
   - ❒ Problem Gambling Foundation of New Zealand
   - ❒ Salvation Army Oasis Centres
   - ❒ Woodlands Charitable Trust Inc.
   - ❒ Other (*Please specify which one*) _____

   a. In what location did you access this service (name of town, city or suburb)?

   _____

2. How did you find out about the gambling treatment service you are currently/ recently attending? *(Tick all boxes that apply)*
   - ❒ Telephone book
   - ❒ Yellow pages
   - ❒ Advertisements
     What and where? _____
   - ❒ Referred by the Helpline
   - ❒ Referred by another agency
     Please specify which agency_____
   - ❒ Referred by friends/family
   - ❒ Referred by gambling venue
   - ❒ Referred/sent by justice system
   - ❒ Other
     Please specify _____

3. When you chose the service to attend, did you know about other gambling treatment services too?

   ❒ Yes ❒ No ❒ Not sure

4. Are there any characteristics about the service you are attending/recently attended that helped you choose to go there? *(Tick all boxes that apply)*
   - ❒ The treatment/help given
     - ❒ Face-to-face counselling
     - ❒ Telephone counselling
     - ❒ Support groups
     - ❒ Other, please specify _____
   - ❒ The availability of gender specific counsellors
   - ❒ The availability of ethnic specific counsellors
     - ❒ Maori counsellors
     - ❒ Pacific Island counsellors
     - ❒ Asian counsellors
     - ❒ Other, please specify _____
   - ❒ It was the only one I knew about
   - ❒ It is the only one in my location
   - ❒ The location of the service
   - ❒ The service was recommended to me
   - ❒ Friends/family encouraged me to go to this service
   - ❒ I tried another service that didn't provide what I wanted

     Please specify what was wrong with the other service_____

     _____
   - ❒ I was sent/recommended by the justice system (i.e. family court, probation, court order etc) to this service
   - ❒ There was nothing specific
   - ❒ Other reason

5. Would you have gone to a different gambling treatment service if there were other options available?
   - ❒ Yes ❒ No ❒ Not sure
   - a. Please explain the reasons why _____

     _____

6. Have you recently attended any other gambling treatment services?
   - ❒ Yes ❒ No ❒ Not sure
   - a. If yes please state which one _____
   - b. Are you still attending that service?
   - ❒ Yes ❒ No
   - c. If No, why did you stop going there?_____

7. Are you currently going to a gambling treatment service for gambling issues?
   - ❒ Yes ❒ No
   - a. If no, when did you last attend the service for gambling issues?

     _____
   - b. Are you currently/did you recently attend the service for a specific programme?

   - ❒ Yes ❒ No ❒ Don't know

     If yes, was it for (*Tick all that apply*)
     - ❒ Marae Noho
     - ❒ Workshop
     - ❒ Group
     - ❒ Other (please specify) _____

8. In your current/most recent visits to the gambling treatment service, how many times have you seen a counsellor/s?

   1 2 3 4 5 6 7 8
   Other_____

   If only once, for how long did you see the counsellor (time)?
   _____

9. Are you still seeing a counsellor at the service for gambling issues?

   ❒ Yes ❒ No

   a. If no, how did the sessions end

      ❒ I ended it/stopped going
      Please explain why you ended it/stopped going _____
      _____
      ❒ Joint choice between myself and the counsellor to end them
      ❒ I was referred to a different gambling treatment service
      Please explain why you were referred to a different service_____
      _____

      ❒ Other
      Please specify _____

10. Do you feel more sessions would have benefited you?

    ❒ Yes, I would have liked more sessions

      Why would you have liked more sessions? _____

    ❒ No, the number of sessions was just right

    ❒ No, I would have liked less sessions

      Why would you have liked less sessions? _____

    ❒ Don't know

11. Have you received a follow up/review calls or sessions from the service you were seeing about gambling issues?

    ❒ Yes ❒ No ❒ Don't know

    a. If yes, was this follow-up helpful?

    ❒ Yes ❒ No ❒ Don't know

      Please explain _____

12. What were your <u>first impressions</u> of the gambling treatment service you are currently/recently attended?

    a. On the information provided at the service:
       ❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good
    b. On the premises:
       ❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good
    c. On the reception/first contact with service:
       ❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good
    d. On the counsellors:

❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

e. On the treatment/help received:
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

f. On the referral assistance to other agencies for your other issues:
❒n/a
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

g. On follow-up/review calls/sessions:
❒n/a
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

13. What are your impressions about the gambling treatment service <u>now</u>?

a. On the information about the service:
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

b. On the premises:
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

c. On the reception/first contact with service:
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

d. On the counsellors:
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

e. On the treatment/help received:
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

f. On the referral assistance to other agencies for your other issues:
❒n/a
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

g. On follow-up/review calls/sessions:
❒n/a
❒Very poor ❒Poor ❒Average ❒Good ❒ Very Good

14. If your impressions of the gambling treatment service changed from first impressions to now, please state how

a. On the information at the service: _____
_____

b. On the premises: _____
_____

c. On the reception/first contact with service: _____
_____

d. On the counsellors: _____
_____

e. On the treatment/help received: _____
_____

f. On the referral assistance to other agencies for your other issues:_____
_____

g. On follow-up/review calls/sessions: _____

15. What is/was your main type of gambling? *(Tick one option only)*

- ❒ Lotto (including Strike, Powerball and Big Wednesday)
- ❒ Keno (not in a casino)
- ❒ Instant Kiwi or other scratch ticket Housie (bingo) for money
- ❒ Other lotteries and raffles
- ❒ Horse or dog racing (excluding office sweepstakes)
- ❒ Sports betting at the TAB or with an overseas betting organisation
- ❒ Gaming machines or pokies at a casino
- ❒ Table games or any other games at a casino
- ❒ Gaming machines or pokies in a pub (not in a casino)
- ❒ Gaming machines or pokies in a club (not in a casino)
- ❒ Internet-based gambling
- ❒ Other gambling activity. *Please specify:* _____

16. When you first started attending the gambling treatment service do you think your gambling is/was…

❒A big problem ❒Moderate problem ❒Slight problem ❒Not a problem

Or,

❒The problem was with someone else close to me (i.e, not my problem)

17. Has attending the gambling treatment service helped you with your gambling issues?

❒ Yes ❒ No ❒ Not sure

a. If yes or no, was it because (*please tick all that apply*):

- ❒ I had stopped gambling before attending the service
- ❒ I have now stopped gambling
- ❒ My gambling has reduced
- ❒ My gambling is the same
- ❒ My gambling has increased
- ❒ I'm more in control of my gambling
- ❒ I'm less in control of my gambling
- ❒ My control over my gambling has stayed the same
- ❒ I'm more in control of my money
- ❒ I'm less in control of my money
- ❒ My control over my money is the same as before
- ❒ Other, please specify _____

18. Are you receiving support or treatment with regard to your gambling from anywhere else as well as this gambling treatment service?

❒ Yes ❒ No

If Yes, please specify

- ❒ Other gambling treatment services

  Please state which one/s _____
- ❒ Family or friends
- ❒ Other

  Please specify _____

19. What issues are/were you receiving assistance with at the gambling treatment service? (*Tick all that apply*)

    ❒ Reducing problems caused by gambling

    ❒ Dealing with gambling problems/issues

    ❒ Support to access other agencies for assistance

    ❒ Other issues

    Please specify _____

20. Is this assistance of benefit to you?

    ❒ Yes ❒ No ❒ Not sure

    If yes, how is it of benefit? _____

21. Has attending the gambling treatment service helped you deal with other non-gambling issues/problems you may also have?

    ❒ Yes ❒ No ❒ Not sure

    a. If yes, what are these issues?

    _____

22. Has/did your gambling treatment service counsellor helped you to access any other agency/organisation to deal with other issues?

    ❒ Yes ❒ No ❒ Not sure

    If no, was this because you…

    ❒ Didn't have any other issue/s

    ❒ Didn't want assistance with any other issue/s

    ❒ The same counsellor/service dealt with all your issues

    ❒ Other

    Please specify _____

    a. Is there any other assistance that the gambling treatment service could have provided to help you?

    ❒ Yes ❒ No

    If yes, please specify _____

    b. If you have/had other issues, as well as gambling, please specify what these are/were

    _____

    _____

    c. If the gambling treatment services helped you to access another agency, how did the assistance take place?

    ❒ Counsellor set up telephone conversation between me and other agency/organisation

    ❒ Counsellor visited other agency/organisation with me

    ❒ Other

    Please specify _____

    d. Was the counsellor's assistance in accessing the other agency/organisation helpful to you?

    ❒ Yes ❒ No ❒ Not sure

    1. If yes, how was it helpful? _____

e. How could the assistance been improved? _____

f. Did you know that these other agencies/organisations were available for these issues **before** your counsellor assisted you?

❒ Yes ❒ No ❒ Don't know

g. How has assistance to other agencies/organisations by your gambling counsellor affected your relationship with your counsellor?

❒Improved the relationship ❒The relationship stayed the same ❒Made the relationship worse

h. Overall, how has assistance to other agencies/organisations helped you to deal with your gambling and other issues? *(Tick one box only)*

❒ Helped only with gambling issues
❒ Helped only with other issues
❒ Helped with gambling and some other issues
❒ Helped with everything
❒ Other

Please specify _____

23. Is there any other assistance you feel would have helped you to deal with your gambling and other issues?

❒ Yes ❒ No ❒ Don't know

a. If yes, please specify what would have helped _____
_____

24. Overall, how satisfied are you with your experience with the gambling treatment service you are attending/recently attended?

❒Very satisfied ❒Satisfied ❒Unsatisfied ❒Very unsatisfied

a. Please describe what is particularly satisfactory or unsatisfactory

_____

_____

25. In relation to your gambling, has attending this gambling treatment service helped you to deal with your gambling related issues in a positive way?

❒ Yes ❒ No ❒ Don't know

Please explain _____

26. What did the gambling treatment service do that is/was especially helpful to you?

Please state _____

_____

27. What was not helpful to you?

Please state _____

_____

28. In relation to the gambling treatment service, do you feel there are any areas for improvement?

a. In the treatment/counselling approach
❒ Yes ❒ No ❒ Don't know
Please explain _____
_____

b. In the information provided about the service
❒ Yes ❒ No ❒ Don't know
Please explain _____
_____

c. In the information provided at the service
❒ Yes ❒ No ❒ Don't know
Please explain _____
_____

d. In the location of the service
❒ Yes ❒ No ❒ Don't know
Please explain _____
_____

e. In the reception/first contact with service
❒ Yes ❒ No ❒ Don't know
Please explain _____
_____

f. Anything else
❒ Yes ❒ No please explain _____
_____

Lastly, we would like to ask you some questions about yourself.

29. Gender: ❒ Male ❒ Female

30. Age: ❒<20 ❒20-24 ❒25-29 ❒30-34 ❒35-39 ❒40-44 ❒45-49 ❒50-54 ❒55-59 ❒60-64 ❒65+

31. Ethnicity (*tick all boxes that apply*):
- ❒ New Zealand European
- ❒ Maori
- ❒ Pacific Island (please further specify) _____
- ❒ Asian (please further specify) _____
- ❒ Other
  Please specify _____

32. Which of these groups best describes your total annual household income from all income earners and all other sources before tax?
- ❒ Up to $10,0000
- ❒ Between $10,001 and $20,000
- ❒ Between $20,001 and $30,000
- ❒ Between $30,001 and $40,000
- ❒ Between $40,001 and $50,000
- ❒ Between $50,001 and $60,000
- ❒ Between $60,001 and $70,000
- ❒ Between $70,001 and $80,000
- ❒ Between $80,001 and $100,000

- ❒ Over $100,000

33. Geographic location

    What town or city do you live in or close to? _____

    Do you live in an…

    - ❒ Urban area
    - ❒ Rural area

34. Which of these groups describes the last level you completed in formal education? *(Tick only one box)*
    - ❒ No qualification
    - ❒ School Certificate
    - ❒ U.E./Matric/6th Form/Bursary
    - ❒ Technical or Trade Qualification
    - ❒ University Graduate
    - ❒ Other Tertiary Qualification

Thank you for your time in completing this questionnaire.
All responses will be anonymous and treated confidentially.

APPENDIX 4
Allied agency survey

Evaluation of problem gambling intervention services

You have been contacted because problem gamblers have been referred to your organisation by a problem gambling treatment service using a process called facilitation (this is active/supportive referral). The gamblers have co-existing issues and their counsellor will have personally contacted your organisation to discuss referral of the client.
This survey is a follow-on to one you may have completed last year, with the look to see if there have been any changes in the last six months.

By completing this questionnaire you are indicating your consent to participate in this research

If you are not aware of this, can you please pass this survey to someone who is aware of it.

We would like to start by asking you a few questions about your agency/organisation

1. What type of service does your agency/organisation provide?

   _____

2. What is your role within the agency/organisation?

   _____

3. Are you aware of gambling treatment service clients being referred to your organisation in the last six months for co-existing issues through a facilitated referral process (active/supportive referral)?

   ❒ Yes ❒ No ❒ Don't Know

   a. If yes, how does the gambling treatment service usually liaise with your organisation regarding the referred client? (*Tick all that apply*)

      ❒ By telephone

      ❒ Face to face

      ❒ Other method

      Please specify _____

   b. If yes to Q.3 above, what is different now from previously when clients did not receive *active/supported* referral? (*Tick all that apply*)

      ❒ Nothing has changed, referral has of problem gambling clients to my organisation has always been done this way

      ❒ I don't know if anything is different

      ❒ Not applicable. My organisation didn't have problem gambling clients referred in the past

      ❒ More clients or ❒ Less clients

      … come to my organisation from gambling treatment services than previously

      ❒ There is a better or ❒ There is a worse

… relationship between my organisation and gambling treatment services

❒ There are better or ❒ There are worse

… outcomes for clients

❒ Other

Please specify _____

4. Have you referred clients to gambling treatment services in the last six months?
   ❒ Yes ❒ No ❒ Don't know
   a. If yes, how do you do this? (*Tick all that apply*)

   ❒ By telephone
   ❒ Face-to-face
   ❒ In writing
   ❒ Other method

   Please specify _____

5. What are the benefits of the facilitated referral approach of gambling clients to your agency/organisation?
   a. For the clients? _____

      _____

   b. For your agency/organisation? _____

6. What are the negative aspects of the facilitated referral approach of gambling clients to your agency/organisation?
   a. For the clients? _____

      _____

   b. For your agency/organisation? _____

      _____

7. What are the benefits of referral of your clients to gambling treatment services?
   a. For the clients? _____

      _____

   b. For your agency/organisation? _____

8. What are the negative aspects of referral of your clients to gambling treatment services?
   a. For the clients? _____

      _____

   b. For your agency/organisation? _____

      _____

We would now like to ask some questions about the clients

9. After the gambling treatment service has facilitated referral of a client to your service, do clients actually attend your service? (*Tick one option*)

   ❒All the time ❒More than half of the time ❒Less than half of the time
   ❒Less than quarter of the time

10. In what ways could the facilitation referral process of clients to your agency/ organisation be improved?

    _____

    _____

11. Do you think clients have more positive outcomes if they are receiving interventions for their gambling issues as well as the issues for which your agency is supporting them?

    ❒ Yes ❒ No ❒ Don't know
    Why do you think this is? _____

    _____

12. What sort of a relationship exists between your organisation and gambling treatment agencies? (*Tick one option*)

    ❒Very good ❒Good ❒Average ❒Poor ❒Very poor
    How could this relationship be improved?

    _____

13. Are you aware if formal agreements been arranged between your organisation and gambling treatment agencies relating to facilitation of clients between the organisations (e.g. Memorandum of Understanding, written documentation)?

    ❒ Yes ❒ No ❒ Don't know
    If No or you don't know, who might know (state job title of person who might know)?

    _____

14. Has your organisation's awareness of problem gambling issues been increased by the referral of problem gambling clients to your organisation?

    ❒ Yes ❒ No ❒ Don't know

Thank you for you time to complete this questionnaire.
All responses will be anonymous and kept confidential.

APPENDIX 5
Stage Three database analysis tables

Table 1 - Number and type of clients

Service		No. clients	Client type			
			Gambler		Significant other	
		N	n	(%)	n	(%)
Mainstream	A01	3548	2403	(68)	1145	(32)
	A02	1832	1141	(62)	695	(38)
	A03[#]	3145	2293	(73)	852	(27)
	A04	312	262	(84)	55	(18)
	A05	75	52	(69)	23	(31)
Maori	B01	657	254	(39)	404	(61)
	B02	360	59	(16)	303	(84)
	B03	281	144	(51)	145	(52)
	B04	198	188	(95)	10	(5)
	B05	104	98	(94)	7	(7)
	B06	138	131	(95)	14	(10)
	B07	65	11	(17)	54	(83)
	B08	18	17	(94)	1	(6)
	C01	1280	441	(34)	852	(67)
	C02	398	352	(88)	69	(17)
	C03	144	91	(63)	53	(37)
	C04	515	118	(23)	405	(79)
	C07	42	39	(93)	3	(7)
	C08	44	29	(66)	15	(34)
Pacific	D01	558	260	(47)	318	(57)
	D02	115	53	(46)	62	(54)
Asian	E01[##]	1080	784	(73)	296	(27)
A and D	F01	68	68	(100)	-	-
Total		*14977*	*9288*	*(62)*	*5781*	*(39)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 1,306 gamblers and 663 significant others
[##] Includes some of A01 clients

Table 2 - Gambler clients by gender

Service		No. clients	Gender				
			Not reported	Male		Female	
		N	n	n	(%)	n	(%)
Mainstream	A01	2403		1389	(58)	1014	(42)
	A02	1141		611	(54)	530	(46)
	A03[#]	2293	26	1179	(52)	1088	(48)
	A04	262		130	(50)	132	(50)
	A05	52		29	(56)	23	(44)
Maori	B01	254		115	(45)	139	(55)
	B02	59		18	(31)	41	(69)
	B03	144		63	(44)	81	(56)
	B04	188		77	(41)	111	(59)
	B05	98		32	(33)	66	(67)
	B06	131		54	(41)	77	(59)
	B07	11		4	(36)	7	(64)
	B08	17		7	(41)	10	(59)
	C01	441		186	(42)	255	(58)
	C02	352		175	(50)	177	(50)
	C03	91		65	(71)	26	(29)
	C04	118		44	(37)	74	(63)
	C07	39		21	(54)	18	(46)
	C08	29		14	(48)	15	(52)
Pacific	D01	260		216	(83)	44	(17)
	D02	53		33	(62)	20	(38)
Asian	E01[##]	784		282	(36)	502	(64)
A and D	F01	68		49	(72)	19	(28)
Total		*9288*	*26*	*4793*	*(52)*	*4469*	*(48)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 1,306 gamblers

[##] Includes some of A01 clients

Table 3 - Significant other clients by gender

Service		No. clients	Gender				
			Not reported	Male		Female	
		n	n	n	(%)	n	(%)
Mainstream	A01	1145		332	(29)	813	(71)
	A02	695		178	(26)	517	(74)
	A03[#]	852		202	(24)	643	(75)
	A04	55		18	(33)	37	(67)
	A05	23		8	(35)	15	(65)
Maori	B01	404		131	(32)	273	(68)
	B02	303		120	(40)	183	(60)
	B03	145		25	(17)	120	(83)
	B04	10		6	(60)	4	(40)
	B05	7		2	(29)	5	(71)
	B06	14		4	(29)	10	(71)
	B07	54		28	(52)	26	(48)
	B08	1		-	-	1	(100)
	C01	852		377	(44)	475	(56)
	C02	69		30	(43)	39	(57)
	C03	53		17	(32)	36	(68)
	C04	405		141	(35)	264	(65)
	C07	3		-	-	3	(100)
	C08	15		2	(13)	13	(87)
Pacific	D01	318		275	(86)	43	(14)
	D02	62		13	(21)	49	(79)
Asian	E01[##]	296	39	198	(77)	59	(23)
Total		*5781*	*39*	*2107*	*(37)*	*3628*	*(63)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 663 significant others

[##] Includes some of A01 clients

Table 4 - Gambler clients by ethnicity

Service	No. clients	Not reported	Ethnicity									
			Maori		Pacific		Asian		Other		European	
	n	n	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Mainstream												
A01	2403	148	416	(18)	79	(4)	441	(20)	50	(2)	1269	(56)
A02	1141	41	297	(27)	91	(8)	34	(3)	76	(7)	602	(55)
A03[#]	2293	557	500	(29)	159	(9)	107	(6)	75	(4)	895	(52)
A04	262	9	42	(17)	11	(4)	9	(4)	11	(4)	180	(71)
A05	52		14	(27)	1	(2)			2	(4)	35	(67)
Maori												
B01	254		137	(54)	8	(3)			4	(2)	105	(41)
B02	59	2	44	(77)					2	(4)	11	(19)
B03	144		116	(81)	4	(3)	1	(1)	3	(2)	20	(14)
B04	188	1	149	(80)	3	(2)			2	(1)	33	(18)
B05	98		95	(97)							3	(3)
B06	131	4	117	(92)							10	(8)
B07	11		11	(100)								
B08	17	1	12	(75)	1	(6)					3	(19)
C01	441	2	262	(60)	5	(1)	5	(1)	4	(1)	163	(37)
C02	352	15	228	(68)	54	(16)	2	(1)	8	(2)	45	(13)
C03	91	2	26	(29)	3	(3)			5	(6)	55	(62)
C04	118		89	(75)	20	(17)	1	(1)	2	(2)	6	(5)
C07	39		26	(67)	3	(8)			2	(5)	8	(21)
C08	29		10	(34)	2	(7)					17	(59)
Pacific												
D01	260		10	(4)	240	(92)	3	(1)	4	(2)	3	(1)
D02	53	1	16	(31)	28	(54)					8	(15)
Asian												
E01[##]	784	320	14	(3)	2	(0)	401	(86)	9	(2)	38	(8)
A & D												
F01	68		19	(28)	6	(9)			1		42	(62)
Total	*9288*	*1103*	*2650*	*(32)*	*720*	*(9)*	*1004*	*(12)*	*260*	*(3)*	*3551*	*(43)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 1,306 gamblers

[##] Includes some of A01 clients

Table 5 - Significant other clients by ethnicity

Service	No. clients	Not reported	Ethnicity									
			Maori		Pacific		Asian		Other		European	
	n	n	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Mainstream												
A01	1145	38	121	(11)	24	(2)	234	(21)	14	(1)	714	(64)
A02	695	23	291	(43)	85	(13)	10	(1)	31	(5)	255	(38)
A03[#]	852	201	87	(13)	35	(5)	42	(6)	19	(3)	468	(72)
A04	55	1	1	(2)	2	(4)	2	(4)	2	(4)	47	(87)
A05	23		5	(22)							18	(78)
Maori												
B01	404		268	(66)	12	(3)	4	(1)	4	(1)	116	(29)
B02	303	34	202	(75)	3	(1)	1	(0)	3	(1)	60	(22)
B03	145	2	117	(82)	7	(5)	1	(1)	4	(3)	14	(10)
B04	10		8	(80)							2	(20)
B05	7		7	(100)								
B06	14		14	(100)								
B07	54		50	(93)							4	(7)
B08	1		1	(100)								
C01	852	6	554	(65)	22	(3)	10	(1)	4	(0)	256	(30)
C02	69	2	46	(69)	10	(15)	1	(1)			10	(15)
C03	53		20	(38)	0	(0)	0	(0)	1	(2)	32	(60)
C04	405		318	(79)	34	(8)	0	(0)	12	(3)	41	(10)
C07	3		2	(67)							1	(33)
C08	15		10	(67)					2	(13)	3	(20)
Pacific												
D01	318		4	(1)	307	(97)	6	(2)	1	(0)		
D02	62		25	(40)	28	(45)					9	(15)
Asian												
E01[##]	296	235	9	(15)			50	(82)	1	(2)	1	(2)
Total	*5781*	*542*	*2160*	*(41)*	*569*	*(11)*	*361*	*(7)*	*98*	*(2)*	*2051*	*(39)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 663 significant others

[##] Includes some of A01 clients

Table 6 - Gambler clients by age group

Service	No. Clients	Not reported	Age group <30 years		30-39 years		40-49 years		50-59 years		60+ years	
	n	n	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Mainstream												
A01	2403	550	477	(26)	555	(30)	457	(25)	249	(13)	115	(6)
A02	1141	44	250	(23)	314	(29)	298	(27)	166	(15)	69	(6)
A03[#]	2293	638	469	(28)	462	(28)	388	(23)	239	(14)	97	(6)
A04	262		17	(6)	40	(15)	67	(26)	66	(25)	72	(27)
A05	52		13	(25)	21	(40)	11	(21)	5	(10)	2	(4)
Maori												
B01	254		52	(20)	64	(25)	77	(30)	41	(16)	20	(8)
B02	59		11	(19)	19	(32)	15	(25)	11	(19)	3	(5)
B03	144	1	34	(24)	30	(21)	49	(34)	21	(15)	9	(6)
B04	188	1	59	(32)	32	(17)	32	(17)	45	(24)	19	(10)
B05	98		35	(36)	28	(29)	14	(14)	14	(14)	7	(7)
B06	131	1	45	(35)	21	(16)	34	(26)	16	(12)	14	(11)
B07	11		5	(45)	3	(27)	2	(18)	1	(9)		
B08	17	2	5	(33)	10	(67)						
C01	441		224	(51)	67	(15)	65	(15)	39	(9)	46	(10)
C02	352	1	149	(42)	106	(30)	56	(16)	29	(8)	11	(3)
C03	91	1	25	(28)	22	(24)	27	(30)	12	(13)	4	(4)
C04	118		48	(41)	18	(15)	29	(25)	14	(12)	9	(8)
C07	39		11	(28)	13	(33)	13	(33)	1	(3)	1	(3)
C08	29		7	(24)	9	(31)	8	(28)	3	(10)	2	(7)
Pacific												
D01	260	1	103	(40)	83	(32)	53	(20)	18	(7)	2	(1)
D02	53		15	(28)	15	(28)	11	(21)	10	(19)	2	(4)
Asian												
E01[##]	784	784										
A & D												
F01	68		28	(41)	24	(35)	12	(18)	4	(6)		
Total	*9288*	*2024*	*2082*	*(29)*	*1956*	*(27)*	*1718*	*(24)*	*1004*	*(14)*	*504*	*(7)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 1,306 gamblers

[##] Includes some of A01 clients

Expanded details of <30 can be found in appendix 6

Table 7 - Significant other clients by age group

Service	No. Clients	Not reported	Age group									
			<30 years		30-39 years		40-49 years		50-59 years		60+ years	
	n	n	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Mainstream												
A01	1145	455	168	(24)	166	(24)	167	(24)	115	(17)	74	(11)
A02	695	37	215	(33)	192	(29)	145	(22)	67	(10)	39	(6)
A03[#]	852	249	104	(17)	142	(24)	147	(24)	114	(19)	96	(16)
A04	55		9	(16)	6	(11)	9	(16)	22	(40)	9	(16)
A05	23		8	(35)	2	(9)	6	(26)	7	(30)		
Maori												
B01	404		134	(33)	96	(24)	104	(26)	45	(11)	25	(6)
B02	303		92	(30)	62	(20)	58	(19)	51	(17)	40	(13)
B03	145		41	(28)	30	(21)	44	(30)	17	(12)	13	(9)
B04	10		3	(30)	2	(20)	2	(20)	2	(20)	1	(10)
B05	7		4	(57)	1	(14)			1	(14)	1	(14)
B06	14		5	(36)	2	(14)	3	(21)	2	(14)	2	(14)
B07	54		27	(50)	13	(24)	9	(17)	1	(2)		
B08	1						1	(100)				
C01	852	1	517	(61)	105	(12)	81	(10)	69	(8)	79	(9)
C02	69		27	(39)	17	(25)	8	(12)	8	(12)	9	(13)
C03	53		16	(30)	13	(25)	16	(30)	5	(9)	3	(6)
C04	405		181	(45)	66	(16)	87	(21)	35	(9)	36	(9)
C07	3		1	(33)	2	(67)						
C08	15		6	(40)	6	(40)	3	(20)				
Pacific												
D01	318	3	187	(59)	63	(20)	48	(15)	15	(5)	2	(1)
D02	62	15	15	(32)	7	(15)	14	(30)	8	(17)	3	(6)
Asian												
E01[##]	296	296										
Total	*5781*	*1056*	*1760*	*(37)*	*993*	*(21)*	*952*	*(20)*	*584*	*(12)*	*432*	*(9)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 663 significant others

[##] Includes some of A01 clients

Table 8 - Gambler clients by Territorial Local Authority

Territorial Local Authority		Service type		
		Mainstream[#]	Maori	Pacific
		n	n	n
	Not Reported	417	1	
1	Far North District Council	17	80	
2	Whangarei District Council	58	56	
3	Kaipara District Council	8	6	
4	Rodney District Council	24		
5	North Shore City Council	171	1	3
6	Waitakere City Council	160		47
7	Auckland City Council	648	21	105
8	Manukau City Council	336	149	102
9	Papakura District Council	27	154	3
10	Franklin District Council	21	53	
11	Thames - Coromandel District Council	7		
12	Hauraki District Council	5	1	
13	Waikato District Council	39	39	
14	Matamata - Piako District Council	6	1	
15	Hamilton City Council	128	342	46
16	Waipa District Council	16	15	
17	Otorohonga District Council		6	
18	South Waikato District Council	29	2	3
19	Waitomo District Council		4	
20	Taupo District Council	11	21	3
21	Western Bay of Plenty District Council	10	117	
22	Tauranga District Council	89	19	
23	Rotorua District Council	74	208	
24	Whakatane District Council	17	4	
25	Kawerau District Council	33	91	
26	Opotiki District Council	12		
27	Gisborne District Council	36	54	
28	Wairoa District Council		14	
29	Hastings District Council	2	131	
30	Napier City Council	1	93	
31	Central Hawkes Bay District Council		8	
32	New Plymouth District Council	55	1	
34	South Taranaki District Council	14	1	1
35	Ruapehu District Council	3	1	
36	Wanganui District Council	46	3	
38	Manawatu District Council	8	1	
39	Palmerston North District Council	34	1	
40	Tararua District Council	4		
41	Horowhenua District Council	7	2	
42	Kapiti Coast District Council	7	2	

[#] Excluding Service A03

Table 8 - Gambler clients by Territorial Local Authority continued

Territorial Local Authority		Service type		
		Mainstream*	Maori	Pacific
		n	n	n
43	Porirua District Council	28	87	
44	Upper Hutt City Council	38	3	
45	Hutt City Council	66		
46	Wellington City Council	144	15	
47	Masterton District Council	45		
48	Carterton District Council	2		
49	South Wairarapa District Council	8		
50	Tasman District Council	2	23	
51	Nelson City Council	37	65	
52	Marlborough District Council	14	1	
53	Kaikoura District Council	4		
54	Buller District Council	3		
55	Grey District Council	2		
57	Hurunui District Council	1		
58	Waimakariri District Council	39		
59	Christchurch City/Banks Peninsula	619	44	
60	Selwyn District Council	11		
61	Ashburton District Council	22		
62	Timaru District Council	33		
66	Waitaki District Council	14		
67	Central Otago District Council	1		
68	Queenstown - Lakes District Council	14		
69	Dunedin City Council	157	1	
70	Clutha District Council	1		
71	Southland District Council	4		
73	Invercargill City Council	9	30	

[#] Excluding Service A03

Table 9 - Significant other clients by Territorial Local Authority

Territorial Local Authority		Service type		
		Mainstream[#]	Maori	Pacific
		n	n	n
	Not Reported	131		1
1	Far North District Council	13	89	
2	Whangarei District Council	21	37	
3	Kaipara District Council	3	11	
4	Rodney District Council	9		1
5	North Shore City Council	74	2	5
6	Waitakere City Council	75	3	46
7	Auckland City Council	345	28	121
8	Manukau City Council	523	45	137
9	Papakura District Council	22	22	7
10	Franklin District Council	10	17	
11	Thames - Coromandel District Council	2	1	
13	Waikato District Council	4	82	
14	Matamata - Piako District Council	1	1	
15	Hamilton City Council	64	725	53
16	Waipa District Council	2	2	
17	Otorohonga District Council		6	
18	South Waikato District Council	6	4	
19	Waitomo District Council		3	
20	Taupo District Council	1	66	6
21	Western Bay of Plenty District Council	2	12	
22	Tauranga District Council	34	1	
23	Rotorua District Council	37	23	3
24	Whakatane District Council	5	5	
25	Kawerau District Council	6	4	
26	Opotiki District Council	1		
27	Gisborne District Council	16	293	
28	Wairoa District Council		8	
29	Hastings District Council		244	
30	Napier City Council	3	145	
31	Central Hawkes Bay District Council		14	
32	New Plymouth District Council	21		
34	South Taranaki District Council	1		
36	Wanganui District Council	11	1	
38	Manawatu District Council	7	21	
39	Palmerston North District Council	8	1	
40	Tararua District Council	2		
41	Horowhenua District Council	1	2	
42	Kapiti Coast District Council	5	3	

[#] Excluding Service A03

Table 9 - Significant other clients by Territorial Local Authority continued

Territorial Local Authority		Service type		
		Mainstream[#]	Maori	Pacific
		n	n	n
43	Porirua District Council	9	289	
44	Upper Hutt City Council	25	4	
45	Hutt City Council	62	2	
46	Wellington City Council	46	41	
47	Masterton District Council	19		
49	South Wairarapa District Council	3		
50	Tasman District Council	5	19	
51	Nelson City Council	9	34	
52	Marlborough District Council	1		
54	Buller District Council	1		
55	Grey District Council		1	
56	Westland District Council	1		
58	Waimakariri District Council	11		
59	Christchurch City/Banks Peninsula	181	5	
60	Selwyn District Council	6		
61	Ashburton District Council	5		
62	Timaru District Council	12		
64	Waimate District Council	1		
66	Waitaki District Council	2		
69	Dunedin City Council	46	4	
70	Clutha District Council	2		
71	Southland District Council	1		
72	Gore District Council	1		
73	Invercargill City Council	5	15	

[#] Excluding Service A03

Table 10 - Gambler client treatment summaries

Service			Episodes		Sessions	
		No. clients	No. episodes	Average episodes per client	No. sessions	Average sessions per episode
Mainstream	A01	2403	3767	1.57	10421	2.77
	A02	1141	1752	1.54	7717	4.40
	A03[#]	40	59	1.48	169	2.86
	A04	262	594	2.27	800	1.35
	A05	52	90	1.73	337	3.74
Maori	B01	254	402	1.58	1529	3.80
	B02	59	67	1.14	287	4.28
	B03	144	294	2.04	631	2.15
	B04	188	502	2.67	664	1.32
	B05	98	161	1.64	228	1.42
	B06	131	345	2.63	562	1.63
	B07	11	11	1.00	11	1.00
	B08	17	23	1.35	31	1.35
	C01	441	652	1.48	1194	1.83
	C02	352	618	1.76	3103	5.02
	C03	91	135	1.48	305	2.26
	C04	118	191	1.62	425	2.23
	C07	39	48	1.23	91	1.90
	C08	29	39	1.34	316	8.10
Pacific	D01	260	350	1.35	1241	3.55
	D02	53	62	1.17	207	3.34
Asian	E01[##]	784	784	1.00	2379	3.03
A and D	F01	68	84	1.24	1857	22.11
Total		*7035*	*11030*	*1.57*	*34505*	3.13

[#] Only includes CLIC data (an additional 2,253 gambler clients are not reported through CLIC - episodes are not collected for these clients)

[##] E01 data were available at session level only

[†] Assume one episode per client in absence of other evidence

Table 11 - Significant other client treatment summaries

Service		No. clients	Episodes		Sessions	
		N	No. episodes	Average episodes per client	No. sessions	Average sessions per episode
Mainstream	A01	1145	1376	1.20	2632	1.91
	A02	695	821	1.18	1375	1.67
	A03[#]	2	2	1.00	11	5.50
	A04	55	109	1.98	145	1.33
	A05	23	39	1.70	105	2.69
Maori	B01	404	513	1.27	1010	1.97
	B02	303	306	1.01	381	1.25
	B03	145	252	1.74	277	1.10
	B04	10	13	1.30	16	1.23
	B05	7	9	1.29	11	1.22
	B06	14	29	2.07	41	1.41
	B07	54	55	1.02	55	1.00
	B08	1	2	2.00	2	1.00
	C01	852	1221	1.43	2038	1.67
	C02	69	104	1.51	500	4.81
	C03	53	63	1.19	106	1.68
	C04	405	719	1.78	1142	1.59
	C07	3	3	1.00	3	1.00
	C08	15	18	1.20	233	12.94
Pacific	D01	318	365	1.15	555	1.52
	D02	62	66	1.06	69	1.05
Asian	E01[##]	296	296[†]	1.00[†]	685	2.31
Total		*4931*	*6381*	*1.29*	*11392*	1.79

[#] Only includes CLIC data (an additional 850 significant other clients are not reported through CLIC - episodes are not collected for these clients)

[##] E01 data were available at session level only

[†] Assume one episode per client in absence of other evidence

Table 12 - Gambler client episode type

Service		No. episodes	Brief		Full		Follow-up	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	3767	933	(25)	2181	(58)	653	(17)
	A02	1752	288	(16)	916	(52)	548	(31)
	A03[#]	59	4	(7)	37	(63)	18	(31)
	A04	594			122	(21)	472	(79)
	A05	90	26	(29)	40	(44)	24	(27)
Maori	B01	402	155	(39)	153	(38)	94	(23)
	B02	67	5	(7)	23	(34)	39	(58)
	B03	294	112	(38)	98	(33)	84	(29)
	B04	502	162	(32)	198	(39)	142	(28)
	B05	161	98	(61)	57	(35)	6	(4)
	B06	345	83	(24)	167	(48)	95	(28)
	B07	11	11	(100)				
	B08	23	17	(74)	6	(26)		
	C01	652	308	(47)	141	(22)	203	(31)
	C02	618	237	(38)	257	(42)	124	(20)
	C03	135	33	(24)	54	(40)	48	(36)
	C04	191	61	(32)	65	(34)	65	(34)
	C07	48	25	(52)	19	(40)	4	(8)
	C08	39	7	(18)	28	(72)	4	(10)
Pacific	D01	350	199	(57)	139	(40)	12	(3)
	D02	62	30	(48)	29	(47)	3	(5)
Asian	E01[##]							
A and D	F01	84			66	(79)	18	(21)
Total		*10246*	*2794*	*(27)*	*4796*	*(47)*	*2656*	*(26)*

[#] Only includes CLIC data

[##] Episode data are not available for E01 (there were 2,379 *sessions* for gambler clients of which 24% were Brief interventions, 75% were Full interventions, and 1% were Follow-ups)

Table 13 - Significant other client episode type

Service		No. episodes	Brief		Full		Follow-up	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	1376	684	(50)	583	(42)	109	(8)
	A02	821	508	(62)	171	(21)	142	(17)
	A03[#]	2			2	(100)		
	A04	109			39	(36)	70	(64)
	A05	39	22	(56)	11	(28)	6	(15)
Maori	B01	513	362	(71)	80	(16)	71	(14)
	B02	306	250	(82)	14	(5)	42	(14)
	B03	252	126	(50)	39	(15)	87	(35)
	B04	13	9	(69)	4	(31)		
	B05	9	7	(78)	2	(22)		
	B06	29	6	(21)	15	(52)	8	(28)
	B07	55	54	(98)	1	(2)		
	B08	2	1	(50)	1	(50)		
	C01	1221	539	(44)	375	(31)	307	(25)
	C02	104	42	(40)	58	(56)	4	(4)
	C03	63	30	(48)	23	(37)	10	(16)
	C04	719	289	(40)	201	(28)	229	(32)
	C07	3	2	(67)	1	(33)		
	C08	18	4	(22)	12	(67)	2	(11)
Pacific	D01	365	312	(85)	49	(13)	4	(1)
	D02	66	64	(97)	1	(2)	1	(2)
Asian	E01[##]							
Total		*6085*	*3311*	*(54)*	*1682*	*(28)*	*1092*	*(18)*

[#] Only includes CLIC data

[##] Episode data are not available for E01 (there were 685 *sessions* for significant other clients of which 41% were Brief interventions and 59% were Full interventions)

Table 14 - Gambler client time per episode type

Service		No. episodes	Average time per session (hours)		
		N	Brief	Full	Follow-up
Mainstream	A01	3767	0.37	1.15	0.67
	A02	1752	0.28	0.98	0.30
	A03	59	0.38	0.49	0.36
	A04	594		3.87	0.25
	A05	90	0.49	1.05	0.43
Maori	B01	402	0.29	0.90	0.29
	B02	67	0.70	0.67	0.29
	B03	294	0.35	0.94	0.55
	B04	502	0.45	0.71	0.47
	B05	161	0.27	0.65	0.25
	B06	345	0.32	0.63	0.43
	B07	11	0.25		
	B08	23	0.43	0.65	
	C01	652	0.32	0.87	0.28
	C02	618	0.37	1.25	0.36
	C03	135	0.53	0.98	0.56
	C04	191	0.31	0.71	0.36
	C07	48	0.84	0.87	0.63
	C08	39	0.73	0.83	0.40
Pacific	D01	350	0.47	0.70	0.55
	D02	62	0.31	1.18	0.25
Asian	E01	784†	0.42	1.00	0.26
A and D	F01	84		1.46	0.81
Total		*11030*	*0.37*	*1.09*	*0.42*

† Assume one episode per client in absence of other evidence

Table 15 - Significant other client time per episode type

Service		No. episodes	Average time per session (hours)		
		N	Brief	Full	Follow-up
Mainstream	A01	1376	0.34	1.07	0.65
	A02	821	0.25	1.02	0.31
	A03	2		0.55	
	A04	109		3.65	0.25
	A05	39	0.45	0.93	0.29
Maori	B01	513	0.28	1.05	0.27
	B02	306	0.27	0.61	0.30
	B03	252	0.29	0.72	0.27
	B04	13	0.45	0.58	
	B05	9	0.32	0.63	
	B06	29	0.29	0.44	0.38
	B07	55	0.26	0.50	
	B08	2	0.50	1.00	
	C01	1221	0.38	0.87	0.28
	C02	104	0.41	1.25	0.36
	C03	63	0.61	0.86	0.60
	C04	719	0.30	0.62	0.28
	C07	3	1.00	0.25	
	C08	18	1.12	0.72	0.25
Pacific	D01	365	0.47	0.74	0.25
	D02	66	0.25	1.25	0.25
Asian	E01	296†	0.29	1.05	
Total		*6381*	*0.34*	*0.99*	*0.33*

† Assume one episode per client in absence of other evidence

Table 16 - Gambler client intervention outcome

Service	No. treatment episodes	Treatment complete		Treatment partially complete		Admin-istrative discharge		Transferred to other prob gamb. service		On-going	
	N	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Mainstream											
A01	3767	938	(25)	56	(1)	2197	(58)	6	(0)	570	(15)
A02	1752	1084	(62)	123	(7)	210	(12)	6	(0)	329	(19)
A03	59	38	(64)	11	(19)	5	(8)	2	(3)	3	(5)
A04	594	115	(19)	453	(76)	24	(4)	-	-	2	(0)
A05	90	64	(71)	3	(3)	6	(7)	-	-	17	(19)
Maori											
B01	402	308	(77)	25	(6)	8	(2)	1	(0)	60	(15)
B02	67	51	(76)	-	-	1	(1)	1	(1)	14	(21)
B03	294	249	(85)	9	(3)	11	(4)	-	-	25	(9)
B04	502	447	(89)	-	-	3	(1)	-	-	52	(10)
B05	161	115	(71)	4	(2)	-	-	-	-	42	(26)
B06	345	270	(78)	7	(2)	3	(1)	2	(1)	63	(18)
B07	11	6	(55)	1	(9)	-	-	-	-	4	(36)
B07	23	17	(74)	-	-	-	-	-	-	6	(26)
C01	652	616	(94)	24	(4)	3	(0)	-	-	9	(1)
C02	618	284	(46)	13	(2)	32	(5)	-	-	289	(47)
C03	135	82	(61)	2	(1)	6	(4)	2	(1)	43	(32)
C04	191	182	(95)	-	-	-	-	1	(1)	8	(4)
C07	48	16	(33)	7	(15)	6	(13)	-	-	19	(40)
C08	39	15	(38)	7	(18)	3	(8)	2	(5)	12	(31)
Pacific											
D01	350	286	(82)	16	(5)	20	(6)	1	(0)	27	(8)
D02	62	21	(34)	16	(26)	2	(3)	5	(8)	18	(29)
Asian											
E01[##]											
Alcohol and Drug											
F01	84	20	(24)	10	(12)	9	(11)	1	(1)	44	(52)
Total	*10246*	*5224*	*(51)*	*787*	*(8)*	*2549*	*(25)*	*30*	*(0)*	*1656*	*(16)*

[##] Episode data are not available for E01

Table 17 - Significant other client intervention outcome

Service	No. Treatment episodes N	Treatment complete n	(%)	Treatment partially complete n	(%)	Admin-istrative discharge n	(%)	Transferred to other prob Gambservice n	(%)	On-going n	(%)
Mainstream											
A01	1376	467	(34)	13	(1)	771	(56)	2	(0)	123	(9)
A02	821	715	(87)	24	(3)	37	(5)	2	(0)	43	(5)
A03	2	2	(100)	-	-	-	-	-	-	-	-
A04	109	19	(17)	82	(75)	5	(5)	-	-	3	(3)
A05	39	31	(79)	2	(5)	3	(8)	-	-	3	(8)
Maori											
B01	513	471	(92)	9	(2)	2	(0)	1	(0)	30	(6)
B02	306	298	(97)	-	-	-	-	-	-	8	(3)
B03	252	230	(91)	7	(3)	4	(2)	-	-	11	(4)
B04	13	9	(69)	1	(8)	-	-	-	-	3	(23)
B05	9	4	(44)	3	(33)	-	-	-	-	2	(22)
B06	29	27	(93)	2	(7)	-	-	-	-	-	-
B07	55	54	(98)	1	(2)	-	-	-	-	-	-
B08	2	1	(50)	-	-	-	-	-	-	1	(50)
C01	1221	1154	(95)	46	(4)	2	(0)	-	-	19	(2)
C02	104	44	(42)	-	-	7	(7)	-	-	53	(51)
C03	63	34	(54)	1	(2)			-	-	28	(44)
C04	719	675	(94)	5	(1)	4	(1)	-	-	35	(5)
C07	3	1	(33)					-	-	2	(67)
C08	18	9	(50)	1	(6)	1	(6)	-	-	7	(39)
Pacific											
D01	365	333	(91)	8	(2)	7	(2)	-	-	17	(5)
D02	66	40	(61)	24	(36)	1	(2)	-	-	1	(2)
Asian											
E01[##]											
Total	*6085*	*4618*	*(76)*	*229*	*(4)*	*844*	*(14)*	*5*	*(0)*	*389*	*(6)*

[##] Episode data are not available for E01

Table 18 - Gambler client average length of episode

Service	No. episodes	Treatment complete		Treatment partially complete		Administrative discharge		Transferred to other prob. gamb. service		On-going	
	N	n	Av. episode length (days)	n	Av. episode length (days)	n	Av. episode length (days)	n	Ave episode length (days)	n	Ave episode length (days)
Mainstream											
A01	3767	938	69.7	56	104.3	2197	49.5	6	75.7	570	-
A02	1752	1084	46.8	123	115.1	210	79.4	6	14.2	329	-
A03	59	38	30.1	11	34.2	5	85.4	2	41.5	3	-
A04	594	115	0.8	453	3.6	24	8.0	-	-	2	-
A05	90	64	46.6	3	79.3	6	47.5	-	-	17	-
											-
Maori											-
B01	402	308	24.8	25	126.1	8	219.4	1	10.0	60	-
B02	67	51	57.5	-	-	1	42.0	1	1784.0	14	-
B03	294	249	0.9	9	28.4	11	99.0	-	-	25	-
B04	502	447	0.3	-	-	3	4.7	-	-	52	-
B05	161	115	2.1	4	0.0	-	-	-	-	42	-
B06	345	270	0.1	7	0.0	3	26.3	2	0.0	63	-
B07	11	6	0.0	1	0.0	-	-	-	-	4	-
B08	23	17	0.0	-	-	-	-	-	-	6	-
											-
C01	652	616	2.1	24	64.2	3	94.3	-	-	9	-
C02	618	284	61.7	13	86.4	32	37.0	-	-	289	-
C03	135	82	35.2	2	3.5	6	142.7	2	3.5	43	-
C04	191	182	20.4	-	-	-	-	1	76.0	8	-
C07	48	16	8.3	7	9.4	6	61.5	-	-	19	-
C08	39	15	180.4	7	131.0	3	85.7	2	55.5	12	-
Pacific											-
D01	350	286	31.0	16	38.0	20	76.4	1	0.0	27	-
D02	62	21	42.2	16	0.0	2	40.5	5	64.6	18	-
A&D											
F01	84	20	136.0	10	239.4	9	193.0	1	223.0	44	-
Total	*10246*	*5224*	*33.0*	*787*	*41.0*	*2549*	*53.2*	*30*	*105.2*	*1656*	-

Table 19 - Significant other client average length of episode

Service	No. episodes	Treatment complete		Treatment partially complete		Administrative discharge		Transferred to other prob. gamb. service		On-going	
	N	n	Av. episode length (days)	n	Av. episode length (days)	n	Av. episode length (days)	n	Ave episode length (days)	n	Ave episode length (days)
Mainstream											
A01	1376	467	143.6	13	107.4	771	49.5	2	63.5	123	-
A02	821	715	13.9	24	73.7	37	69.2	2	125.0	43	-
A03	2	2	43.5	-	-	-	-	-	-	-	-
A04	109	19	9.2	82	2.3	5	0.0	-	-	3	-
A05	39	31	12.4	2	0.0	3	134.0	-	-	3	-
Maori											-
B01	513	471	8.2	9	169.2	2	132.0	1	21.0	30	-
B02	306	298	11.5	-	-	-	-	-	-	8	-
B03	252	230	0.1	7	8.9	4	22.0	-	-	11	-
B04	13	9	0.0	1	26.0	-	-	-	-	3	-
B05	9	4	0.0	3	0.0	-	-	-	-	2	-
B06	29	27	0.0	2	0.0	-	-	-	-	-	-
B07	55	54	0.0	1	0.0	-	-	-	-	-	-
B08	2	1	0.0	-	-	-	-	-	-	1	-
											-
C01	1221	1154	1.0	46	11.3	2	46.0	-	-	19	-
C02	104	44	37.4	-	-	7	66.1	-	-	53	-
C03	63	34	15.9	1	45.0	-	-	-	-	28	-
C04	719	675	15.2	5	0.4	4	114.5	-	-	35	-
C07	3	1	0.0	-	-	-	-	-	-	2	-
C08	18	9	139.7	1	225.0	1	129.0	-	-	7	-
Pacific											
D1	365	333	6.1	8	23.1	7	31.0	-	-	17	-
D2	66	40	2.4	24	0.0	1	21.0	-	-	1	-
Total	*6085*	*4618*	*22.1*	*229*	*25.9*	*844*	*50.8*	*5*	*79.6*	*389*	-

Table 20 - Gambler client primary gambling mode

Service	No. episode	Not reported	Casino tables	Electronic gaming machines				Housie	Keno/ Lotto	Track/ Sports betting	Other
				Casino	Non-casino	Pub	Club				
	N	n	%	%	%	%	%	%	%	%	%
Mainstream											
A01	3767	72	18	11	2	52	6	0	6	7	7
A02	1752	15	6	16	2	66	6	0	3	8	4
A03	59	-	2	2	-	83	19	-	-	8	-
A04	594	-	5	46	-	73	46	1	11	10	5
A05	90	-	-	-	1	71	9	-	-	8	8
Maori											
B01	402	-	-	1	0	70	12	1	1	10	4
B02	67	-	-	12	6	64	4	-	1	10	1
B03	294	-	1	3	0	51	6	3	16	6	13
B04	502	-	-	-	-	98	0	1	0	-	1
B05	161	1	-	6	-	31	1	-	28	15	19
B06	345	2	-	-	-	47	-	3	45	4	-
B07	11	-	-	-	-	55	-	-	45	-	-
B08	23	-	-	-	-	52	-	-	48	-	-
C01	652	-	0	35	-	41	8	0	6	1	10
C02	618	-	0	5	0	6	23	0	1	-	65
C03	135	2	1	-	-	86	-	-	1	8	5
C04	191	-	-	1	1	80	-	3	-	6	12
C07	48	1	4	-	-	74	4	2	2	13	2
C08	39	-	3	8	-	72	41	-	-	8	-
Pacific											
D1	350	77	2	15	0	48	5	-	17	11	3
D2	62	-	2	2	-	97	-	-	-	5	6
A&D											
F1	84	3	1	46	4	43	5	-	2	2	11
Total	*10246*	*173*	*8*	*13*	*1*	*56*	*9*	*1*	*7*	*6*	*10*

Clients may specify multiple modes therefore percentages may add up to more than 100%

Table 21 - Significant other client primary gambling mode

Service	No. episode	Not reported	Casino tables	Electronic gaming machines				Housie	Keno/ Lotto	Track/ Sports betting	Other
				Casino	Non-casino	Pub	Club				
	N	n	%	%	%	%	%	%	%	%	%
Mainstream											
A01	1376	45	28	9	1	45	2	1	6	5	5
A02	821	20	2	17	0	65	5	2	3	10	3
A03	2	-	-	-	-	50	-	-	-	50	-
A04	109	-	12	40	-	67	46	-	6	26	12
A05	39	-	-	-	-	77	5	-	-	18	-
Maori											
B01	513	1	0	0		76	8	2		11	3
B02	306	-	-	3	2	24	3	2	59	3	5
B03	252	1	0	3	0	71	9	5	3	5	2
B04	13	-	-	-	-	100	-	-	-	-	-
B05	9	-	-	-	-	56	-	-	22	22	-
B06	29	-	-	-	-	93	-	-		7	-
B07	55	-	-	-	-	91	-	-	5	-	4
B08	2	-	-	-	-	100	-	-	-	-	-
C01	1221	-	0	8	0	40	7	3	20	2	21
C02	104	1		16	1	7	30	-	2		47
C03	63	-	2	-	-	86	-	-	-	3	10
C04	719	-	0	1	-	81	-	12	0	11	9
C07	3	-	-	-	-	100	-	-	-	-	-
C08	18	1	-	12	-	82	18	-	-	24	-
Pacific											
D1	365	271	1	21	-	52	4	4	9	6	3
D2	66	-	-	-	-	100	-	-	-	-	-
Total	*6085*	*340*	*7*	*8*	*0*	*56*	*5*	*3*	*10*	*7*	*9*

Clients may specify multiple modes therefore percentages may add up to more than 100%

Table 22 - Gambler client counselling type

		No. sessions	Individual		Couple		Family/ whanau		Group	
Service		**N**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Mainstream	A01	10421	9056	(87)	741	(7)	501	(5)	123	(1)
	A02	7717	6965	(90)	122	(2)	5	(0)	625	(8)
	A03[#]	169	169	(100)	-	-	-	-	-	-
	A04	800	492	(62)	-	-	-	-	308	(39)
	A05	337	295	(88)	4	(1)	6	(2)	32	(9)
Maori	B01	1529	1511	(99)	7	(0)	2	(0)	9	(1)
	B02	287	258	(90)	2	(1)	5	(2)	22	(8)
	B03	631	628	(100)	3	(0)	-	-	-	-
	B04	664	664	(100)	-	-	-	-	-	-
	B05	228	228	(100)	-	-	-	-	-	-
	B06	562	562	(100)	-	-	-	-	-	-
	B07	11	11	(100)	-	-	-	-	-	-
	B08	31	31	(100)	-	-	-	-	-	-
	C01	1194	1192	(100)	-	-	-	-	2	(0)
	C02	3103	2153	(69)	13	(0)	6	(0)	931	(30)
	C03	305	286	(94)	18	(6)	1	(0)	-	-
	C04	425	384	(90)	-	-	41	(10)	-	-
	C07	91	91	(100)	-	-	-	-	-	-
	C08	316	313	(99)	3	(1)	-	-	-	-
Pacific	D01	1241	1092	(88)	7	(1)	52	(4)	90	(7)
	D02	207	207	(100)	-	-	-	-	-	-
Asian	E01[##]	2379	2205	(93)	121	(5)	47	(2)	6	(0)
A and D	F01	1857	470	(25)	3	(0)	13	(1)	1371	(74)
Total		*34505*	*29263*	*(85)*	*1044*	*(3)*	*679*	*(2)*	*3519*	*(10)*

[#] Only includes CLIC data
[##] Includes some of A01 clients

Table 23 - Significant other client counselling type

Service		No. sessions N	Individual n	(%)	Couple n	(%)	Family/ whanau n	(%)	Group n	(%)
Mainstream	A01	2632	2085	(79)	30	(1)	363	(14)	154	(6)
	A02	1375	1243	(90)	106	(8)	25	(2)	1	(0)
	A03[#]	11	11	(100)	-	-	-	-	-	-
	A04	145	80	(55)	-	-	-	-	65	(45)
	A05	105	81	(77)	3	(3)	3	(3)	18	(17)
Maori	B01	1010	980	(97)	13	(1)	2	(0)	15	(1)
	B02	381	368	(97)	2	(1)	3	(1)	8	(2)
	B03	277	274	(99)	3	(1)	-	-	-	-
	B04	16	16	(100)	-	-	-	-	-	-
	B05	11	11	(100)	-	-	-	-	-	-
	B06	41	41	(100)	-	-	-	-	-	-
	B07	55	55	(100)	-	-	-	-	-	-
	B08	2	2	(100)	-	-	-	-	-	-
	C01	2038	2031	(100)	-	-	1	(0)	6	(0)
	C02	500	337	(67)	8	(2)	1	(0)	154	(31)
	C03	106	82	(77)	21	(20)	3	(3)	-	-
	C04	1142	1134	(99)	-	-	8	(1)	-	-
	C07	3	3	(100)	-	-	-	-	-	-
	C08	233	233	(100)	-	-	-	-	-	-
Pacific	D01	555	495	(89)	-	-	9	(2)	51	(9)
	D02	69	69	(100)	-	-	-	-	-	-
Asian	E01[##]	685	612	(89)	55	(8)	18	(3)	-	-
Total		*11392*	*10243*	*(90)*	*241*	*(2)*	*436*	*(4)*	*472*	*(4)*

[#] Only includes CLIC data
[##] Includes some of A01 clients

Table 24 - Gambler client type of session

Service		No. sessions	Assessment		Counselling		Facilitation	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	10421	1664	(16)	8166	(78)	591	(6)
	A02	7717	769	(10)	6471	(84)	477	(6)
	A03[#]	169	48	(28)	119	(70)	2	(1)
	A04	800	469	(59)	331	(41)	-	-
	A05	337	31	(9)	259	(77)	47	(14)
Maori	B01	1529	288	(19)	659	(43)	582	(38)
	B02	287	1	(0)	265	(92)	21	(7)
	B03	631	193	(31)	320	(51)	118	(19)
	B04	664	300	(45)	218	(33)	146	(22)
	B05	228	111	(49)	64	(28)	53	(23)
	B06	562	174	(31)	200	(36)	188	(33)
	B07	11	8	(73)	3	(27)	-	-
	B08	31	17	(55)	8	(26)	6	(19)
	C01	1194	252	(21)	819	(69)	123	(10)
	C02	3103	215	(7)	2798	(90)	90	(3)
	C03	305	92	(30)	168	(55)	45	(15)
	C04	425	81	(19)	232	(55)	112	(26)
	C07	91	29	(32)	56	(62)	6	(7)
	C08	316	42	(13)	218	(69)	56	(18)
Pacific	D01	1241	153	(12)	1043	(84)	45	(4)
	D02	207	43	(21)	153	(74)	11	(5)
Asian	E01[##]	2379	418	(18)	1805	(76)	156	(7)
A and D	F01	1857	8	(0)	1765	(95)	84	(5)
Total		*34505*	*5406*	*(16)*	*26140*	*(76)*	*2959*	*(9)*

[#] Only includes CLIC data
[##] Includes some of A01 clients

Table 25 - Significant other client type of session

Service		No. sessions N	Assessment n	(%)	Counselling n	(%)	Facilitation n	(%)
Mainstream	A01	2632	773	(29)	1732	(66)	127	(5)
	A02	1375	250	(18)	1088	(79)	37	(3)
	A03[#]	11	2	(18)	9	(82)	-	-
	A04	145	70	(48)	75	(52)	-	-
	A05	105	5	(5)	90	(86)	10	(10)
Maori	B01	1010	446	(44)	301	(30)	263	(26)
	B02	381	9	(2)	368	(97)	4	(1)
	B03	277	197	(71)	46	(17)	34	(12)
	B04	16	11	(69)	3	(19)	2	(13)
	B05	11	7	(64)	2	(18)	2	(18)
	B06	41	14	(34)	15	(37)	12	(29)
	B07	55	49	(89)	5	(9)	1	(2)
	B08	2	1	(50)	1	(50)	-	-
	C01	2038	752	(37)	998	(49)	288	(14)
	C02	500	41	(8)	443	(89)	16	(3)
	C03	106	43	(41)	57	(54)	6	(6)
	C04	1142	284	(25)	611	(54)	247	(22)
	C07	3	3	(100)	-	-	-	-
	C08	233	24	(10)	164	(70)	45	(19)
Pacific	D01	555	291	(52)	255	(46)	9	(2)
	D02	69	56	(81)	13	(19)	-	-
Asian	E01[##]	685	256	(37)	408	(60)	21	(3)
Total		*11392*	*3584*	*(31)*	*6684*	*(59)*	*1124*	*(10)*

[#] Only includes CLIC data
[##] Includes some of A01 clients

Table 26 - Gambler clients initial contact date

Service		No. clients	Existing clients (Pre Jul 2008)		New clients Jul-Dec 2008		New clients Jan-Jun 2009	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	2403	246	(10)	782	(33)	1375	(57)
	A02	1141	184	(16)	514	(45)	443	(39)
	A03[#]	40	-	-	16	(40)	24	(60)
	A04	262	-	-	184	(70)	78	(30)
	A05	52	7	(13)	24	(46)	21	(40)
Maori	B01	254	40	(16)	85	(33)	129	(51)
	B02	59	12	(20)	20	(34)	27	(46)
	B03	144	8	(6)	41	(28)	95	(66)
	B04	188	-	-	116	(62)	72	(38)
	B05	98	-	-	52	(53)	46	(47)
	B06	131	-	-	83	(63)	48	(37)
	B07	11	-	-	6	(55)	5	(45)
	B08	17	-	-	-	-	17	(100)
	C01	441	15	(3)	186	(42)	240	(54)
	C02	352	124	(35)	97	(28)	131	(37)
	C03	91	17	(19)	44	(48)	30	(33)
	C04	118	6	(5)	44	(37)	68	(58)
	C07	39	2	(5)	16	(41)	21	(54)
	C08	29	6	(21)	14	(48)	9	(31)
Pacific	D01	260	25	(10)	78	(30)	157	(60)
	D02	53	6	(11)	37	(70)	10	(19)
A and D	F01	68	30	(44)	21	(31)	17	(25)
Total		*6251*	*728*	*(12)*	*2460*	*(39)*	*3063*	*(49)*

[#] Only includes CLIC data

Table 27 - Significant other client initial contact date

Service		No. clients	Existing clients (Pre Jul 2007)		New clients Jul-Dec 2007		New clients Jan-Jun 2008	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	1145	52	(5)	426	(37)	667	(58)
	A02	695	29	(4)	254	(37)	412	(59)
	A03[#]	2	-	-	-	-	2	(100)
	A04	55	1	(2)	42	(76)	12	(22)
	A05	23	-	-	11	(48)	12	(52)
Maori	B01	404	19	(5)	115	(28)	270	(67)
	B02	303	15	(5)	165	(54)	123	(41)
	B03	145	-	-	39	(27)	106	(73)
	B04	10	-	-	6	(60)	4	(40)
	B05	7	-	-	3	(43)	4	(57)
	B06	14	-	-	14	(100)	-	-
	B07	54	-	-	53	(98)	1	(2)
	B08	1	-	-	-	-	1	(100)
	C01	852	8	(1)	539	(63)	305	(36)
	C02	69	10	(14)	6	(9)	53	(77)
	C03	53	4	(8)	24	(45)	25	(47)
	C04	405	21	(5)	228	(56)	156	(39)
	C07	3	0	(0)	1	(33)	2	(67)
	C08	15	5	(33)	6	(40)	4	(27)
Pacific	D1	318	3	(1)	105	(33)	210	(66)
	D2	62	4	(6)	48	(77)	10	(16)
Total		*4635*	*171*	*(4)*	*2085*	*(45)*	*2379*	*(51)*

[#] Only includes CLIC data

Table 28 - Gambler client referral pathway into service

Service		No. clients	Unknown	Self	Family/ relative	Friend	Media	Phone book	Gambling venue	Helpline	Ex client	Alcohol & Drug	Justice system	Other agency	Other
		N	n	%	%	%	%	%	%	%	%	%	%	%	%
Mainstream	A01	2403	646	5	6	3	8	9	6	24	5	1	12	14	5
	A02	1141	10	22	5	2	1	6	5	23	0	7	4	19	6
	A03	40	1	8	5	-	13	26	-	3	23	-	-	3	21
	A04	262	-	45	6	3	40	2	-	1	-	-	-	2	2
	A05	52	1	35	6	-	-	-	-	10	-	16	20	4	10
Maori	B01	254	1	66	5	1	1	1	-	8	1	-	4	7	8
	B02	59	2	63	14	-	-	-	-	4	-	-	-	18	2
	B03	144	-	76	3	8	-	-	-	8	1	-	-	3	1
	B04	188	4	95	-	-	-	-	-	5	-	-	-	1	-
	B05	98	-	100	-	-	-	-	-	-	-	-	-	-	-
	B06	131	1	83	7	-	-	-	-	1	9	-	-	-	-
	B07	11	-	100		-	-	-	-	-	-	-	-	-	-
	B08	17	-	94	6	-	-	-	-	-	-	h-	-	-	-
	C01	441	2	72	3	2	0	0	-	3	-	-	2	11	7
	C02	352	1	28	2	-	-	-	-	1	-	9	38	19	3
	C03	91	5	26	9	-	-	-	-	7	1	15	8	17	16
	C04	118	4	89	1	-	-	-	-	4	-	-	-	3	4
	C07	39	2	38	3	-	-	-	-	11	-	30	5	5	8
	C08	29	3	42	4	-	4	-	-	23	4	-	12	8	4

Table 28 - Gambler client referral pathway into service continued

Service		No. clients	Unknown	Self	Family/ relative	Friend	Media	Phone book	Gambling venue	Helpline	Ex client	Alcohol & Drug	Justice system	Other agency	Other
		N	n	%	%	%	%	%	%	%	%	%	%	%	%
Pacific	D01	260	8	11	2	-	-	-	-	7	-	61	12	5	2
	D02	53	1	19	2	-	-	-	-	13	-	4	8	6	48
Alcohol & Drug	F01	68	5	40	5	-	-	2	-	-	6	25	10	3	10
Total		*6251*	*697*	*33*	*5*	*2*	*5*	*4*	*3*	*14*	*2*	*6*	*8*	*12*	*5*

Note

Family/relative includes: Family, relative, brother, sister, ex., wife, daughter, father, mother, partner, husband, son
Media includes: Media, radio, T.V. advert, website, internet, newspaper, news article
Gambling venue includes: Sky City, Sky casino, casino, G. host . ad, Class 4 venue, In house TSA
Alcohol and Drug includes: S.A. Bridge Akl, Bridge
Justice system includes: Diversion, police, corrections, correctn/probtn, prison soc wkr, probation, court, lawyer
Other includes: Other, stickers on GMs, brochure, Oasis advert, street sign, employer, staff presentation, Riccarton Market
Other agency includes: Other agency, Salvation Army, S.A. Henderson, S.A. Manukau, S.A. Waitakere, S.A. Maurewa, SA North Shore, education, social worker, Te Whatuiapiti, Wai Health, budgeting, CAB, GA, Epsom Lodge, EA budget serv., church worker, CGS research, The Nest, Vincentian, Pleroma, needs assessmnt, GP, psych services, mental health, health promotn, hospital, counsellor, The Nest, Vincentian, CARE Waitakere, Hope centre, WINZ
Helpline includes: Helpline, Asian Helpline

Table 29 - Significant other client referral pathway into service

Service		No. clients	Unknown	Self	Family/ relative	Friend	Media	Phone book	Gambling venue	Helpline	Ex client	Alcohol & Drug	Justice system	Other agency	Other
		N	n	%	%	%	%	%	%	%	%	%	%	%	%
Mainstream	A01	1145	296	2	14	5	5	6	1	19	2	0	1	41	4
	A02	695	2	19	8	2	1	2	1	6		3	-	57	1
	A03	2	-	-	-	-	50	-	-	-	50	-	-	-	-
	A04	55	-	42	-	7	47	-	-	-	-	-	-	2	2
	A05	23	-	30	17	13	-	-	-	-	-	17	4	4	13
Maori	B01	404	1	88	3	0	0	1	-	1	-	-	-	2	5
	B02	303	-	90	2	-	-	-	-	1	-	-	-	1	7
	B03	145	-	93	1	3	-	-	-	2	-	1	-	-	-
	B04	10	-	50	50	-	-	-	-	-	-	-	-	-	-
	B05	7	-	100	-	-	-	-	-	-	-	-	-	-	-
	B06	14	-	86	14	-	-	-	-	-	-	-	-	-	-
	B07	54	-	94		-	-	-	-	-	-	-	-	-	6
	B08	1	-	-	100	-	-	-	-	-	-	-	-	-	-
	C01	852	-	65	4	3	0	0	-	0	0	-	-	12	15
	C02	69	-	51	10	-	-	-	-	-	-	-	23	7	9
	C03	53	7	37	2	-	-	-	-	2	2	7	4	17	28
	C04	405	5	94	3	1	-	-	-	0	-	-	-	1	1
	C07	3	-	33	-	-	-	-	-	-	-	67	-	-	-
	C08	15	1	36	-	-	-	-	-	7	7	-	-	29	21

Table 29 - Significant other client referral pathway into service continued

Service		No. clients	Unknown	Self	Family/ relative	Friend	Media	Phone book	Gambling venue	Helpline	Ex client	Alcohol & Drug	Justice system	Other agency	Other
		N	n	%	%	%	%	%	%	%	%	%	%	%	%
Pacific	D01	318	1	3	2	-	-	-	-	1	0	93	2	-	-
	D02	62	1	13	-	-	-	-	-	2	-	-	-	-	85
Total		*4635*	*314*	*47*	*6*	*2*	*2*	*1*	*0*	*5*	*0*	*8*	*1*	*20*	*7*

Note
Family/relative includes: Family, relative, brother, sister, ex., wife, daughter, father, mother, partner, husband, son
Media includes: Media, radio, T.V. advert, website, internet, newspaper, news article
Gambling venue includes: Sky City, Sky casino, casino, G. host . ad, Class 4 venue, In house TSA
Alcohol and Drug includes: S.A. Bridge Akl, Bridge
Justice system includes: Diversion, police, corrections, correctn/probtn, prison soc wkr, probation, court, lawyer
Other includes: Other, stickers on GMs, brochure, Oasis advert, street sign, employer, staff presentation, Riccarton Market
Other agency includes: Other agency, Salvation Army, S.A. Henderson, S.A. Manukau, S.A. Waitakere, S.A. Maurewa, SA North Shore, education, social worker, Te Whatuiapiti, Wai Health, budgeting, CAB, GA, Epsom Lodge, EA budget serv., church worker, CGS research, The Nest, Vincentian, Pleroma, needs assessmnt, GP, psych services, mental health, health promotn, hospital, counsellor, The Nest, Vincentian, CARE Waitakere, Hope centre, WINZ
Helpline includes: Helpline, Asian Helpline

Table 30 - Gambler client media pathway

Date of initial contact	Number of new clients
2008	
July	44
August	39
September	23
October	28
November	19
December	16
2009	
January	9
February	22
March	5
April	3
May	29
June	9

Shading equates to peak times of social marketing campaign

Table 31 - Significant other client media pathway

Date of initial contact	Number of new clients
2008	
July	8
August	8
September	14
October	11
November	6
December	3
2009	
January	4
February	3
March	3
April	8
May	6
June	4

Shading equates to peak times of social marketing campaign

Table 32 - Gambler new completed clients episode pathway summary

Service		B	BF	BF*	BFU	BF*U	F	F*	FU	F*U	Standard Pathways		B+	BM	F+	FM	U+	UM	Mixed Pathways	
		N	N	N	N	N	N	N	N	N	N	%	N	N	N	N	N	N	N	%
Mainstream	A01	579	53	10	2	-	430	34	56	4	1168	85		20	42	120	15	15	212	15
	A02	219	16	-	3	1	86	11	27	4	367	85	1	11	16	29	7	-	64	15
	A03	4	-	-	-	-	18	1	9	3	35	100	-	-	-	-	-	-		
	A04	-	-	-	-	-	17	-	61	17	95	96	-	-	-	2	2	-	4	4
	A05	12	2	-	-	-	2	-	1	-	17	63	1	5	2	2	-	-	10	37
Maori	B01	85	13	-	6	-	-	-	-	-	104	88	-	14	-	-	-	-	14	12
	B02	2	-	-	-	-	-	-	-	-	2	100	-	2	-	-	-	-		
	B03	13	26	-	34	-	1	-	2	-	76	71	-	25	1	3	2	-	31	29
	B04	41	36	-	8	-	1	-	-	-	86	77	-	24	-	1	-	-	25	23
	B05	23	22	-		-	2	-	-	-	47	87	-	7	-	-	-	-	7	13
	B06	7	10	-	2	-	-	-	2	-	21	66	-	5	-	-	1	5	11	34
	B07	7	-	-	-	-	-	-	-	-	7	100	-	-	-	-	-	-		
	B08	11	-	-	-	-	-	-	-	-	11	100	-	-	-	-	-	-		
	C01	286	5	-	2	1	20	-	35	1	350	88	1	8	-	36	2	-	47	12
	C02	25	9	2	-	-	-	-	-	-	36	75	7	5	-	-	-	-	12	25
	C03	7	3	-	1	-	4	-	1	-	16	80	1	1	1	1	-	-	4	20
	C04	29	24	-	-	2	2	-	-	-	57	89	-	3		1	3	-	7	11
	C07	11	4	-	-	-	1	-	-	-	16	100	-	-	-	-	-	-		
	C08	2	-	-	-	-	2	-	2	-	6	46	-	1	3	3	-	-	7	54
Pacific	D01	122	13	7	-	-	9	4	-	-	155	80	1	30	4	2	1	-	38	20
	D02	24	-	-	-	-	3		2	-	29	91	-	-	3	-	-	-	3	9
A&D	F01	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	2	-	6	100
Total		1509	236	19	58	4	598	50	198	29	2701	84	12	161	76	200	35	20	504	16

Note
The following categories were used to collapse the numerous data for this table and utilise the new standard recommended pathway (as at 1 July 2008) of: up to three brief, then up to eight full counselling (including up to three facilitation), then up to four follow-up sessions. Facilitation sessions were not separated out from counselling sessions as numbers were too small.

B includes up to three brief sessions only
BF includes up to three brief plus up to six counselling or facilitation sessions
BF* includes up to three brief plus seven to ten counselling or facilitation sessions
BFU includes up to three brief plus up to six counselling or facilitation plus up to four follow-up sessions
BF*U includes up to three brief plus seven to ten counselling or facilitation plus up to four follow-up sessions
F includes only up to six counselling or facilitation sessions (including a maximum of three facilitation sessions in the last three sessions)
F* includes only seven to ten counselling or facilitation sessions (including a maximum of three facilitation sessions in the last three sessions)
FU includes up to six counselling or facilitation sessions (including a maximum of three facilitation sessions in the last three sessions) plus up to four follow-up sessions
F*U includes seven to ten counselling or facilitation sessions (including a maximum of three facilitation sessions in the last three sessions) plus up to four follow-up sessions
B+ includes only brief sessions but more than three of them
BM includes an initial brief session then a mixture of brief, counselling, facilitation and follow-up sessions
F+ includes only counselling or facilitation sessions but more than eight of them, or facilitation sessions not at the end of the episode
FM includes an initial counselling or facilitation session then a mixture of brief, counselling, facilitation and follow-up sessions
U+ includes only follow-up sessions (likely to be transferred clients)
UM includes an initial follow-up session then a mixture of brief, counselling, facilitation or follow-up sessions (likely to be transferred clients)

Table 33 - Significant other new completed clients episode pathways summary

Service		B	BF	BF*	BFU	BF*U	F	F*	FU	F*U	Standard Pathways		B+	BM	F+	FM	U+	UM	Mixed Pathways	
		N	N	N	N	N	N	N	N	N	N	%	N	N	N	N	N	N	N	%
Mainstream	A01	600	20	3		-	200	11	11	2	847	95		4	9	19	11	3	46	5
	A02	500	2	-	1	-	26	2	10	1	542	97		2	4	3	4	1	14	3
	A03	-	-	-	-	-	2	-	-	-	2	100	-	-	-	-	-	-	-	-
	A04	-	-	-	-	-	10	-	13	3	26	96	-	-	-	-	1	-	1	4
	A05	12	1	-	1	-	1	-	-	-	15	79	-	3	1	-	-	-	4	21
Maori	B01	309	9	2	4	-	-	-	-	-	324	94	-	19	-	-	-	-	19	6
	B02	245	-	-		-	-	-	-	-	245	100	-	-	-	-	-	-	-	-
	B03	38	22	-	6	-	2	-	-	-	68	57	-	50	-	-	2	-	52	43
	B04	3	3	-	-	-	-	-	-	-	6	100	-	-	-	-	-	-	-	-
	B05	3	2	-	-	-	-	-	-	-	5	100	-	-	-	-	-	-	-	-
	B06	2	1	-	-	-	-	-	-	-	3	50	-	2	-	1	-	-	3	50
	B07	53	1	-	-	-	-	-	-	-	54	100	-	-	-	-	-	-	-	-
	B08																			
	C01	451	28	-	8	-	189	-	62	-	738	94	-	36	1	10	1	-	48	6
	C02	-	5	-	-	-	1	-	-	-	6	46	5	2	-	-	-	-	7	54
	C03	16	1	-	1	-	1	-	-	-	19	100	-	-	-	-	-	-	-	-
	C04	135	70	-	17	1	7	-	-	-	230	92	-	16	-	2	1	-	19	8
	C07	1	-	-	-	-	-	-	-	-	1	100	-	-	-	-	-	-	-	-
	C08	1	-	-	-	-	-	-	-	1	2	33	2	-	1	1	-	-	4	67
Pacific	D01	265	13	4	1	2	2	-	-	-	287	97	1	6	-	1	-	-	8	3
	D02	55	-	-	-	-	-	-	1	-	56	100	-	-	-	-	-	-	-	-
Total		2689	178	9	39	3	441	13	97	7	3476	94	8	140	16	37	20	4	225	6

Note

The following categories were used to collapse the numerous data for this table and utilise the new standard recommended pathway (as at 1 July 2008) of: up to three brief, then up to eight full counselling (including up to three facilitation), then up to four follow-up sessions. Facilitation sessions were not separated out from counselling sessions as numbers were too small.

B includes up to three brief sessions only
BF includes up to three brief plus up to six counselling or facilitation sessions
BF* includes up to three brief plus seven to ten counselling or facilitation sessions
BFU includes up to three brief plus up to six counselling or facilitation plus up to four follow-up sessions
BF*U includes up to three brief plus seven to ten counselling or facilitation plus up to four follow-up sessions
F includes only up to six counselling or facilitation sessions (including a maximum of three facilitation sessions in the last three sessions)
F* includes only seven to ten counselling or facilitation sessions (including a maximum of three facilitation sessions in the last three sessions)
FU includes up to six counselling or facilitation sessions (including a maximum of three facilitation sessions in the last three sessions) plus up to four follow-up sessions
F*U includes seven to ten counselling or facilitation sessions (including a maximum of three facilitation sessions in the last three sessions) plus up to four follow-up sessions
B+ includes only brief sessions but more than three of them
BM includes an initial brief session then a mixture of brief, counselling, facilitation and follow-up sessions
F+ includes only counselling or facilitation sessions but more than eight of them, or facilitation sessions not at the end of the episode
FM includes an initial counselling or facilitation session then a mixture of brief, counselling, facilitation and follow-up sessions
U+ includes only follow-up sessions (likely to be transferred clients)
UM includes an initial follow-up session then a mixture of brief, counselling, facilitation or follow-up sessions (likely to be transferred clients)

Table 34 - Gambler client – Facilitations

Service		No. Facilitation Sessions	Not Reported	Addictions - AOD and Smoking	Addictions - Gambling	Financial Advice and Support	Housing and Accommodation	Legal Advice	Mental Health	Physical Health	Police and Victim Support	Relationship and Life Skills	Other
Mainstream	A01	591	557	-	4	4	3	1	5	-	3	-	14
	A02	477	7	30	56	133	18	28	49	53	5	23	110
	A03	2	-	-	2	-	-	-	-	-	-	-	
	A05	47	-	9	7	2	2	1	4	5	-	10	9
Maori	B01	582	4	2	1	66	3	12	6	116	4	15	353
	B02	21	-	2	2	21	-	2	-	2	-	2	3
	B03	118	63	2	4	14	4	9	9	-	-	2	12
	B04	146	3	2	-	45	-	-	1	-	-	34	65
	B05	53	2	1	1	1	1	-	1	4	-	36	13
	B06	188	-	13	1	5	1	1	5	3	1	30	150
	B08	6	1	-	-	1	-	-	-	-	-	-	4
	C01	123	1	16	6	9	-	9	64	1	-	4	18
	C02	90	3	1	1	7	7	3	4	13	-	4	64
	C03	45	2	4	-	11	5	3	6	5	-	1	8
	C04	112	14	3	7	1	1	-	38	18	-	5	30
	C07	6	-	-	-	-	-	-	5	-	-		1
	C08	56	1	1	-	2	2	9	8	7	2	14	10
Pacific	D01	45	1	11	-	5	1	4	4	1	-	1	18
	D02	11	-	1	1	3	1	-	-	1	-	2	2
A&D	F01	84	1	21	1	1	4	3	32	1	-	10	19
	Total	2803	660	119	94	331	53	85	241	230	15	193	903

Sessions may involve facilitation to multiple agencies, i.e. the number of facilitations may sum to more than the number of sessions

Table 35 - Significant other – Facilitations

Service		No. Facilitation Sessions	Not Reported	Addictions - AOD and Smoking	Addictions - Gambling	Financial Advice and Support	Housing and Accommodation	Legal Advice	Mental Health	Physical Health	Police and Victim Support	Relationship and Life Skills	Other
Mainstream	A01	127	119	-	3	2	-	-	-	-	1	-	2
	A02	37	-	1	2	9	-	10	1	1	2	2	11
	A05	10	-	1	1	-	1		1	1	-	3	2
Maori	B01	263	4	-	-	25	4	7	2	85	-	2	135
	B02	4	-	-	-	1	-	-	1	-	2	-	1
	B03	34	29	-	-	4	-	-	1	-	-	-	-
	B04	2	-	-	-	1	-	-	-	-	-	1	-
	B05	2	-	-	-	-	-	-	-	-	-	2	-
	B06	12	1	1	-	-	-	-	-	-	-	5	8
	B07	1	1	-	-	-	-	-	-	-	-	-	-
	C01	288	3	3	-	5	2	90	165	1	-	3	17
	C02	16	-	-	-	-	-	-	-	-	-	-	17
	C03	6	-	-	-	1	1	-	1	2	-	-	1
	C04	247	24	4	2	1	2	-	38	106	1	18	62
	C08	45	-	2	-	4	3	6	3	6	-	21	
Pacific	D01	9	-	1	-	-	-	3	-	1	-	-	4
	Total	1103	181	13	8	53	13	116	213	203	6	57	260

Sessions may involve facilitation to multiple agencies, i.e. the number of facilitations may sum to more than the number of sessions

Table 36 – Summary of 2008/2009 Assessment Types

	Gambler		Significant Other	
Assessment types	**No. Assessments**	**No. Clients**	**No. Assessments**	**No. Clients**
AUDIT	33	33	8	8
Alcohol	4	4	1	1
BDI-II	107	106	25	25
BDI-SF	-	-	2	2
Brief Fam Awareness	598	597	2335	2328
Brief Fam Effect	566	562	2621	2604
Brief Gam	2954	2783	1427	1415
CES Depression	26	26	1	1
Cannabis	11	11	-	-
Coexist Alcohol	1200	1120	412	366
Coexist Depression	1148	1073	420	373
Coexist Drug Use	1068	1004	394	352
Coexist Fam Concern	1034	968	352	305
Coexist Suicide	1038	976	370	330
Control over Gam.	405	285	9	7
DSM-IV Gambling	268	253	9	9
EIGHT Screen (Orig)	37	37	4	4
Fam Harm Awareness	74	60	690	546
Fam Harm Effect	77	65	636	506
Fam Outcome Coping	54	40	578	455
Fam Outcome Gam Freq	48	38	638	497
Family Checklist	28	25	140	126
Family Coping	2	2	20	17
Family Gam. Freq.	1	1	34	31
Fear-Ag	1	1	-	-
Fear-Bl	1	1	-	-
Fear-Sp	1	1	-	-
Gam Harm	2155	1810	102	92
Gam Outcome Control	2116	1663	74	70
Gam Outcome Coping	17	16	3	3
Gam Outcome Dollars	1882	1449	50	47
Gam Outcome Income	1457	1293	45	42
PGSI	1	1	-	-
SOGS 3M	284	253	13	13
Significant Other	3	3	4	4
Smoking	-	-	1	1
State Anxiety - SF	3	3	-	-
Suicide	14	14	23	23
Total dollars lost	517	337	14	10
Total	*19233*	*16914*	*11455*	*10613*

Table 37 - Gambler client: Brief Gambler Screen

Service	No. new clients	No. initial assessments	Brief Gambler Score*						No. follow-up assessments	Mean change in scores
			0	1	2	3	4	NR		
	N	N							N	
Mainstream										
A01	1879	965	51%	13%	9%	11%	16%	1%	7	-0.71
A02	642	257	2%	32%	18%	23%	26%	-	-	-
A03	40	4	-	25%	-	75%	-	-	-	-
A04	104	-	-	-	-	-	-	-	-	-
A05	33	22	5%	5%	50%	18%	23%	-	1	-2.00
Maori										
B01	154	150	21%	15%	11%	14%	39%	-	-	-
B02	15	3	-	33%	-	67%	-	-	-	-
B03	125	107	5%	21%	34%	25%	15%	-	-	-
B04	162	158	-	20%	10%	18%	52%	-	50	-1.56
B05	96	93	-	18%	27%	23%	32%	-	15	0
B06	93	89	2%	9%	11%	40%	37%	-	31	-0.58
B07	11	9	33%	44%	-	22%	-	-	-	-
B08	17	17	-	76%	18%	6%	-	-	10	0
C01	405	301	53%	17%	11%	10%	9%	-	-	-
C02	218	142	16%	84%	-	-	-	-	-	-
C03	50	27	-	19%	15%	30%	37%	-	1	-1.00
C04	74	54	-	24%	28%	37%	11%	-	-	-
C07	31	19	-	-	26%	42%	32%	-	-	-
C08	23	11	-	18%	9%	18%	55%	-	-	-
Pacific										
D01	218	191	46%	9%	16%	16%	12%	-	5	0.40
D02	46	20	-	35%	20%	20%	25%	-	-	-
A&D										
F01	29	1	-	-	-	100%	-	-	-	-
	4465	*2640*	31%	21%	13%	15%	20%	0%	*120*	*-0.85*

* Number of positive responses to 4 screening questions (valid range 0-4)

Table 38 - Gambler client: Brief Family Awareness

Service	No. new clients	No. initial assessments	Brief Family Awareness Scores*					No. follow-up assessments	Mean changee in scores
			0**	1	2	3	4		
	N	N						N	
Mainstream									
A01	1879	3	-	67%	-	33%	-	-	-
A02	642	71	28%	14%	38%	18%	1%	-	-
A03	40	-	-	-	-	-	-	-	-
A04	104	3	33%	33%	33%	-	-	-	-
A05	33	-	-	-	-	-	-	-	-
Maori									
B01	154	4	-	-	50%	50%	-	-	-
B02	15	-	-	-	-	-	-	-	-
B03	125	5	20%	60%	-	20%	-	-	-
B04	162	6	-	67%	17%	17%	-	-	-
B05	96	3	-	67%	33%	-	-	-	-
B06	93	-	-	-	-	-	-	-	-
B07	11	6	-	17%		83%	-	-	-
B08	17	1	-	100%	-	-	-	-	-
C01	405	297	64%	27%	7%	1%	1%	-	-
C02	218	54	-	61%	15%	22%	2%	1	0
C03	50	2	-	50%	50%	-	-	-	-
C04	74	14	-	7%	29%	64%	-	-	-
C07	31	6	100%	-	-	-	-	-	-
C08	23	-	-	-	-	-	-	-	-
Pacific									
D01	218	123	92%	2%	5%	2%	-	-	-
D02	46	7	-	14%	57%	29%	-	-	-
A&D									
F01	29	-	-	-	-	-	-	-	-
	4465	605	55%	23%	13%	9%	1%	*1*	*0*

*Valid scores 1-4

** 0 is a non-valid score

Table 39 - Gambler client: Coexisting alcohol

Service		No. new clients	No. initial assessments	Mean initial score*	No. follow-up assessments	Mean difference in scores
		N	N		N	
Mainstream	A01	1879	354	3.20	13	0.23
	A02	642	211	4.35	3	0.33
	A03	40	35	3.43	2	0
	A04	104	101	4.49	2	-2.00
	A05	33	10	2.90	-	-
Maori	B01	154	26	4.04	5	-4.00
	B02	15	9	4.56	-	-
	B03	125	-	-	-	-
	B04	162	-	-	-	-
	B05	96	-	-	-	-
	B06	93	4	3.00	-	-
	B07	11	-	-	-	-
	B08	17	1	10.00	1	0
	C01	405	5	6.60	-	-
	C02	218	-	-	-	-
	C03	50	26	6.23	5	-0.60
	C04	74	30	3.10	7	-3.00
	C07	31	3	4.67	-	-
	C08	23	17	5.06	6	0.83
Pacific	D01	218	21	7.14	-	-
	D02	46	12	5.17	-	-
A&D	F01	29	-	-	-	-
Total		*4465*	*865*	*3.95*	*44*	*-0.89*

* AUDIT-C scores (range 0-12), scores >5 for amle and >4 for female indicates risky behaviour

Table 40 - Gambler client: Coexisting depression

Service		No. new clients	No. initial assessments	Depression Screen*			No. follow-up assessments	Mean change in scores
				0	1	2		
		N	N				N	
Mainstream	A01	1879	302	36%	23%	41%	14	0.07
	A02	642	218	20%	26%	54%	3	-0.33
	A03	40	35	11%	17%	71%	2	0
	A04	104	100	27%	22%	51%	2	0
	A05	33	9	33%		67%	-	-
Maori	B01	154	26	35%	12%	54%	5	0
	B02	15	9	33%	-	67%	-	-
	B03	125	-	-	-	-	-	-
	B04	162	2	-	-	100%	-	-
	B05	96	1	-	100%	-	-	-
	B06	93	3	-	33%	67%	-	-
	B07	11	-	-	-	-	-	-
	B08	17	1	-	-	100%	1	0
	C01	405	2	50%	50%	-	-	-
	C02	218	-	-	-	-	-	-
	C03	50	27	44%	52%	4%	6	-0.17
	C04	74	30	17%	37%	47%	7	-0.71
	C07	31	3		67%	33%	-	-
	C08	23	18	11%	17%	72%	4	0.75
Pacific	D01	218	30	47%	37%	17%	-	-
	D02	46	12	17%	25%	58%	-	-
A&D	F01	29	-	-	-	-	-	-
Total		*4465*	828	29%	25%	47%	*44*	*-0.07*

* Number of positive responses to 2 questions (valid range 0-2)

Table 41 - Gambler client: Coexisting drug use

Service		No. new clients	No. initial assessments	% Drug Use*	No. follow-up assessments	% change
		N	N		N	
Mainstream	A01	1879	273	13%	10	0%
	A02	642	204	24%	3	-33%
	A03	40	35	9%	2	0%
	A04	104	100	17%	2	0%
	A05	33	10	20%	-	-
Maori	B01	154	26	15%	4	0%
	B02	15	9	22%	-	-
	B03	125	-	-	-	-
	B04	162	-	-	-	-
	B05	96	-	-	-	-
	B06	93	1	0%	-	-
	B07	11	-	-	-	-
	B08	17	-	-	-	-
	C01	405	3	67%	-	-
	C02	218	-	-	-	-
	C03	50	18	33%	4	0%
	C04	74	30	7%	7	-14%
	C07	31	3	0%	-	-
	C08	23	13	31%	4	-25%
Pacific	D01	218	37	27%	-	-
	D02	46	11	36%	-	-
A&D	F01	29	-	-	-	-
Total		*4465*	*773*	*18%*	*36*	*-8%*

* Drug Use: In the past 12 months have you ever felt the need to cut down on your use of prescription or other drugs? Yes/No

Table 42 - Gambler client: Coexisting family concern

Service		No. new clients	No. initial assessments	Non-Valid scores*	% Family Concerns	No. follow-up assessments	% change
		N	N	N		N	
Mainstream	A01	1879	246	21	64%	9	33%
	A02	642	204		65%	3	0%
	A03	40	36		56%	2	50%
	A04	104	100		63%	2	0%
	A05	33	9		78%	-	-
Maori	B01	154	26		73%	5	-60%
	B02	15	-		-	-	-
	B03	125	-		-	-	-
	B04	162	1		100%	-	-
	B05	96	-		-	-	-
	B06	93	5		100%	-	-
	B07	11	-		-	-	-
	B08	17	-		-	-	-
	C01	405	3		33%	-	-
	C02	218	-		-	-	-
	C03	50	29		83%	4	0%
	C04	74	30		80%	7	-57%
	C07	31	2		100%	-	-
	C08	23	17		71%	5	20%
Pacific	D01	218	30		70%	-	-
	D02	46	10		70%	-	-
A&D	F01	29	-		-	-	-
Total		*4465*	*748*	*21*	*67%*	*37*	*-5%*

* In the past 12 months has anyone in your family/whanau worried about your health or wellbeing (including spiritual healht)? Yes/No

Table 43 - Gambler client: Coexisting suicide

Service	No. new clients	No. initial assessments	Suicide screen				No. follow-up assessments	Mean change in scores
			0	1	2	3		
	N	N					N	
Mainstream								
A01	1879	250	24%	56%	16%	4%	11	-0.18
A02	642	205	67%	26%	3%	3%	2	-0.50
A03	40	35	57%	29%	6%	9%	2	0
A04	104	100	69%	29%	1%	1%	2	0
A05	33	9	67%	33%	-	-	0	-
Maori								
B01	154	26	58%	27%	8%	8%	5	-0.20
B02	15	7	71%	14%	-	14%	0	-
B03	125	-	-	-	-	-	-	-
B04	162	-	-	-	-	-	-	-
B05	96	1	-	100%	-	-	0	-
B06	93	1	-	100%	-	-	0	-
B07	11	-	-	-	-	-	-	-
B08	17	-	-	-	-	-	-	-
C01	405	3	100%	-	-	-	0	-
C02	218	-	-	-	-	-	-	-
C03	50	23	91%	9%	-	-	5	0
C04	74	30	83%	17%	-	-	7	-0.14
C07	31	3	33%	67%	-	-	0	-
C08	23	15	60%	20%	-	20%	3	0.67
Pacific								
D01	218	24	83%	17%	-	-	0	-
D02	46	11	36%	55%	-	9%	0	-
A&D								
F01	29	-	-	-	-	-	-	-
Total	*4465*	743	53%	36%	7%	3%	*37*	*-0.08*

Suicidality screen has 4 options (range 1-4), appears to have been rescaled to (0-3) for CLIC

Table 44 - Gambler client: Gambling harm

Service		No. new clients	No. initial assessments	Mean initial score	No. follow-up assessments	Mean difference in scores
		N	N		N	
Mainstream	A01	1879	383	12.25	18	-0.67
	A02	642	341	13.99	26	-5.35
	A03	40	36	15.36	8	-7.63
	A04	104	98	13.55	17	-8.18
	A05	33	15	13.80	4	-17.50
Maori	B01	154	32	11.34	7	-7.71
	B02	15	12	7.50	-	-
	B03	125	7	7.57	-	-
	B04	162	114	9.60	52	-2.46
	B05	96	49	10.14	7	-3.86
	B06	93	82	9.30	48	-0.58
	B07	11	-	-	-	-
	B08	17	17	9.94	6	-0.33
	C01	405	19	7.63	2	-3.50
	C02	218	8	14.75	-	-
	C03	50	28	11.32	2	-10.50
	C04	74	23	11.78	4	-3.00
	C07	31	13	14.23	-	
	C08	23	21	17.76	5	-7.40
Pacific	D01	218	28	8.64	-	-
	D02	46	13	16.23	-	-
A&D	F01	29	1	3.00	-	-
Total		*4465*	*1340*	*12.27*	*206*	*-3.58*

Table 45 - Gambler client Control over Gambling

Service		No. new clients	No. initial assessments	Control screen				No. follow-up assessments	Mean change in scores
				1	2	3	4		
		N	N					N	
Mainstream	A01	1879	322	21%	31%	28%	20%	14	0.14
	A02	642	327	15%	30%	34%	21%	38	-0.55
	A03	40	36	3%	33%	39%	25%	9	-0.56
	A04	104	98	9%	43%	30%	18%	89	-1.08
	A05	33	14	29%	36%	21%	14%	4	-1.50
Maori	B01	154	33	33%	15%	30%	21%	7	-0.71
	B02	15	11	64%	18%	9%	9%	-	-
	B03	125	6		33%	67%		-	-
	B04	162	116	53%	30%	9%	9%	49	-0.47
	B05	96	22	5%	45%	23%	27%	-	-
	B06	93	59	5%	17%	41%	37%	9	-0.56
	B07	11						-	-
	B08	17	11	91%	-	9%	-	-	-
	C01	405	12	17%	42%	25%	17%	2	-1.50
	C02	218	8	25%	25%	38%	13%	-	-
	C03	50	28	14%	68%	14%	4%	2	-1.00
	C04	74	23	9%	30%	39%	22%	4	-1.00
	C07	31	11	36%	36%	27%	-	-	-
	C08	23	21	10%	38%	38%	14%	7	-1.00
Pacific	D01	218	32	22%	56%	19%	3%	-	-
	D02	46	14	14%	29%	50%	7%	-	-
A&D	F01	29	-	-	-	-	-	-	-
Total		*4465*	1204	21%	32%	28%	19%	*234*	*-0.75*

Table 46 - Gambler client: Coping

Service		No. new clients	No. initial assessments	Mean initial score	No. follow-up assessments	Mean difference in scores
		N	N		N	
Mainstream	A01	1879	-	-	-	-
	A02	642	1	1	-	-
	A03	40	-	-	-	-
	A04	104	-	-	-	-
	A05	33	-	-	-	-
Maori	B01	154	-	-	-	-
	B02	15	-	-	-	-
	B03	125	-	-	-	-
	B04	162	-	-	-	-
	B05	96	-	-	-	-
	B06	93	-	-	-	-
	B07	11	-	-	-	-
	B08	17	-	-	-	-
	C01	405	4	1.75	-	-
	C02	218	-	-	-	-
	C03	50	-	-	-	-
	C04	74	-	-	-	-
	C07	31	-	-	-	-
	C08	23	-	-	-	-
Pacific	D01	218	-	-	-	-
	D02	46	-	-	-	-
A&D	F01	29	-	-	-	-
Total		*4465*	*5*	*1.6*		

Table 47 - Gambler client: Dollars lost

Service		No. new clients	No. initial assessments	Median initial score	No. follow-up assessments	Median difference in scores
		N	N		N	
Mainstream	A01	1879	226	1000	4	0
	A02	642	321	800	35	-500
	A03	40	36	750	8	-500
	A04	104	98	800	89	-600
	A05	33	13	200	4	-600
Maori	B01	154	33	320	7	-40
	B02	15	11	40	-	-
	B03	125	6	180	-	-
	B04	162	112	100	49	-50
	B05	96	3	500	-	-
	B06	93	8	150	2	-440
	B07	11	-	-	-	-
	B08	17	11	20	-	-
	C01	405	11	400	2	-460
	C02	218	7	200	-	-
	C03	50	28	320	2	-665
	C04	74	22	450	4	-1031.5
	C07	31	11	320	-	-
	C08	23	21	800	6	-750
Pacific	D01	218	33	120	3	0
	D02	46	13	500	-	-
A&D	F01	29	2	250	1	250
Total		*4465*	*1026*	*500*	*216*	*-335*

Table 48 - Gambler client: Income

Service		No. new clients	No. initial assessments	1	2	3	4	5	6	7	NR
		N	N								
Mainstream	A01	1879	226	84%	0%	-	-	-	0%	-	15%
	A02	642	321	18%	14%	21%	21%	7%	1%	0%	17%
	A03	40	36	17%	22%	25%	22%	6%	3%	-	6%
	A04	104	98	27%	12%	27%	17%	13%	4%	-	-
	A05	33	13	46%	15%	15%	15%	8%	-	-	-
Maori	B01	154	33	30%	27%	27%	15%	-	-	-	-
	B02	15	11	73%	9%	18%	-	-	-	-	-
	B03	125	6	100%	-	-	-	-	-	-	-
	B04	162	112	4%	16%	23%	11%	2%	1%	2%	41%
	B05	96	3	-	-	33%	-	-	-	-	67%
	B06	93	8	-	25%	13%	-	-	-	-	63%
	B07	11	-	-	-	-	-	-	-	-	-
	B08	17	11	-	9%	73%	9%	-	-	-	9%
	C01	405	11	-	18%	9%	-	-	-	-	73%
	C02	218	7	57%	14%	29%	-	-	-	-	-
	C03	50	28	14%	36%	46%	-	-	4%	-	-
	C04	74	22	-	18%	36%	41%	-	-	-	5%
	C07	31	11	9%	27%	9%	9%	-	-	-	45%
	C08	23	21	14%	14%	19%	38%	-	-	14%	-
Pacific	D01	218	33	9%	12%	30%	9%	-	-	-	39%
	D02	46	13	31%	8%	31%	23%	-	-	-	8%
A&D	F01	29	2	-	-	-	-	-	-	-	100%
Total		*4465*	*1026*	33%	12%	19%	13%	4%	1%	1%	17%

Income Groups:
1 <$20,000
2 $20,00-$30,000
3 $31,000-$50,00
4 $51,000-$100,000
5 $101,000-$200,000
6 $201,000-$500,000
7 $501,000+
NR Income Not Reported

Table 49 – Significant other client: Brief Gambler Screen

Service	No. new clients	No. initial assessments	Brief Gambler Score*						No. follow-up assessments	Mean change in scores
			0	1	2	3	4	NR		
	N	N							N	
Mainstream									-	-
A01	1016	561	59%	18%	14%	8%	2%	0%	-	-
A02	609	50	72%	14%	4%	8%	2%	-	-	-
A03	2	-	-	-	-	-	-	-	-	-
A04	32	-	-	-	-	-	-	-	-	-
A05	22	-	-	-	-	-	-	-	-	-
Maori										
B01	362	1	-	100%	-	-	-	-	-	-
B02	249	218	78%	15%	4%	3%	0%	-	-	-
B03	133	1	-	100%	-	-	-	-	-	-
B04	10	4	-	-	25%	-	75%	-	-	-
B05	7	-	-	-	-	-	-	-	-	-
B06	6	5	-	40%	-	20%	40%	-	-	-
B07	54	3	100%	-	-	-	-	-		
B08	1	-	-	-	-	-	-	-	-	-
									-	-
C01	807	243	81%	14%	4%	2%	0%	-	-	-
C02	56	4	-	100%	-	-	-	-	-	-
C03	43	-	-	-	-	-	-	-	-	-
C04	288	6	-	-	17%	83%	-	-	-	-
C07	2	2	50%	50%	-	-	-	-	-	-
C08	10	-	-	-	-	-	-	-	-	-
Pacific										
D01	313	276	94%	1%	4%	1%	0%		6	0.33
D02	57	7	-	-	-	14%	86%		-	-
Total	*4079*	*1381*	72%	13%	8%	5%	2%	0%	*6*	*0.33*

* Number of positive responses to 4 screening questions (valid range 0-4)

Table 50 - Significant other client: Brief/Full Family Awareness

Service	No. new clients	No. initial assessments	Family Awareness Score*					No. follow-up assessments	Mean change in scores
			0**	1	2	3	4		
	N	N						N	
Mainstream									
A01	1016	170	4%	36%	9%	51%	-	-	-
A02	609	584	1%	6%	54%	38%	1%	-	-
A03	2	2	-	-	-	100%	-	-	-
A04	32	30	17%	17%	10%	57%	-	-	-
A05	22	20	-	5%	60%	35%	-	-	-
Maori								-	-
B01	362	361	6%	38%	39%	17%	-	-	-
B02	249	166	43%	30%	22%	5%	-	-	-
B03	133	127	3%	17%	32%	48%	-	-	-
B04	10	5	-	20%	40%	40%	-	-	-
B05	7	2	-	-	-	100%	-	-	-
B06	6	5	-	20%	-	80%	-	-	-
B07	54	22	5%	55%	36%	5%	-		
B08	1	1	-	-	-	100%	-	-	-
								-	-
C01	807	556	21%	49%	15%	6%	9%	-	-
C02	56	44	-	34%	32%	34%	-	-	-
C03	43	42	-	7%	24%	69%	-	-	-
C04	288	282	1%	21%	40%	38%	-	-	-
C07	2	2	-	-	50%	50%	-	-	-
C08	10	9	-	-	44%	56%	-	-	-
Pacific									
D01	313	49	51%	4%	20%	22%	2%	6	0.33
D02	57	47	2%	17%	38%	43%	-	-	-
Total	*4079*	2526	10%	27%	33%	28%	2%	*6*	*0.33*

* Valid scores 1-4
** 0 is a non-valid score

Table 51 - Significant other client: Brief/Full Family Effect

Service		No. new clients	No. initial assessments	Brief Family Effect Score*								No. follow-up assessments	Mean difference in scores
				0**	1	2	3	4	5	6	NV**		
		N	N									N	
Mainstream	A01	1016	386	18%	21%	9%	8%	6%	3%	35%	1%	4	1.00
	A02	609	561	19%	34%	16%	7%	4%	2%	18%	-	11	-1.82
	A03	2	2	-	-	-	-	50%	50%	-	-	-	-
	A04	32	30	17%	57%	3%	10%	7%	3%	3%	-	19	-0.68
	A05	22	20	5%	10%	30%	45%	-	10%	-	-	5	-0.20
Maori	B01	362	358	38%	41%	9%	4%	2%	1%	4%	-	24	-0.67
	B02	249	167	78%	7%	3%	3%	4%	1%	4%	-	-	-
	B03	133	126	21%	51%	20%	6%	1%	2%	1%	-	-	-
	B04	10	7	-	-	14%	57%	29%	-	-	-	1	-2.00
	B05	7	6	-	17%	-	33%	17%	-	33%	-	-	-
	B06	6	5	-	20%	-	40%	40%	-	-	-	3	1.00
	B07	54	24	29%	38%	33%	-	-	-	-	-	-	-
	B08	1	1	-	-	-	100%	-	-	-	-	1	-1.00
	C01	807	442	29%	33%	16%	7%	11%	2%	2%	-	13	-1.46
	C02	56	48	-	65%	2%	6%	4%	2%	21%	-	-	-
	C03	43	42	5%	14%	17%	38%	14%	7%	5%	-	4	-0.50
	C04	288	276	20%	54%	2%	4%	1%	1%	18%	-	53	-0.64
	C07	2	2	-					100%		-	-	-
	C08	10	9	-	33%	11%	11%	11%	22%	11%	-	4	-0.75
Pacific	D01	313	266	82%	3%	4%	6%	2%	1%	3%	-	10	-0.70
	D02	57	14	36%	43%	7%	-	-	-	14%	-	-	-
Total		*4079*	2792	32%	31%	11%	7%	5%	2%	12%	0%	*152*	*-0.73*

* Valid scores 1-6 ** non-valid scores

Table 52 - Significant other client: Coexisting alcohol

Service		No. new clients	No. initial assessments	Mean initial score*	No. follow-up assessments	Mean difference in scores
		N	N		N	
Mainstream	A01	1016	22	2.68	-	-
	A02	609	48	3.44	-	-
	A03	2	2	3.50	-	-
	A04	32	29	3.07	-	-
	A05	22	-	-	-	-
Maori	B01	362	14	4.14	2	-2.00
	B02	249	39	5.00	-	-
	B03	133	-	-	-	-
	B04	10	-	-	-	-
	B05	7	-	-	-	-
	B06	6	1	2.00	-	-
	B07	54	-	-	-	-
	B08	1	-	-	-	-
	C01	807	1	3.00	-	-
	C02	56	-	-	-	-
	C03	43	10	4.40	1	0.00
	C04	288	87	0.93	49	-0.88
	C07	2	-	-	-	-
	C08	10	6	4.33	-	-
Pacific	D01	313	8	5.38	-	-
	D02	57	1	3.00	-	-
Total		*4079*	*268*	*2.89*	*52*	*-0.90*

* AUDIT-C scores (range 0-12), scores >5 for male and >4 for female indicates risky behaviour

Table 53 - Significant other client: Coexisting depression

Service		No. new clients	No. initial assessments	Depression Screen*			No. follow-up assessments	Mean change in scores
				0	1	2		
		N	N				N	
Mainstream	A01	1016	22	18%	23%	59%	-	-
	A02	609	47	26%	40%	34%	-	-
	A03	2	2	-	50%	50%	-	-
	A04	32	29	62%	21%	17%	-	-
	A05	22	-	-	-	-	-	-
Maori	B01	362	14	71%	21%	7%	2	-0.50
	B02	249	32	88%	9%	3%	-	-
	B03	133	-	-	-	-	-	-
	B04	10	-	-	-	-	-	-
	B05	7	1	-	-	100%	-	-
	B06	6	1	-	-	100%	-	-
	B07	54	-	-	-	-	-	-
	B08	1	-	-	-	-	-	-
	C01	807	1	100%	-	-	-	-
	C02	56	-	-	-	-	-	-
	C03	43	15	60%	40%	-	1	0.00
	C04	288	87	63%	30%	7%	49	-0.18
	C07	2	-	-	-	-	-	-
	C08	10	7	14%	29%	57%	1	0.00
Pacific	D01	313	16	44%	50%	6%	-	-
	D02	57	1	-	100%	-	-	-
Total		*4079*	*275*	53%	29%	18%	*53*	*-0.19*

- Number of positive responses to 2 questions (valid range 0-2)

Table 54 - Significant other client: Coexisting drug use

Service		No. new clients	No. initial assessments	% Drug Use*	No. follow-up assessments	% change
		N	N		N	
Mainstream	A01	1016	19	16%	-	-
	A02	609	44	14%	-	-
	A03	2	2	0%	-	-
	A04	32	29	7%	-	-
	A05	22	-	-	-	-
Maori	B01	362	14	0%	2	0%
	B02	249	32	38%	-	-
	B03	133	-	-	-	-
	B04	10	-	-	-	-
	B05	7	-	-	-	-
	B06	6	1	0%	-	-
	B07	54	2	1%	-	-
	B08	1	-	-	-	-
	C01	807	1	0%	-	-
	C02	56	-	-	-	-
	C03	43	11	27%	1	0%
	C04	288	87	5%	49	0%
	C07	2	-	-	-	-
	C08	10	4	75%	-	-
Pacific	D01	313	14	7%	-	-
	D02	57	-	-	-	-
Total		*4079*	*260*	*14%*	*52*	*0%*

* Drug Use: In the past 12 months have you ever felt the need to cut down on your use of prescription or other drugs? Yes/No

Table 55 - Significant other client: Coexisting family concern

Service		No. new clients	No. initial assessments	% Family concerns	No. follow-up assessments	% change
		N	N		N	
Mainstream	A01	1016	17	82%	-	-
	A02	609	43	56%	-	-
	A03	2	2	50%	-	-
	A04	32	28	36%	-	-
	A05	22	-	-	-	-
Maori	B01	362	14	29%	2	0%
	B02	249	-	-	-	-
	B03	133	-	-	-	-
	B04	10	-	-	-	-
	B05	7	-	-	-	-
	B06	6	1	100%	-	-
	B07	54	-	-	-	-
	B08	1	-	-	-	-
	C01	807	1	0%	-	-
	C02	56	-	-	-	-
	C03	43	9	44%	1	0%
	C04	288	87	45%	49	-24%
	C07	2	-	-	-	-
	C08	10	6	50%	1	0%
Pacific	D01	313	14	57%	-	-
	D02	57	1	100%	-	-
Total		*4079*	*223*	*49%*	*53*	*-23%*

* In the past 12 months has anyone in your family/whanau worried about your health or wellbeing (including spiritual health)? Yes/No

Table 56 - Significant other client: Coexisting suicide

Service	No. new clients	No. initial assessments	Suicide Screen				No. follow-up assessments	Mean change in scores
			0	1	2	3		
	N	N					N	
Mainstream								
A01	1016	17	18%	47%	35%		-	-
A02	609	44	82%	18%	-		-	-
A03	2	2	100%	-	-		-	-
A04	32	29	93%	7%	-		-	-
A05	22	-	-	-	-		-	-
Maori								
B01	362	14	100%	-	-		2	0
B02	249	10	90%	10%	-		-	-
B03	133	-	-	-	-		-	-
B04	10	-	-	-	-		-	-
B05	7	-	-	-	-		-	-
B06	6	1	-	100%	-		-	-
B07	54	-	-	-	-		-	-
B08	1	-	-	-	-		-	-
C01	807	1	100%	-	-		-	-
C02	56	-	-	-	-		-	-
C03	43	16	100%	-	-		1	0
C04	288	84	100%	-	-		48	0
C07	2	-	-	-	-		-	-
C08	10	7	43%	29%	14%	14%	-	-
Pacific								
D01	313	15	80%	13%	7%		-	-
D02	57	-	-	-	-		-	-
Total	*4079*	*240*	*86%*	*10%*	*3%*	*0%*	*51*	*0*

Suicidality screen has 4 options (range 1-4), appears to have been rescaled to (0-3) for CLIC

Table 57 - Significant other client: Coping

Service		No. new clients	No. initial assessments	Coping Score*			No. follow-up assessments	Mean change in scores
				1	2	3		
		N	N				N	
Mainstream	A01	1016	67	13%	51%	36%	1	-2.00
	A02	609	69	20%	36%	43%	3	-1.00
	A03	2	2	-	-	100%	0	
	A04	32	30	37%	43%	20%	20	-0.30
	A05	22	6	50%	17%	33%	1	0
Maori	B01	362	18	83%	17%	-	0	-
	B02	249	13	85%	8%	8%	0	-
	B03	133	-	-	-	-	-	-
	B04	10	-	-	-	-	-	-
	B05	7	-	-	-	-	-	-
	B06	6	2	-	50%	50%	0	-
	B07	54	-	-	-	-		-
	B08	1	1	-	-	100%	0	-
	C01	807	-	-	-	-	-	-
	C02	56	-	-	-	-	-	-
	C03	43	16	25%	31%	44%	1	0
	C04	288	84	44%	51%	5%	48	-0.54
	C07	2	-	-	-	-	-	-
	C08	10	6	33%	50%	17%	0	-
Pacific	D01	313	12	33%	50%	17%	0	-
	D02	57	1	-	-	100%	0	-
Total		*4079*	327	34%	41%	25%	*74*	*-0.50*

* valid scores 1=coping better, 2=coping the same, 3=coping worse

Table 58 - Significant other client: Gambling frequency

Service	No. new clients	No. initial assessments	Gambling Frequency* 0	1	2	3	4	No. follow-up assessments	Mean change in scores
	N	N						N	
Mainstream									
A01	1016	68	10%	13%	28%	49%	-	-	-
A02	609	72	4%	32%	22%	39%	3%	5	-0.60
A03	2	2	-	-	50%	50%	-	-	-
A04	32	30	7%	20%	50%	23%	-	19	-0.89
A05	22	5	40%	20%	20%	20%	-	1	0
Maori									
B01	362	24	54%	17%	25%	4%	-	6	0.83
B02	249	12	50%	25%	8%	17%	-	-	-
B03	133	1	-	-	-	100%	-	-	-
B04	10	1	-	-	-	100%	-	-	-
B05	7	-	-	-	-	-	-	-	-
B06	6	1	-	-	100%	-	-	-	-
B07	54	-	-	-	-	-	-	-	-
B08	1	1	-	-	100%	-	-	-	-
C01	807	12	-	92%	-	8%	-	-	-
C02	56	-	-	-	-	-	-	-	-
C03	43	17	12%	-	65%	24%	-	-	-
C04	288	84	1%	17%	74%	8%	-	48	-0.75
C07	2	-	-	-	-	-	-	-	-
C08	10	6	-	17%	50%	33%	-	1	0
Pacific									
D01	313	13	15%	69%	15%	-	-	-	-
D02	57	1	-	-	-	100%	-	-	-
Total	*4079*	350	11%	23%	40%	26%	1%	*80*	*-0.64*

* Valid scores 1-4
1=not gambling, 2=gambling less, 3=gambling the same, 4=gambling more

APPENDIX 6
Additional Stage Three database analysis tables and figures

Table 9 - Significant other clients by Territorial Local Authority

	No. clients			No. gambler clients			No. significant other clients		
	2007/8	**2008/9**	**Change (%)**	**2007/8**	**2008/9**	**Change (%)**	**2007/8**	**2008/9**	**Change (%)**
Mainstream									
A1	1946	3548	182%	1494	2403	161%	452	1145	253%
A2	944	1832	194%	740	1141	154%	206	695	337%
A4/A5	301	387	129%	258	314	122%	43	78	181%
Maori	2543	4244	167%	1238	1972	159%	1336	2335	175%
Pacific	212	673	317%	161	313	194%	54	380	704%
A and D	58	68	117%	58	68	117%	-	-	
Total	*9177*	*14977*	163%	*6188*	*9288*	150%	*3025*	*5781*	191%

Table 659a - Gambler client intervention outcome -Brief

Service	Episode Type: Brief										
	No. treatment episodes	Treatment complete		Treatment partially complete		Admin-istrative discharge		Transferred to other prob gamb. service		On-going	
	No.	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Mainstream											
A01	933	281	30%	1	0%	454	49%	-	-	197	21%
A02	288	280	97%	7	2%	1	0%	-	-	-	-
A03	4	4	100%	-	-	-	-	-	-	-	-
A04	-	-	-	-	-	-	-	-	-	-	-
A05	26	24	92%	-	-	1	4%	-	-	1	4%
Maori											
B01	155	152	98%	2	1%	-	-	-	-	1	1%
B02	5	5	100%	-	-	-	-	-	-	-	-
B03	112	107	96%	3	3%	1	1%	-	-	1	1%
B04	162	160	99%	-	-	-	-	-	-	2	1%
B05	98	70	71%	4	4%	-	-	-	-	24	24%
B06	83	83	100%	-	-	-	-	-	-	-	-
B07	11	6	55%	1	9%	-	-	-	-	4	36%
B07	17	17	100%	-	-	-	-	-	-	-	-
C01	308	302	98%	5	2%	1	0%	-	-	-	-
C02	237	181	76%	9	4%	15	6%	-	-	32	14%
C03	33	19	58%	1	3%	-	-	1	3%	12	36%
C04	61	61	100%	-	-	-	-	-	-	-	-
C07	25	13	52%	3	12%	4	16%	-	-	5	20%
C08	7	3	43%	1	14%	2	29%	1	14%	-	-
Pacific											
D01	199	190	95%	6	3%	2	1%	1	1%	-	-
D02	30	11	37%	16	53%	-	-	3	10%	-	-
A&D											
F01	-	-	-	-	-	-	-	-	-	-	-
Total	2794	1969	70%	59	2%	481	17%	6	0%	279	10%

Note E01 not included as no episode data are available for E01

Table 660b - Gambler client intervention outcome - Full

Service	Episode Type: Full										
	No. treatment episodes	Treatment complete		Treatment partially complete		Admin-istrative discharge		Transferred to other prob gamb. service		On-going	
	No.	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Mainstream											
A01	2181	530	24%	49	2%	1280	59%	6	0%	316	14%
A02	916	269	29%	114	12%	199	22%	5	1%	329	36%
A03	37	18	49%	9	24%	5	14%	2	5%	3	8%
A04	122	6	5%	113	93%	1	1%	-	-	2	2%
A05	40	19	48%	2	5%	4	10%	-	-	15	38%
Maori											
B01	153	62	41%	23	15%	8	5%	1	1%	59	39%
B02	23	8	35%	-	-	1	4%	1	4%	13	57%
B03	98	72	73%	3	3%	10	10%	-	-	13	13%
B04	198	146	74%	-	-	2	1%	-	-	50	25%
B05	57	39	68%	-	-	-	-	-	-	18	32%
B06	167	92	55%	7	4%	3	2%	2	1%	63	38%
B07	0	-	-	-	-	-	-	-	-	-	-
B07	6	-	-	-	-	-	-	-	-	6	100%
C01	141	112	79%	18	13%	2	1%	-	-	9	6%
C02	257	97	38%	1	0%	13	5%	-	-	146	57%
C03	54	15	28%	1	2%	6	11%	1	2%	31	57%
C04	65	56	86%	-	-	-	-	1	2%	8	12%
C07	19	2	11%	2	11%	2	11%	-	-	13	68%
C08	28	11	39%	5	18%	1	4%	-	-	11	39%
Pacific											
D01	139	87	63%	10	7%	15	11%	-	-	27	19%
D02	29	7	24%	-	-	2	7%	2	7%	18	62%
A&D											
F01	66	6	9%	10	15%	8	12%	1	2%	41	62%
Total	4796	1654	34%	367	8%	1562	33%	22	0%	1191	25%

Note E01 not included as no episode data are available for E01

Table 661c - Gambler client intervention outcome – Follow-up

	Episode Type: Follow-up										
Service	No. treatment episodes	Treatment complete		Treatment partially complete		Admin-istrative discharge		Transferred to other prob gamb. service		On-going	
	No.	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Mainstream											
A01	653	127	19%	6	1%	463	71%	-	-	57	9%
A02	548	535	98%	2	0%	10	2%	1	0%	-	-
A03	18	16	89%	2	11%	-	-	-	-	-	-
A04	472	109	23%	340	72%	23	5%	-	-	-	-
A05	24	21	88%	1	4%	1	4%	-	-	1	4%
Maori											
B01	94	94	100%	-	-	-	-	-	-	-	-
B02	39	38	97%	-	-	-	-	-	-	1	3%
B03	84	70	83%	3	4%	-	-	-	-	11	13%
B04	142	141	99%	-	-	1	1%	-	-	-	-
B05	6	6	100%	-	-	-	-	-	-	-	-
B06	95	95	100%	-	-	-	-	-	-	-	-
B07	-	-	-	-	-	-	-	-	-	-	-
B07	-	-	-	-	-	-	-	-	-	-	-
C01	203	202	100%	1	0%	-	-	-	-	-	-
C02	124	6	5%	3	2%	4	3%	-	-	111	90%
C03	48	48	100%	-	-	-	-	-	-	-	-
C04	65	65	100%	-	-	-	-	-	-	-	-
C07	4	1	25%	2	50%	-	-	-	-	1	25%
C08	4	1	25%	1	25%	-	-	1	25%	1	25%
Pacific											
D01	12	9	75%	-	-	3	25%	-	-	-	-
D02	3	3	100%	-	-	-	-	-	-	-	-
A&D											
F01	18	14	78%	-	-	1	6%	-	-	3	17%
Total	2656	1601	60%	361	14%	506	19%	2	0%	186	7%

Note E01 not included as no episode data are available for E01

Table 662a - Significant other client intervention outcome - Brief

Service	Episode Type: Brief										
	No. treatment episodes	Treatment complete		Treatment partially complete		Admin-istrative discharge		Transferred to other prob gamb. service		On-going	
	No.	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Mainstream											
A01	684	348	51%	2	0%	302	44%	-	-	32	5%
A02	508	507	100%	1	0%	-	-	-	-	-	-
A03	-	-	-	-	-	-	-	-	-	-	-
A04	-	-	-	-	-	-	-	-	-	-	-
A05	22	20	91%	2	9%	-	-	-	-	-	-
Maori											
B01	362	362	100%	-	-	-	-	-	-	-	-
B02	250	248	99%	-	-	-	-	-	-	2	1%
B03	126	126	100%	-	-	-	-	-	-	-	-
B04	9	5	56%	1	11%	-	-	-	-	3	33%
B05	7	2	29%	3	43%	-	-	-	-	2	29%
B06	6	6	100%	-	-	-	-	-	-	-	-
B07	54	53	98%	1	2%	-	-	-	-	-	-
B07	1	1	100%	-	-	-	-	-	-	-	-
C01	539	518	96%	21	4%	-	-	-	-	-	-
C02	42	36	86%	-	-	-	-	-	-	6	14%
C03	30	20	67%	1	3%	-	-	-	-	9	30%
C04	289	281	97%	-	-	2	1%	-	-	6	2%
C07	2	1	50%	-	-	-	-	-	-	1	50%
C08	4	3	75%	1	25%	-	-	-	-	-	-
Pacific											
D01	312	306	98%	3	1%	2	1%	-	-	1	0%
D02	64	39	61%	24	38%	-	-	-	-	1	2%
A&D											
F01	-	-	-	-	-	-	-	-	-	-	-
Total	3311	2882	87%	60	2%	306	9%	-	-	63	2%

Note E01 not included as no episode data are available for E01

Table 663b - Significant other client intervention outcome - Full

Service	Episode Type: Full										
	No. treatment episodes	Treatment complete		Treatment partially complete		Admin-istrative discharge		Transferred to other prob gamb. service		On-going	
	No.	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Mainstream											
A01	583	104	18%	8	1%	385	66%	2	0%	84	14%
A02	171	73	43%	23	13%	31	18%	2	1%	42	25%
A03	2	2	100%	-	-	-	-	-	-	-	-
A04	39	7	18%	29	74%	-	-	-	-	3	8%
A05	11	6	55%	-	-	2	18%	-	-	3	27%
Maori											
B01	80	38	48%	9	11%	2	3%	1	1%	30	38%
B02	14	8	57%	-	-	-	-	-	-	6	43%
B03	39	34	87%	2	5%	1	3%	-	-	2	5%
B04	4	4	100%	-	-	-	-	-	-	-	-
B05	2	2	100%	-	-	-	-	-	-	-	-
B06	15	13	87%	2	13%	-	-	-	-	-	-
B07	1	1	100%	-	-	-	-	-	-	-	-
B07	1	-	-	-	-	-	-	-	-	1	100%
C01	375	334	89%	20	5%	2	1%	-	-	19	5%
C02	58	8	14%	-	-	6	10%	-	-	44	76%
C03	23	4	17%	-	-	-	-	-	-	19	83%
C04	201	168	84%	2	1%	2	1%	-	-	29	14%
C07	1	-	-	-	-	-	-	-	-	1	100%
C08	12	4	33%	-	-	1	8%	-	-	7	58%
Pacific											
D01	49	23	47%	5	10%	5	10%	-	-	16	33%
D02	1	-	-	-	-	1	100%	-	-	-	-
A&D											
F01	-	-	-	-	-	-	-	-	-	-	-
Total	1682	833	50%	100	6%	438	26%	5	0%	306	18%

Note E01 not included as no episode data are available for E01

Table 664c - Significant other client intervention outcome – Follow-up

Service	Episode Type: Follow-up										
	No. treatment episodes	Treatment complete		Treatment partially complete		Admin-istrative discharge		Transferred to other prob gamb. service		On-going	
	No.	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Mainstream											
A01	109	15	14%	3	3%	84	77%	-	-	7	6%
A02	142	135	95%	-	-	6	4%	-	-	1	1%
A03	-	-	-	-	-	-	-	-	-	-	-
A04	70	12	17%	53	76%	5	7%	-	-	-	-
A05	6	5	83%	-	-	1	17%	-	-	-	-
Maori											
B01	71	71	100%	-	-	-	-	-	-	-	-
B02	42	42	100%	-	-	-	-	-	-	-	-
B03	87	70	80%	5	6%	3	3%	-	-	9	10%
B04	-	-	-	-	-	-	-	-	-	-	-
B05	-	-	-	-	-	-	-	-	-	-	-
B06	8	8	100%	-	-	-	-	-	-	-	-
B07	-	-	-	-	-	-	-	-	-	-	-
B07	-	-	-	-	-	-	-	-	-	-	-
C01	307	302	98%	5	2%	-	-	-	-	-	-
C02	4	-	-	-	-	1	25%	-	-	3	75%
C03	10	10	100%	-	-	-	-	-	-	-	-
C04	229	226	99%	3	1%	-	-	-	-	-	-
C07	-	-	-	-	-	-	-	-	-	-	-
C08	2	2	100%	-	-	-	-	-	-	-	-
Pacific											
D01	4	4	100%	-	-	-	-	-	-	-	-
D02	1	1	100%	-	-	-	-	-	-	-	-
A&D											
F01	-	-	-	-	-	-	-	-	-	-	-
Total	1092	903	83%	69	6%	100	9%	-	-	20	2%

Note E01 not included as no episode data are available for E01

Table 665a - Gambler client average length of episode - Brief

	Episode Type: Brief										
	No. episodes	Treatment complete		Treatment partially complete		Administrative discharge		Transferred to other prob. gamb. service		On-going	
Service	No.	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Ave episode length (days)	No.	Ave episode length (days)
Mainstream											
A01	933	281	48.6	1	69.0	454	25.3	-	-	197	-
A02	288	280	0.4	7	8.1	1	9.0	-	-	-	-
A03	4	4	0.0	-	-	-	-	-	-	-	-
A04	-	-	-	-	-	-	-	-	-	-	-
A05	26	24	9.4	-	-	1	0.0	-	-	1	-
											-
Maori											-
B01	155	152	0.0	2	0.0	-	-	-	-	1	-
B02	5	5	0.0	-	-	-	-	-	-	-	-
B03	112	107	0.1	3	6.0	1	13.0	-	-	1	-
B04	162	160	0.0	-	-	-	-	-	-	2	-
B05	98	70	3.5	4	0.0	-	-	-	-	24	-
B06	83	83	0.0	-	-	-	-	-	-	-	-
B07	11	6	0.0	1	0.0	-	-	-	-	4	-
B08	17	17	0.0	-	-	-	-	-	-	-	-
											-
C01	308	302	0.0	5	5.6	1	174.0	-	-	-	-
C02	237	181	16.3	9	37.6	15	22.1	-	-	32	-
C03	33	19	15.7	1	0.0	-	-	1	0.00	12	-
C04	61	61	0.1	-	-	-	-	-	-	-	-
C07	25	13	0.0	3	0.0	4	17.8	-	-	5	-
C08	7	3	44.7	1	134.0	2	5.5	1	111.00	-	-
Pacific											-
D01	199	190	1.7	6	7.2	2	17.0	1	0.00	-	-
D02	30	11	9.3	16	0.0	-	-	3	0.00	-	-
A&D											
F01	-	-	-	-	-	-	-	-	-	-	-
Total	2794	1969	9.2	59	11.6	481	25.2	6	18.50	279	-

Note E01 not included as no episode data are available for E01

Table 666b - Gambler client average length of episode - Full

	Episode Type: Full										
	No. episodes	Treatment complete		Treatment partially complete		Administrative discharge		Transferred to other prob. gamb. service		On-going	
Service	No.	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Ave episode length (days)	No.	Ave episode length (days)
Mainstream											
A01	2181	530	92.4	49	114.0	1280	74.0	6	75.7	316	-
A02	916	269	188.2	114	123.7	199	83.7	5	17.0	329	-
A03	37	18	63.5	9	41.8	5	85.4	2	41.5	3	-
A04	122	6	16.2	113	14.3	1	193.0	-	-	2	-
A05	40	19	143.9	2	119.0	4	71.3	-	-	15	-
Maori											
B01	153	62	123.2	23	137.0	8	219.4	1	10.0	59	-
B02	23	8	366.3	-	-	1	42.0	1	1784.0	13	-
B03	98	72	3.1	3	79.3	10	107.6	-	-	13	-
B04	198	146	0.8	-	-	2	7.0	-	-	50	-
B05	57	39	0.0	-	-	-	-	-	-	18	-
B06	167	92	0.2	7	0.0	3	26.3	2	0.0	63	-
B07	-	-	-	-	-	-	-	-	-	-	-
B08	6	-	-	-	-	-	-	-	-	6	-
C01	141	112	11.4	18	82.1	2	54.5	-	-	9	-
C02	257	97	128.4	1	222.0	13	38.6	-	-	146	-
C03	54	15	172.6	1	7.0	6	142.7	1	7.0	31	-
C04	65	56	64.8	-	-	-	-	1	76.0	8	-
C07	19	2	66.0	2	33.0	2	149.0	-	-	13	-
C08	28	11	233.8	5	156.6	1	246.0	-	-	11	-
Pacific											
D01	139	87	96.1	10	58.6	15	99.5	-	-	27	-
D02	29	7	112.1	-	-	2	40.5	2	161.5	18	-
A&D											
F01	66	6	447.3	10	239.4	8	211.8	1	223.0	41	-
Total	4796	1654	90.0	367	84.1	1562	77.1	22	138.4	1191	-

Note E01 not included as no episode data are available for E01

Table 667c - Gambler client average length of episode – Follow-up

	Episode Type: Follow-up										
	No. episodes	Treatment complete		Treatment partially complete		Administrative discharge		Transferred to other prob. gamb. service		On-going	
Service	No.	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Ave episode length (days)	No.	Ave episode length (days)
Mainstream											
A01	653	127	22.2	6	31.5	463	5.6	-	-	57	-
A02	548	535	0.1	2	0.0	10	0.7	1	0.0		-
A03	18	16	0.0	2	0.0						-
A04	472	109	0.0	340	0.0	23	0.0				-
A05	24	21	1.1	1	0.0	1	0.0			1	-
											-
Maori											-
B01	94	94	0.0								-
B02	39	38	0.0							1	-
B03	84	70	0.0	3	0.0					11	-
B04	142	141	0.0			1	0.0				-
B05	6	6	0.0								-
B06	95	95	0.0								-
B07											-
B08											-
											-
C01	203	202	0.0	1	35.0						-
C02	124	6	351.7	3	187.7	4	87.3			111	-
C03	48	48	0.0								-
C04	65	65	1.4								-
C07	4	1	0.0	2	0.0					1	-
C08	4	1	0.0	1	0.0			1	0.0	1	-
Pacific											-
D01	12	9	22.6			3	0.0				-
D02	3	3	0.0								-
A&D											
F01	18	14	2.6			1	43.0			3	-
Total	2656	1601	3.3	361	2.2	506	6.0	2	0.0	186	-

Note E01 not included as no episode data are available for E01

Table 668a - Significant other client average length of episode - Brief

	Episode Type: Brief										
	No. episodes	Treatment complete		Treatment partially complete		Administrative discharge		Transferred to other prob. gamb. service		On-going	
Service	No.	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Ave episode length (days)	No.	Ave episode length (days)
Mainstream											
A01	684	348	169.7	2	168.5	302	40.7	-	-	32	-
A02	508	507	0.0	1	50.0	-	-	-	-	-	-
A03	-	-	-	-	-	-	-	-	-	-	-
A04	-	-	-	-	-	-	-	-	-	-	-
A05	22	20	4.5	2	0.0	-	-	-	-	-	-
Maori											
B01	362	362	0.0	-	-	-	-	-	-	-	-
B02	250	248	1.7	-	-	-	-	-	-	2	-
B03	126	126	0.0	-	-	-	-	-	-	-	-
B04	9	5	0.0	1	26.0	-	-	-	-	3	-
B05	7	2	0.0	3	0.0	-	-	-	-	2	-
B06	6	6	0.0	-	-	-	-	-	-	-	-
B07	54	53	0.0	1	0.0	-	-	-	-	-	-
B08	1	1	0.0	-	-	-	-	-	-	-	-
C01	539	518	0.2	21	1.7	-	-	-	-	-	-
C02	42	36	10.3	-	-	-	-	-	-	6	-
C03	30	20	3.9	1	45.0	-	-	-	-	9	-
C04	289	281	0.7	-	-	2	0.0	-	-	6	-
C07	2	1	0.0	-	-	-	-	-	-	1	-
C08	4	3	101.0	1	225.0	-	-	-	-	-	-
Pacific											
D1	312	306	2.5	3	2.7	2	37.0	-	-	1	-
D2	64	39	2.5	24	0.0	-	-	-	-	1	-
Total	3311	2882	21.3	60	12.1	306	40.4	-	-	63	-

Note E01 not included as no episode data are available for E01

Table 669b - Significant other client average length of episode - Full

	Episode Type: Full										
	No. episodes	Treatment complete		Treatment partially complete		Administrative discharge		Transferred to other prob. gamb. service		On-going	
Service	No.	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Ave episode length (days)	No.	Ave episode length (days)
Mainstream											
A01	583	104	72.7	8	123.6	385	63.9	2	63.5	84	-
A02	171	73	136.6	23	74.7	31	82.6	2	125	42	-
A03	2	2	43.5	-	-	-	-	-	-		-
A04	39	7	25.0	29	6.5	-	-	-	-	3	-
A05	11	6	49.2	-	-	2	201.0	-	-	3	-
Maori											
B01	80	38	101.6	9	169.2	2	132.0	1	21	30	-
B02	14	8	332.9	-	-	-	-	-	-	6	-
B03	39	34	0.8	2	31.0	1	88.0	-	-	2	-
B04	4	4	0.0	-	-	-	-	-	-	-	-
B05	2	2	0.0	-	-	-	-	-	-	-	-
B06	15	13	0.0	2	0.0	-	-	-	-	-	-
B07	1	1	0.0	-	-	-	-	-	-		-
B08	1	-	-	-	-	-	-	-	-	1	-
C01	375	334	3.3	20	24.2	2	46.0	-	-	19	-
C02	58	8	159.4	-	-	6	40.8	-	-	44	-
C03	23	4	116.0	-	-	-	-	-	-	19	-
C04	201	168	55.4	2	1.0	2	229.0	-	-	29	-
C07	1	-	-	-	-	-	-	-	-	1	-
C08	12	4	238.5	-	-	1	129.0	-	-	7	-
Pacific											
D1	49	23	55.3	5	35.4	5	28.6	-	-	16	-
D2	1	-	-	-	-	1	21.0	-	-	-	-
Total	1682	833	46.8	100	51.4	438	66.2	5	79.6	306	-

Note E01 not included as no episode data are available for E01

Table 670c - Significant other client average length of episode – Follow-up

	Episode Type: Follow-up										
	No. episodes	Treatment complete		Treatment partially complete		Administrative discharge		Transferred to other prob. gamb. service		On-going	
Service	No.	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Av. episode length (days)	No.	Ave episode length (days)	No.	Ave episode length (days)
Mainstream											
A01	109	15	28.0	3	23.3	84	15.3	-	-	7	-
A02	142	135	0.0	-	-	6	0.0	-	-	1	-
A03	-	-	-	-	-	-	-	-	-	-	-
A04	70	12	0.0	53	0.0	5	0.0	-	-	-	-
A05	6	5	0.0	-	-	1	0.0	-	-	-	-
Maori											
B01	71	71	0.0	-	-	-	-	-	-	-	-
B02	42	42	7.8	-	-	-	-	-	-	-	-
B03	87	70	0.0	5	0.0	3	0.0	-	-	9	-
B04	-	-	-	-	-	-	-	-	-	-	-
B05	-	-	-	-	-	-	-	-	-	-	-
B06	8	8	0.0	-	-	-	-	-	-	-	-
B07	-	-	-	-	-	-	-	-	-	-	-
B08	-	-	-	-	-	-	-	-	-	-	-
C01	307	302	0.0	5	0.0	-	-	-	-	-	-
C02	4	-	-	-	-	1	218.0	-	-	3	-
C03	10	10	0.0	-	-	-	-	-	-	-	-
C04	229	226	3.3	3	0.0	-	-	-	-	-	-
C07	-	-	-	-	-	-	-	-	-	-	-
C08	2	2	0.0	-	-	-	-	-	-	-	-
Pacific											
D1	4	4	0.0	-	-	-	-	-	-	-	-
D2	1	1	0.0	-	-	-	-	-	-	-	-
Total	1092	903	1.6	69	1.0	100	15.0	-	-	20	-

Note E01 not included as no episode data are available for E01

Table 671a - Gambler client counselling type (Who) - Brief

		Gambler – Episode Type: Brief								
		No. sessions	**Individual**		**Couple**		**Family/ whanau**		**Group**	
Service		**N**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Mainstream	A01	960	947	99%	-	-	9	1%	4	0%
	A02	296	296	100%	-	-	-	-	-	-
	A03[#]	4	4	100%	-	-	-	-	-	-
	A04	-	-	-	-	-	-	-	-	-
	A05	35	35	100%						
Maori	B01	156	156	100%	-	-	-	-	-	-
	B02	5	5	100%	-	-	-	-	-	-
	B03	120	120	100%	-	-	-	-	-	-
	B04	162	162	100%	-	-	-	-	-	-
	B05	105	105	100%	-	-	-	-	-	-
	B06	84	84	100%	-	-	-	-	-	-
	B07	11	11	100%	-	-	-	-	-	-
	B08	18	18	100%	-	-	-	-	-	-
	C01	415	415	100%	-	-	-	-	-	-
	C02	552	552	100%	-	-	-	-	-	-
	C03	42	41	98%	1	2%	-	-	-	-
	C04	69	68	99%	-	-	1	1%	-	-
	C07	28	28	100%	-	-	-	-	-	-
	C08	16	15	94%	1	6%	-	-	-	-
Pacific	D01	231	221	96%	2	1%	5	2%	3	1%
	D02	30	30	100%	-	-	-	-	-	-
A and D	F01	-	-	-	-	-	-	-	-	-
Total		3339	3313	99%	4	0%	15	0%	7	0%

[#] Only includes CLIC data

Table 672b - Gambler client counselling type (Who) - Full

		Gambler – Episode Type: Full								
		No. sessions	**Individual**		**Couple**		**Family/ whanau**		**Group**	
Service		**N**	**N**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Mainstream	A01	8703	7365	85%	739	8%	485	6%	114	1%
	A02	6869	6120	89%	119	2%	5	0%	625	9%
	A03[#]	147	147	100%						
	A04	328	20	6%					308	94%
	A05	275	233	85%	4	1%	6	2%	32	12%
Maori	B01	1279	1261	99%	7	1%	2	0%	9	1%
	B02	243	214	88%	2	1%	5	2%	22	9%
	B03	422	419	99%	3	1%	-	-	-	-
	B04	360	360	100%	-	-	-	-	-	-
	B05	117	117	100%	-	-	-	-	-	-
	B06	383	383	100%	-	-	-	-	-	-
	B07	-	-	-	-	-	-	-	-	-
	B08	13	13	100%	-	-	-	-	-	-
	C01	569	567	100%					2	0%
	C02	2289	1340	59%	12	1%	6	0%	931	41%
	C03	215	198	92%	16	7%	1	0%		
	C04	291	251	86%			40	14%		
	C07	59	59	100%						
	C08	295	293	99%	2	1%				
Pacific	D01	977	839	86%	5	1%	46	5%	87	9%
	D02	174	174	100%						
A and D	F01	1837	450	24%	3	0%	13	1%	1371	75%
Total		25845	20823	81%	912	4%	609	2%	3501	14%

[#] Only includes CLIC data

Table 673c - Gambler client counselling type (Who) – Follow-up

		Gambler – Episode Type: Follow-up								
		No. sessions	**Individual**		**Couple**		**Family/ whanau**		**Group**	
Service		**N**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Mainstream	A01	758	744	98%	2	0%	7	1%	5	1%
	A02	552	549	99%	3	1%	-	-	-	-
	A03[#]	18	18	100%	-	-	-	-	-	-
	A04	472	472	100%	-	-	-	-	-	-
	A05	27	27	100%	-	-	-	-	-	-
Maori	B01	94	94	100%	-	-	-	-	-	-
	B02	39	39	100%	-	-	-	-	-	-
	B03	89	89	100%	-	-	-	-	-	-
	B04	142	142	100%	-	-	-	-	-	-
	B05	6	6	100%	-	-	-	-	-	-
	B06	95	95	100%	-	-	-	-	-	-
	B07	-	-	-	-	-	-	-	-	-
	B08	-	-	-	-	-	-	-	-	-
	C01	210	210	100%	-	-	-	-	-	-
	C02	262	261	100%	1	0%	-	-	-	-
	C03	48	47	98%	1	2%	-	-	-	-
	C04	65	65	100%	-	-	-	-	-	-
	C07	4	4	100%	-	-	-	-	-	-
	C08	5	5	100%	-	-	-	-	-	-
Pacific	D01	33	32	97%	-	-	1	3%	-	-
	D02	3	3	100%	-	-	-	-	-	-
A and D	F01	20	20	100%	-	-	-	-	-	-
Total		2942	2922	99%	7	0%	8	0%	5	0%

[#] Only includes CLIC data

Table 674a - Significant other client counselling type (Who) - Brief

		Significant Other – Episode Type: Brief								
		No. sessions	**Individual**		**Couple**		**Family/ whanau**		**Group**	
Service		**N**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Mainstream	A01	728	702	96%	-	-	8	1%	18	2%
	A02	509	501	98%	-	-	8	2%	-	-
	A03[#]	-	-	-	-	-	-	-	-	-
	A04	-	-	-	-	-	-	-	-	-
	A05	28	28	100%	-	-	-	-	-	-
Maori	B01	365	364	100%	-	-	1	0%	-	-
	B02	251	251	100%	-	-	-	-	-	-
	B03	130	130	100%	-	-	-	-	-	-
	B04	10	10	100%	-	-	-	-	-	-
	B05	7	7	100%	-	-	-	-	-	-
	B06	6	6	100%	-	-	-	-	-	-
	B07	54	54	100%	-	-	-	-	-	-
	B08	1	1	100%	-	-	-	-	-	-
	C01	783	782	100%	-	-	1	0%	-	-
	C02	135	135	100%	-	-	-	-	-	-
	C03	37	31	84%	4	11%	2	5%	-	-
	C04	359	358	100%	-	-	1	0%	-	-
	C07	2	2	100%	-	-	-	-	-	-
	C08	17	17	100%	-	-	-	-	-	-
Pacific	D01	327	321	98%	-	-	6	2%	-	-
	D02	64	64	100%	-	-	-	-	-	-
Total		3813	3764	99%	4	0%	27	1%	18	0%

[#] Only includes CLIC data

Table 675b - Significant other client counselling type (Who) - Full

		Significant Other – Episode Type: Full								
		No. sessions	**Individual**		**Couple**		**Family/ whanau**		**Group**	
Service		**N**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Mainstream	A01	1780	1268	71%	30	2%	350	20%	132	7%
	A02	724	602	83%	104	14%	17	2%	1	0%
	A03[#]	11	11	100%	-	-	-	-	-	-
	A04	75	10	13%	-	-	-	-	65	87%
	A05	71	47	66%	3	4%	3	4%	18	25%
Maori	B01	574	545	95%	13	2%	1	0%	15	3%
	B02	87	74	85%	2	2%	3	3%	8	9%
	B03	59	56	95%	3	5%	-	-	-	-
	B04	6	6	100%	-	-	-	-	-	-
	B05	4	4	100%	-	-	-	-	-	-
	B06	27	27	100%	-	-	-	-	-	-
	B07	1	1	100%	-	-	-	-	-	-
	B08	1	1	100%	-	-	-	-	-	-
	C01	948	942	99%	-	-	-	-	6	1%
	C02	358	195	54%	8	2%	1	0%	154	43%
	C03	59	41	69%	17	29%	1	2%	-	-
	C04	554	547	99%	-	-	7	1%	-	-
	C07	1	1	100%	-	-	-	-	-	-
	C08	214	214	100%	-	-	-	-	-	-
Pacific	D01	224	170	76%	-	-	3	1%	51	23%
	D02	4	4	100%	-	-	-	-	-	-
Total		5782	4766	82%	180	3%	386	7%	450	8%

[#] Only includes CLIC data

Table 676c - Significant other client counselling type (Who) – Follow-up

		Significant Other – Episode Type: Follow-up								
		No. sessions	**Individual**		**Couple**		**Family/ whanau**		**Group**	
Service		**N**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Mainstream	A01	124	115	93%	-	-	5	4%	4	3%
	A02	142	140	99%	2	1%	-	-	-	-
	A03[#]	-	-	-	-	-	-	-	-	-
	A04	70	70	100%	-	-	-	-	-	-
	A05	6	6	100%	-	-	-	-	-	-
Maori	B01	71	71	100%	-	-	-	-	-	-
	B02	43	43	100%	-	-	-	-	-	-
	B03	88	88	100%	-	-	-	-	-	-
	B04	-	-	-	-	-	-	-	-	-
	B05	-	-	-	-	-	-	-	-	-
	B06	8	8	100%	-	-	-	-	-	-
	B07	-	-	-	-	-	-	-	-	-
	B08	-	-	-	-	-	-	-	-	-
	C01	307	307	100%	-	-	-	-	-	-
	C02	7	7	100%	-	-	-	-	-	-
	C03	10	10	100%	-	-	-	-	-	-
	C04	229	229	100%	-	-	-	-	-	-
	C07	-	-	-	-	-	-	-	-	-
	C08	2	2	100%	-	-	-	-	-	-
Pacific	D01	4	4	100%	-	-	-	-	-	-
	D02	1	1	100%	-	-	-	-	-	-
Total		1112	1101	99%	2	0%	5	0%	4	0%

[#] Only includes CLIC data

Table 677 - Gambler client type of session (How)

Service		Episode Type: Brief					Episode Type: Full				
		No. sessions	Face-to-face		Phone		No. sessions	Face-to-face		Phone	
		N	n	(%)	n	(%)	N	n	(%)	n	(%)
Mainstream	A01	960	748	78%	212	22%	8703	7623	88%	1080	12%
	A02	296	227	77%	69	23%	6869	6520	95%	349	5%
	A03[#]	4	-	-	4	100%	147	1	1%	146	99%
	A04	-	-	-	-	-	328	322	98%	6	2%
	A05	35	32	91%	3	9%	275	241	88%	34	12%
Maori	B01	156	156	100%	-	-	1279	1261	99%	18	1%
	B02	5	5	100%	-	-	243	205	84%	38	16%
	B03	120	113	94%	7	6%	422	286	68%	136	32%
	B04	162	158	98%	4	2%	360	348	97%	12	3%
	B05	105	103	98%	2	2%	117	116	99%	1	1%
	B06	84	78	93%	6	7%	383	381	99%	2	1%
	B07	11	11	100%	-	-	-	-	-	-	-
	B08	18	17	94%	1	6%	13	12	92%	1	8%
	C01	415	415	100%	-	-	569	545	96%	24	4%
	C02	552	398	72%	154	28%	2289	2011	88%	278	12%
	C03	42	29	69%	13	31%	215	165	77%	50	23%
	C04	69	65	94%	4	6%	291	214	74%	77	26%
	C07	28	28	100%	-	-	59	54	92%	5	8%
	C08	16	13	81%	3	19%	295	257	87%	38	13%
Pacific	D01	231	194	84%	37	16%	977	568	58%	409	42%
	D02	30	28	93%	2	7%	174	174	100%	-	-
A&D	F01	-	-	-	-	-	1837	1769	96%	68	4%
Total		3339	2818	84%	521	16%	25845	23073	89%	2772	11%

[#] Only includes CLIC data

Table 678 - Gambler client type of session (How) c continued

Service		Gambler - Episode Type: Follow-up				
		No. sessions	Face-to-face		Phone	
		N	n	(%)	n	(%)
Mainstream	A01	758	63	8%	695	92%
	A02	552	101	18%	451	82%
	A03[#]	18	-	-	18	100%
	A04	472	6	1%	466	99%
	A05	27	14	52%	13	48%
Maori	B01	94	29	31%	65	69%
	B02	39	21	54%	18	46%
	B03	89	6	7%	83	93%
	B04	142	59	42%	83	58%
	B05	6	4	67%	2	33%
	B06	95	58	61%	37	39%
	B07	-	-	-	-	-
	B08	-	-	-	-	-
	C01	210	22	10%	188	90%
	C02	262	174	66%	88	34%
	C03	48	14	29%	34	71%
	C04	65	24	37%	41	63%
	C07	4	3	75%	1	25%
	C08	5	1	20%	4	80%
Pacific	D01	33	12	36%	21	64%
	D02	3	1	33%	2	67%
A&D	F01	20	15	75%	5	25%
Total		2942	627	21%	2315	79%

[#] Only includes CLIC data

Table 68 – Significant Other client type of session (How)

Service		Episode Type: Brief					Episode Type: Full				
		No. sessions	Face-to-face		Phone		No. sessions	Face-to-face		Phone	
		N	n	(%)	n	(%)	N	n	(%)	n	(%)
Mainstream	A01	728	532	73%	196	27%	1780	1406	79%	374	21%
	A02	509	490	96%	19	4%	724	674	93%	50	7%
	A03[#]	-	-	-	-	-	11			11	100%
	A04	-	-	-	-	-	75	66	88%	9	12%
	A05	28	19	68%	9	32%	71	58	82%	13	18%
Maori	B01	365	365	100%	-	-	574	570	99%	4	1%
	B02	251	250	100%	1	0%	87	75	86%	12	14%
	B03	130	130	100%	-	-	59	50	85%	9	15%
	B04	10	8	80%	2	20%	6	6	100%	-	-
	B05	7	7	100%	-	-	4	4	100%	-	-
	B06	6	4	67%	2	33%	27	25	93%	2	7%
	B07	54	53	98%	1	2%	1	1	100%	-	-
	B08	1	1	100%	-	-	1	1	100%	-	-
	C01	783	783	100%	-	-	948	939	99%	9	1%
	C02	135	96	71%	39	29%	358	338	94%	20	6%
	C03	37	23	62%	14	38%	59	36	61%	23	39%
	C04	359	351	98%	8	2%	554	518	94%	36	6%
	C07	2	2	100%	-	-	1	-	-	1	100%
	C08	17	15	88%	2	12%	214	191	89%	23	11%
Pacific	D01	327	315	96%	12	4%	224	148	66%	76	34%
	D02	64	55	86%	9	14%	4	4	100%	-	-
Total		3813	3499	92%	314	8%	5782	5110	88%	672	12%

[#] Only includes CLIC data

Table 68 – Significant Other client type of session (How) continued

Service		Significant Other - Episode Type: Follow-up				
		No. sessions	Face-to-face		Phone	
		N	n	(%)	n	(%)
Mainstream	A01	124	14	11%	110	89%
	A02	142	26	18%	116	82%
	A03[#]	-	-	-	-	-
	A04	70	-	-	70	100%
	A05	6	1	17%	5	83%
Maori	B01	71	20	28%	51	72%
	B02	43	32	74%	11	26%
	B03	88	12	14%	76	86%
	B04	-	-	-	-	-
	B05	-	-	-	-	-
	B06	8	3	38%	5	63%
	B07	-	-	-	-	-
	B08	-	-	-	-	-
	C01	307	23	7%	284	93%
	C02	7	2	29%	5	71%
	C03	10	1	10%	9	90%
	C04	229	119	52%	110	48%
	C07	-	-	-	-	-
	C08	2	1	50%	1	50%
Pacific	D01	4	-	-	4	100%
	D02	1	-	-	1	100%
Total		1112	254	23%	858	77%

[#] Only includes CLIC data

Table 69a - Gambler client type of session (What) - Brief

Service		Significant Other - Episode Type: Brief						
		No. sessions	Assessment		Counselling		Facilitation	
		N	N	(%)	n	(%)	n	(%)
Mainstream	A01	960	710	74%	248	26%	2	0%
	A02	296	151	51%	145	49%	-	-
	A03[#]	4	4	100%	-	-	-	-
	A04	-	-	-	-	-	-	-
	A05	35	8	23%	27	77%	-	-
Maori	B01	156	153	98%	3	2%	-	-
	B02	5	1	20%	4	80%	-	-
	B03	120	106	88%	11	9%	3	3%
	B04	162	160	99%	2	1%	-	-
	B05	105	104	99%	1	1%	-	-
	B06	84	83	99%	1	1%	-	-
	B07	11	8	73%	3	27%	-	-
	B08	18	17	94%	1	6%	-	-
	C01	415	121	29%	293	71%	1	0%
	C02	552	195	35%	357	65%	-	-
	C03	42	19	45%	23	55%	-	-
	C04	69	32	46%	37	54%	-	-
	C07	28	18	64%	10	36%	-	-
	C08	16	10	63%	6	38%	-	-
Pacific	D01	231	113	49%	118	51%	-	-
	D02	30	27	90%	3	10%	-	-
A and D	F01	-	-	-	-	-	-	-
Total		3339	2040	61%	1293	39%	6	0%

[#] Only includes CLIC data

Table 69b - Gambler client type of session (What) - Full

Service		Gambler - Episode Type: Full						
		No. sessions	Assessment		Counselling		Facilitation	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	8703	341	4%	7773	89%	589	7%
	A02	6869	532	8%	5862	85%	475	7%
	A03[#]	147	40	27%	105	71%	2	1%
	A04	328	-	-	328	100%	-	-
	A05	275	20	7%	208	76%	47	17%
Maori	B01	1279	42	3%	655	51%	582	46%
	B02	243	-	-	222	91%	21	9%
	B03	422	2	0%	305	72%	115	27%
	B04	360	3	1%	211	59%	146	41%
	B05	117	1	1%	63	54%	53	45%
	B06	383	3	1%	192	50%	188	49%
	B07	-	-	-	-	-	-	-
	B08	13	-	-	7	54%	6	46%
	C01	569	119	21%	328	58%	122	21%
	C02	2289	20	1%	2179	95%	90	4%
	C03	215	33	15%	137	64%	45	21%
	C04	291	27	9%	152	52%	112	38%
	C07	59	9	15%	44	75%	6	10%
	C08	295	31	11%	208	71%	56	19%
Pacific	D01	977	39	4%	895	92%	43	4%
	D02	174	16	9%	147	84%	11	6%
A and D	F01	1837	3	0%	1750	95%	84	5%
Total		25845	1281	5%	21771	84%	2793	11%

[#] Only includes CLIC data

Table 69c - Gambler client type of session (What) – Follow-up

Service		Gambler - Episode Type: Follow-up						
		No. sessions	Assessment		Counselling		Facilitation	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	758	613	81%	145	19%	-	-
	A02	552	86	16%	464	84%	2	0%
	A03[#]	18	4	22%	14	78%	-	-
	A04	472	469	99%	3	1%	-	-
	A05	27	3	11%	24	89%	-	-
Maori	B01	94	93	99%	1	1%	-	-
	B02	39			39	100%	-	-
	B03	89	85	96%	4	4%	-	-
	B04	142	137	96%	5	4%	-	-
	B05	6	6	100%	-	-	-	-
	B06	95	88	93%	7	7%	-	-
	B07	-	-	-	-	-	-	-
	B08	-	-	-	-	-	-	-
	C01	210	12	6%	198	94%	-	-
	C02	262	-	-	262	100%	-	-
	C03	48	40	83%	8	17%	-	-
	C04	65	22	34%	43	66%	-	-
	C07	4	2	50%	2	50%	-	-
	C08	5	1	20%	4	80%	-	-
Pacific	D01	33	1	3%	30	91%	2	6%
	D02	3	-	-	3	100%	-	-
A and D	F01	20	5	25%	15	75%	-	-
Total		2942	1667	57%	1271	43%	4	0%

[#] Only includes CLIC data

Table 70a - Significant other client type of session (What) - Brief

Service		Significant Other - Episode Type: Brief						
		No. sessions	Assessment		Counselling		Facilitation	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	728	591	81%	135	19%	2	0%
	A02	509	145	28%	364	72%	-	-
	A03[#]	-	-	-	-	-	-	-
	A04	-	-	-	-	-	-	-
	A05	28	3	11%	25	89%	-	-
Maori	B01	365	359	98%	6	2%	-	-
	B02	251	8	3%	243	97%	-	-
	B03	130	113	87%	16	12%	1	1%
	B04	10	10	100%	-	-	-	-
	B05	7	7	100%	-	-	-	-
	B06	6	6	100%	-	-	-	-
	B07	54	49	91%	5	9%	-	-
	B08	1	1	100%	-	-	-	-
	C01	783	386	49%	397	51%	-	-
	C02	135	39	29%	96	71%	-	-
	C03	37	20	54%	17	46%	-	-
	C04	359	112	31%	246	69%	1	0%
	C07	2	2	100%	-	-	-	-
	C08	17	4	24%	13	76%	-	-
Pacific	D01	327	276	84%	51	16%	-	-
	D02	64	55	86%	9	14%	-	-
Total		3813	2186	57%	1623	43%	4	0%

[#] Only includes CLIC data

Table 70b - Significant other client type of session (What) - Full

Service		Significant Other - Episode Type: Full						
		No. sessions	Assessment		Counselling		Facilitation	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	1780	78	4%	1577	89%	125	7%
	A02	724	86	12%	601	83%	37	5%
	A03[#]	11	2	18%	9	82%	-	-
	A04	75	-	-	75	100%	-	-
	A05	71	2	3%	59	83%	10	14%
Maori	B01	574	16	3%	295	51%	263	46%
	B02	87	1	1%	82	94%	4	5%
	B03	59	2	3%	24	41%	33	56%
	B04	6	1	17%	3	50%	2	33%
	B05	4	-	-	2	50%	2	50%
	B06	27	-	-	15	56%	12	44%
	B07	1	-	-	-	-	1	100%
	B08	1	-	-	1	100%	-	-
	C01	948	328	35%	332	35%	288	30%
	C02	358	2	1%	340	95%	16	4%
	C03	59	14	24%	39	66%	6	10%
	C04	554	61	11%	247	45%	246	44%
	C07	1	1	100%	-	-	-	-
	C08	214	20	9%	149	70%	45	21%
Pacific	D01	224	15	7%	200	89%	9	4%
	D02	4	1	25%	3	75%	-	-
Total		5782	630	11%	4053	70%	1099	19%

[#] Only includes CLIC data

Table 70c - Significant other client type of session (What) – Follow-up

Service		Significant Other - Episode Type: Follow-up						
		No. sessions	Assessment		Counselling		Facilitation	
		N	n	(%)	n	(%)	n	(%)
Mainstream	A01	124	104	84%	20	16%	124	104
	A02	142	19	13%	123	87%	142	19
	A03[#]	-	-	-	-	-	-	-
	A04	70	70	100%	-	-	70	70
	A05	6	-	-	6	100%	6	-
Maori	B01	71	71	100%	-	-	71	71
	B02	43	-	-	43	100%	43	-
	B03	88	82	93%	6	7%	88	82
	B04	-	-	-	-	-	-	-
	B05	-	-	-	-	-	-	-
	B06	8	8	100%	-	-	8	8
	B07	-	-	-	-	-	-	-
	B08	-	-	-	-	-	-	-
	C01	307	38	12%	269	88%	307	38
	C02	7	-	-	7	100%	7	-
	C03	10	9	90%	1	10%	10	9
	C04	229	111	48%	118	52%	229	111
	C07	-	-	-	-	-	-	-
	C08	2	-	-	2	100%	2	-
Pacific	D01	4	-	-	4	100%	4	-
	D02	1	-	-	1	100%	1	-
Total		1112	512	46%	600	54%	1112	512

[#] Only includes CLIC data

Table 71 - Gambler client: Brief Family Effect

Service		No. new clients	No. initial assessments	Brief Family Effect Scores*							No. follow-up assessments	Mean change in scores
				0**	1	2	3	4	5	6		
		N	N								N	
Mainstream	A01	1879	4	50%	50%	-	-	-	-	-	-	-
	A02	642	53	28%	40%	11%	11%	4%	-	6%	-	-
	A03	40	-	-	-	-	-	-	-	-	-	-
	A04	104	4	75%	25%	-	-	-	-	-	-	-
	A05	33									-	-
Maori	B01	154	3	33%	33%	33%	-	-	-	-	-	-
	B02	15	6	-	67%	17%	-	-	17%	-	-	-
	B03	125	6	-	67%	33%	-	-	-	-	-	-
	B04	162	-	-	-	-	-	-	-	-	-	-
	B05	96	1	-	-	-	-	100%	-	-	-	-
	B06	93	6	-	17%	-	50%	17%	-	17%	-	-
	B07	11	-	-	-	-	-	-	-	-	-	-
	B08	17	-	-	-	-	-	-	-	-	-	-
	C01	405	276	72%	17%	5%	3%	-	-	4%	-	-
	C02	218	55	-	82%	5%	4%	2%		7%	1	0
	C03	50	1	-	-	-	-	-	-	100%	-	-
	C04	74	14	7%	64%	-	7%	-	-	21%	-	-
	C07	31	5	80%	-	-	-	-	20%		-	-
	C08	23	-	-	-	-	-	-	-	-	-	-
Pacific	D01	218	126	92%	3%	1%	2%	2%	-	-	2	0
	D02	46	7	-	29%	14%	-	29%	14%	14%	-	-
A&D	F01	29	-	-	-	-	-	-	-	-	-	-
Total		*4465*	567	60%	25%	5%	4%	2%	1%	4%	*3*	*0*

* Valid scores 1-6 ** non-valid score

Table 72 - Gambler Clients - Correlations (Spearman) between Initial Screening Scores - Mainstream (A01)

	Gam. Harm	Gam. Outcome Control	Gam. Outcome Dollars*	Coexist Alcohol	Coexist Depression	Coexist Drug Use	Coexist Family Concern	Coexist Suicide
Gam. Harm	1.00	0.58** (n=264)	0.27** (n=186)	0.18** (n=252)	0.46** (n=243)	0.06 (n=222)	0.14* (n=202)	0.27** (n=191)
Gam. Outcome Control		1.00	0.32** (n=193)	0.15* (n=236)	0.38** (n=233)	0.10 (n=211)	0.13 (n=193)	0.30** (n=188)
Gam. Outcome Dollars†			1.00	0.03 (n=169)	0.11 (n=168)	-0.07 (n=148)	-0.01 (n=136)	0.03 (n=125)
Coexist Alcohol				1.00	0.27** (n=254)	0.13* (n=229)	0.11 (n=206)	-0.04 (n=197)
Coexist Depression					1.00	0.05 (n=227)	0.09 (n=205)	0.26** (n=197)
Coexist Drug Use						1.00	0.05 (n=192)	0.02 (n=179)
Coexist Family Concern							1.00	-0.35** (n=188)
Coexist Suicide								1.00

† Standardised by income level (divided by midpoint of income category)
*P<0.05
**P<0.01

Table 73 - Gambler Clients - Correlations (Spearman) between Initial Screening Scores - Mainstream (A02)

	Brief Gam.	Brief Family Awareness	Brief Family Effect
Brief Gam.	1.00	0.24 (n=58)	0.47** (n=45)
Brief Family Awareness		1.00	0.33* (n=52)
Brief Family Effect			1.00

	Gam. Harm	Gam. Outcome Control	Gam. Outcome Dollars*	Coexist Alcohol	Coexist Depression	Coexist Drug Use	Coexist Family Concern	Coexist Suicide
Gam. Harm	1.00	0.43** (n=279)	0.23** (n=276)	0.16* (n=175)	0.40** (n=180)	0.08 (n=169)	0.27* (n=167)	0.07 (n=168)
Gam. Outcome Control		1.00	0.40** (n=274)	0.07 (n=177)	0.23** (n=182)	-0.001 (n=171)	0.10 (n=169)	0.14 (n=170)
Gam. Outcome Dollars†			1.00	0.13 (n=174)	0.25** (n=180)	0.03 (n=168)	0.08 (n=167)	0.17 (n=168)
Coexist Alcohol				1.00	0.23** (n=178)	0.15* (n=170)	0.21** (n=167)	-0.04 (n=170)
Coexist Depression					1.00	0.16* (n=172)	0.29** (n=173)	0.29** (n=174)
Coexist Drug Use						1.00	0.11 (n=165)	-0.10 (n=165)
Coexist Family Concern							1.00	0.18* (n=166)
Coexist Suicide								1.00

† Standardised by income level (divided by midpoint of income category)
*P<0.05
**P<0.01

Table 74 - Gambler Clients - Correlations (Spearman) between Initial Screening Scores - Mainstream (excluding A01 and A02)

	Gam. Harm	Gam. Outcome Control	Gam. Outcome Dollars*	Coexist Alcohol	Coexist Depression	Coexist Drug Use	Coexist Family Concern	Coexist Suicide
Gam. Harm	1.00	0.50** (n=140)	0.30** (n=140)	0.13 (n=137)	0.40** (n=137)	0.06 (n=138)	0.26** (n=138)	0.25** (n=137)
Gam. Outcome Control		1.00	0.42** (n=140)	0.16 (n=138)	0.33** (n=137)	0.22* (n=137)	0.10 (n=138)	0.29** (n=137)
Gam. Outcome Dollars†			1.00	0.08 (n=136)	0.13 (n=137)	0.12 (n=137)	-0.06 (n=138)	0.10 (n=137)
Coexist Alcohol				1.00	0.16 (n=137)	0.11 (n=138)	0.02 (n=137)	0.06 (n=137)
Coexist Depression					1.00	0.08 (n=137)	0.30** (n=138)	0.38** (n=137)
Coexist Drug Use						1.00	-0.01 (n=138)	0.12 (n=138)
Coexist Family Concern							1.00	0.30** (n=139)
Coexist Suicide								1.00

† Standardised by income level (divided by midpoint of income category)
*P<0.05
**P<0.01

Table 75- Gambler Clients - Correlations (Spearman) between Initial Screening Scores – Maori Providers

	Brief Gam.	Brief Family Awareness	Brief Family Effect
Brief Gam.	1.00	0.61** (n=298)	0.52** (n=287)
Brief Family Awareness		1.00	0.76** (n=342)
Brief Family Effect			1.00

	Gam. Harm	Gam. Outcome Control	Gam. Outcome Dollars*	Coexist Alcohol	Coexist Depression	Coexist Drug Use	Coexist Family Concern	Coexist Suicide
Gam. Harm	1.00	0.42** (n=175)	0.32** (n=139)	-0.01 (n=71)	0.28* (n=87)	0.01 (n=56)	0.09 (n=61)	0.31* (n=58)
Gam. Outcome Control		1.00	0.22** (n=157)	-0.21 (n=72)	0.22 (n=69)	-0.04 (n=57)	0.13 (n=61)	-0.13 (n=59)
Gam. Outcome Dollars†			1.00	0.12 (n=70)	0.18 (n=66)	0.08 (n=56)	0.03 (n=61)	0.18 (n=57)
Coexist Alcohol				1.00	0.03 (n=76)	0.16 (n=70)	-0.05 (n=70)	-0.07 (n=69)
Coexist Depression					1.00	-0.01 (n=68)	0.38** (n=71)	0.36** (n=75)
Coexist Drug Use						1.00	0.04 (n=58)	0.32** (n=65)
Coexist Family Concern							1.00	0.27* (n=65)
Coexist Suicide								1.00

† Standardised by income level (divided by midpoint of income category)
*P<0.05
**P<0.01

Table 76 - Gambler Clients - Correlations (Spearman) between Initial Screening Scores – Pacific Providers

	Brief Gam.	Brief Family Awareness	Brief Family Effect
Brief Gam.	1.00	0.15 (n=116)	0.16 (n=121)
Brief Family Awareness		1.00	0.81** (n=113)
Brief Family Effect			1.00

	Gam. Harm	Gam. Outcome Control	Gam. Outcome Dollars*	Coexist Alcohol	Coexist Depression	Coexist Drug Use	Coexist Family Concern	Coexist Suicide
Gam. Harm	1.00	0.83** (n=22)	0.42 (n=22)	-0.16 (n=19)	0.57** (n=20)	0.16 (n=20)	-0.40 (n=18)	0.48* (n=17)
Gam. Outcome Control		1.00	0.52** (n=26)	-0.22 (n=21)	0.29 (n=23)	-0.13 (n=22)	-0.23 (n=19)	0.22 (n=19)
Gam. Outcome Dollars†			1.00	-0.06 (n=20)	-0.15 (n=21)	-0.05 (n=23)	-0.33 (n=20)	0.19 (n=20)
Coexist Alcohol				1.00	-0.35 (n=23)	0.27 (n=26)	0.13 (n=21)	-0.32 (n=21)
Coexist Depression					1.00	0.42* (n=24)	-0.14 (n=22)	0.66** (n=22)
Coexist Drug Use						1.00	-0.65** (n=22)	0.59** (n=23)
Coexist Family Concern							1.00	-0.32 (n=19)
Coexist Suicide								1.00

† Standardised by income level (divided by midpoint of income category)
*P<0.05
**P<0.01

Table 77 - Gambler Clients - Correlations (Spearman) between Initial Screening Scores – <u>All Providers</u>

	Brief Gam.	Brief Family Awareness	Brief Family Effect
Brief Gam.	1.00	0.55** (n=472)	0.49** (n=453)
Brief Family Awareness		1.00	0.75* (n=513)
Brief Family Effect			1.00

	Gam. Harm	Gam. Outcome Control	Gam. Outcome Dollars*	Coexist Alcohol	Coexist Depression	Coexist Drug Use	Coexist Family Concern	Coexist Suicide
Gam. Harm	1.00	0.50** (n=880)	0.25** (n=763)	0.14** (n=654)	0.43** (n=647)	0.07 (n=604)	0.17** (n=586)	0.15** (n=571)
Gam. Outcome Control		1.00	0.29** (n=790)	0.08* (n=642)	0.32** (n=644)	0.07 (n=598)	0.10* (n=580)	0.12** (n=571)
Gam. Outcome Dollars†			1.00	0.04 (n=569)	0.11** (n=572)	0.01 (n=532)	-0.03 (n=522)	0.29** (n=507)
Coexist Alcohol				1.00	0.19** (n=668)	0.16** (n=633)	0.09* (n=601)	-0.08 (n=594)
Coexist Depression					1.00	0.10* (n=628)	0.20** (n=609)	0.23** (n=605)
Coexist Drug Use						1.00	0.02 (n=575)	0.03 (n=570)
Coexist Family Concern							1.00	0.04 (n=577)
Coexist Suicide								1.00

† Standardised by income level (divided by midpoint of income category)
*P<0.05
**P<0.01

Table 78 - Significant Other Clients - Correlations (Spearman) between Initial Screening Scores – <u>All Providers</u>

	Brief Gam.	Brief Family Awareness	Brief Family Effect
Brief Gam.	1.00	0.20** (n=476)	0.17** (n=838)
Brief Family Awareness		1.00	0.43** (n=2249)
Brief Family Effect			1.00

	Family Outcome Coping	Family Outcome Gam Freq	Coexist Alcohol	Coexist Depression	Coexist Drug Use	Coexist Family Concern	Coexist Suicide
Family Outcome Coping	1.00	0.56** (n=207)	0.20* (n=119)	0.12 (n=121)	0.07 (n=117)	-0.02 (n=114)	0.15 (n=115)
Family Outcome Gam Freq		1.00	0.10 (n=120)	-0.01 (n=122)	0.03 (n=117)	-0.06 (n=114)	0.11 (n=115)
Coexist Alcohol			1.00	-0.08 (n=180)	0.30** (n=172)	0.10 (n=137)	0.02 (n=148)
Coexist Depression				1.00	-0.01 (n=174)	0.49** (n=141)	0.42** (n=155)
Coexist Drug Use					1.00	0.17* (n=135)	0.13 (n=148)
Coexist Family Concern						1.00	0.12 (n=135)
Coexist Suicide							1.00

† Standardised by income level (divided by midpoint of income category)
*P<0.05
**P<0.01

Table 79 - Gambler client: Dollars Lost x Income Group (Income <$20,000)

		Income <$20,000				
Service		**No. initial assessments**	**% of initial assessments**	**Median initial score**	**No. follow-up assessments**	**Median difference in scores**
		N			**N**	
Mainstream	A01	190	84%	1000	4	0
	A02	59	18%	400	6	-540
	A03	6	17%	450	1	-300
	A04	26	27%	400	23	-400
	A05	6	46%	100	1	-800
Maori	B01	10	30%	270	5	-240
	B02	8	73%	120	0	-
	B03	6	100%	180	0	-
	B04	5	4%	60	2	-15
	B05	-	-	-	-	-
	B06	-	-	-	-	-
	B07	-	-	-	-	-
	B08	-	-	-	-	-
	C01	-	-	-	-	-
	C02	4	57%	190	0	
	C03	4	14%	245	0	
	C04	-	-	-	-	-
	C07	1	9%	0	0	-
	C08	3	14%	80	0	-
Pacific	D01	3	9%	100	0	-
	D02	4	31%	450	0	-
A&D	F01	-	-	-	-	-
Total		335	33%	500	42	-295

Table 80 - Gambler client: Dollars Lost x Income Group (Income $20,000-$30,000)

		Income $20,000-$30,000				
Service		**No. initial assessments**	**% of initial assessments**	**Median initial score**	**No. follow-up assessments**	**Median difference in scores**
		N			**N**	
Mainstream	A01	1	0%	400	0	-
	A02	46	14%	1000	6	-650
	A03	8	22%	900	2	-950
	A04	12	12%	300	10	-234
	A05	2	15%	300	1	-400
Maori	B01	9	27%	320	1	55
	B02	1	9%	0	0	-
	B03	-	-	-	-	-
	B04	18	16%	50	7	-30
	B05	-	-	-	-	-
	B06	2	25%	1.5	0	-
	B07	-	-	-	-	-
	B08	1	9%	1200	0	-
	C01	2	18%	260	0	-
	C02	1	14%	400	0	-
	C03	10	36%	250	2	-665
	C04	4	18%	100	1	400
	C07	3	27%	320	0	-
	C08	3	14%	1000	1	-700
Pacific	D01	4	12%	100	0	-
	D02	1	8%	380	0	-
A&D	F01	-	-	-	-	-
Total		128	12%	320	31	-150

Table 81 - Gambler client: Dollars Lost x Income Group (Income $31,000-$50,000)

		Income $31,000-$50,000				
Service		**No. initial assessments**	**% of initial assessments**	**Median initial score**	**No. follow-up assessments**	**Median difference in scores**
		N			**N**	
Mainstream	A01	-	-	-	-	-
	A02	68	21%	800	9	-300
	A03	9	25%	500	3	-700
	A04	26	27%	900	23	-700
	A05	2	15%	125	0	-
Maori	B01	9	27%	300	1	0
	B02	2	18%	60	0	-
	B03	-	-	-	-	-
	B04	26	23%	55	13	-30
	B05	1	33%	240	0	-
	B06	1	13%	500	1	-460
	B07	-	-	-	-	-
	B08	8	73%	20	0	-
	C01	1	9%	3	0	-
	C02	2	29%	1375	0	-
	C03	13	46%	400	0	-
	C04	8	36%	405	0	-
	C07	1	9%	3000	0	-
	C08	4	19%	370	1	0
Pacific	D01	10	30%	155	0	-
	D02	4	31%	850	0	-
A&D	F01	-	-	-	-	-
Total		195	19%	400	51	-300

Table 82 - Gambler client: Dollars Lost x Income Group (Income $51,000-$100,000)

		Income $51,000-$100,000				
Service		**No. initial assessments**	**% of initial assessments**	**Median initial score**	**No. follow-up assessments**	**Median difference in scores**
		N			**N**	
Mainstream	A01	-	-	-	-	-
	A02	67	21%	1500	4	-1400
	A03	8	22%	1750	1	-2000
	A04	17	17%	1000	16	-800
	A05	2	15%	2000	1	0
Maori	B01	5	15%	1500	0	-
	B02	-	-	-	-	-
	B03	-	-	-	-	-
	B04	12	11%	35	5	-20
	B05	-	-	-	-	-
	B06	-	-	-	-	-
	B07	-	-	-	-	-
	B08	1	9%	20	0	-
	C01	-	-	-	-	-
	C02	-	-	-	-	-
	C03	-	-	-	-	-
	C04	9	41%	1600	2	-3450
	C07	1	9%	2000	0	-
	C08	8	38%	2700	2	-1350
Pacific	D01	3	9%	280	0	-
	D02	3	23%	400	0	-
A&D	F01	-	-	-	-	-
Total		136	13%	1000	31	-800

Table 83 - Gambler client: Dollars Lost x Income Group (Income $101,000-$200,000)

		Income $101,000-$200,000				
Service		**No. initial assessments**	**% of initial assessments**	**Median initial score**	**No. follow-up assessments**	**Median difference in scores**
		N			**N**	
Mainstream	A01	-	-	-	-	-
	A02	24	7%	2000	1	-250
	A03	2	6%	2750	0	-
	A04	13	13%	1000	13	-1000
	A05	1	8%	4000	1	-4000
Maori	B01	-	-	-	-	-
	B02	-	-	-	-	-
	B03	-	-	-	-	-
	B04	2	2%	125	1	-50
	B05	-	-	-	-	-
	B06	-	-	-	-	-
	B07	-	-	-	-	-
	B08	-	-	-	-	-
	C01	-	-	-	-	-
	C02	-	-	-	-	-
	C03	-	-	-	-	-
	C04	-	-	-	-	-
	C07	-	-	-	-	-
	C08	-	-	-	-	-
Pacific	D01	-	-	-	-	-
	D02	-	-	-	-	-
A&D	F01	-	-	-	-	-
Total		42	4%	1650	16	-1000

Table 84 - Gambler client: Dollars Lost x Income Group (Income $201,000-$500,000)

		Income $201,000-$500,000				
Service		**No. initial assessments**	**% of initial assessments**	**Median initial score**	**No. follow-up assessments**	**Median difference in scores**
		N			**N**	
Mainstream	A01	1	0%	25000	0	-
	A02	3	1%	1000	0	-
	A03	1	3%	16000	0	-
	A04	4	4%	12000	4	-10500
	A05					
Maori	B01	-	-	-	-	-
	B02	-	-	-	-	-
	B03	-	-	-	-	-
	B04	1	1%	100	1	-60
	B05	-	-	-	-	-
	B06	-	-	-	-	-
	B07	-	-	-	-	-
	B08	-	-	-	-	-
	C01	-	-	-	-	-
	C02	-	-	-	-	-
	C03	1	4%	1000	0	
	C04	-	-	-	-	-
	C07	-	-	-	-	-
	C08	-	-	-	-	-
Pacific	D01	-	-	-	-	-
	D02	-	-	-	-	-
A&D	F01	-	-	-	-	-
Total		11	1%	1000	5	-4000

Table 85 - Gambler client: Dollars Lost x Income Group (Income $501,00 +)

		Income $501,000+				
Service		**No. initial assessments**	**% of initial assessments**	**Median initial score**	**No. follow-up assessments**	**Median difference in scores**
		N			**N**	
Mainstream	A01	-	-	-	-	-
	A02	1	0%	1600	0	-
	A03	-	-	-	-	-
	A04	-	-	-	-	-
	A05	-	-	-	-	-
Maori	B01	-	-	-	-	-
	B02	-	-	-	-	-
	B03	-	-	-	-	-
	B04	2	2%	1000	2	-575
	B05	-	-	-	-	-
	B06	-	-	-	-	-
	B07	-	-	-	-	-
	B08	-	-	-	-	-
	C01	-	-	-	-	-
	C02	-	-	-	-	-
	C03	-	-	-	-	-
	C04	-	-	-	-	-
	C07	-	-	-	-	-
	C08	3	14%	800	2	-845
Pacific	D01	-	-	-	-	-
	D02	-	-	-	-	-
A&D	F01	-	-	-	-	-
Total		6	1%	1000	4	-575

Table 86 - Gambler client: Dollars Lost x Income Group (Income Not Reported)

		Income Not Reported				
Service		**No. initial assessments**	**% of initial assessments**	**Median initial score**	**No. follow-up assessments**	**Median difference in scores**
		N			**N**	
Mainstream	A01	34	15%	700	0	-
	A02	53	17%	700	9	-45
	A03	2	6%	600	1	-280
	A04	-	-	-	-	-
	A05	-	-	-	-	-
Maori	B01	-	-	-	-	-
	B02	-	-	-	-	-
	B03	-	-	-	-	-
	B04	46	41%	300	18	-300
	B05	2	67%	750	0	
	B06	5	63%	200	1	-420
	B07	-	-	-	-	-
	B08	1	9%	20	0	-
	C01	8	73%	700	2	-460
	C02	-	-	-	-	-
	C03	-	-	-	-	-
	C04	1	5%	263	1	-163
	C07	5	45%	300	0	-
	C08	-	-	-	-	-
Pacific	D01	13	39%	190	3	0
	D02	1	8%	1100	0	-
A&D	F01	2	100%	250	1	250
Total		173	17%	400	36	-240

Table 87 -Gambler clients by age group (youth)

Service	No. Clients	Age group										
		Not reported	<18 years		18-19 years		20-24 years		25-29 years		<30 years	
	n	n	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Mainstream												
A01	2403	550	22	1%	38	2%	169	9%	248	13%	477	(26)
A02	1141	44	4	0%	6	1%	107	10%	133	12%	250	(23)
A03[#]	2293	638			36	2%	179	11%	254	15%	469	(28)
A04	262				2	1%	8	3%	7	3%	17	(6)
A05	52				1	2%	7	13%	5	10%	13	(25)
Maori												
B01	254		3	1%	5	2%	15	6%	29	11%	52	(20)
B02	59		1	2%	2	3%	5	8%	3	5%	11	(19)
B03	144	1	4	3%	2	1%	16	11%	12	8%	34	(24)
B04	188	1	5	3%	7	4%	24	13%	23	12%	59	(32)
B05	98		11	11%	6	6%	7	7%	11	11%	35	(36)
B06	131	1	1	1%	6	5%	19	15%	19	15%	45	(35)
B07	11		1	9%			1	9%	3	27%	5	(45)
B08	17	2	1	7%	1	7%	2	13%	1	7%	5	(33)
C01	441		136	31%	11	2%	34	8%	43	10%	224	(51)
C02	352	1	9	3%	25	7%	53	15%	62	18%	149	(42)
C03	91	1	1	1%	4	4%	12	13%	8	9%	25	(28)
C04	118		6	5%	3	3%	22	19%	17	14%	48	(41)
C07	39						4	10%	7	18%	11	(28)
C08	29				1	3%	1	3%	5	17%	7	(24)
Pacific												
D01	260	1	23	9%	13	5%	39	15%	28	11%	103	(40)
D02	53				1	2%	8	15%	6	11%	15	(28)
Asian												
E01[##]	784	784										
A & D												
F01	68		1	1%	2	3%	9	13%	16	24%	28	(41)
Total	*9288*	*2024*	230	4%	136	2%	565	10%	688	12%	*2082*	*(29)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 1,306 gamblers

[##] Includes some of A01 clients

Table 88 - Significant other clients by age group (youth)

Service	No. Clients	Not reported	Age group									
			<18 years		18-19 years		20-24 years		25-29 years		<30 years	
	n	n	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Mainstream												
A01	1145	455	22	3%	11	2%	54	8%	81	12%	168	(24)
A02	695	37	22	3%	14	2%	73	11%	106	16%	215	(33)
A03[#]	852	249	6	1%	9	1%	41	7%	48	8%	104	(17)
A04	55		1	2%	1	2%	3	5%	4	7%	9	(16)
A05	23		2	9%			2	9%	4	17%	8	(35)
Maori												
B01	404		15	4%	20	5%	48	12%	51	13%	134	(33)
B02	303		17	6%	14	5%	26	9%	35	12%	92	(30)
B03	145		17	12%	4	3%	14	10%	6	4%	41	(28)
B04	10		1	10%			1	10%	1	10%	3	(30)
B05	7		1	14%	1	14%	2	29%			4	(57)
B06	14				1	7%	1	7%	3	21%	5	(36)
B07	54		12	22%	4	7%	5	9%	6	11%	27	(50)
B08	1											
C01	852	1	359	42%	33	4%	67	8%	58	7%	517	(61)
C02	69		4	6%	4	6%	11	16%	8	12%	27	(39)
C03	53		4	8%	4	8%	5	9%	3	6%	16	(30)
C04	405		71	18%	15	4%	57	14%	38	9%	181	(45)
C07	3								1	33%	1	(33)
C08	15						2	13%	4	27%	6	(40)
Pacific												
D01	318	3	46	15%	32	10%	62	20%	47	15%	187	(59)
D02	62	15	8	17%			5	11%	2	4%	15	(32)
Asian												
E01[##]	296	296										
Total	*5781*	*1056*	602	15%	158	4%	438	11%	458	11%	*1760*	*(37)*

[#] This includes new and repeat clients (Stages One and Two report included new clients only). New clients comprise 663 significant others

[##] Includes some of A01 clients

Table 89 - New gambler client average initial Gambling Harm scores by referral type

Referral source	No.	Average Gambling Harm Score
Gambling Venue	64	8.0
Self	703	10.4
Justice	103	10.8
Ex-client	31	12.0
A&D	47	12.2
Phonebook	69	12.8
Relative/Family	79	12.9
Unknown	26	12.9
Helpline	221	13.0
Media	111	13.1
Other Agency	82	13.2
Other	48	14.4
Friend	21	14.6

Figure 27: Gambler new clients by service (%)

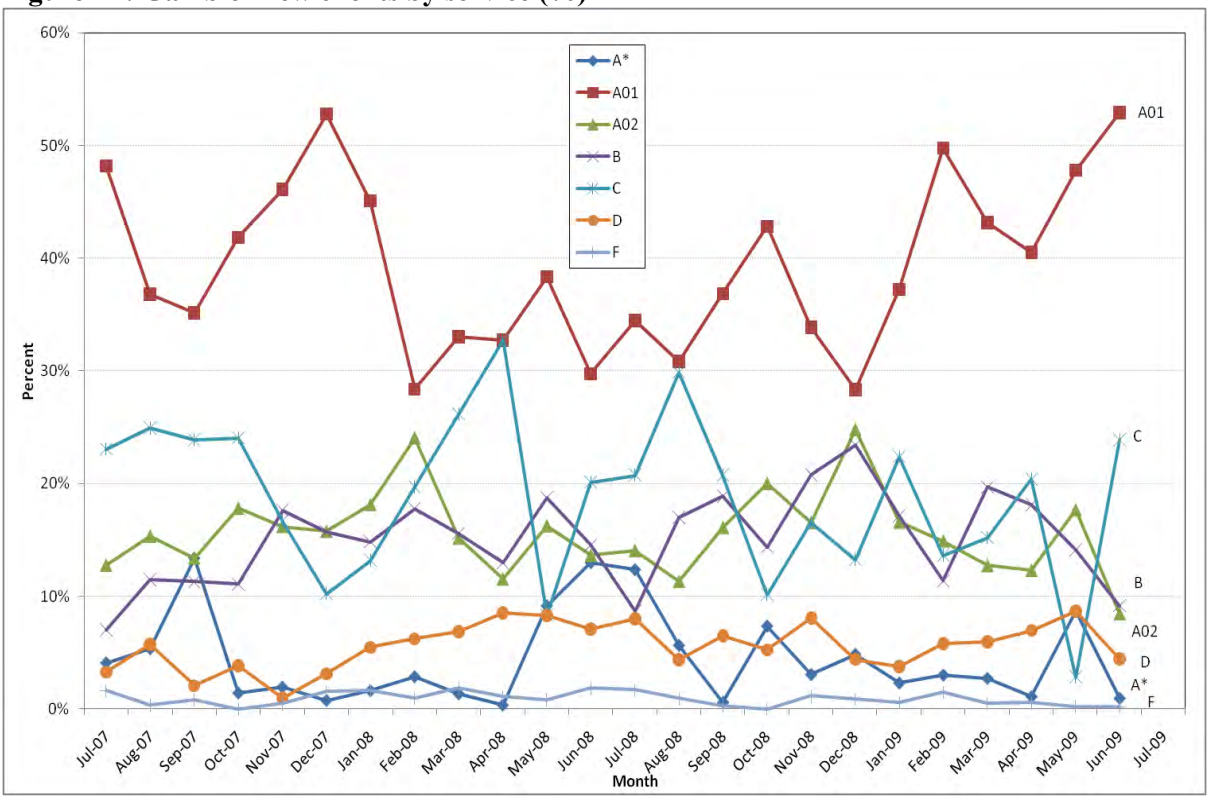

Figure 28: Significant other new clients by service (%)

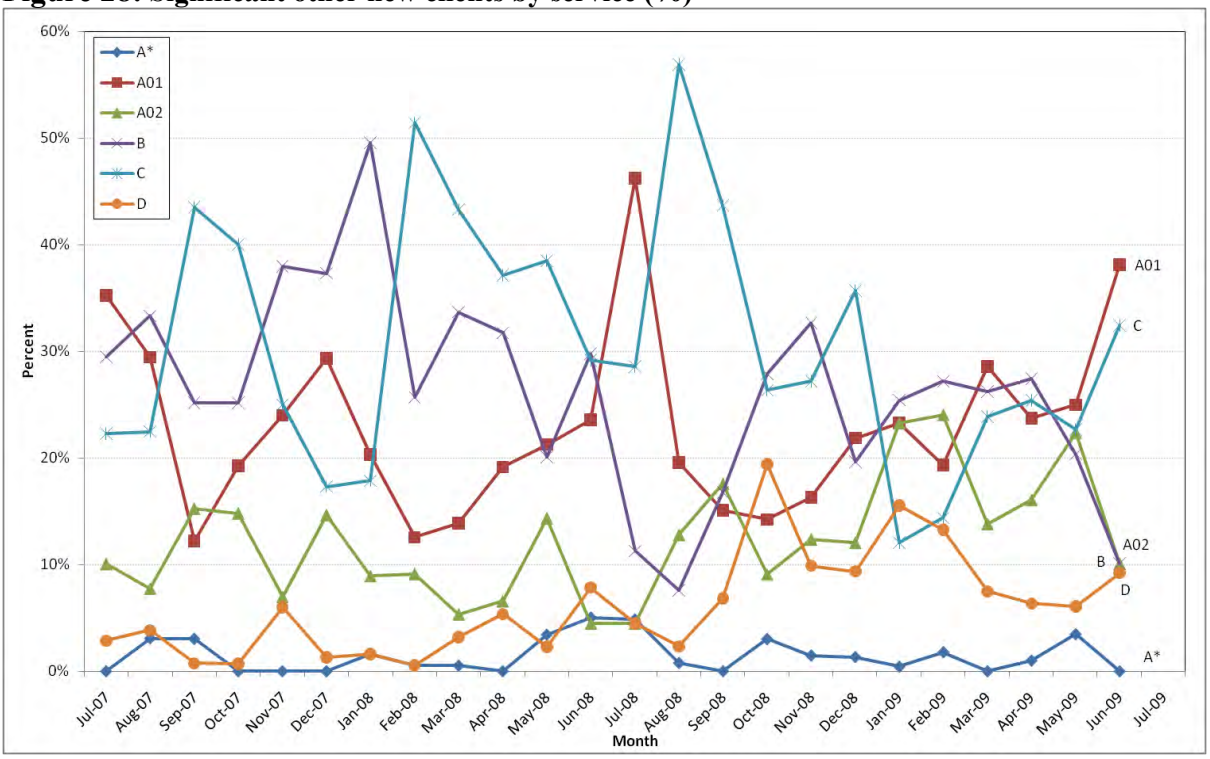

Figure 29: Gambler new clients by age (%)

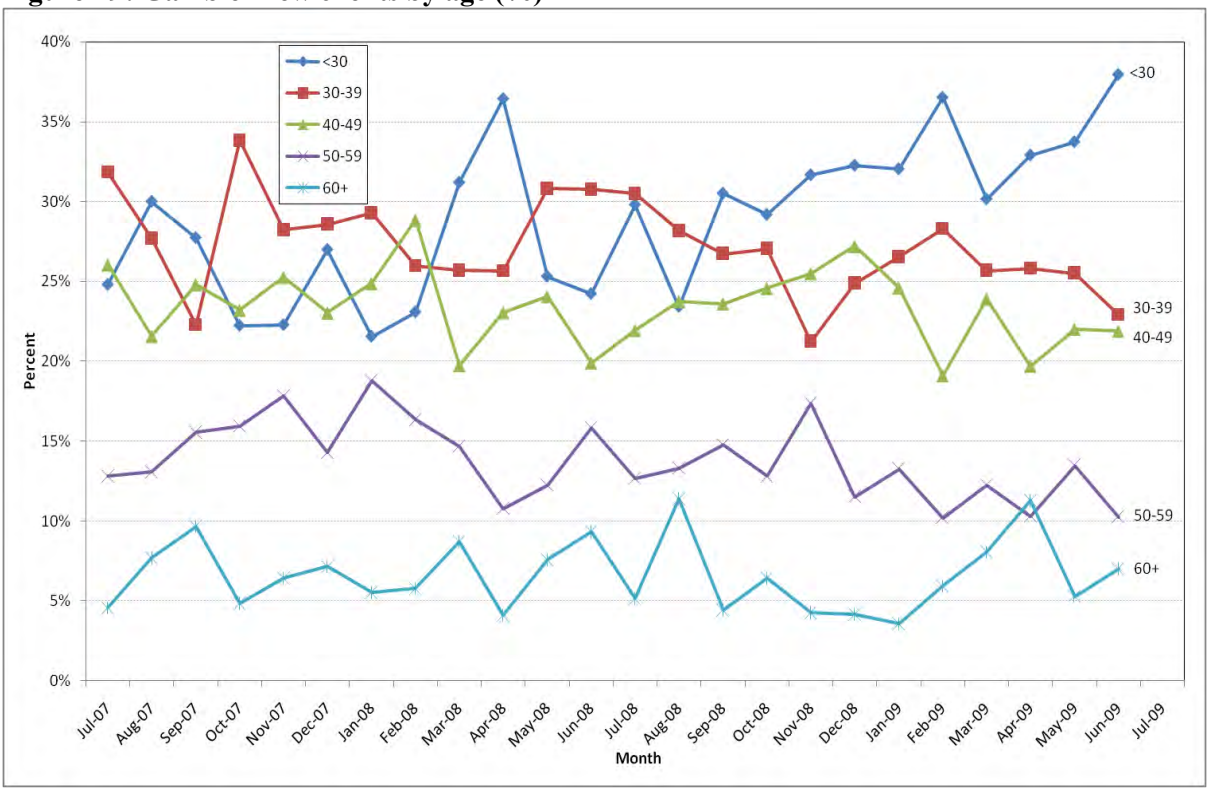

Figure 30: Significant other new clients by age (%)

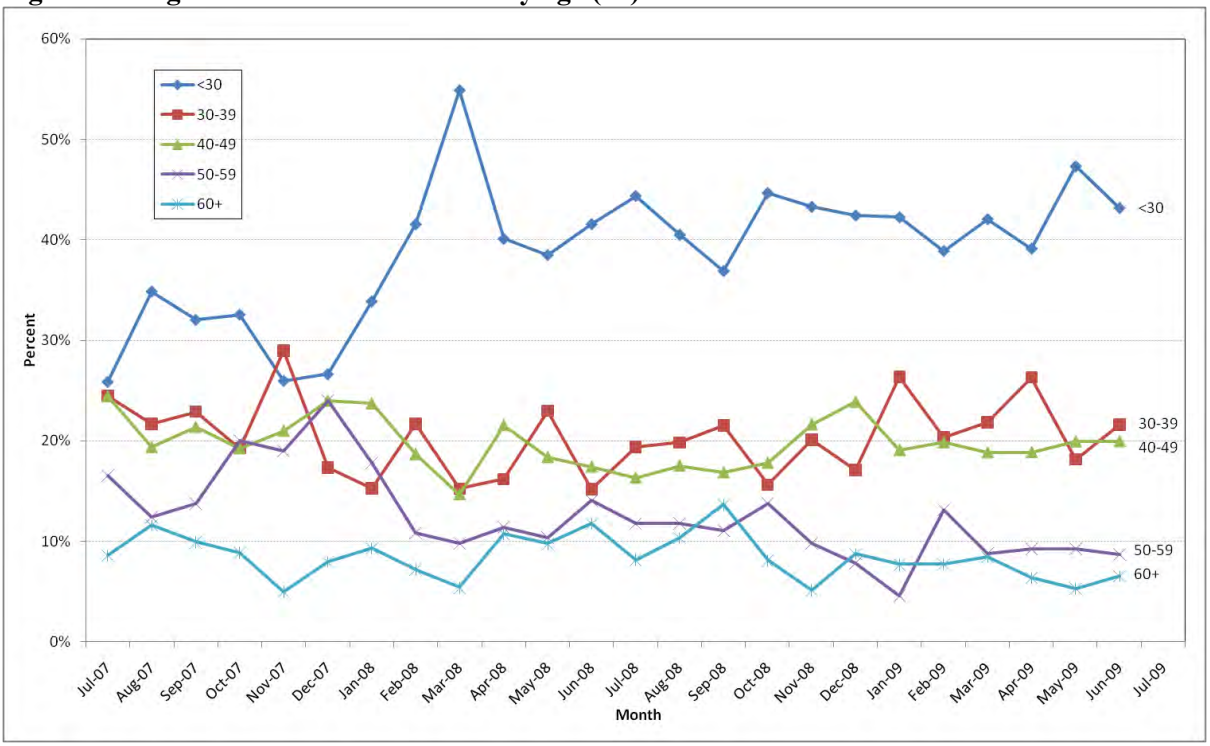

Figure 31: Gambler new clients by ethnicity (%)

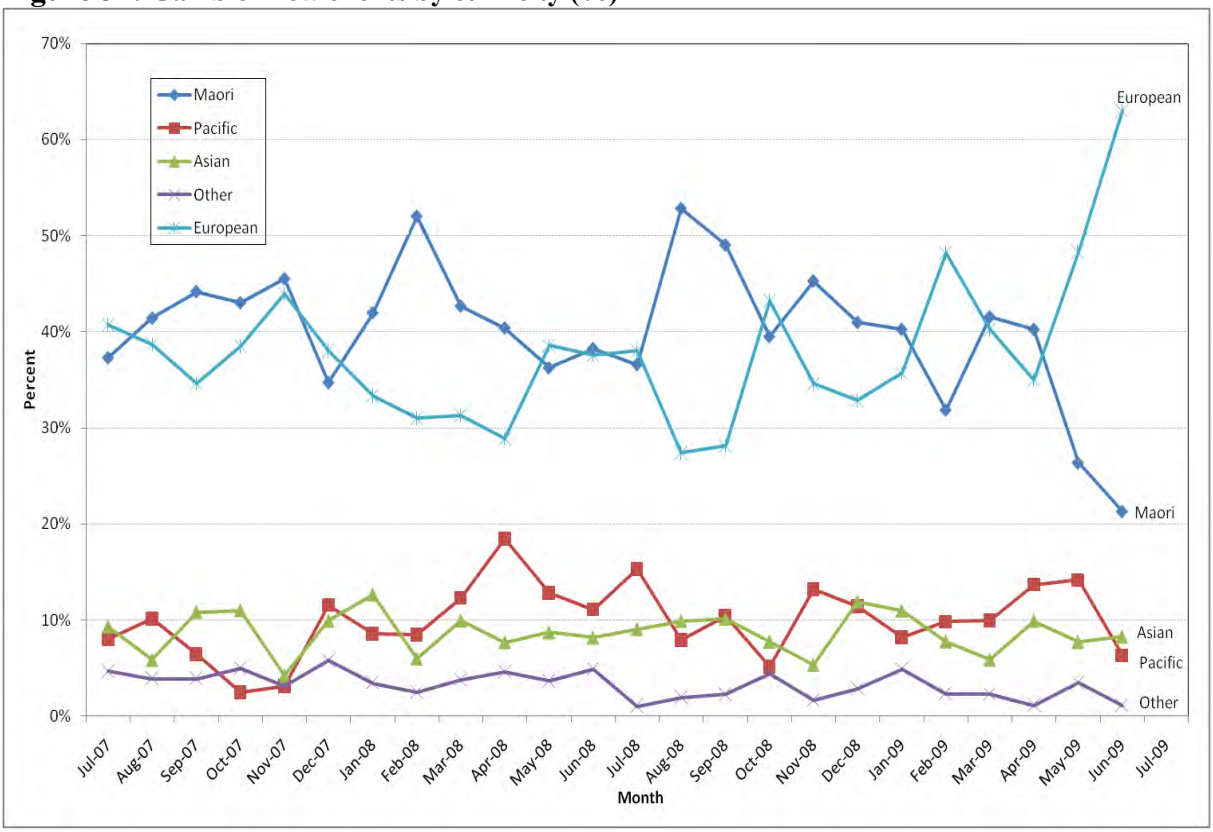

Figure 32: Significant other new clients by ethnicity (%)

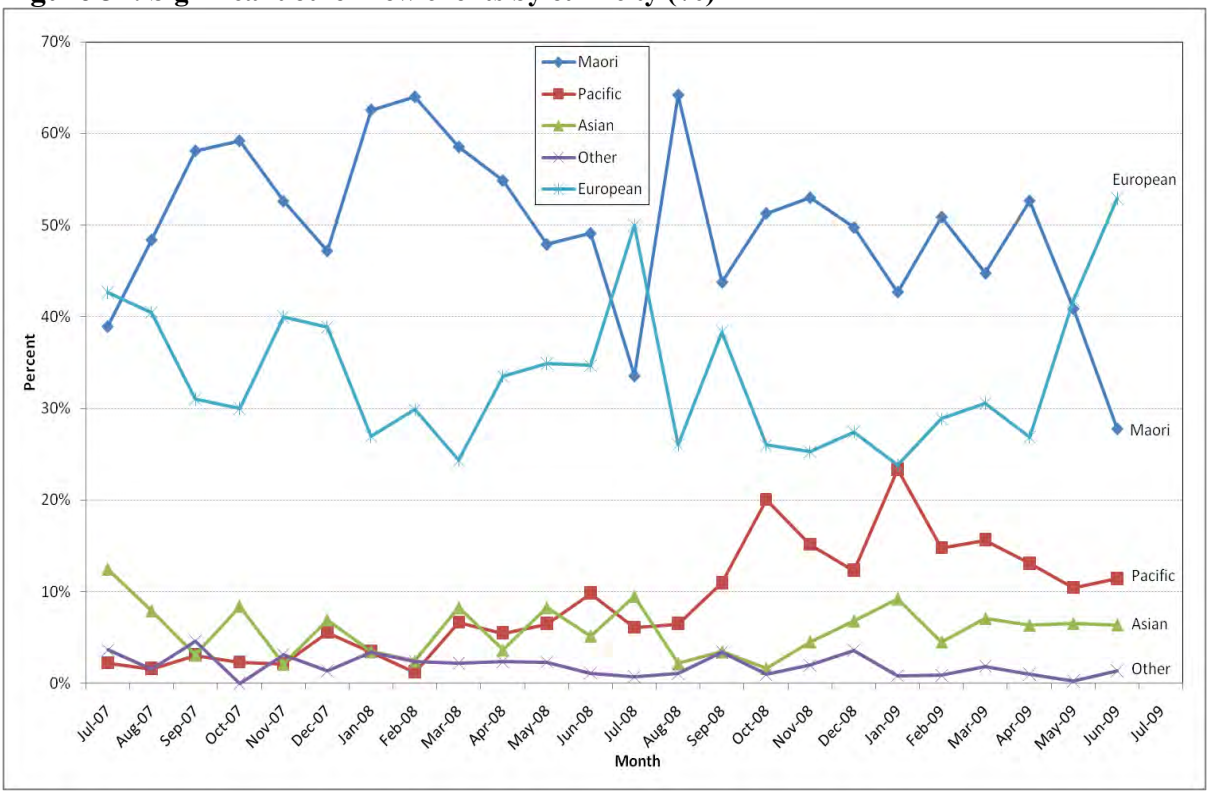

Figure 33: Gambler new clients by gender (%)

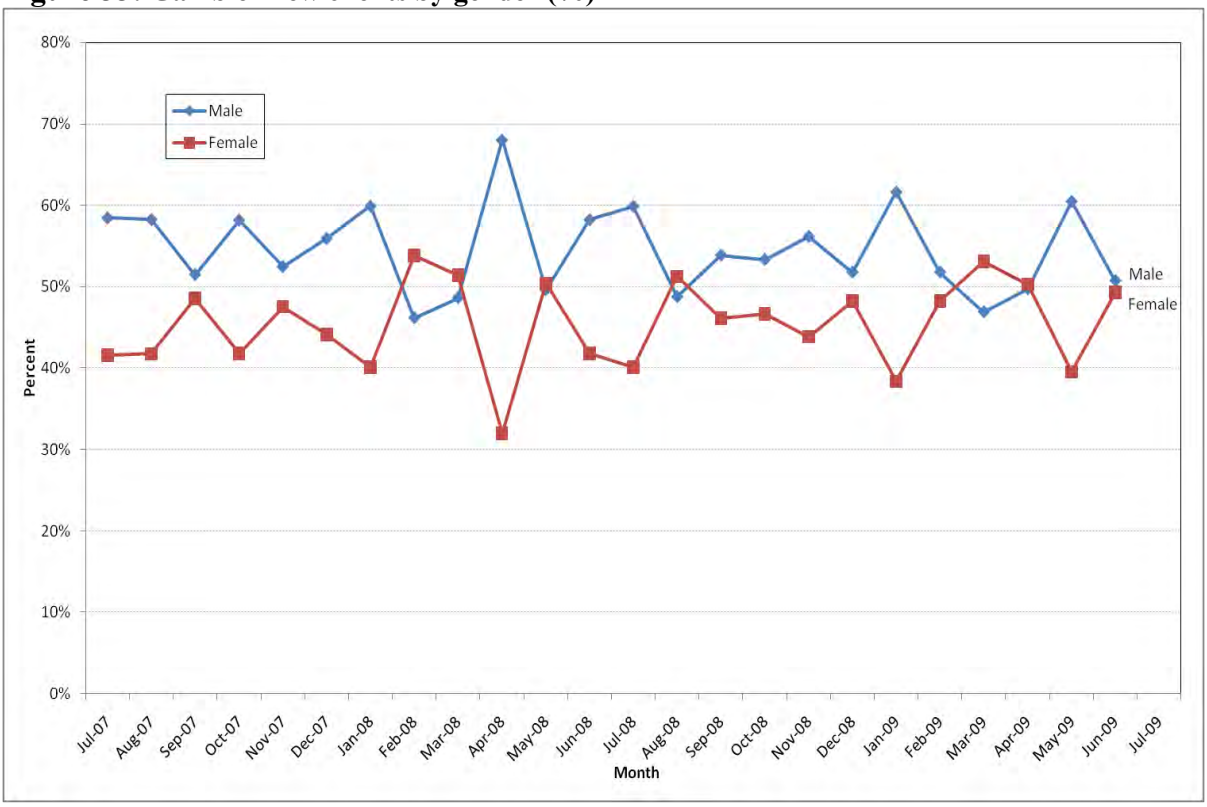

Figure 34: Significant other new clients by gender (%)

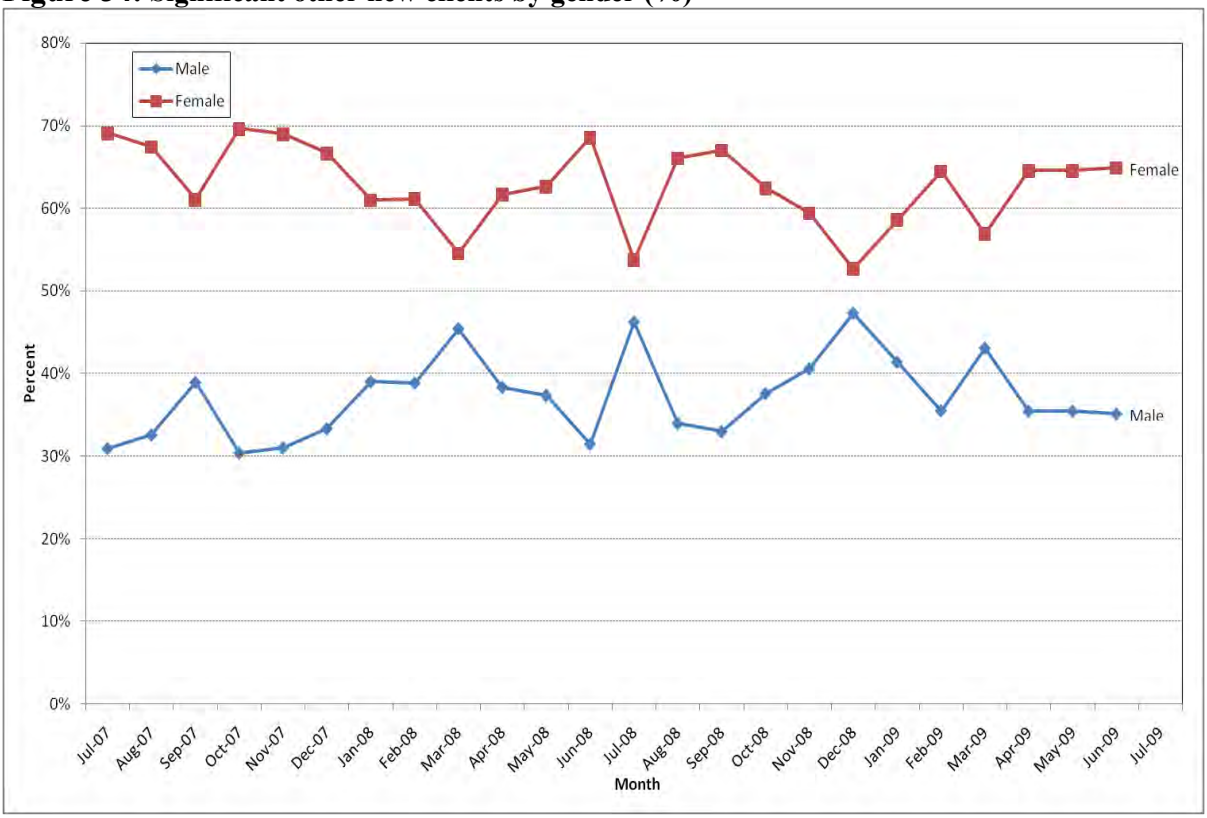

Figure 35: Gambler counselling sessions by service (%)

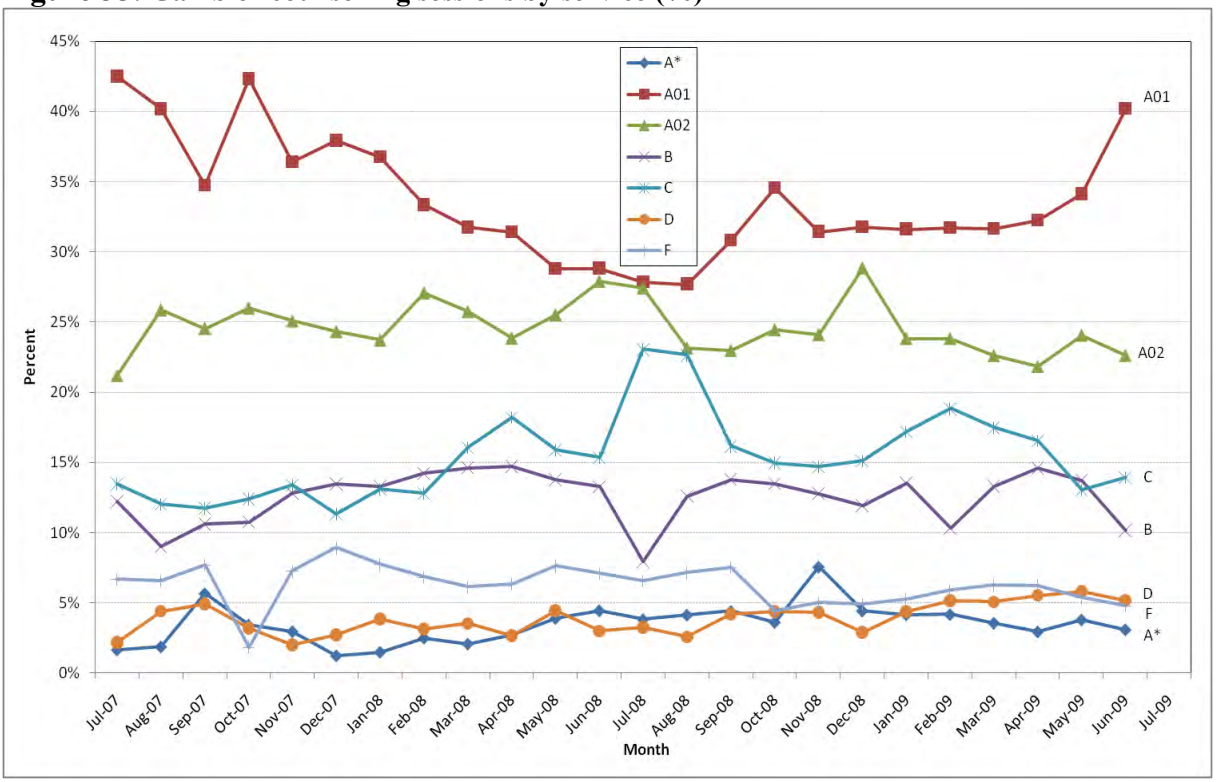

Figure 36: Significant other counselling sessions by service (%)

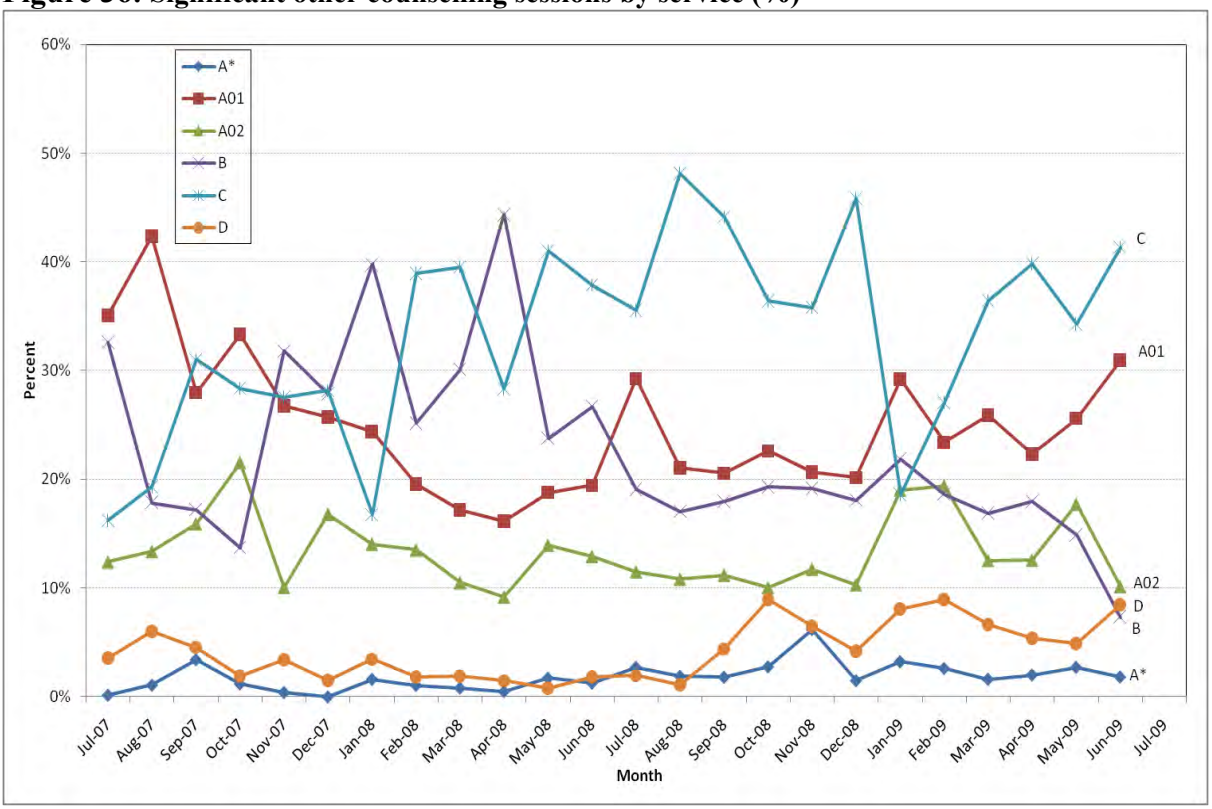

Figure 37: Gambler counselling sessions by age (%)

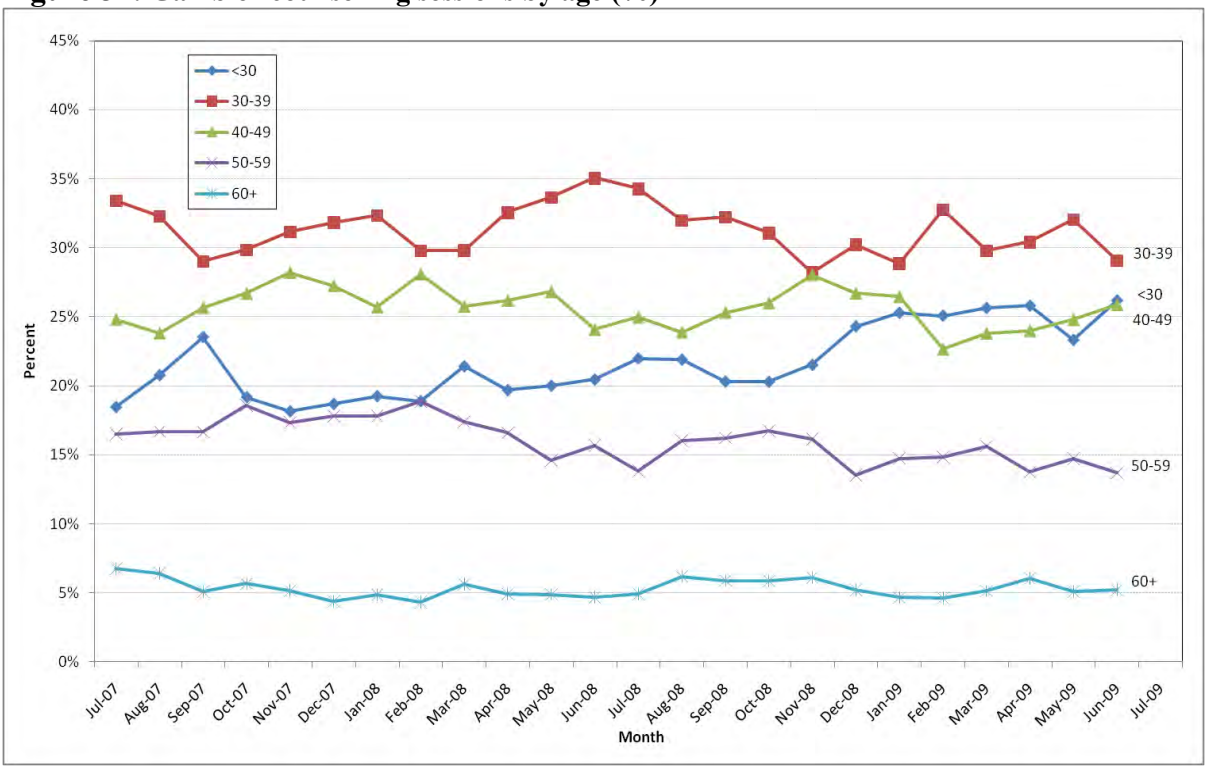

Figure 38: Significant other counselling sessions by age (%)

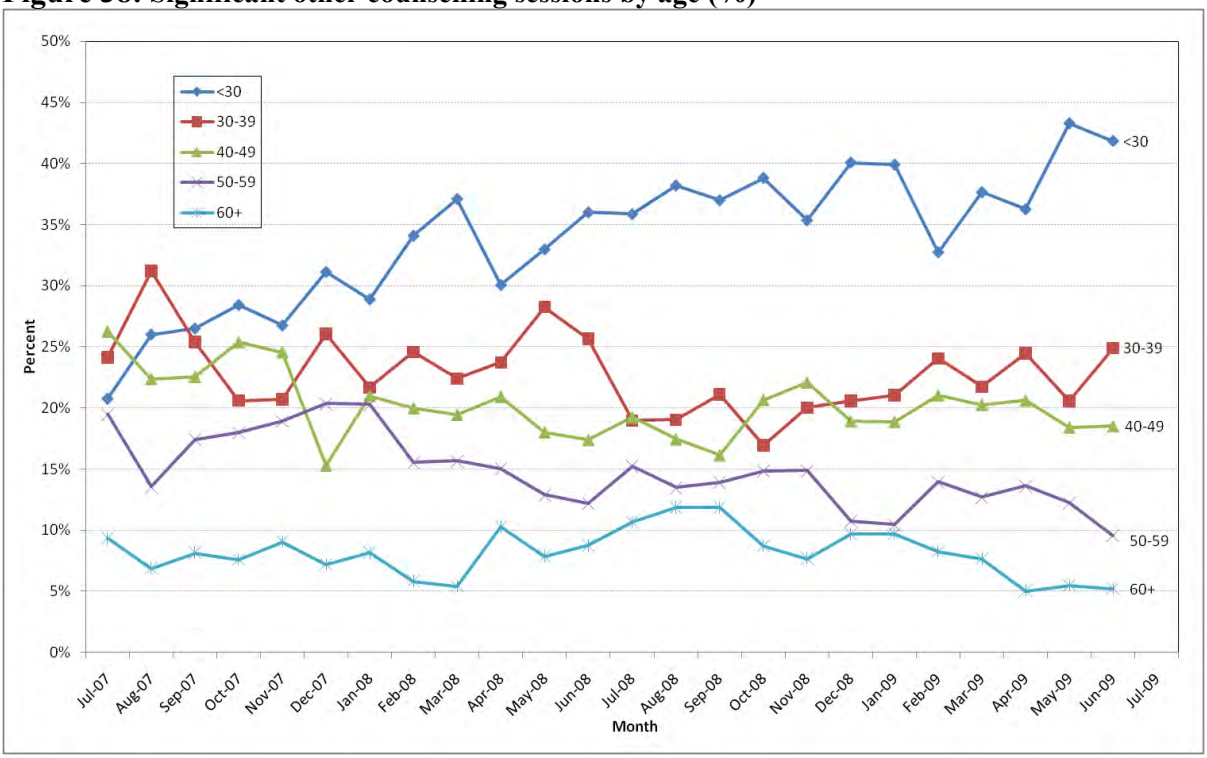

Figure 39: Gambler counselling sessions by ethnicity (%)

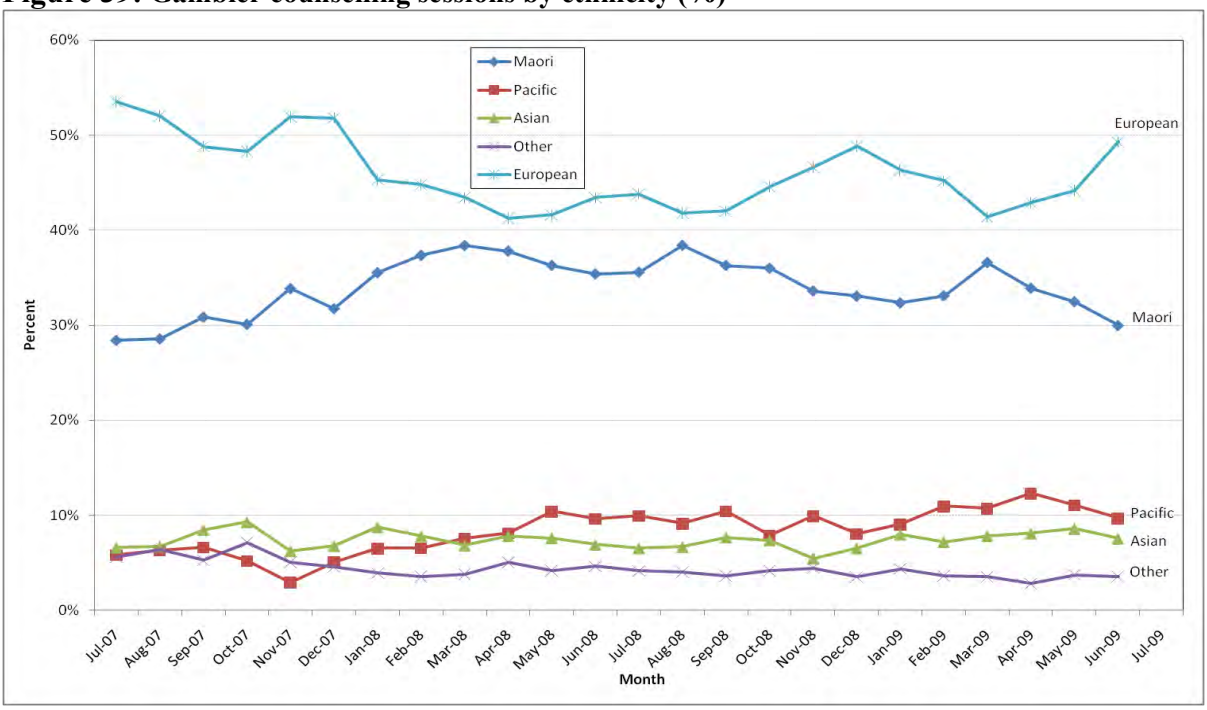

Figure 40: Significant other counselling sessions by ethnicity (%)

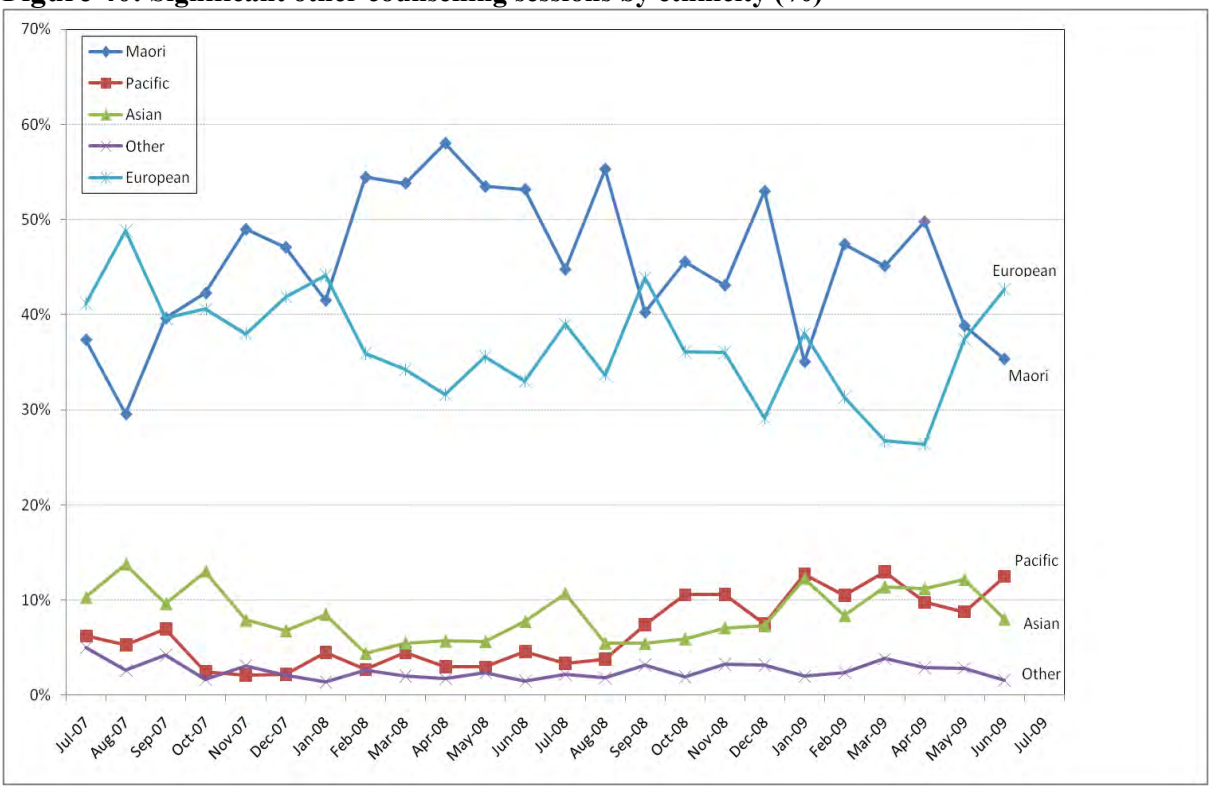

Figure 41: Gambler counselling sessions by gender (%)

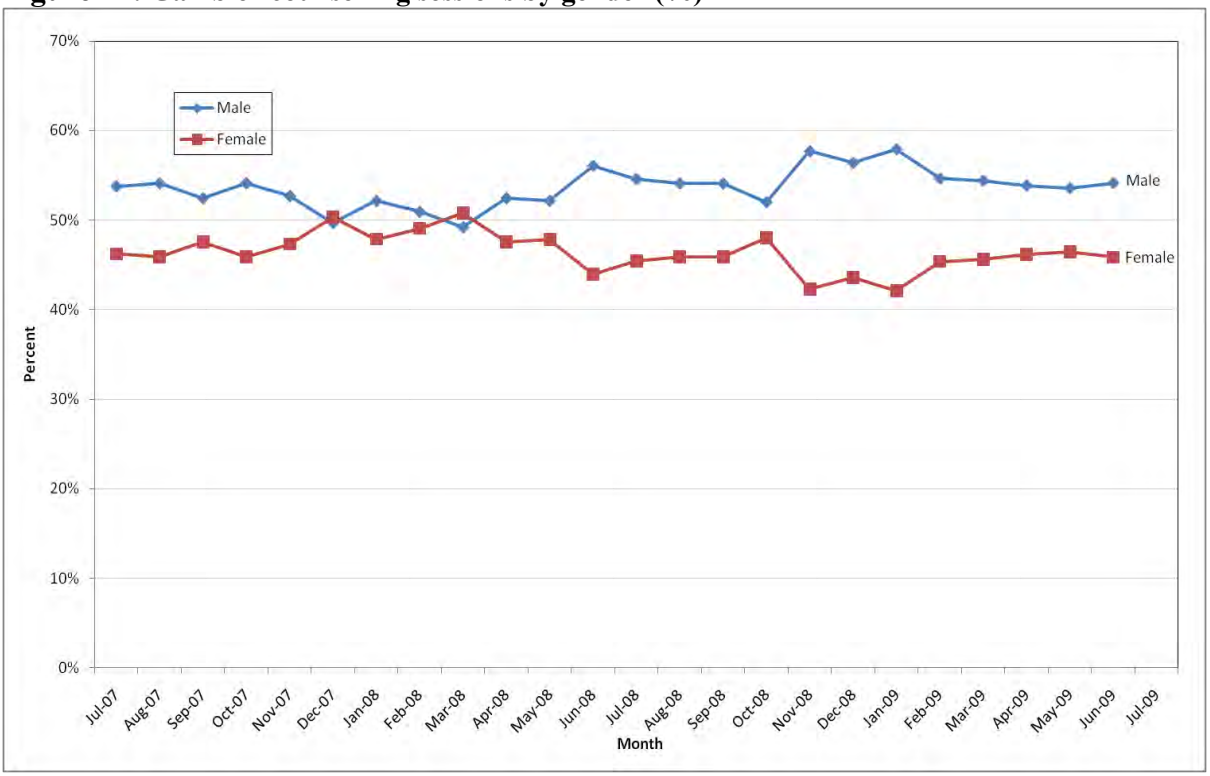

Figure 42: Significant other counselling sessions by gender (%)

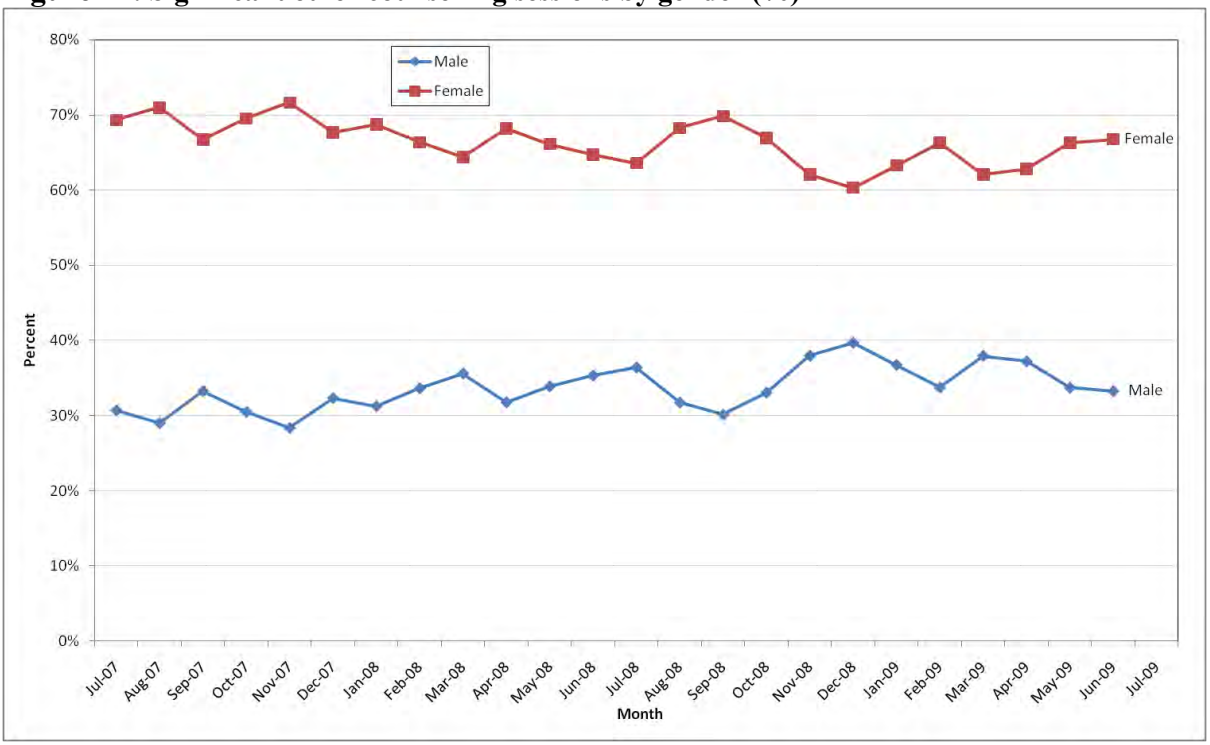

Figure 43 - Gambler counselling sessions by session type I (%)

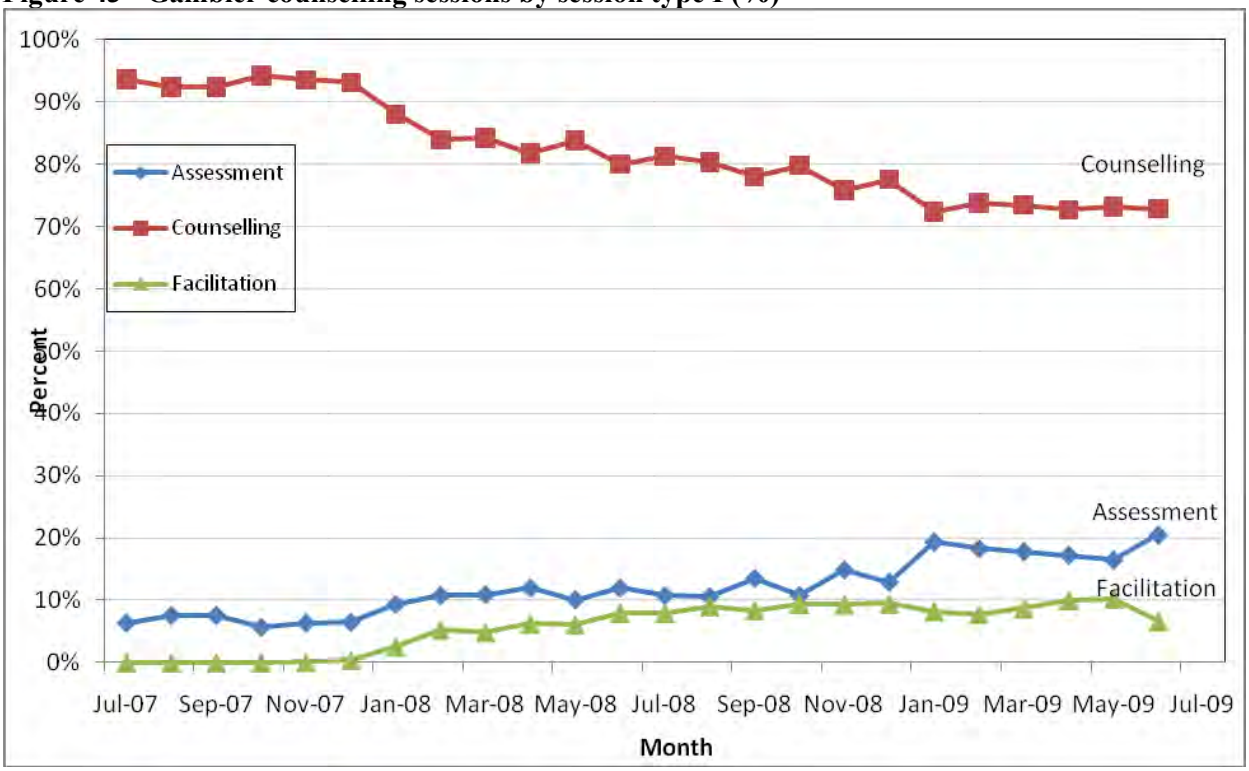

Figure 44 - Significant other counselling sessions by session type I (%)

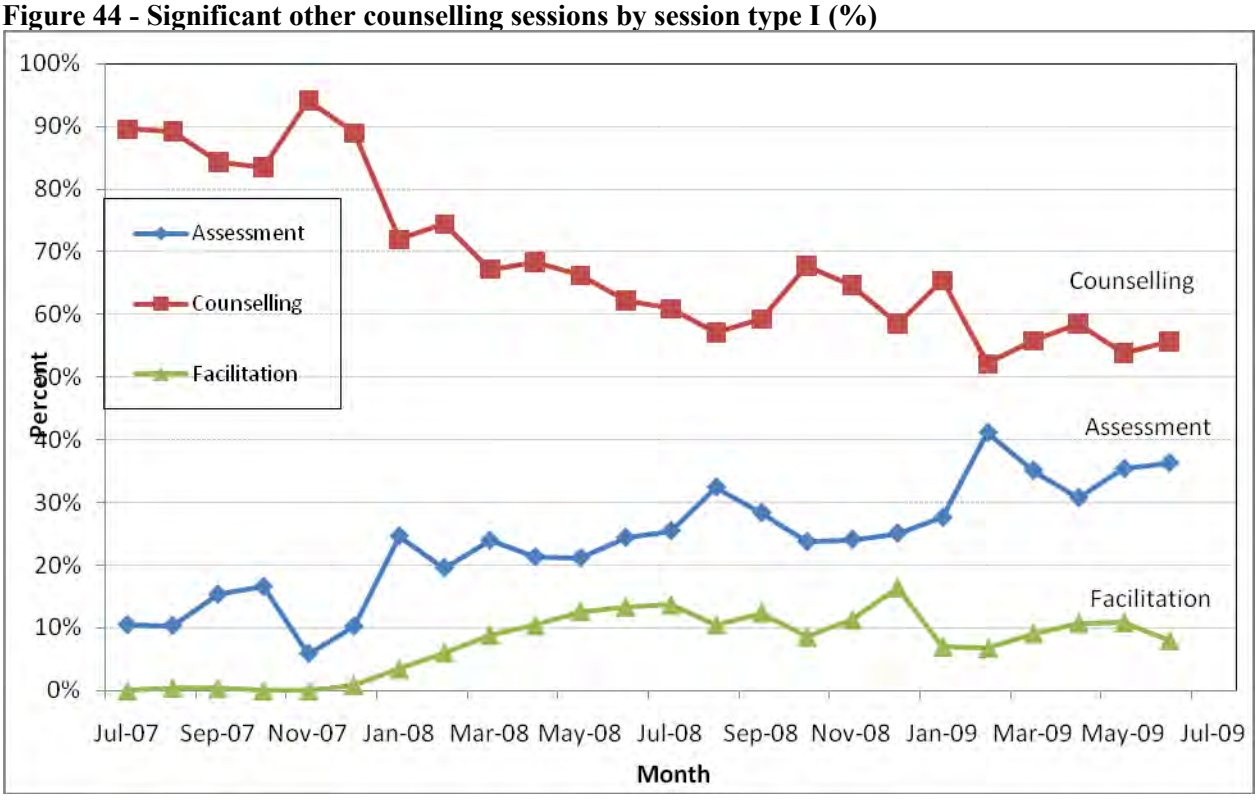

Figure 45 - Gambler counselling sessions by session type II (%)

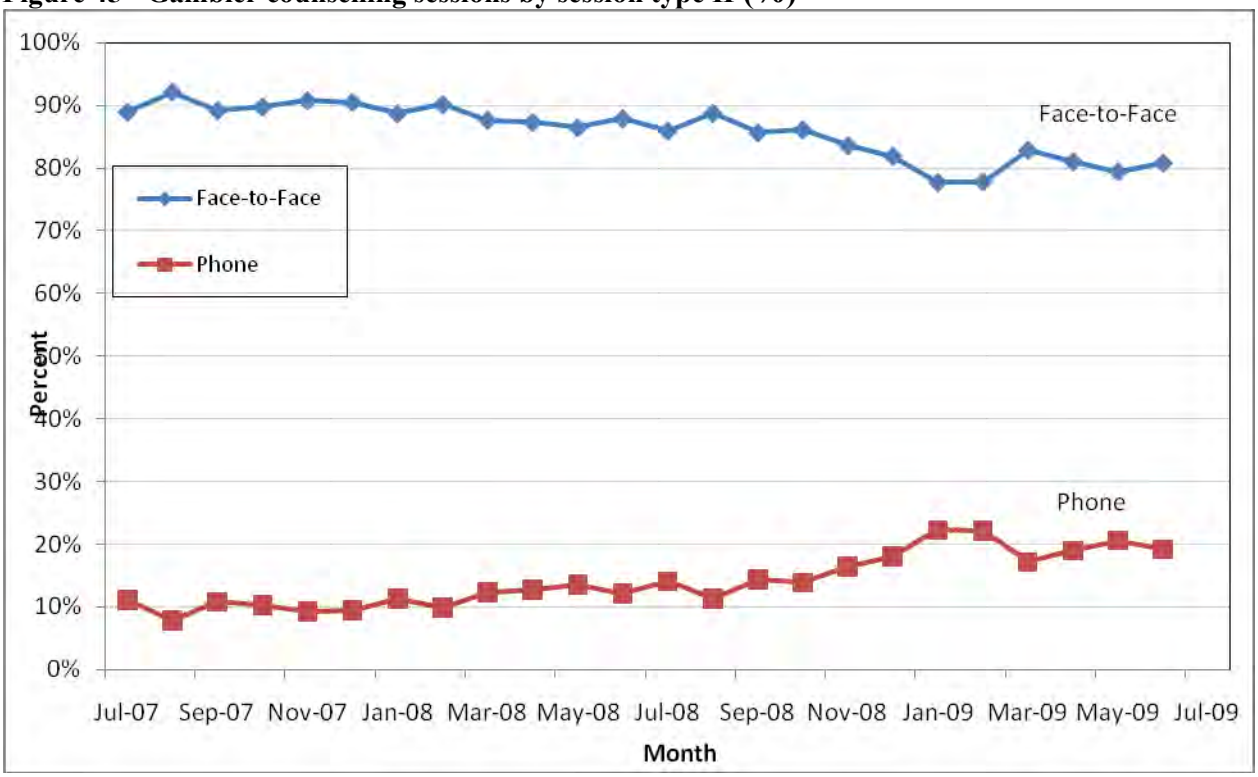

Figure 46 - Significant other counselling sessions by session type II (%)

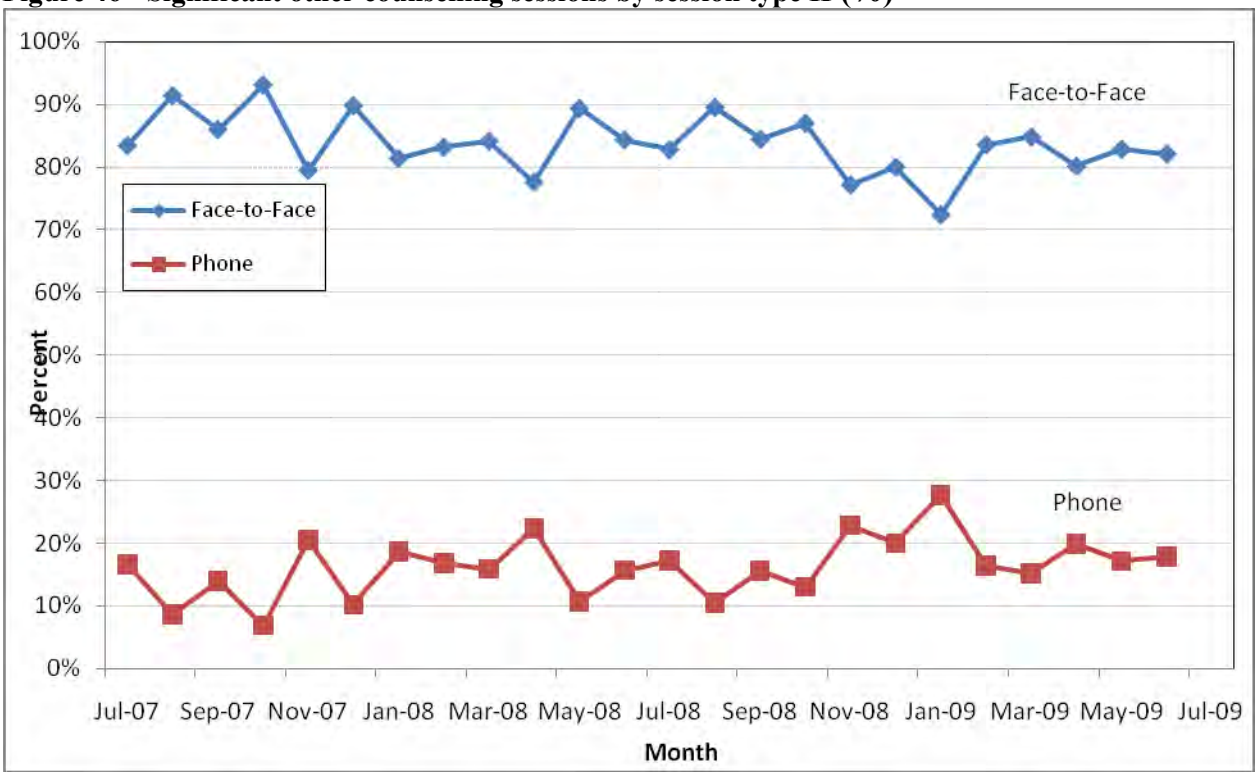

Figure 47 - Gambler session types (%)

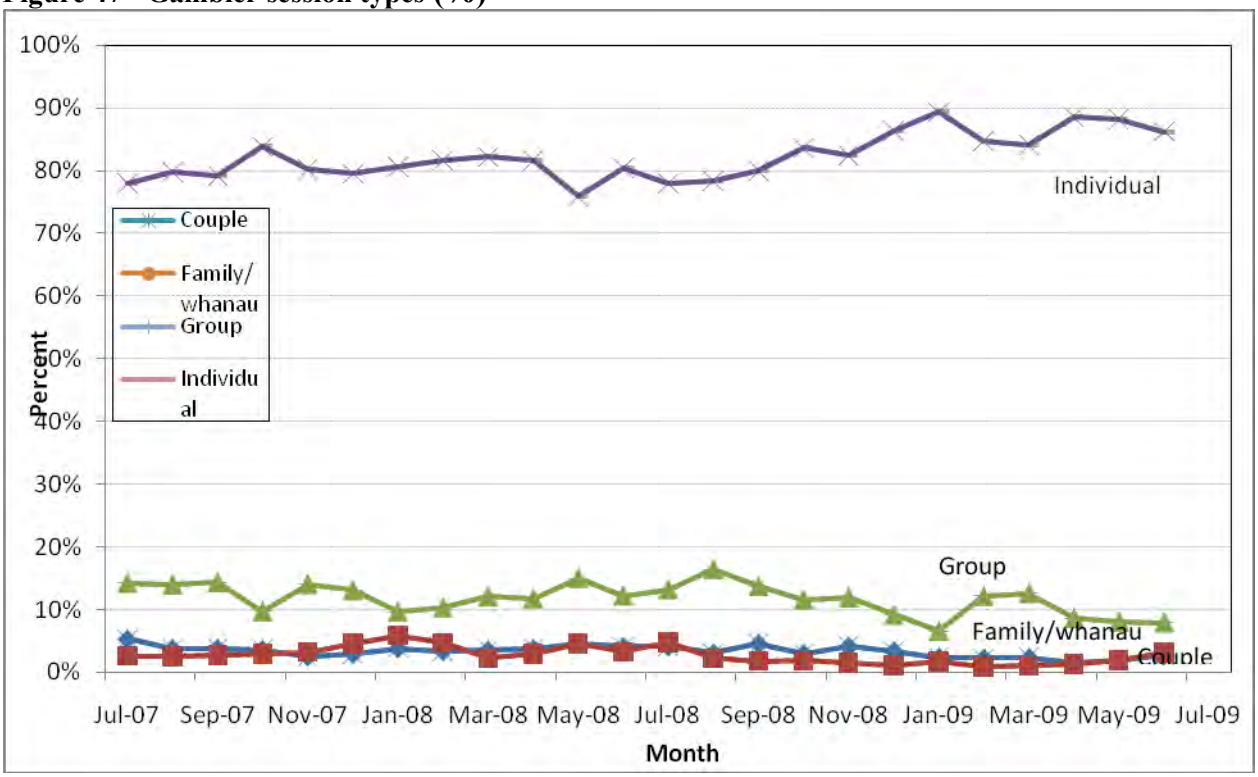

Figure 48 - Significant other session types (%)

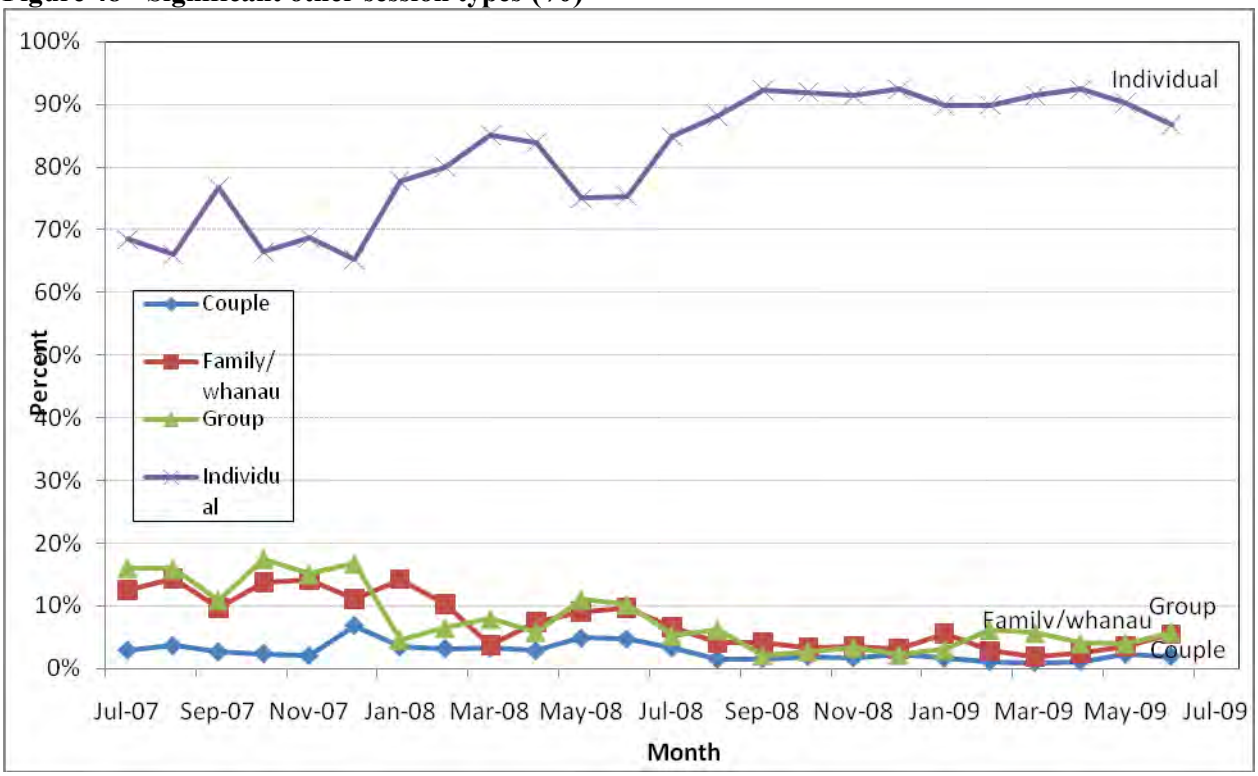

Figure 49: Gambler counselling sessions by session type (%)

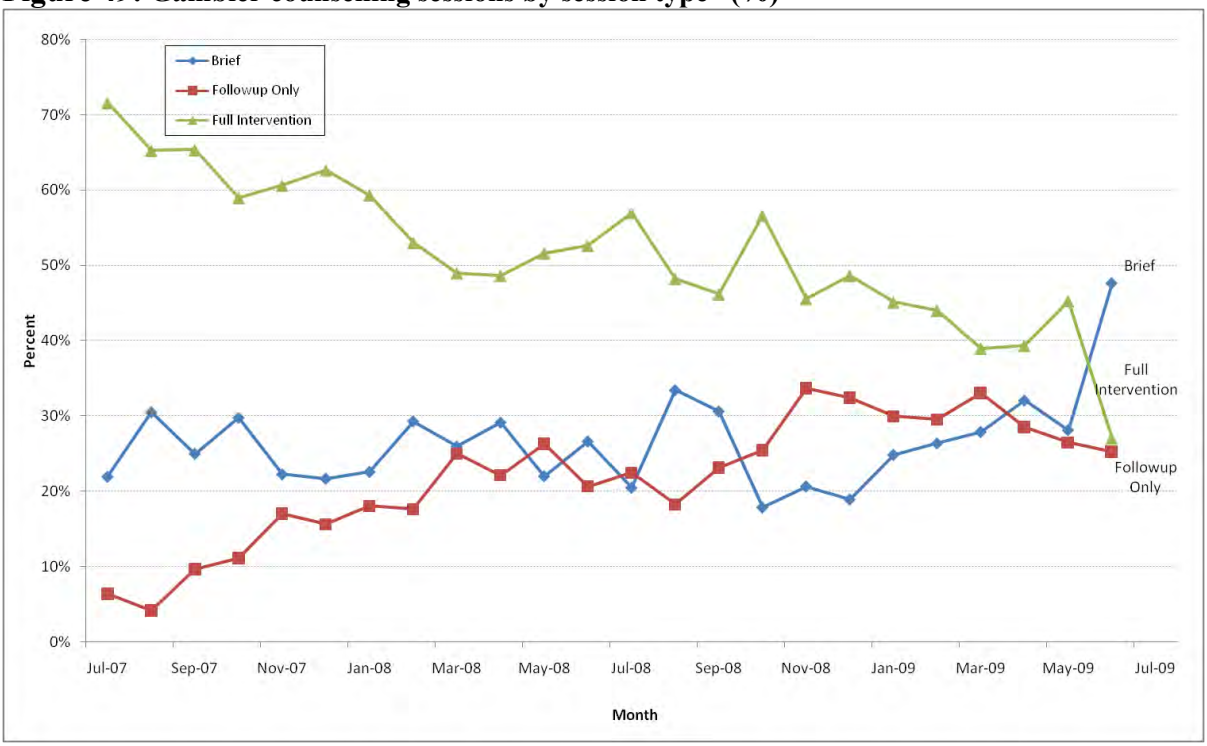

Figure 50: Significant other counselling sessions by session type (%)

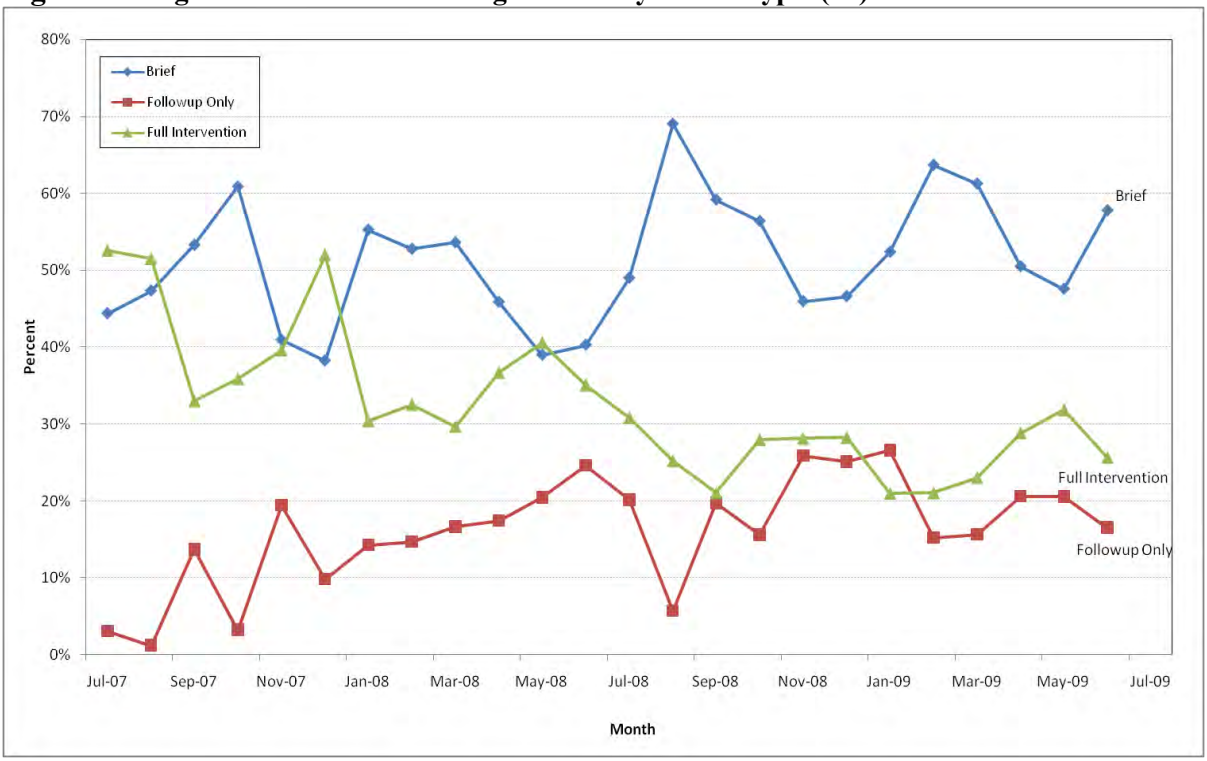

Figure 51: Gambler episode completion reason (%)

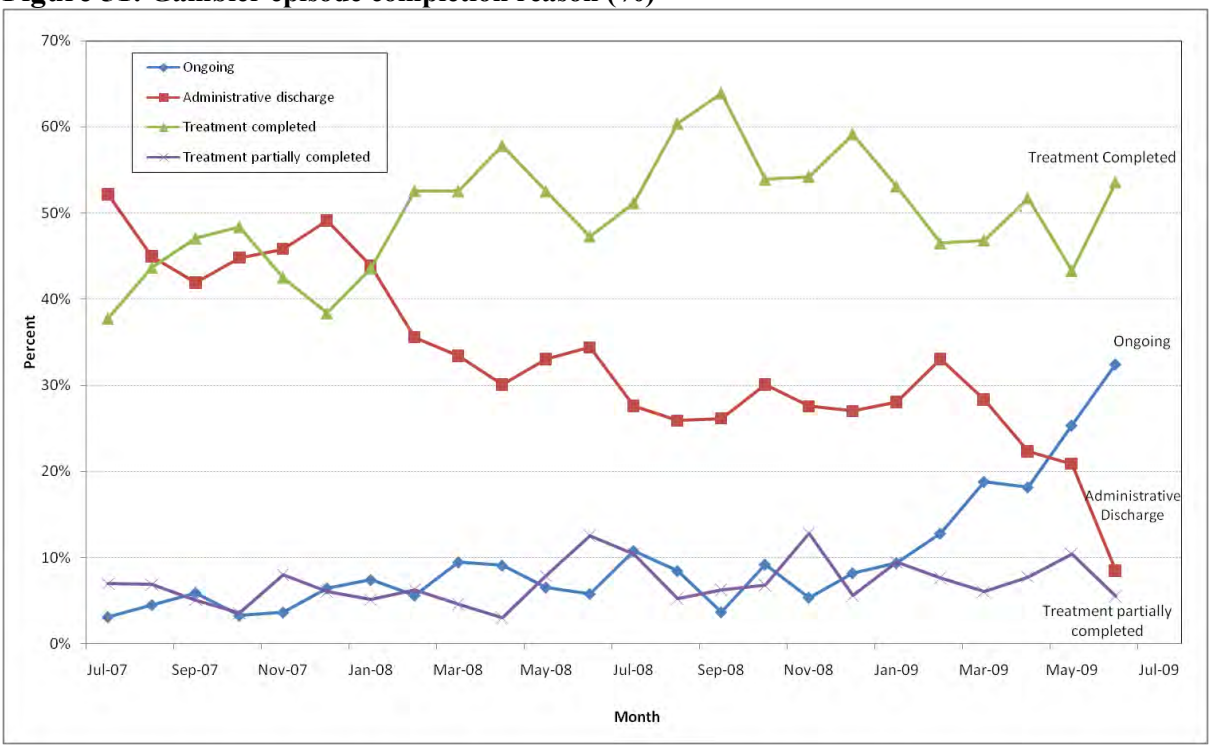

Figure 52: Significant other episode completion reason (%)