

Māori Specific Preventing and Minimising Gambling Harm Evaluation

**Stage Two: Review of the establishment and early
implementation of the Māori Specific Preventing and
Minimising Gambling Harm Services**

Prepared by Kōkiri Consultants Limited

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Mihi

Kai te tino minaka ake ana mātou, ko te roopū arotakenga, a ko Kōkiri Consultancy Limited, ki te tuku atu i ngā mihi aroha ki a koutou, ko ngā mea e akiaki ana mātou.

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Report Information

Prepared for Te Whatu Ora Hauora Māori Services Directorate.

Prepared by Maria Marama, Kellie Spee, Huhana Moselen, Dr Laurie Morrison, and Laurie Porima.

Disclaimer

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Executive summary

Introduction

There are significant impacts of gambling harm in New Zealand, particularly affecting vulnerable populations such as Māori, Pacific, and Asian communities, as well as youth and those from lower socio-economic backgrounds. With approximately 22% of adults in New Zealand experiencing gambling harm, the Ministry of Health (Manatū Hauora) has been implementing an integrated strategy to reduce these harms, focusing on accessibility, prevention, and culturally tailored support services.

In July 2023, the then Māori Health Authority, Te Aka Whai Ora, took steps to enhance these efforts by procuring Māori Specific Preventing and Minimising Gambling Harm (MSPMGH) Local Clinical and Regional Public Health Services, resulting in the establishment of 16 contracts for the delivery of these services across Aotearoa.

In June 2024, the Hauora Māori Health Services Directorate (HMS) took over the functions of Te Aka Whai Ora. Since assuming oversight of the MSPMGH contracts, HMS has provided ongoing support and guidance to the contracted providers throughout the implementation phase. The dedicated resourcing of MSPMGH services reflects the government's commitment to addressing health disparities by promoting equitable access to services for Māori who are disproportionately affected by gambling harm.

The evaluation conducted by Kōkiri Consultants Limited (Kōkiri) assessed the implementation and initial outcomes of these services, aiming to identify successes and areas for improvement.

The approach

The evaluation employed a mixed-method approach, drawing on multiple data sources to assess the implementation and progress of MSPMGH. Scoping interviews with Hauora Māori Partners (Partners) and HMS using a kaupapa kōrero approach, helped define evaluation needs and contextual considerations. A desktop review of policy documents, service contracts, and research literature provided further insights. The evaluation team conducted 70 interviews with 103 participants, including Partners, kaimahi, tangata whaiora, and external organisations, gathering perspectives on enablers, challenges, and lessons learned.

Key Findings

Findings provided information to answer the following Key Evaluation Questions (KEQs):

1. To what extent are the MSPMGH services delivering what they designed and operating in ways that support the needs of tangata whaiora and whānau?
2. To what extent are tangata whaiora and whānau experiencing early outcomes?
3. To what extent are Hauora Māori Partners working together to provide MSPMGH services across the motu?

In general, all Partners are delivering what they designed and are responding to the needs of tangata whaiora and whānau.

They focus on enhancing access to culturally responsive support, promoting Māori ownership of wellbeing, and leveraging the strengths of Māori communities. While Partners faced challenges such as delayed service delivery, overall progress has been positive. Various approaches included:

- strengthening access through feedback-informed treatment and proactive outreach
- culturally relevant services at marae and collaboration with local communities
- safe support through Māori models of care and comprehensive staff training
- fostering whānau-centered treatment models and implementing mobile services
- acknowledging intergenerational trauma and integrating trauma-informed practices.

The evaluation found that all Partners delivering gambling harm services align strongly with Māori approaches to health and wellbeing, integrating kaupapa Māori models of care. Services are grounded in tikanga and Māori values, ensuring they meet the needs of tangata whaiora and whānau. Many Partners engage mana whenua and kaumātua to maintain culturally authentic services and strong leadership. Frameworks such as Te Whare Tapa Whā and States of Mauri are widely used to guide trauma-informed, holistic care, while traditional healing practices like rongoā Māori, ā wairua, tohunga support, reconnection and wellbeing.

Strengths-based and whānau-centred approaches are central to service delivery, fostering empowerment through wānanga, cultural activities, and accessible interventions. Partners prioritise inclusive, wrap-around support, embedding tikanga principles such as whakapapa, manaakitanga, and rangatiratanga into their work. Many are reducing barriers by delivering services in familiar community settings, collaborating with hauora providers, iwi, and Māori organisations. By integrating cultural knowledge and clinically skilled workforces, these services not only address gambling harm but also enhance overall whānau wellbeing.

Generally, Māori staff are at the forefront when engaging whānau in gambling harm services. They provide information to whānau in a way that is understood and whānau prefer and are more open to engaging with Māori. A critical aspect of service establishment has also been the inclusion of lived experience. Partners emphasise

relationship building and have engaged tangata whaiora and their whānau in service evaluation through surveys and advisory groups. This commitment ensures that services reflect the needs and values of the community.

While it is early days, there are some positive insights from tangata whaiora, whānau, and external organisations regarding their engagement with gambling harm services.

A significant finding highlights the critical role of kaimahi in establishing strong relationships that foster trust and effectively aid individuals on their recovery journeys. Tangata whaiora unequivocally reported an increase in their knowledge and awareness of gambling addiction, including its psychological and behavioural mechanisms. This enhanced understanding empowers them to identify triggers and patterns, enabling informed decision-making about their treatment options. They also recognised the deliberate design of gambling campaigns that exploit vulnerabilities, alongside the links between historical and intergenerational trauma and their gambling behaviours.

Many tangata whaiora articulated how the support from the Partners directly led to positive behavioural changes, including achieving abstinence from gambling. Moreover, their feedback highlights improved access to culturally relevant and holistic supports that effectively combine traditional practices with clinical approaches. Practical budgeting and financial planning tools are pivotal in disrupting entrenched behaviours and promoting sustainable change. Partners are grounding services in principles of whanaungatanga, manaakitanga, and aroha, which foster a supportive environment driven by kaupapa. These principles are essential for healing and reconnecting tangata whaiora with te ao Māori.

Partners develop services by collaborating and working towards common goals, leveraging their networks and relationships to support tangata whaiora and whānau.

Partners effectively collaborate to fill service gaps by leveraging their strengths in clinical care, community outreach, and promotional activities. They are well-connected to their communities, including iwi, hapū, marae and other service providers. Joint initiatives during events like Gambling Harm Awareness Week and Matariki have successfully engaged the community and raised awareness. Partners have set up systems to ensure that individuals and their families receive timely support, facilitating a smooth flow of service users through various care options. Regular meetings and hui among Partners foster a shared commitment to kaupapa Māori approaches, promoting trust and open communication. Partners have actively sought advice and shared insights to align their efforts. They bring their unique expertise, often mentoring each other to develop and enhance gambling harm services.

Te Kāhui Mokoroa is a collective national response formed by the four Partner organisations delivering Regional Public Health services. These Partners focus on health promotion, raising community awareness, strengthening local engagement—including

with iwi—and supporting territorial authorities in shaping gambling policies. Three of the Regional Public Health Partners also provide Clinical MSPMGH services.

Te Kāhui Mokoroa operates strategically to influence national policy, particularly contributing to the 2025/26–2027/28 Prevention and Minimisation of Gambling Harm Strategy. They also play a crucial role in providing regional public health leadership, aligning efforts, and advocating for a unified Māori-specific response. Key priorities include strengthening communication, developing a strategic work plan, expanding education campaigns, and establishing consistent branding to ensure a cohesive and effective response to gambling harm.

Challenges and recommendations

Despite successes, the Partners have experienced several challenges, including setting up culturally responsive services while navigating systemic issues has been complex and time-consuming. Recruitment of culturally competent clinicians has also been difficult, compounded by a nationwide skills shortage and salary competition with other sectors. Creating policies, processes, and tools, along with integrating gambling harm services into existing mental health and addiction frameworks, has required significant effort. Further, gambling is an extremely "hidden" addiction, making outreach and whānau engagement challenging. Addressing social determinants of harm has also required broader support beyond gambling-specific interventions.

Building on feedback and the lessons learned from establishing services, the following recommendations outline key actions to continue the strengthening of culturally responsive gambling harm supports:

- allow sufficient time for establishment
- strengthen capability and resourcefulness
- enable localised solutions with flexibility
- increase lived experience involvement
- build reputational trust and relationships
- establish a Māori-led national response
- strengthen regional responses through Te Kāhui Mokoroa
- promote joined-up approaches between Partners.

Report glossary

Term	Explanation
CLIC	Client Information Collection - national database reporting on identification of referral, into and out of services and client characteristics, outcome characteristics or any patterns evident in the data.
Hauora Māori Partners (Partners)	Those Māori providers and organisations contracted by Hauora Māori Services to provide Māori Specific Preventing and Minimising Gambling Harm Services (MSPMGH).
Hauora Māori Services Directorate (HMS)	HMS represents the enduring commitment to advancing Hauora Māori and upholding the Crown's obligations under Te Tiriti o Waitangi. Rooted in kaupapa Māori principles, HMS is dedicated to embedding culturally aligned practices across the health system, driving the achievement of equitable health outcomes for Māori, and prioritising whānau-centred approaches that resonate with the aspirations of Māori communities. ¹
Hononga	Connection.
Kāhui Mokoroa	A Collective made up of the four Regional Maori Public Health Gambling Partners.
Kākahu	Clothing.
Kanohi kitea	Faces seen and known.
Kaumātua	Māori Elder.
Kaupapa Māori	Māori approach, Māori institution, Māori ideology— a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.
Korowai	Cloak.
Kō Kollektive	Māori Social enterprise based in Opotiki.
Manatū Hauora	Ministry of Health.
Mātauranga Māori	Māori knowledge.

¹ Source: Health New Zealand | Te Whatu Ora website: [https://www.tewhatauora.govt.nz/corporate-information/about-us/our-leadership-and-structure/our-executive-team#:~:text=The%20Hauora%20M%C4%81ori%20Service%20\(HMS,decision%20making%20and%20resource%20allocation](https://www.tewhatauora.govt.nz/corporate-information/about-us/our-leadership-and-structure/our-executive-team#:~:text=The%20Hauora%20M%C4%81ori%20Service%20(HMS,decision%20making%20and%20resource%20allocation)

Term	Explanation
Mirimiri	Traditional Māori healing technique that seeks to restore and rebalance the body.
Maramataka	Traditional Māori lunar calendar.
Rongoā Māori	Traditional Māori healing system that has a holistic approach to health that emphasises the connection to the natural environment.
Rūnanga	Māori assembly or council.
Takiwā	District, territory, area.
Tangata Whaiora	Includes people who have experienced recent or are currently experiencing distress or harm from gambling.
Te Ao Māori	The Māori world.
Te Rau Ora	New Zealand Indigenous Māori organisation dedicated to improving Māori Health through leadership, education, research and evaluation, health workforce development and innovative, systemic transformation. ²
Te Whare Tapa Whā	Emeritus Professor Sir Mason Durie developed Te Whare Tapa Whā wellbeing model in 1984. The model describes health and wellbeing using the metaphor of a wharenui.
Tikanga based practice	Māori customary practices or behaviours, behaving in a way that is culturally proper or appropriate.
Tino rangatiratanga	Self-determination, sovereignty and independence.
Wānanga	Place of learning, form of discussion and a traditional knowledge system.
Whānau	People who have close relationships and or come together with a common purpose.

² Source: Te Rau Ora website: <https://terauora.com/strategic-direction/>

Background to the report

Introduction

For some New Zealanders, gambling is a recreational activity enjoyed responsibly and in moderation. However, a significant minority are classified as ‘moderate risk’ or ‘problem gamblers, and the harm they experience often extends beyond their own lives, affecting their whānau and communities.³

The harm caused by gambling is a significant public health, social and economic issue in Aotearoa, and is not the same for everyone. Māori, Pacific, some Asian peoples, rangatahi/young people, and people from lower socio-economic backgrounds experience significantly more harm than others.⁴ Māori, Pacific, and Asian populations are more than twice as likely to face moderate to severe gambling harm compared to European/Other populations.⁵

Approximately one in five adults (22%) in New Zealand will be impacted by gambling harm at some point, either through their gambling or the that of others.⁶ Māori communities, in particular, experience disproportionately high levels of harm, with gambling prevalence three to four times higher than the general population.⁷ Gambling can further exacerbate a range of negative outcomes, entrenching inequities within these communities.

Manatū Hauora Role and Strategic Focus

Since 1 July 2004, Manatū Hauora Ministry of Health has been responsible for developing and implementing the ‘integrated problem gambling strategy focused on public health’ described in section 317 of the Gambling Act 2003.⁸ The Government’s priorities are to:

- increase access to gambling harm support
- grow the gambling harm workforce
- strengthen the focus on the prevention of and early intervention in gambling harm
- improve the effectiveness of gambling harm support.⁹

In a concerted effort to address the detrimental impacts of gambling, Hauora Māori Services and Addictions both within Te Whatu Ora - Health New Zealand, and Manatū Hauora - Ministry of Health have been working collaboratively to implement the Strategy to Prevent and Minimise Gambling Harm 2022–2025.

³ <https://www.health.govt.nz/publication/draft-strategy-prevent-and-minimise-gambling-harm-2022-23-2024-25>

⁴ <https://www.health.govt.nz/publication/draft-strategy-prevent-and-minimise-gambling-harm-2022-23-2024-25>

⁵ <https://www.dia.govt.nz/Gambling-territorial-authorities-policy-review-process-understanding-gambling-community>

⁶ <https://www.dia.govt.nz/Gambling-territorial-authorities-policy-review-process-understanding-gambling-community>

⁷ <https://hapai.co.nz/gambling-harm-prevention>

⁸ <https://www.health.govt.nz/publications/strategy-to-prevent-and-minimise-gambling-harm-202223-to-202425>

⁹ <https://www.health.govt.nz/publications/strategy-to-prevent-and-minimise-gambling-harm-2025/26-to-2027/28:Consultation-document>. Wellington: Ministry of Health

The strategy represented a significant shift towards an equity-driven approach, with a primary focus on reducing health disparities caused by gambling harm in priority groups, such as Māori, Pacific peoples, Asian communities, and rangatahi (youth). It highlights the need for enhanced accessibility to culturally tailored services that meet the unique needs of diverse populations, signalling the importance of developing services in direct collaboration with communities that have experienced gambling harm.

The Hauora Māori Partners

In July 2023, Te Aka Whai Ora – The Māori Health Authority began procuring MSPMGH service providers. By January 2024, 16 contracts were awarded to Partners across Aotearoa to deliver MSPMGH services. In June 2024, the HMS assumed responsibility for the oversight of the ongoing implementation of MSPMGH services. Of the 16 Partners, eight are new to delivering gambling harm services, while the remaining eight have previously delivered services. In total, 15 Partners are delivering Local Clinical services, three of which also offer Regional Public Health services, and one Māori public health provider delivers Regional Public Health services only.

Four distinct regions provide national coverage:

- Northern: Tamaki Makaurau/Auckland and Te Tai Tokerau/Northland
- Te Manawa Taki: Waikato, Bay of Plenty across to Te Tairāwhiti/Gisborne and Ngāmotu/New Plymouth
- Te Ikaroa: Mid-central including Heretaunga Hastings across to Whanganui Palmerston North to Ikaroa Wellington
- Te Waipounamu: South Island.

Evaluation approach and methodology

Background to the evaluation

Te Aka Whai Ora – Māori Health Authority, commissioned Kōkiri in December 2023 to review the MSPMGH services. The evaluation took place over two stages, including:

1. Review of the MSPMGH procurement process to understand the Partners' experience and identify areas of success and opportunities for improvement.
2. Review of the implementation and establishment of the MSPMGH Local Clinical and Regional Public Health services across Aotearoa.

The evaluation team completed the review of the MSPMGH procurement process in May 2024. Te Whatu Ora | Health New Zealand published the report in September 2024.¹⁰

Also, in collaboration with the Partners, Kōkiri developed the Māori Specific Gambling Harm Outcomes Framework, from March to December 2024. This framework outlines the resources, activities, and key mechanisms of change leading to outcomes. It is intended that this will be used to guide ongoing implementation and reporting. This has been presented to Te Whatu Ora as a separate document.

This report covers Stage Two: Review of the MSPMGH Local Clinical and Regional Public Health Services establishment and early implementation. The evaluation provides insights into the partners' early progress, ways they work together, and key challenges.

Key Evaluation Questions

The evaluation addressed the following four key evaluation questions.

1. To what extent are the MSPMGH services delivering what they designed and operating in ways that support the needs of tangata whaiora and whānau?
2. To what extent are tangata whaiora and whānau experiencing early outcomes?
3. To what extent are Hauora Māori Partners working together to provide MSPGH across the motu?

Evaluation approach

The evaluation approach was grounded in kaupapa Māori methodology, and draws on ngā uara (values), tikanga (practices), te reo Māori (Māori language), and Māori practice models. Kaupapa Māori means a 'Māori way' of doing things, and the concept of kaupapa implies a way of framing and structuring how evaluators think about and do evaluation with Māori.

¹⁰ <https://www.tewhatauora.govt.nz/publications/maori-specific-preventing-and-minimising-gambling-harm-evaluation>

The evaluation practice was guided by:

- Whanaungatanga: building and maintaining trusted, respectful relationships
- Rangatiratanga: sharing expertise and acknowledging leadership
- Manaakitanga: looking after those participating in the evaluation
- Mana Motuhake: recognising rights, responsibilities, independence, and interdependence of all evaluation participants
- Kaitiakitanga: ensuring the safety and protection and safety of all participants, information, and the environment
- Kotahitanga: collaboration and working toward synergistic outcomes for all.

Evaluation methods

The evaluation drew on a mixed-method approach drawing on the following sources:

Scoping interviews to understand evaluation needs

In the scoping interviews phase, the evaluation team used a kaupapa kōrero approach to discuss the evaluation scope, needs, and other contextual information with Partners and HMS.

The evaluation team reviewed relevant documents to inform the evaluation

The purpose of the desktop review was to use existing documents and reporting to assess the progress and implementation of the MSPMGH. The evaluation team received and reviewed documents from HMS, the Partners and their online websites, including:

- policy and strategy documents and frameworks
- the Partner's quarterly reporting and service contracts
- research literature related to the gambling harm sector.

The evaluation team interviewed 103 people, including Partners, kaimahi, tangata whaiora and external organisations

The interviews gathered perspectives on the implementation and early outcomes of MSPMGH, including enablers, challenges and lessons learned.

A total of 70 Interviews were conducted individually or in groups. Interviews were semi-structured, followed informed consent procedures and took between 60 to 90 minutes. Most interviews occurred kanohi ki te kanohi (face-to-face), while a smaller number were conducted virtually, via Zoom. A total of **28** tangata whaiora participated in interviews. Following the interview, each tangata whaiora participant received a small koha to acknowledge their time and generosity in sharing their experience. Interviews were completed from September to November 2024.

TABLE 1: INTERVIEWS CONDUCTED BY TYPE

Interview Type	No. of Interviews	No. of People interviewed
Management	20	30
Kaimahi	28	35
Tangata Whaiora	15	28
Whānau	4	4
External Organisations	3	6
TOTAL	70	103

Analysis and reporting

With consent from participants, all interviews were audio recorded and transcribed using Otter.ai. Transcripts were then downloaded into Dedoose, a cross-platform application for analysing qualitative and mixed methods research. Evaluation team members also completed a summary analysis of each participant interview to ensure a robust process that captured all insights.

The evaluation team participated in a one-and-a-half-day analysis and sensemaking wānanga. Evaluators presented the feedback from each partner interview. The team then undertook thematic analysis and synthesis using a pattern-spotting method (i.e., What are we noticing? What are the exceptions, contradictions, surprises? What is still puzzling us?). A comprehensive synthesis of information was then presented in a sensemaking session with the HMS team.

Throughout the report, specific terminology categorises and describes the proportion of submitters or respondents to convey the strength of support or opposition to the findings, as defined in Table 2.

TABLE 2: USE OF REPORTING TERMINOLOGY

Description	Approximate proportion of submitters
Few	2-3 partners
Some	4-7 partners
Many	7-11 partners
Most	11 -14 partners
Majority	14-16 partners

The evaluation team also developed mini-case studies to showcase the diverse ways the Partners are implementing their services. The Partners received their cases to check for accuracy of information and approval. These case studies are available in the Appendix section of this report.

Strengths and Limitations

As previously mentioned, significant changes occurred within the health sector throughout the evaluation period. Specifically, Te Aka Whai Ora – Māori Health Authority was disestablished, with services and staff transitioning to HMS within Te Whatu Ora—Health New Zealand and Te Manatū Hauora—Ministry of Health. However, the Te Aka Whai Ora Oranga Hinengaro Commission team remained in team, transferring to HMS within Te Whatu Ora. This enabled continuity and a strong working relationship throughout the evaluation.

Strengths of the evaluation process

Kanohi kitea. Having conducted Stage 1 of the evaluation and gone through a whakawhanaungatanga process with all the Partners and the Oranga Hinengaro commissioning team, the evaluation team were "kanohi kitea"- faces seen and known. The rapport was easy and relaxed. The evaluation team took the time to discuss the evaluation upfront, so there were "no surprises."

Kōkiri Consultants are a kaupapa Māori team. Through whakawhanaungatanga, kōrero and whakarongo the team established good relationships with the Partners, tangata whaiora and whānau. This approach enabled the evaluation team to facilitate an authentic approach, utilising tikanga and mātauranga Māori. A 'by, for, with and as' Māori design fostered participant trust and openness, ensuring cultural safety and responsiveness. The kaupapa kōrero approach facilitated relaxed engagement between the evaluation team and participants leading to rich, open dialogue.

Limitations

Workloads and Focus. Throughout the evaluation, all Partners remained focused on establishing and setting up their services. Coordinating suitable interview times proved challenging, as their busy schedules often conflicted with the evaluation timelines. As a result, the fieldwork period was extended into November to accommodate the completion of Partner interviews. This extension then impacted fieldwork, analysis and reporting time frames.

Limited voice of Tangata Whaiora. While the evaluation captured the perspectives of tangata whaiora, due to the practical challenges of establishing and promoting services to raise awareness, their participation was limited. However, tangata whaiora are at the heart of these services, and their insights into the effectiveness and cultural relevance of MSPMGH services are invaluable.

Missing perspectives. A few external organisations participated in the evaluation, including Corrections, community social workers and reintegration services. While their perspectives provided valuable insights, the limited inclusion of external organisations presents a gap in understanding how the Partners work with others in their communities and the broader system-level dynamics. Including external organisations in a future outcome evaluation would offer a more comprehensive view, highlighting the effectiveness of the services within the broader context of preventing and minimising gambling harm. Their perspectives could help identify systemic challenges, opportunities for collaboration, and strategies to enhance service delivery.

Structure of this Report

The report has been organised into the following main sections to ensure clarity and ease of navigation:

1. Main Report and Findings: core evaluation findings, synthesised insights and key themes.
2. Appendices: Partner's mini-case studies.

Findings

Key findings

This section covers the feedback from Partners, tangata whaiora, their whānau and other key external organisations. Findings are presented under the Key Evaluation Questions (KEQs) to highlight how the Partners are progressing, including the service design aspects that support implementation and early insights into the experiences of tangata whaiora. Finally, it covers ways the Partners are working together to build MSPMGH services across the country and lessons learned to inform future implementation and service delivery.

KEQ 1: To what extent are the MSPMGH services delivering what they designed and operating in ways that support the needs of tangata whaiora and whānau?

Fifteen Partners are contracted to deliver local clinical MSPMGH services focused on the following:

- strengthening access to more targeted, culturally responsive services and support in collaboration with affected communities and people with lived experience of gambling harm
- promoting Māori ownership of Māori wellbeing and gambling harm prevention
- building on the strengths of Māori whānau, hapū, iwi and communities
- delivering culturally and clinically safe support and services
- prioritising whānau-centred treatment and management models
- acknowledging intergenerational trauma, grief and loss of mana
- building an evidence base and mātauranga of what works for Māori
- providing appropriate clinical interventions.

Despite significant challenges, which delayed delivery for some Partners (discussed on page 23), **in general, all Partners are delivering what they designed and operating in ways that support the needs of tangata whaiora and whānau.**

Table 3 summarises the range of approaches delivered through the MSPMGH services.

TABLE 3: SUMMARY OF THE HAUORA PARTNER SERVICES.

Summary of Hauora Partner services and supports	
Service components	Delivery approaches
Strengthening access and more targeted culturally responsive services	Feedback-informed treatment Development of a proactive social media presence Lived experience as part of service delivery Walk-in clinics, 0800 freephone or text Regular points of contact with lived experience through hui Whānau satisfaction surveys

	Promotional activities, including branding, resource development (websites, brochures, social media platforms)
Promotion of Māori ownership of Māori wellbeing and gambling harm prevention	Delivery of services at marae Collaboration with hapū / iwi Co-facilitation of existing programmes and wānanga, e.g., AOD Attendance at Hauora Days
Building on the strengths of Māori whānau, hapū, iwi and communities	Attend te ao Māori and community events, e.g., Matariki, Matatini Kaumātua governance and advisory Wānanga, noho marae
Delivering culturally and clinically safe support and services	Māori models of care, including Te Whare Tapa Whā, States of Mauri Kaupapa Māori principles Dual modalities – whitiwhiti kōrero, talk therapy Peer support Access to specialised services Cultural competency training
Prioritising whānau-centred treatment and management models	Mobile services - going where whānau are Whānau peer support rōpū Mātauranga Māori led training solutions Holistic assessment and planning options Multi-disciplinary case management
Acknowledging intergenerational trauma, grief and loss of mana	Integrated services with mental health and addictions, Whānau Ora Training in trauma-informed practice Whole of whānau approaches Strength based practice
Building an evidence base and mātauranga of what works for Māori	Te Ao Māori lens applied Traditional health - rongoā, mirimiri Wānanga Māori Gambling Harm clinical services networks Tangata Whaiora Consumer groups
Providing appropriate clinical interventions	Clinically trained kaimahi Non-clinical staff provided with clinical support Foundational training for all kaimahi Individual counselling support Group programmes focused on skill development, therapy, Case management approach Use of CBT, psychoeducation, mindfulness, Digital platforms and online resources Relapse prevention groups

Partners also reflected on critical aspects of service establishment and early implementation, including:

Lived experience involvement

A key component of service establishment and early implementation has been honouring whanaungatanga (relationship building) and hononga (connections) in all interactions with tangata whaiora and their whānau. Most Partners work with lived experience to review their services and programmes through business-as-usual approaches like tangata whaiora and whānau satisfaction surveys. In some cases, the Partners have also established lived experience leadership or advisory groups.

Application of Kaupapa Māori Models of Care

With more of a focus on Māori specific gambling responses, all Partners' delivery of gambling harm services reflects a strong alignment with Māori approaches to health and wellbeing - integrating culturally responsive, whānau-centred, and strengths-based practices. All Partners are actively integrating the application of kaupapa Māori models and systems of care. The Partners are holding firm to tikanga Māori values to ensure that services reflect the needs of tangata whaiora and whānau. Some Partners discussed engaging mana whenua and kaumātua as critical to developing and maintaining authentic services, effective leadership and strong decision-making foundations. This approach also ensures that services align with tikanga and community values.

MSPMGH services are grounded in Māori models of care, with all Partners using frameworks such as Te Whare Tapa Whā and States of Mauri to help guide trauma-informed practices and integrate spiritual, mental, physical, and whānau wellbeing within treatment pathways. Across most services, tangata whaiora, with clinical and cultural support, create orange whānau and wellness plans to address interconnected health, social, and economic factors. Many of the Partners are reclaiming traditional practices, such as rongoā Māori, mirimiri, ā wairua, tohunga support, which is also helping to support reconnection and holistic healing for tangata whaiora and whānau.

Strengths-Based Approaches

All Partners emphasised the importance of recognising the strengths and resilience of whānau and tangata whaiora, their ability and drive to become free from gambling harm. The Partners are providing a range of opportunities to enable and empower through:

- wānanga with rangatahi and kaumātua to foster intergenerational learning and empowerment.
- whānau-centred brief interventions, promoting positive pathways, increased awareness and access to services.
- referral pathways and collaborative networks that prioritise culturally respectful and mana enhancing interactions
- whānau and tangata whaiora voice in treatment and wellness planning.

- activities such as te reo classes, ngahere nature-based healing, and maramataka (traditional Māori lunar calendar practices) that reconnect individuals with their cultural identity and strengths.
- a manaaki (caring and emphatic) approach to create safe spaces for kōrero, ensuring individuals feel respected and valued.

Whānau centred approaches

All Partners operating on the premise that “any door is the right door” and see integration of services as a key mechanism to ensure accessibility and inclusivity for tangata whaiora and whānau. As shared by the Partners, whānau-centred approaches are also critical to flexible and responsive services to meet diverse whānau needs.

Therefore, the Partners are developing gambling services to provide holistic, wrap-around, culturally anchored responses. Each approach reflects the individual Partner contexts, their cultural and clinical knowledge, and their understanding of whānau needs in their community. All approaches are underpinned by tikanga principles, including whakapapa, whanaungatanga, manaakitanga, and rangatiratanga.

The Partners are placing tangata whaiora and whānau needs and aspirations at the centre of services. They are using or developing culturally competent and clinically skilled workforces who can adopt whānau-centred approaches and support tangata whaiora and whānau aspirations.

Most Partners are helping to reduce barriers to gambling harm services by providing services where whānau work, play and live. Examples include working with hauora marae clinics, kura/schools, iwi and Māori organisations, and kaumātua groups. They are also drawing on the cultural capital and mātauranga (knowledge) that comes from being Māori and ways of being to guide engagements with whānau. These approaches not only respond to gambling harm but also look after physical, emotional, and spiritual health and welfare needs.

Community based solutions

Across the country, there are differences across the Partner regions, including population size, easy access to services, and employment opportunities. Drawing on online sources and statistical datasets, including population demographics¹¹, Māori representation, economic deprivation levels, and gambling expenditure, Table 4 (see below) offers context on gambling spend across regions and localities served by the Partners. The use of the Deprivation Index and per capita¹² gambling expenditure emphasises the strong correlation between socio-economic challenges and problem gambling, underlining the need for culturally tailored, community-specific responses. These insights reinforce the importance of the Partners’ approaches in developing targeted solutions that address the

¹¹ <https://www.stats.govt.nz/topics/population>

¹² <https://www.health.govt.nz/statistics-research/statistics-and-data-sets/socioeconomic-deprivation>

interconnected impacts of socio-economic hardship, gambling harm, and the well-being of Māori communities.

TABLE 4: GAMBLING EXPENDITURE & SOCIO-ECONOMIC DEPRIVATION ACROSS HAUORA MĀORI PARTNER REGIONS

Region	Region Population	Māori Population	% of Māori population	Deprivation index (average - SA2)	5yr regional spend on gambling	5yr average gambling spend per person/ regional population
Hawkes Bay	175,074	53,502	31%	7	\$196,001,179.00	\$1,119.53
Bay of Plenty	334,140	109,953	33%	7	\$358,881,677.00	\$1,074.05
Canterbury	651,027	79,647	12%	6	\$480,302,697.00	\$737.76
Auckland	1,656,486	227,898	14%	6	\$1,095,429,877.00	\$661.30
Rotorua District (TALB)	74,058	33,534	45%	8	\$102,337,344.00	\$1,381.85
Taranaki	126,015	30,783	24%	6	\$106,531,776.00	\$845.39
Whanganui District (TALB)	47,619	14,673	31%	8	\$47,511,565.00	\$997.74
Te Tai Tokerau - Northland	194,007	77,475	40%	9	\$155,011,375.00	\$799.00
Dunedin	128,901	16,044	12%	6	\$76,155,205.00	\$590.80
Waikato	498,771	137,742	28%	8	\$366,585,976.00	\$734.98
Nelson	52,584	6,990	13%	5	\$44,537,244.00	\$846.97
Porirua	59,445	14,484	24%	7	\$58,910,272.00	\$991.00
Gisborne	51,135	28,656	56%	9	\$48,367,488.00	\$945.88
Manawatū-Horowhenua	156,198	37,569	24%	7	\$144,185,281.00	\$923.09
					\$3,280,748,956.0	

Key observations from the dataset are:

Socio-economic Stress and Cultural Vulnerability: Regions with higher Māori populations and higher deprivation scores tend to have higher average gambling spending per person, indicating potential socio-economic stress and cultural vulnerability.

Regional Differences in Spending Patterns: Urban centres like Tāmaki Makaurau/Auckland have lower per-person gambling spending, while smaller, more

deprived regions have higher per-person spending, suggesting gambling might play a more central role in social or economic coping mechanisms in these areas.

Funding Implications: Regions with high gambling expenditure and high deprivation scores (e.g., Te Tairāwhiti/Gisborne Te Tai Tokerau/Northland) may require more targeted harm reduction interventions and support services.

Role of Te Whatu Ora - Health New Zealand

In conversation with the Partners, following the transition of contracts from Te Aka Whaiora to HMS, Te Whatu Ora, continuity of kaimahi has ensured minimal disruption to their efforts in this gambling harm space. HMS, Te Whatu Ora continue to provide consistent support and guidance to the Partners.

Barriers and challenges establishing and implementing MSPMGH Services

All of the Partners have experienced unanticipated challenges in setting up their services. In some cases, this has caused significant delays in starting service delivery and engaging with tangata whaiora and whānau. The challenges generally reflect the complexity of building culturally appropriate, responsive services while navigating broader sector, resource, and systemic issues.

The main challenges experienced by the Partners appear to be related to capacity and capability constraints, including recruitment and development of the existing workforce. In some instances, the Partners found it difficult to recruit suitable clinical practitioners with the necessary cultural competencies. In short, finding the right clinical practitioners who could engage with whānau Māori, who knew the gambling harm sector and who could support the development of a new service took time. The shortage of skilled clinicians nationwide and the Partner's ability to match salary rates for similar work within other settings, e.g., hospitals, also compounded the situation.

As with developing any new service, the Partners have spent considerable time developing service policies, processes and tools. Integration of gambling harm services (typically into existing mental health and addiction services) has also been time-consuming, requiring whole-of-organisation screening tools, aligning systems, and training for kaimahi. New partners also needed to familiarise themselves with the gambling harm sector and its unique dynamics. Most of the Partners commented on gambling as a "more hidden and secret" addiction, requiring considerable effort to engage whānau in services. The complexity of delivering services to whānau also involves addressing underlying social determinants, which need broader support beyond gambling-specific interventions. Therefore, establishing services required extensive promotional, educational, and informational activities to raise awareness of gambling harm services.

Implementing processes for accountability and reporting has been challenging for some Partners. The Partners are required to use Client Information Collection (CLIC), the national database reporting system. Most of the Partners felt that it has not provided an

accurate way to report on the services that they are delivering. All the Partners commented on what they saw as an "outdated" and "clunky" system that causes multiple technical difficulties, including the inability to log in and record. Similarly, a much earlier clinical audit of Problem Gambling interventions also concluded that improvements were needed in the technical aspects of the database, which resulted in the recording of incomplete data (AUT, 2015).

While there is a push for standardised accountability tools, these must also be adaptable to reflect kaupapa Māori values and approaches. As all of the Partners have found, balancing dual modalities and integrating Māori-specific models of care is critical to success and requires thoughtful design and training.

Sector-wide Challenges on Partners

There has been significant activity around the revising and developing of the 2025/26-2027/28 Prevention and Minimisation of Gambling Harm Strategy. Some Partners participated in the public consultation on the draft Strategy led by *Allen + Clarke* in August 2024, including hui and submissions¹³. Malatest International and Sapere also undertook a needs assessment in 2024 concluding that harm minimisation service providers face increasing pressure under the current system, which may limit the care available to those seeking help for gambling issues. Compounding this concern is the rapid growth of online gambling and the lack of regulation in this emerging market. As such, the Gambling Commission, the Problem Gambling Foundation, and other stakeholders, including many of the Partners, have called for a review of the levy funding system to support increased available funds.

The Partners supported the approach of Te Aka Whai Ora to procure Māori specific gambling harm services that enable national coverage. However, the funding available in some smaller communities necessitated integrating gambling harm services and strengthening relationships with other agencies.

In some regions, the available funding level has meant the partners must focus on one aspect of gambling harm services, like Multiple Venue Exclusion (MVE) or integrating gambling support services across the organisation.

The growing prevalence of online gambling and the intersection with youth gaming addiction has introduced a new dimension of harm that Partners are still learning to address. As mentioned above, the report by Malatest International and Sapere also discussed the impact of increasing pressure in the current system from online gambling and the lack of regulation.

Aspects of the MSPMGH establishment and implementation that made the difference

Partners have navigated a complex environment - building culturally responsive, inclusive, and geographically accessible services while addressing sector learning curves

¹³ <https://www.health.govt.nz>

and operational barriers. In effect, they have established culturally safe and clinically sound services that tangata whaiora and whānau are starting to access and engage with.

As highlighted below, several mechanisms have driven and supported the successful implementation of services, including the role of lived experience, existing networks and relationships, and cultural and clinical expertise.

Lived experience first. Lived experiences of tangata whaiora and whānau have driven service development and delivery. Their knowledge and insights have helped to underpin all actions, communication and engagements.

Intentional and inclusive focus. With a focus on Māori specific gambling, harm responses are targeted and purposeful, providing tangata whaiora and whānau gambling support while also responding more broadly to whānau needs and aspirations.

Long-term support and engagement. Through MSPMGH services, tangata whaiora and whānau are becoming familiar with the Partners, and there are opportunities to engage in other services and develop and build relationships for future engagement.


Leverage networks. Hauora Partners are well-connected to their communities, including iwi, hapū, marae and other service providers. They are developing services by collaborating and working towards common goals, leveraging their networks and relationships to support tangata whaiora and whānau.

Cultural and clinical expertise and experience. The Partners understand the importance of cultural and clinical knowledge and relational skills to create a welcoming and safe environment for whānau.

Kaimahi Māori engagement. Generally, Māori staff are at the forefront when engaging whānau in gambling harm services. They provide information to whānau in a way that is understood and whānau prefer and are more open to engaging with Māori.

The key enablers have been the ability of Partners to design and develop services in ways that prioritise cultural capital, align to tikanga Māori principles and support mana-enhancing and strengths-based practices.

As described by all Partners in Phase One of the evaluation, they felt trusted from the beginning of the procurement and contracting process to delivering their 'for, by, with and as Māori' approaches.¹⁴ Starting from a culturally grounded place was familiar, and Partners did not have to rationalise or justify their approaches and models of care as legitimate ways of working with whānau. As expressed by one Hauora Partner:

 This approach valued Māori knowledge and providers – thinking, ideas and testing of ways of doing.

Subsequently, when leading and delivering Māori specific Gambling harm prevention and minimisation, the Partners reflected on the importance of remaining steadfast to “By, As, For’ Māori. They have embedded tikanga Māori and mātauranga Māori throughout the

¹⁴ <https://www.tewhātuora.govt.nz/publications/maori-specific-preventing-and-minimising-gambling-harm-evaluation>

establishment and early implementation. Tino rangatiratanga and self-determination is a guiding principle that supports all Partners, tangata whaiora and whānau to make self-directed decisions.

As suggested in Wehipeihana (2019), within the tino rangatiratanga model, there are five ways of working with Māori that can range from helpful to harmful, as illustrated in Figure 1. When services are provided ‘as and by Māori’, Māori providers (including hapū and iwi), rangatahi, whānau, and the community have ownership over the service delivery to meet their needs.

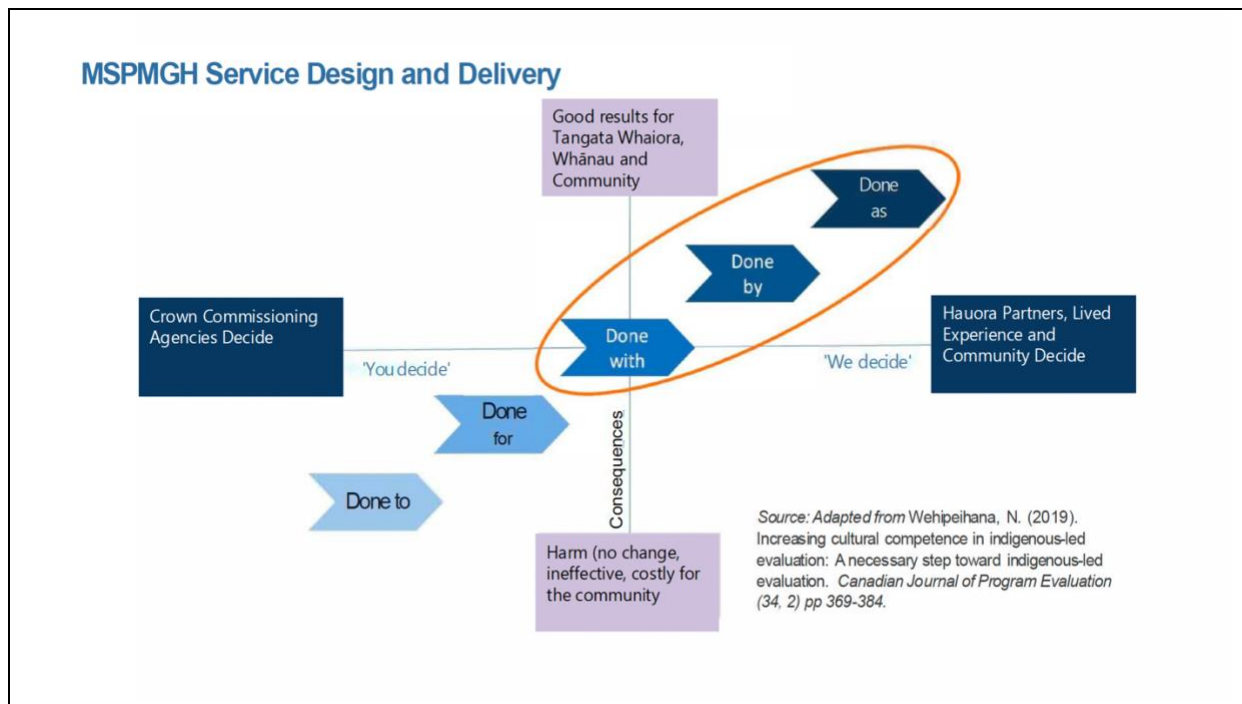


FIGURE ONE: MSPMGH SERVICE DESIGN AND DELIVERY

The Wehipeihana tino rangatiratanga framework also points to the importance of partnership and collaboration with tangata whaiora and whānau. In the “done with” and “done by” spaces, Partners, in collaboration with lived experience (including hapū and iwi), rangatahi, whānau and community have shared knowledge to find the best way forward together. This approach affirms the approach of all Partners in designing and developing gambling harm services. Their approaches contrast with the often “done to” or “done for” spaces where unintended harm can occur when developing services ‘for’ tangata whaiora, whānau and the community.

In summary, the Partners are embedded within their communities, with knowledge of whānau, hapū, and iwi. Shared cultural understandings and values enable Partners to develop authentic relationships with whānau quickly. Further, mana whenua, kaumātua and community support have provided critical guidance and service legitimacy throughout the establishment and early implementation.

KEQ 2: To what extent are tangata whaiora and whānau experiencing early outcomes?

This section focuses on early insights from tangata whaiora, whānau and other external organisations. In general, tangata whaiora and whānau experience of the services highlighted the importance of kaimahi building relational trust to support their recovery journeys. Many of the participants had only recently engaged with the services and, as such, could not talk in-depth about their experience of the service; however, they still offered valuable insights from their early experiences.

Tangata Whaiora have increased knowledge and awareness of gambling harm

Through the support provided by the Partners, tangata whaiora and their whānau are developing a deeper understanding of the psychological, physiological, and behavioural mechanisms that underpin gambling addiction. They all expressed increased confidence in their ability to identify various triggers, patterns of behaviour and the cyclical nature of gambling harm. Improved awareness has enabled informed decision-making, whereby tangata whaiora can choose treatment and support options that best fit their circumstances and recovery goals.

Through the support of the services, tangata whaiora could now reflect on the underlying issues associated with their addiction and the potential challenges they face in addressing problem gambling. With support from the services, this increased knowledge and understanding has helped them to plan for contingencies, improve self-management and reduce the risk of relapse.

There were so many layers that I needed to heal, and I didn't think that I would be emotionally okay to work, you know, I didn't want to let my work down.

Tangata whaiora are beginning to understand how gambling campaigns, games, and machines are intentionally designed within the sector to exploit and fuel their addiction. This knowledge is helping them and their whānau to be more aware of targeted gambling promotional tactics and their external influences or 'hooks' designed to feed their gambling addiction.

... like a lot of it's to do with getting that hit ... that's why they make them with all the flashing lights and stuff like that, it attracts people to them.

Increased awareness also extends to recognising the whakapapa of gambling harm within their own whānau. Many participants linked the origin of their gambling behaviours to historic and intergenerational trauma.

Gambling was one of those things that was normalised in our whānau – our elders that's all they did, drink and gamble ... so it was normal for us to do that. I learnt as a young child playing marbles to play for money ... now as an adult, I'd know my kids were hungry, but I'd still go gamble ... I didn't care about anyone.

Growing awareness around the 'cycle of gambling harm' and its interrelated effects of financial stress, anxiety and depression, relationship breakdown, family violence, neglect, substance abuse and suicide has been a revelation for many.

So, they would always argue and fight, and she would lie ...before you know it, we lost the house to the bank. I just remember seeing her come home after pay day, losing all her money, having to go through the week, struggling and trying to survive ... it was bad ... and it was mainly with [the] pokie machines ...

In conversation, many of the tangata whaiora discussed the mutually dependent nature of their addiction and how often one addiction fed into another. The majority of tangata whaiora understood this well and many presented with more than one addiction. They felt that the Partners they were engaging with also understood the impact of dual dependencies and multiple addictions and the importance of addressing these concurrently and not in isolation of the broader context in which they arise. The Partners also confirmed and shared that while gambling harm was their priority, they invariably ended up investing a lot of their time tackling issues that would manifest from other addictions and dependencies, including alcohol and drugs.

Before I was a meth addict, I was a gambling addict and had I not addressed the meth I'd probably still be gambling, because they become linked. Since coming here I've only relapsed once. Having this place to come back to, to be embraced and not judged, meant the relapse didn't spiral out of control.

We learned first-hand from tangata whaiora how the support and interventions received from their Hauora Māori partner had led to positive behaviour change. Reflecting on their addiction and past circumstances, they were able to articulate how the support they received helped them to achieve significant change, including being free of gambling.

I see when you make these big changes, life goes well ... I just knew that I couldn't carry on that cycle. This place has helped me ... this is where I came to get off meth, but it's taught me a lot of things and gambling harm is one of them.

Tangata whaiora have improved access to holistic and integrated supports

Through the MSPMGH services, tangata whaiora and whānau can access various culturally relevant, holistic supports that combine traditional tikanga-based practice with clinical modalities and approaches.

Integration of practical strategies has been a cornerstone of this support to build tangata whaiora capability and confidence in self-management. These strategies were critical where financial stress was a factor.

Because you start looking at where your money is going to start weighing up the needs and the wants, and it makes you just really open your eyes to, maybe I could be using this money for something else ...

Poverty was often associated with a desire for tangata whaiora to gamble as a way to 'win' their way out of debt. Through the support they were receiving, they could see that while gambling provided interim relief, in the long run, it resulted in increased hardship and was not a sustainable long-term solution to financial insecurity.

He gave me a lot of tips, like I've changed my bank accounts ... no debit card, just EFTPOS for swiping. There's been a lot of tips that he gave me that I've put in place in my life ... without [the support] I don't think I'd be in my own whare.

Tools in budgeting and financial planning are helping to mitigate risks of recidivism by interrupting entrenched behaviours, leading to sustainable change over time. Access to other therapies, such as mirimiri, rongoā Māori, and cognitive behavioural therapy (CBT), was also proving beneficial.

Last week, for the first time in years, I had a mirimiri on my shoulder because I had a sore shoulder for months ... because I've known Whaea for a while now, I thought, right, [I] trust her.

Tangata whaiora are benefiting from culturally grounded services

The culturally grounded, “by, for and as” Māori approach employed by hauora providers fostered a sense of whanaungatanga, manaakitanga, and aroha. These principles create a supportive environment that is free from judgement and stigma.

I found out about this place through a friend who invited me. I didn't know at first what to expect but I trusted the process. I walk into these doors and the aroha it's just there ... it's a beautiful space here. You can be open and honest in that space. Like, we can come here and be Māori.

Culturally aligned services support healing and strengthen connections for tangata whaiora to te ao Māori. These connections are vital in the healing journey, especially for tangata whaiora, who have experienced disconnection from their whānau and community.

I'm around like-minded people and I feel safe in this space. My own whānau don't understand 'the addict', they don't understand the struggle, that's why I come here ... it's real safe ... I love the wairua of this space. What keeps me here is the wairua when I come, the wraparound support, no judgement, safe space to speak my truth ... it's awahi mai, awahi atu.

Wairua is of utmost significance; it highlights how spiritual and emotional safety is central to the success of gambling harm interventions for Māori. Many of the tangata whaiora we spoke to expressed that their kaimahi created a whānau-like environment where they felt welcome, comfortable, affirmed as Māori and safe. Many engaged in cultural activities designed to grow their knowledge, skills and confidence to operate in te ao Māori.

We all introduce ourselves, so it's that feeling of being able to be who you are, because there are not that many places outside that you can do that. And we've got some very

talented kaumātua who do korowai, kākahu and, you know, all those things, and who make rongoā Māori, you know, and [are] willing to show us how to do those things.

Tangata whaiora and whānau are applying practical coping strategies and tools

One of the key outcomes for tangata whaiora has been their ability to access and adopt practical strategies to cope with gambling urges and avoid relapse. These strategies range from budgeting and financial planning to engaging in alternative activities that promote wellbeing, such as art, music, and physical training.

You can distract yourself by talking to a support person, practice relaxation, do another hobby ... that's the methods I've been using. I've been doing artwork and yeah, some music and training as well.

These methods enable individuals to redirect their focus and maintain their progress. Having their hauora practitioner 'walk alongside' them through regular phone contact, texts or Zoom calls has also been beneficial. This support also includes working around tangata whaiora priorities and routines to reduce barriers to engagement.

And when he sends me a text message or gives me a phone call, like, how you doing? Do we need to book us another session? I tell him if I'm falling into temptation. Or, if I'm not, I think I'm alright this week ... he lets it work for me and that's good, especially with my studies ... there's been a lot of tips that he's given me that I've put in place in my life.

Small changes can be significant, highlighting the initial stages of transformation for tangata whaiora and whānau might begin with a small but significant step toward making better choices. These outcomes often result in incremental shifts that lay the foundation for fundamental sustained change.

They've helped with budgeting. When I get money, I just write it down. I pull out the card, do I need to be touching it? Put that money into my daughter's banking, into my daughter's savings and not into a pokie machine.

All Partners understand local challenges and the inherent risks around 'hot spots' for gambling. Many have developed relationships with gambling establishments in their area. They can leverage these relationships to provide additional support, e.g., multi-venue exclusion orders, to help tangata whaiora maintain their abstinence goals.

The multi-venue exclusion was good ... it's very, very tempting, I think just this time and then next week ... just this time, and then a voice says to me 'ka nui tēnā' ... no more.

Tangata whaiora have improved trust and confidence in services

Building trust and confidence in services has been a critical component of positive outcomes for tangata whaiora and whānau. The Partners foster trust by offering flexible, locally responsive, and culturally aligned support.

Taking time to build trust through whanaungatanga is paying off. Leading with tikanga-based, te ao Māori approaches has been a critical factor in supporting tangata whaiora and their whānau to remain engaged. This relational approach speaks to the need for tangata whaiora to trust the services they are receiving. Knowing when to introduce clinical interventions (if required) is also key to building trust.

... like comparing [this service] and [the other service], ... I just feel a lot more aroha over here because with [the other service] they are very clinical and ... they analyse you all the time. And I feel like they don't really take the time out to get to know you as an actual person. I walk into these doors and the aroha it's just there

Being able to access local wraparound supports that are responsive and trusted is a fundamental component of tangata whaiora gambling harm recovery and sustainability. Tangata whaiora expressed how critical this support was to their ability to self-manage their addiction and feel assured that the help would be there when they most needed it.

I went to rehab in October last year, but I didn't want to come home as I felt I had no wraparound services to come back to, but then I came straight here to [the hauora provider] and it helped me through that vulnerable time around Xmas and New Years.

Tangata whaiora are reconnecting with their whānau and community

Whānau are a critical support system for tangata whaiora who are embarking on a recovery journey from gambling harm. However, due to their past gambling behaviours and the resulting harm, many tangata whaiora have become disconnected from their whānau and friends. Reestablishing these links is essential for them to promote healing and whānau ora. As tangata whaiora gain control over their gambling addiction, many find that they can re-focus and prioritise their relationships, including contributing to the collective wellbeing of their whānau..

Some tangata whaiora have become active community contributors, using their gambling experiences to support others facing similar challenges. Activities include volunteering, participating in community initiatives, or mentoring peers. These contributions benefit others and are therapeutic for tangata whaiora, reinforcing their learning and commitment to long-term change.

I've been spending more time with my kids and teaching them about how to manage money, I want them to learn and do better than I did.

I now help run a local group for others who are struggling ... It feels good to give back and to know I'm making a difference.

One tangata whaiora reported that they had experienced total transformative change and felt that it would be something they could maintain with the right support.

I've gone over a year now without gambling. It's not even a temptation anymore because I've built a life that doesn't include it. I've met this new, beautiful group of people that are doing things that are adding value to my life ... I've got goals and aspirations now that I want to stick to.

In summary

Evidence of the emerging outcomes from MSPMGH services demonstrates the potential of culturally grounded, local, safe, trusted and holistic approaches. While it is early days, these early insights highlight the significant impact such support can have for tangata whaiora and their whānau. By increasing awareness, fostering trust, and integrating traditional and clinical approaches, Hauora Māori Partners are facilitating meaningful change that, if sustained, can lead to long-term and intergenerational change for tangata whaiora, their whānau and communities.

KEQ 3: To what extent are the MSPGH Hauora Partners working together to deliver services across the country?

The MSPMGH services highlight the critical importance of culturally tailored services that meet the unique needs of diverse populations. To achieve this, the development and early delivery of these services required collaborative efforts among the Partners and working with other organisations within the gambling harm sector and beyond. Notably, an integrated approach helps to ensure services address addiction, mental health, and gambling issues holistically rather than in isolated silos.

This collaboration was especially evident during the procurement process, which encouraged partners to work together, build relationships, and adopt a collective focus on shared goals rather than competition. This foundation of collaboration has since extended to the implementation of services in the following ways.

Collaboration and partnering to deliver services

Most of the Partners have been working together to fill gaps in community services by combining their strengths in clinical care, community outreach, and promotional activities. For instance, during Gambling Harm Week and Matariki celebrations, different organisations have partnered to engage communities and raise awareness. Some Partners deliver joined-up projects that engage in community events and venues outside their organisations, such as promotion of services at casinos. Others have organised programmes and workshops within their organisations, inviting their regional colleagues to deliver gambling-related presentations.

There is flexibility and mutual respect amongst the Partners, which helps to align efforts and address the needs of most of their respective communities.

Referral and Recovery Pathways

A key mechanism of working together is the creation of referral and recovery pathways. As shared by many, whānau often move between services, and Partners are establishing referral systems to ensure that tangata whaiora and whānau receive the support they need at the right time. Some Partners also discussed how they collaborate, including referrals to appropriate partners when whānau require specialised care, such as financial counselling or addiction treatment. This fluid "flow" of whānau between services ensures no gaps in the continuum of care.

The Partners are also exploring ways to maintain support for whānau who move between communities to allow for continuity of care. In a few instances, individual Partners also engage with each other across their regions to learn about approaches and establish mutual referral pathways. This engagement is important to Partners to ensure that whānau are supported throughout their recovery journey, regardless of location.

Across the kaimahi but particularly the whānau we jointly support that's been a really good connection in this space. That came out of this opportunity with gambling harm, which is a not a space we have been in. (Hauora Partner)

Shared Understanding and Values

All Partners are committed to kaupapa Māori approaches that centre on whānau and whakawhanaungatanga. They are working to grow shared understanding, trust, and respect. Regular hui and events provide opportunities to discuss challenges, share learnings, and align their efforts. Many Partners also shared experiences of "picking up the phone" and asking for advice and ideas.

Leveraging Strengths

All Partners recognise that they all bring unique strengths and expertise to the 'regional' table. Importantly, they are not wanting to be the experts, instead they are leveraging these strengths to enhance their gambling harm approaches. At some point, all of the Partners have reached out to those with extensive experience in public health promotion, or those that excel in clinical care and gambling harm experience.

Where the Partners have not been able to provide the expertise, they have chosen to collaborate. In many instances more established services have taken on mentoring roles for newer organisations helping them develop gambling harm services that integrate kaupapa Māori principles and gambling harm approaches.

Also, all Partners are open to sharing knowledge and resources during training sessions or conferences. At the Auckland University of Technology (AUT) 2024 Gambling International Conference in Tāmaki Makaurau Auckland, the Partners who attended exchanged ideas and shared experiences, reinforcing their commitment to addressing gambling harm.

Challenges in Collaboration and Service Delivery

Despite the progress made in establishing collaborative relationships, all Partners acknowledged in conversations that they have faced several challenges that have limited the extent of their ability to work together. These challenges arise from resource limitations, coordination issues, varying regional contexts, and structural barriers.

Resource Constraints

One of the most pressing challenges is the limited funding and resources available to some Partners. Many operate on smaller contracts with insufficient hours allocated to gambling harm services. They shared the challenges of adequately staffing their services, engaging with whānau, investing in training and development, and working with regional colleagues. Many partners also commented that clinical contracts did not provide funding for promotional activities despite these being essential for raising awareness and engaging communities with gambling harm services. In essence, limited resources

directly impact the ability of some Partners to participate in joint promotional activities or services.

Coordination and Communication Gaps

Another challenge has been the lack of consistent coordination and communication between some Partners. While collaboration is valued, some regions are experiencing confusion or uncertainty regarding the division of roles and responsibilities between organisations. Miscommunication often arises from unclear contractual relationships, roles, responsibilities, and expectations. For example, emails are sometimes sent to the wrong individuals, bypassing the gambling leads, which causes delays in coordination. Similarly, there is inconsistency in how messages and resources are disseminated among Partners, leading to gaps in engagement. These gaps have led to fragmented efforts, where Partners operate within their lanes rather than working collectively toward shared goals.

Another challenge is the uneven inclusion of Partners in national conversations. While some providers are actively involved in collaborative efforts, others feel excluded due to gaps in communication or a lack of clarity about how to engage. This disconnect undermines the collective potential of the hauora network and hampers efforts to present a united front in addressing gambling harm.

Regional public health funding was allocated to four regional Partners as this was considered the most effective way to develop a national public health response. However, some local clinical partners expressed frustration with the lack of health promotion funding to support their services.

Differing Regional Contexts and Needs

The Partners serve diverse communities with unique needs and contexts. Some work with rural, isolated populations, high levels of deprivation, and intergenerational trauma, while others may focus more on urban populations with different priorities. These differing contexts require tailored approaches, which can make it difficult to align efforts.

When undertaking the evaluation, many Partners explained that they are in the early stages of establishing and setting up their services. This process is resource-intensive and often complicated by the complexity of addressing whānau needs, particularly in communities experiencing intergenerational trauma and co-existing challenges. As a result, the Partners weighed up the development and delivery of the services against the broader goal of creating regional collaborations. While the desire to collaborate is present, many could not contribute meaningfully (at this stage) to national or regional initiatives.

The complexity of the kaupapa itself—addressing gambling harm in culturally responsive ways—adds to the strain. Partners manage multiple demands, such as health promotion, clinical service delivery, and community engagement, while dealing with resource limitations. All Partners reported needing support with health promotion strategies,

developing national marketing messages tailored to Māori, and access to shared resources that align with their regional approaches.

Maintaining collaboration while upholding tino rangatiratanga is critical but challenging. Differences in organisational priorities and approaches can create tension. Throughout the evaluation, most Partners highlighted disparities in access to resources and funding, contributing to unequal power dynamics. Striking a balance between collective action and the autonomy and agency of individual organisations requires mutual understanding, respect, and recognition of their unique circumstances and perspectives.

Collaboration with Iwi, Hapū, and Kaupapa Māori Organisations

Most Partners are forming meaningful partnerships with mana whenua, iwi, hapū, and kaupapa Māori organisations. As mentioned, these collaborations are central to designing and implementing services that resonate with Māori communities and uphold tikanga.

Many Partners shared their active participation in iwi-sponsored events and activities, leveraging these spaces to promote their services, engage with whānau, and raise awareness about gambling harm. Partnerships with groups such as the Māori Women's Welfare League, kaumātua rūpū, and local marae have provided platforms to discuss critical issues like gambling licenses and the systemic impacts of gambling on Māori communities.

Through these relationships, the Partners appreciate gaining access to Māori spaces and networks, including marae and other community hubs essential to their service delivery and whānau engagement. A few Partners appointed mana whenua representatives to leadership and decision-making roles, incorporating their voices and perspectives into the organisational services.

Other Partners have engaged kaumātua and kuia to guide and support service delivery and developed advisory groups. Partnerships are also growing with other kaupapa Māori providers, rūnanga, and marae-based services to amplify their reach and effectiveness. For example, Partners have been working with iwi to explore partnerships with local marae.

■ Consistently leaning into the support and expertise of everyone. (Hauora Partner)

Collaboration with Organisations in the Gambling Sector

Most Partners also build relationships with gambling harm sector organisations outside the MSPMGH network. Partners see these partnerships as critical to ensure that whānau receive comprehensive care and establish a strong gambling harm response nationwide. In one instance, a Partner refers whānau to services such as the Family Centre, Salvation Army, and other wraparound providers. This integrated service approach ensures that whānau can access additional support, including mental health services, housing assistance, and financial counselling.

A notable collaboration involves a Partner organisation working with the Problem Gambling Foundation (PGF), Mapu Maia, and other sector organisations to deliver a united response to gambling harm in schools. Together, they bring their expertise to educate young people about the risks of gambling. Another example involves a Partner collaborating with PGF to co-develop a position paper and deliver presentations. This initiative highlights and showcases their Māori-focused approach while sharing valuable knowledge and insights on culturally responsive practices. Some Partners reflected in conversation on the challenges of engaging with national-level organisations or public health providers when there is no physical presence in the regions. In these cases, the absence of on-the-ground staff makes building productive relationships and coordinating efforts in gambling harm promotion and activities difficult. Partners feel that it significantly impacts the visibility and accessibility of gambling harm services, particularly in rural or isolated communities.

Although national services like PGF are sharing information resources, all Partners explained that aligning resources and messaging can be challenging and time-consuming. They receive generic resources and must re-create the materials to tailor them to local community needs and kaupapa Māori service models. In the future, the Partners identified the importance of developing MSPMGH resources and messaging that align with kaupapa Māori service models and the Partners' approaches.

Integration with Broader Community Services

Beyond the gambling sector, most Partners work with a wide range of community organisations to address the broader needs of whānau. For instance, they have partnered with Corrections, housing initiatives and mental health agencies.

Coordinating and hosting hui and events involving multiple community services is another way many Partners are creating opportunities for education and awareness. One such event focused on gambling harm awareness, involving numerous providers coming together to engage with the community, share resources, and promote available services. Another initiative involved developing a play in collaboration with the Drug Foundation, as part of a national programme in schools. These joint efforts strengthen the support network for whānau and enhance the visibility of gambling harm services.

Te Kāhui Mokoroa - The Regional | National Response

Four Partner organisations provide the MSPMGH Regional Public Health Services, three of whom also offer Clinical MSPMGH services. Regional Public Health providers cover health promotion, engaging with local community groups, including iwi, increasing community action, raising community awareness about gambling harm, working with territorial authorities on their gambling venue policies, and supporting the public health awareness and education programmes at a local and regional level.

Each Regional Public Health Partner is responsible for providing regional public health support and leadership to the Clinical MSPMGH Partners within their respective region. To progress this kaupapa, the Regional Public Health Partners have formed Te Kāhui Mokoroa, a collective national response that they view as strategically “starting at the top.” This approach has been influenced by the revision and development of the 2025/26-2027/28 Prevention and Minimisation of Gambling Harm Strategy to ensure that as a collective they could respond and inform the Strategy.

Specific focus across the regional health partners includes the following:

Te Rangihaeata (Ikarooa)	<p>Community Connection: A strong emphasis on supporting local clinical services new to the gambling harm kaupapa, building relationships through whakawhanaungatanga, and engaging in local policy reviews.</p> <p>Leadership and Collaboration: Lead regional partnerships, participating in national gambling harm research, and delivering gambling harm awareness presentations at kaupapa Māori events.</p> <p>De-stigmatisation Initiatives: Develop strategies to normalise help-seeking behaviour and empower whānau experiencing gambling harm.</p>
Purapura Whetū (Te Wai Pounamu)	<p>Whānau-Responsive Model: A service delivery model that integrates with other providers and internal services, ensuring a cohesive and comprehensive response.</p> <p>Educational Development: Developing school materials and addressing online gambling and gamification while producing promotional and professional development materials for hauora Māori partners.</p> <p>Continuous Improvement: Advocacy for an iterative approach, with ongoing co-design, feedback, and analysis to refine service delivery.</p>
Poutiri (Te Manawa Taki)	<p>Mātauranga Māori Integration: Build the evidence base for what works for Māori and incorporate mātauranga Māori into policy and advocacy efforts.</p> <p>Protective Factor Development: Develop resources to strengthen protective factors for rangatahi and whānau with targeted public health campaigns for priority populations.</p> <p>Whānau Assessment Tool: Create a resource to capture and elevate the voices and experiences of whānau whaiora, ensuring their stories shape future strategies.</p>

Hāpai Te Hauora
(Tāmaki/Tai Tokerau)

Strengthening Access: Focused on increasing access to culturally responsive services and supports through collaboration with communities and individuals with lived experience.

Addressing Stigma: Reducing stigma is a key priority, with initiatives tailored to schools and broader public education campaigns.

Community-Driven Initiatives: Builds on the strengths of Māori whānau, hapū, and iwi by designing services collaboratively with affected communities.

Collaboration and National Response: Te Kāhui Mokoroa

As their contracts outline, the Regional Public Health Partners are responsible for developing an overarching Māori specific regional public health service approach. This approach aims to ensure consistent messaging and provision of support while being informed by and tailored to each region and respective localities.

Under the banner of Te Kāhui Mokoroa, the collective is taking a strategic and collective approach to addressing gambling harm. By forming a national response that starts at the top, the collective is building a robust structure to tackle legislative issues, coordinate regional efforts, and deliver localised, culturally responsive services. The collective is committed to ensuring that regional perspectives inform national strategies. They have undertaken site visits to local clinical partners, community-wide forums, and initiatives tailored to specific audiences, such as rangatahi or whānau dealing with co-existing issues.

As discussed below, from the perspective of Local Clinical Partners, Te Kāhui Mokoroa has varying levels of engagement. However, there is evidence that the key activities of Te Kāhui Mokoro have included crafting submissions to influence legislation, such as the national gambling strategy, sharing resources with local clinical Partners in their respective takiwā and developing screening tools. Te Kāhui Mokoroa has also supported initiatives like placing rāhui on gambling exclusions to protect vulnerable whānau. They leverage other health initiatives and collectives to amplify their reach and impact. To support this, Kō Kollektive provides secretariat support facilitating hui and regular contact.

Like the local clinical services, Te Kāhui Mokoroa has embedded tikanga Māori principles in its regional health model, highlighting kaupapa Māori approaches as central to public health initiatives and the partners' work. Initiatives include raising awareness about gambling harm, promoting help-seeking behaviours, and addressing stigma. Education campaigns are tailored to priority populations, such as rangatahi, and often utilise a combination of online, print, and radio channels.

While unified in purpose, they are tailoring their initiatives to reflect regional needs. For example, Te Rangihaeata Trust emphasises local policy engagement and support for emerging clinical services, while Poutiri Trust prioritises rangatahi-focused resources and whānau assessments. Building the evidence base for what works for Māori is a shared goal. As such, all the regional partners are engaging in some form of research, collating whānau case studies, and advocating for policy changes. Lived experience and mātauranga Māori also inform the work of the regional partners.

Although it is early days, Te Kāhui Mokoroa is demonstrating progress and some early successes. For instance, they are leading the sector in developing innovative responses such as a national diploma through Te Rau Ora¹⁵ that is specifically focused on gambling harm and includes indigenous tools and kaupapa Māori frameworks. From the perspective of Te Kāhui Mokoroa, this initiative positions the MSPMGH Partners ahead of the All of Population providers and highlights the ability of Partners to respond quickly and effectively. The growing visibility of Partners is also evidenced by media engagements, like radio interviews, helping to raise awareness and promote the availability of culturally responsive gambling harm prevention and minimisation services.

Challenges

Most Local Clinical partners have expressed dissatisfaction and confusion around a coordinated approach to public health promotion. Feedback highlighted confusion or uncertainty about the regional health Partners' roles and responsibilities. All Partners want a unified national Māori-specific branding and consistent messaging and were under the impression that this was a component of Te Kāhui Mokoroa services. Conversations with Kāhui Mokoroa reveal plans are underway to develop these resources with their partners. They expect to roll this out in 2025/26.

Some Local Clinical Partners bring significant expertise in gambling harm prevention, kaupapa Māori practices, or both. Others are newer to public health promotion and still building their capacity to engage fully. While all Partners identified whanaungatanga as critical for fostering trust and collaboration, capacity constraints hinder engagement with Te Kāhui Mokoroa, and not all partners can currently participate as actively as they might like. Partners also shared the importance of exercising their tino rangatiratanga in delivering their services, which includes the ability to promote their initiatives.

Next Steps: Strengthening the Collective

In response to feedback about the regional contracting model, Te Kāhui Mokoroa is actively developing solutions that provide more direct support, enabling partners to strengthen their services and promote their kaupapa effectively.

They have outlined several key next steps. These include:

¹⁵ New Zealand's Indigenous Māori organisation providing a range of local and national programmes to improve Māori Mental Health.

1. Developing an Annual Strategic Work Plan: This will help coordinate activities across the collective and ensure that efforts align with shared goals.
2. Creating a Communication Plan: Improving communication with all Partners is a priority. This includes establishing clear terms of reference and regular updates to maintain transparency and alignment.
3. Social media and Education Campaigns: Expanding outreach through digital platforms will help raise awareness and engage a broader audience in gambling harm prevention efforts.
4. Formalising the Collective's Structure: Finalising terms of reference will clarify roles, responsibilities, and decision-making processes, ensuring the group operates efficiently and cohesively.
5. Fostering Workforce Development: Noho marae and other training opportunities will build capacity and deepen the sector's expertise and knowledge, particularly around culturally grounded approaches.
6. Building Consistency in Branding and Messaging: The anticipated rollout of a unified national branding and messaging strategy will provide coherence across regions and address Partner concerns.

Recommendations

Partners, tangata whaiora, and their whānau have shared valuable insights that will enhance the development of MSPMGH services, ensure they are culturally grounded, and improve access and positive engagement. Their experiences emphasise the importance of time, trust, collaboration, and strategic alignment in shaping a strong Māori-led strategy to address gambling harm.

Building on feedback and the lessons learned from establishing services, the following recommendations outline key actions to strengthen culturally responsive gambling harm prevention and minimisation support for Māori whānau and communities.

1. Allow Sufficient Time for Establishment:

Developing effective local, regional, and national services requires time and sustained effort. Partners encountered several interconnected challenges, including recruitment delays, resource limitations, and the time needed to create policies, processes, and tools for service delivery, integration, and training. Merging gambling harm services with existing mental health and addiction frameworks also required additional effort to provide comprehensive care. Furthermore, the often less visible nature of gambling addiction necessitates extensive promotional and educational initiatives to raise awareness and effectively engage whānau.

2. Strengthen Capability and Resourcefulness

Many Partners faced recruitment challenges and relied on existing clinical staff who may not have had in-depth knowledge of kaupapa Māori or gambling harm. Despite these hurdles, Partners demonstrated remarkable capability and resourcefulness, leveraging local knowledge and connections to engage communities effectively. This relational approach underscores the importance of Partners' mātauranga and their deep understanding of whānau needs and cultural values. To enhance engagement and ensure services resonate with tangata whaiora and their whānau, ongoing investment in capability-building within the sector is essential.

3. Enable Localised Solutions with Flexibility

Partners emphasised the significance of procurement processes that support co-designing outcomes-based contracts incorporating lived experience. These approaches have laid a strong foundation for services that reflect the values of tangata whaiora and whānau. To ensure continued service effectiveness, Partners must be flexible to adapt to evolving needs while focusing on achieving broad outcomes.

4. Increase Lived Experience Involvement

The involvement of those with lived experience is pivotal to the success of MSPMGH services. Firsthand insights from tangata whaiora and whānau enhance the authenticity and relatability of services. Partners who incorporated lived experience into their service design noted improvements in understanding gambling addiction and creating safe, supportive environments for tangata whaiora. To sustain and strengthen this involvement, it is essential to appropriately acknowledge and support individuals with lived experience, such as by offering training opportunities, paid roles, or advisory positions within services.

5. Build Reputational Trust and Relationships

Building and maintaining trust-based relationships is fundamental to service success. Whanaungatanga emerged as a key enabler of service integration and effectiveness. Establishing trust with tangata whaiora and whānau requires ongoing engagement rather than a single interaction. Therefore, when commissioning new services, Partners must invest adequate time to develop relationships, foster collaborations, and build an understanding of the kaupapa.

6. Establish a Māori-Led National Response

The development of gambling harm services presents an opportunity for a unified Māori-led national response. By embracing the "By, As and For" Māori approach, Partners can take greater control over service provision and ensure culturally aligned support that meets the aspirations of tangata whaiora, whānau, and communities. A national response would enable coordinated policy, funding, and advocacy efforts while allowing regional providers to tailor services to local needs. Initiatives such as the development of a national diploma in gambling harm demonstrate the potential for collective leadership and innovation in the sector.

7. Strengthen Regional Responses through Te Kāhui Mokoroa

Regional public health providers are crucial in developing a strategic response to gambling harm. However, local clinical Partners face capacity constraints that can hinder engagement, including gaps in communication and uncertainty around collaboration processes. The success of regional responses depends on Te Kāhui Mokoroa facilitating greater cohesion among Partners. By fostering collaboration, sharing resources, and aligning efforts, Te Kāhui Mokoroa can help ensure that all Partners are included and supported in their work.

8. Promote Joined-Up Approaches

The early implementation phase underscored the importance of collective contracting to develop joined-up approaches that yield better outcomes for tangata whaiora and whānau. Fragmented service delivery and inconsistent messaging can dilute impact, whereas aligned efforts create a cohesive and effective network. Partners emphasised

the need for shared branding, resources, and service pathways, such as seamless referral systems that enhance whānau access. National health promotion campaigns that incorporate a unified message while allowing for local adaptation have the potential to extend reach and strengthen impact.

Implementing these recommendations can achieve a more effective, culturally responsive, and strategically aligned approach to gambling harm, ensuring that tangata whaiora and their whānau receive the support they need.

Conclusions

Establishing MSPMGH services marks a significant step forward in creating effective, culturally responsive interventions for tangata whaiora, whānau and communities nationwide. While there have been challenges, Partners' commitment to lived experience involvement, clinically effective and culturally grounded gambling harm approaches within kaupapa Māori frameworks, have created a strong foundation for future growth.

Collaboration has been a key driver of progress, with regional and national providers working together to share resources, align efforts, and advocate for systemic change. Initiatives such as developing a national diploma and targeted public health campaigns demonstrate the potential of collective action. Partners have shown flexibility by tailoring their approaches to meet local needs through rangatahi-focused programmes or by addressing the harm caused by online gambling.

The process has also highlighted the need for time, capacity, and resources to establish these services fully. At the same time, positive insights from tangata whaiora and whānau point to early successes. Ongoing support and investment are essential to improved access, engagement and long-term sustainability. There is significant potential for a cohesive Māori-led national response to gambling harm, promoting tino rangatiratanga and the well-being of Māori communities. The focus for all Partners now lies in strengthening coordination, building capacity, and continuing to grow the collective impact of MSPMGH services.

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Appendices

Appendix 1. Hauora Partner Mini-Case Studies

Mini Case Study: Hapai Te Hauora

Oranga Whenua, Oranga Tangata - Healthy Environments, Healthy Lives

Introduction

Hāpai Te Hauora's (Hapai) foundation reflects the vision and leadership of mana whenua elders who recognised the need for a strong Māori presence in public health during the 1990s. Established in 1996, it emerged as a collaborative effort between Te Whānau o Waipareira, Raukura Hauora o Tainui, and Te Rūnanga o Ngāti Whātua to address health inequities for Māori in the greater Auckland region.¹⁶

Today, Hāpai operates nationally, building on its foundational legacy to advance Māori health through collective aspirations, collaboration, and a commitment to the wellbeing of Māori communities across Aotearoa. Hāpai's vision is to **foster Māori public health leadership to drive lasting, transformative change for future generations**. Through national and regional contracts aligned with *Oranga Whenua and Oranga Tangata*, they are dedicated to supporting whānau and communities in achieving improved health outcomes.

Hāpai leads initiatives to reduce the harm caused by gambling, alcohol, tobacco, vaping, mental health challenges, and drugs on whānau. They also promote preventative care and awareness through programs addressing immunisation, chronic illness, cancer screening, Fetal Alcohol Spectrum Disorder (FASD), and Sudden Unexpected Death in Infancy (SUDI). Since 2012, Hapai baseline contracts have included an array of gambling harm contracts, including Problem Gambling Public Health, Problem Gambling Workforce Development and Problem Gambling National Coordination Service.

Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGH): Regional Public Health

In January 2024, Te Aka Whai Ora awarded Hāpai the Regional Public Health contract to provide services in the Tāmaki Makaurau and Te Tai Tokerau areas. They are one of four Regional Public Health providers in Aotearoa – Poutiri Trust (Te Manawa Taki), Te Rangihaeata (Central) and Purapura Whetū (Te Wai Pounamu). In working collaboratively, they have formed Te Kāhui Mokoroa, highlighting their shared commitment to advancing public health outcomes across their respective regions. The Regional Public Health contracts specify that:

¹⁶ <https://hapai.co.nz/about/>

Public health services enable people to stay healthy and improve population health. These services cover health promotion, engaging with local community groups, including iwi, increasing community action, raising community awareness about gambling and gambling harm, working with territorial authorities on their gambling venue policies, and supporting public health awareness and education programmes at a local and regional level.

Each Māori-specific public health-led service supports and leads all hauora Māori partners within their respective regions. They will develop the overarching Māori specific regional public health service approach to ensure consistency of messaging and provision of support, which are informed by and tailored to each region and respective localities.

By collaborating with Hauora Māori partners and recognising the unique needs of whānau and hapori, Māori-specific public health services are prioritising locally informed solutions while remaining aligned with broader public health objectives. This approach not only fosters stronger partnerships but also enhances the impact of initiatives aimed at reducing gambling harm and improving whānau wellbeing.

Under this gambling contract, Hāpai is the only Māori Specific Regional Public Health Gambling harm provider that **does not** provide clinical services. The organisation operates in Henderson, West Auckland and focuses on addressing gambling harm in Māori communities.

Hāpai actively addresses gambling harm within Māori communities through culturally grounded initiatives and collaborative partnerships. They actively foster relationships with their Māori Gambling Harm clinical partners – Te Whare Tiaki Trust (Tāmaki Makaurau) and Ngā Manga Pūriri (Te Tai Tokerau). To support and deliver health promotion activities on gambling harm, Hāpai is partnering with well-established Māori providers - Te Kaha o te Rangatahi and Waipareira Trust in Tāmaki Makaurau, and Ngāti Hine in Te Tai Tokerau.

Hāpai embraces innovation as a vital part of their approach, dedicating funding to develop a gambling-focused app. Designed in collaboration with Hauora partners and a Māori whānau advisory group, this approach ensures cultural relevance and community-focused solutions. The app includes self-referral and online blocking features, providing culturally relevant tools that align with Māori values to support those impacted by gambling harm.

Central to their work is a focus on workforce development and cultural governance. By embedding cultural and clinical governance, they ensure services are safe, responsive, and effective for Māori. This approach prioritises integrating te ao Māori values and practices, fostering a culturally grounded framework that resonates with the communities they serve.

Service establishment and early implementation

Hāpai's new gambling team is building on the historical knowledge from previous contracts by focusing on whanaungatanga - strengthening partnerships with Hauora partners and Māori providers across Tāmaki Makaurau and Te Tai Tokerau. The team has established a solid foundation for collaborative efforts through regional travel and proactive engagement with local providers.

At the same time, recruitment and workforce development have been critical. Adding a new kaimahi with a public health background and kaupapa Māori focus brings essential Māori expertise and leadership to the team. To address delays in hiring and onboarding additional providers, Hāpai is leveraging its underspend to design and deliver a national gambling-focused campaign, reflecting a proactive approach to addressing gambling harm at scale.

National and regional hui have been key to aligning priorities, sharing insights, and ensuring strategies meet the needs of each hapori. In early 2025, efforts will focus on uniting Hauora clinical partners under a shared vision for addressing gambling harm. The Workforce Development Fund supports partner training, while collaboration with Te Kāhui Mokoroa strengthens a collective approach to a future free from gambling harm.

Emerging Outcomes

Although still in the early stages, the service is beginning to see promising outcomes from its efforts. Whanaungatanga with Māori providers and partners is strengthening and fostering a sense of shared purpose and collaboration. Regional Hui has proven to be an effective platform for identifying gaps, prioritising areas of focus, and co-creating culturally relevant approaches to gambling harm prevention.

The development of the gambling-focused app in partnership with other Māori organisations and whānau with lived experience reflects a collective effort to deliver innovative and culturally aligned solutions. Hapai also supports creative gambling harm promotion activities inspired by successful initiatives like Te Kaha o te Rangatahi's financial literacy programme for rangatahi, which engages whānau in meaningful conversations about gambling and money management.

Insights

Hāpai understands the importance of whanaungatanga to build trust and collaboration with Hauora partners and Māori providers. The service ensures culturally relevant solutions by embedding te ao Māori principles and cultural safety into initiatives like workforce development and co-design tools. Collaboration with regional public health providers, innovative health promotion, and emerging leadership enhances the service's capacity for lasting impact.

Quotes

The team is new to gambling. My team is really young and is just learning really fast, and it's awesome, but I didn't have any of their institutional knowledge or those relationships going in. (kaimahi)

We're having our monthly Hui. Our next one, I'm bringing in a facilitator - it's a full day, and we're using that time because a lot of us are fairly new to gambling. We're using that day to figure out what our shared vision is, and then what are some of the priority areas across our partners, so that we're not all going to try and do everything at the same time for everyone. (kaimahi)

Te Kaha o Te Rangatahi, although gambling is new to them, they already had a financial literacy kaupapa going on. So, a lot of what we've given them has been able to boost that kaupapa, which is cool, they've already developed a resource. They've been having wānanga workshops, some health promotion stuff. (kaimahi)

Mini Case Study: Manaaki Ora Trust

Kia whai, kia tipu, kia manaaki ora e

Introduction

Manaaki Ora Trust was established in 2012 by merging two well-regarded health organisations: **Tipu Ora and Te Utuhina Manaakitanga**. This unification was necessary to address changing health challenges and economic demands and improve governance and infrastructure efficiencies. Manaaki Ora remains dedicated to delivering kaupapa Māori services within the Te Arawa region, from Maketū to Tongariro.¹⁷

The Trust offers a broad range of health, social, and educational services infused with a Te Arawa cultural ethos. Among these is the gambling harm service, **Kauri Tū**, which provides an āhuru mōwai (safe and supportive environment) to raise awareness of gambling harm, empower whaiora with tools to manage gambling behaviours, and support whānau affected by gambling.

Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGH): Clinical Provider

In January 2024, Te Aka Whai Ora awarded Manaaki Ora Trust a Clinical contract to provide clinical gambling harm services to whānau residing in the Te Arawa rohe (Maketū to Tongariro). Under this contract, Manaaki Ora is part of the Te Manawa Taki gambling harm service region. Poutiri Trust is responsible for providing Regional Public Health services across the Manawa Taki region.

Service Establishment and Early Implementation

The Kauri Tū gambling harm service recognises the importance of incorporating lived experience into its programmes to prevent and minimise gambling harm. Tangata whaiora report that consistent support from kaimahi has been pivotal in their recovery, with regular check-ins helping them maintain stability.

Efforts to create a walk-in space specifically for gambling support have provided a welcoming environment for those seeking help. While initial uptake was gradual, the initiative has fostered increased engagement and accessibility for whaiora. Health promotion activities and early intervention screenings led by kaimahi have also strengthened community relationships, although maintaining momentum requires additional resources and support.

The health promotion team has achieved significant progress in multi-venue exclusions (MVEs) and school outreach programmes. The service combines culturally tailored clinical methods, such as CBT aligned with tikanga Māori, with broader community engagement strategies.

A comprehensive manual has been developed to guide kaimahi, focusing on harm minimisation, goal and safety planning, and psycho-education. However, the need for more training and

¹⁷ <https://manaakiora.org.nz/our-story/>

mentorship, particularly for kaimahi without gambling-specific expertise, has been highlighted as a priority.

Gambling Harm Service

Qualified clinicians with expertise in addiction and mental health lead the gambling harm service, working alongside kaimahi, who integrate cultural knowledge with clinical approaches to deliver practical, community-centred interventions. Grounded in Māori models of practice, the service integrates one-on-one counselling with community-based programmes such as waiata and kapa haka, using culturally relevant activities to address gambling-related harm. These initiatives support tangata whaiora, strengthen whānau connections, and promote greater community cohesion.

The team has expanded its capacity by recruiting two wāhine Māori counsellors, marking an important step in offering tailored prevention and harm minimisation support for wāhine Māori. The addition enhances the service's ability to meet the unique needs of wāhine whaiora and strengthen culturally grounded care across the region.

Every team member contributes unique strengths and expertise to their role. Manaaki Ora employs counsellors with qualifications in counselling and Māori cultural practices, ensuring the integration of traditional Māori models and values into service delivery. The team also includes kaimahi with lived experience who focus on peer support, community engagement, and promotional activities.

Emerging Outcomes

Several whaiora have reported improvements in their quality of life, citing examples such as engaging in voluntary work at schools and participating in alternative activities like jingo, which has helped them to avoid gambling on pokie machines. These personal accounts illustrate the tangible benefits of the service's one-on-one approach and its emphasis on empowerment and self-determination.

Manaaki Ora has also taken steps to strengthen its workforce and community partnerships. The support worker has recently completed a Level 5 Certificate in Gambling Harm through ABACUS, further enhancing the team's capacity to deliver effective interventions. Efforts to establish wānanga in Taupō are ongoing, to provide accessible and culturally relevant support in the area. The service has also fostered connections with non-Māori organisations, such as the Salvation Army, and partnered with local providers to host wānanga and deliver presentations on gambling harm.

Health promotion activities have included self-initiated hauora day events, which have been well-received by the community. These events provide an opportunity to raise awareness about gambling harm while promoting broader health and well-being initiatives. Manaaki Ora continues to explore possibilities for collaboration with Māori providers and organisations, recognising the importance of partnerships in delivering effective services.

The recruitment of wāhine Māori counsellors represents a step forward in addressing the specific needs of wāhine. Manaaki Ora counsellors bring valuable skills and experience in kaupapa Māori practice, which will be instrumental in developing new tools and resources for assessing and

addressing gambling behaviours in the future. By continuing to integrate tikanga Māori and culturally responsive practice into its service delivery, Manaaki Ora is well-positioned to meet the evolving needs of tangata whaiora and whānau.

Insights

Manaaki Ora Trust continues to uphold its commitment to culturally grounded care, focusing on addressing gambling harm in a way that resonates with Māori communities. The service is committed to developing innovative engagement strategies, expanding its kaimahi team and maintaining a strong connection to Māori models of practice.

The Kauri Tū service has demonstrated significant progress in addressing the gambling-related needs of Māori in their region. Whaiora have shared positive feedback about the support they receive, with many highlighting the importance of having a safe space where they feel listened to and supported. The presence of a support worker with lived experience has been instrumental in building strong relationships and fostering trust within the community. This approach has helped whaiora develop practical skills, such as avoiding triggers and deleting gambling apps, which have had a direct impact on their recovery journey.

Collaboration with other organisations and the need for flexible, stigma-sensitive approaches to group engagement have been identified as key considerations for moving forward.

Quotes

■ He's just there when I want some support, I feel listened to, and that helps me through to the end of the week. (Whānau)

■ I play a game similar to housie; it's called jingo. I can walk away from the machines and just concentrate on my game of jingo. (Whānau)

■ I have got a life, doing voluntary mahi at schools. It's good for me, and then I have my jingo. (Whānau)

Mini Case Study: Ngā Manga Pūriri Tai Tokerau Problem Gambling & AOD Services

Vision: Hīkoā te Kōrero - Championing for Change

Introduction

Ngā Manga Pūriri (NMP) is a charitable Trust providing free, confidential mobile support for whānau experiencing harm from problem gambling and other addictions. NMP began operating in Tai Tokerau over 25 years ago to provide support for whānau experiencing harm from problem gambling and other addictions.¹⁸ Raising awareness of the harmful impacts of gambling and other addictions, they actively seek to reduce levels of harm within whānau and communities through a range of supports.

NMP provides services across the age range to individuals, couples, whānau and groups. The services are flexible, including mobile services, over the phone or Zoom, in the home or community, delivering holistic wrap-around services. NMP facilitate wānanga and living well groups to address and minimise harmful behaviour, build resilience, and promote and enhance social protective factors.

The service is based in Whangārei and operates throughout Tai Tokerau – from Kaiwaka in the south to the Far North and coast to coast.

Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGH): Clinical Provider

In January 2024, Te Aka Whai Ora awarded NMP a Clinical contract to provide clinical gambling harm services to whānau in the Te Taitokerau region. Under this contract, NMP is part of the Northern region, encompassing Tāmaki Makaurau and Tai Tokerau. Hāpai Te Hauora provides Regional Public Health services across these regions. NMP is developing their relationship with Hāpai Te Hauora and other Hauora Ora regional partners.

Service establishment and early implementation.

Since the co-design phase, NMP has been implementing its plans for development, recruitment, and workforce development. NMP has continued to raise awareness of problem gambling (brief screen kōrero) at various events across Te Tai Tokerau and has gained referrals through this activity.

NMP have had two networking hui to build their whanaungatanga with their regional public health provider, Hāpai Te Hauora. The two hui have been beneficial in laying the foundation for an ongoing working relationship and close collaboration between the

¹⁸ <https://www.nmp.org.nz>

involved parties. NMP has also met and collaborated with the local clinical provider in Tāmaki Makaurau, Te Whare Tiaki.

NMP has engaged in several networking hui with other social service providers and community groups and was very active during Gambling Awareness Week (September 2024) in Kaipara, Whangārei, Mid and Far North. NMP problem gambling practitioners and lived-experience whānau were in the community throughout the week, driving awareness campaigns, visiting venues, and distributing resources and information.

Gambling Harm Service

NMP has enjoyed being able to do things differently under the Māori Specific Preventing and Minimising Gambling Harm contract. The co-design process offered a unique opportunity for NMP to have greater flexibility in their delivery. NMP was able to refocus its services as Māori-specific, incorporating Māramataka, Matariki, and other tikanga as therapeutic pathways for whānau. They see this as expressing who they truly are and operating with greater transparency, explicitly 'as Māori'.

NMP has a team of DAPANZ registered clinical practitioners, social workers and Kaupapa Māori practitioners.¹⁹ NMP provides one-on-one counselling, weekly community wellness groups, resources and information, and regularly attends local events to promote their messages and services, distribute resources, and receive referrals. They also support whānau by facilitating multi-venue exclusions (MVEs) to limit their gambling behaviours.

NMP view whānau wellness as central to wellbeing for hapū, iwi and hapori and central to intergenerational wellness for Māori. Whilst NMP provides services primarily to whānau Māori, they also offer services to non-Māori. They have a philosophy of manaakitanga and do not turn anyone away. NMP facilitate a regular Wellness Planning kaupapa - Hua Oranga. At these sessions, whānau plan their own wellbeing goals, including their goals around gambling addiction, recovery and relapse.

NMP offers a range of therapeutic supports to wider whānau affected by gambling harm. Tamariki and rangatahi can engage in interactive drawing therapy. Ahuru Mōwai, a group for wāhine with addiction issues, supports wāhine to share their pūrākau or their story in a safe, supportive environment. NMP also offer Cognitive Behaviour Therapy (CBT) and Havening Touch Therapy (a self-soothing technique that uses touch, eye movements, and sound to help reduce stress, anxiety, and discomfort). Havening Touch has been a helpful tool for helping whānau to work on historical trauma that has contributed to their current addiction/s and addictive behaviours.

Emerging outcomes

Tangata whaiora and their whānau are beginning to engage regularly with the service. The flexibility and range of therapeutic interventions that NMP provide work well for

¹⁹ <https://www.nmp.org.nz>

tangata whaiora interviewed for this kaupapa. The presence of NMP at events and local networking has successfully built relationships mutually beneficial to NMP and the community, including gaining referrals and disseminating messages about gambling harm, information, and resources.

NMP has been able to share its vast experience in gambling harm to support other Hauora partners in establishing their gambling harm services. Working closely with the Kaupapa Māori Teina Primary Mental Health and Addiction service has helped support whānau who present with dual or multiple addictions to gain seamless access to the proper support.

Insights

NMP has effectively established itself as a vital support service for whānau experiencing gambling harm and other addictions in Te Tai Tokerau. With over 25 years of experience, NMP integrates cultural knowledge, holistic practices, and a deep commitment to manaakitanga into its service delivery. The introduction of the Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGH) contract in 2024 has enabled NMP to align its services explicitly with Māori frameworks, incorporating Māramataka, Matariki, and tikanga Māori as therapeutic pathways. As a result, NMP has been able to deliver culturally relevant interventions that resonate with whānau and reflect their authentic identity as a Kaupapa Māori provider.

Quotes

I put Matariki and Māramataka in the contract and sent that back because that's what we do and that's who we are and it's accepted because for whānau that's treatment, it's intervention for whānau. This one wāhine we helped to make bread for her whānau, and it made her day ... it's simple, but it works. Sometimes it's hard to articulate that to funders, the benefit for whānau just to be able to provide kai ... but Te Aka Whaiora have never questioned it, they think it's great. (Kaimahi).

She has been incredible for me, for supporting me with my gambling problem and giving me tools to support my brother through his gambling problem. I work five sometimes six days a week and so I have to take time out from work for an appointment, but she will meet with me in the evening or a Sunday, it's great! (Whānau)

Going out there and acting like a community member first before you start acting like a service provider ... and through that we're starting to make inroads. (Kaimahi)

Mini Case Study: Poutiri Wellness Centre

Ko whānau ora te pūtake o te hauora Māori

Whānau well-being is the foundation of Māori health.

Introduction

Established in 1997, Poutiri is a holistic Wellness Centre to make health, employment and wellness services more affordable and accessible for whānau. Based in Te Puke, Poutiri delivers hauora services and supports a network of 12 hauora providers throughout the Bay of Plenty from Whakatāne, Ōpōtiki and Murupara in the east, Rotorua in the south through to Te Puke, Tauranga-moana and Matakana Island in the west. Their services are grounded in kaupapa Māori principles and practices, including whānau centred, 'as and by Māori responses', te reo me ona tikanga and mātauranga Māori.

Poutiri Gambling Support Services

Poutiri Wellness Centre is a new provider of gambling harm services. They secured two contracts: regional public health and local clinical services. KO Kollektive, a network member, leads the Poutiri clinical lead contract. Together, they developed Te O Wai, their model of practice. It refers to a collective memory, reminding whānau and kaimahi alike that the journey is one of retrieval.

By integrating Indigenous knowledge and leadership, Poutiri aims to create a sustainable, culturally grounded system of care that prevents and minimises gambling harm, empowering Māori whānau to achieve long-term well-being. Services are designed to support whānau through kaupapa Māori approaches focused on indigenous solutions. With an emphasis on culturally and clinically safe practices, approaches are informed by lived experiences and mātauranga Māori, rather than traditional academic or clinical frameworks.

Services are tailored to the unique needs of whānau, through integrated and specialised support under a whānau-centered framework. This includes wrap-around services that address social and emotional needs through Whānau Ora, complemented by counselling from a clinical psychologist. Financial strategies are also a key focus, helping whānau limit exposure to gambling harm through practical tools such as restricting access to harmful gambling sites and collaborating with banks to implement financial safeguards.

In supporting whānau Māori key service objectives also include:

- creating clear support pathways and escalation protocols for hauora Māori providers supporting whānau impacted by gambling harm,
- building a robust, evidence based, informed by mātauranga Māori knowledge and practices,
- leveraging the strengths of Māori whānau, hapū, iwi, and communities.

Service establishment and early implementation

Poutiri has been actively establishing and implementing its gambling harm support services, focusing on community engagement, tailored support, and innovative strategies. Quarterly forums have also been an important part of establishing the process, where whānau collaborate to redefine approaches to gambling harm. These forums have supported the team in moving away from traditional methods that do not align with the needs and lived experiences of whānau. The service is working with its network partners and other organisations to include mental health awareness and other support services to address underlying issues that contribute to gambling. A Tāne programme focusing on cultural strengths and brotherhood, links these to healthy coping mechanisms and financial responsibility.

Raising awareness has been a key priority, with efforts to educate the community about gambling harm and highlight socio-determinants, including housing. These efforts have included working with the Department of Internal Affairs (DIA) to gather local spending data, revealing minimal financial returns to the community, particularly the Māori community.

In its early implementation phase, Poutiri has launched initiatives such as a 24-hour free text gambling support number and awareness-raising billboards. The support line connects callers to a wide range of services, including whānau navigators, addiction counsellors, and financial strategy advisors, leveraging partnerships with organisations like Piringa Trust and their Wake-Over service to provide around-the-clock assistance. The text service will eventually integrate with the national gambling support system, with the organisation's dedicated line set to go live soon.



Simultaneously, Poutiri has also been promoting services to whānau, onboarding staff, and developing systems, processes, and workforce pathways to ensure long-term sustainability. Key to engaging whānau has been researching and developing their screening tools, building and refining tools to ensure fit for purpose. Mass screenings at community events such as festivals and netball tournaments have provided valuable insights.

Early outcomes

The early outcomes of Poutiri gambling harm services reflect the success of their Indigenous, grounded, whānau-centred approach. The team has completed over 217 brief interventions by leveraging events like Matariki, highlighting their dedication to

engaging whānau. They offer a non-judgmental and compassionate approach to supporting whānau to make positive changes.

Poutiri is connecting deeply with whānau, providing resources and guidance to reduce gambling harm. Early results show that whānau are reducing their gambling spend and engaging with financial education to understand better and manage their finances. Working with Poutiri, whānau are more aware of gambling harm triggers, participating in health activities, like Kaumātua Olympics and engaging in te ao Māori through hapū and marae. Also, practical support, such as providing access to phones, the internet, and other essential services, has enabled whānau to address immediate needs and rebuild their lives. A notable example includes a participant who secured employment after receiving a phone, highlighting the value of holistic, wrap-around support that focuses on socio-determinants.

The team has also focused on involving women and children in the program, recognising their role in addressing the root causes of gambling harm and encouraging financial decision-making that promotes long-term stability.

Trust and strong relationships have been a cornerstone of the service's success. The team's lived experience and personal understanding of the challenges faced by whānau have fostered an environment of mutual respect and support. By creating communication channels and support systems that prioritise the voices and experiences of whānau, Poutiri has established itself as a trusted partner in whānau journeys.

Insights

Insights from the early implementation stages highlight challenges and opportunities in delivering meaningful support to whānau. Poutiri stresses the importance of focusing on relationships over gambling-specific discussions to create a foundation of engagement and trust. Services need to be flexible as some whānau can struggle with maintaining engagement - withdrawing but later returning after a break.

Treating whānau with co-existing drug and gambling disorders requires a holistic and collaborative approach. The complexity of these cases underscores the importance of working collectively within the Poutiri network and other organisations. Collection and reporting of data is critical to refine and develop services ensuring they are responsive to whānau and community. Data-driven approaches can also be a powerful mechanism to inform whānau and empower them to make informed decisions about gambling behaviours.

Collective efforts, resources, expertise, and culturally responsive strategies support whānau and their complex needs. It also reinforces the importance of partnerships and shared responsibility in tackling the complex nature of gambling harm.

Quotes

It's really about raising awareness. There's a whole industry that's designed to kind of put us as a community into this situation. Let's kind of rally together and see what we can do about it.
(kaimahi)

Whānau were really clear with us, they don't want us rocking up and saying, can we offer you gambling support, gambling counselling. It's very normalised and whānau didn't want us to take a deficit approach. So, we, whānau with lived experience, worked out what we're doing to help shape going forward. And so, for us, our first piece of work has really been about taking a Whānau Ora approach. (kaimahi)

Mini Case Study: Purapura Whetū

*E whakapono ana mātou
Te orangatonutanga o te tangata
Nā te whānau te kaha, te wana, te wehi
E tūkaha mātou
Ka atawhaitia nei te whai oranga
Ka āwhinatia nei te koronga
Ka mauheretia nei te aratika
Ka tirohangahia nei te purapura whetū
Tūturu o whiti whakamaua, kia tina!
Tina!
Haumi e, hui e
Taiki e!*

Introduction

Purapura Whetū Trust is a kaupapa Māori organisation that provides integrated community services that uplift and empower whānau. With over two decades of experience, the Trust has evolved into a key provider of Whānau Ora and holistic support and embeds cultural and clinical excellence into all services. The organisation has approximately 140 staff, with a clinical team of 40 kaimahi. Nine core values, including tapu, mana, mauri, and mātauranga Māori, guide the organisation. Cultural markers of well-being, such as the use of te reo Māori and Māori models of care, are also integrated into service delivery. They are well-connected in Te Waipounamu, developing and maintaining strong relationships with iwi, tangata whaiora, and other Māori providers.

Te Huinga Kōtuku – Gambling Support Service

Purapura Whetū Trust is a new provider of Gambling harm services. They secured three contracts—regional public health, local clinical services, and workforce development, and integrated them into a comprehensive gambling harm service, Te Huinga Kōtuku. This service holistically addresses gambling harm by blending culturally grounded and clinically effective approaches. Grounded in confidentiality, dignity preservation, and advocacy principles, it provides a safe and supportive space for individuals and whānau to seek healing and restoration.



The overarching kaupapa Māori ethos of Purapura Whetū guides the service - prioritising mana restoration, addressing trauma, fostering healing, and empowering whānau. Across the organisation, all kaimahi are trained in trauma-informed practices and are supported to integrate Māori values with evidence-based approaches.

Te Huinga Kōtuku focuses on two primary groups: children and adolescents at risk of developing problematic gambling behaviours due to gaming exposure and adults experiencing various forms of gambling-related harm. The service offers targeted support by providing:

- Group education sessions tailored to whānau needs, ranging from short 45-minute presentations to interactive workshops lasting up to half a day. These sessions are modular and designed to meet specific community needs.
- Confidential and accessible counselling services for one-on-one support.

Service establishment and early implementation

Implementing Te Huinga Kōtuku has been driven by strategic planning, relationship-building, workforce development, and community engagement. Key activities have involved:

A **special project's manager**, who establishes and implements Te Huinga Kōtuku, ensuring the seamless integration of all service components. Central to this process has been the development of partnerships and collaborative relationships with other organisations and agencies, including Hauora Partners, Te Piki Oranga, Te Kaika, and Poutini Waiora, PGF leads and Ka Pou Whenua Ngāi Tahu. Engagement has also occurred with tangata whaiora and peer support workers to ensure service design and delivery reflect the needs and aspirations of those directly impacted by gambling harm.

As a new gambling harm provider, efforts in **recruitment** have focused on building a clinically and culturally competent workforce. Alongside recruitment, the team has identified several workforce development opportunities to ensure kaimahi access training and resources that enhance their capacity to deliver culturally responsive and effective services.

Purapura Whetū has also prioritised the development of **collaborative partnerships** with addiction, mental health, and whānau well-being providers to expand its reach and strengthen gambling support services across Te Waipounamu. The team has developed simple and user-friendly screening tools to help other organisations identify individuals who may need gambling harm support and is establishing referral pathways. **Education and prevention resources** have also been developed specifically for schools and rangatahi, targeting early intervention.

Emerging outcomes

Te Huinga Kōtuku is helping to raise awareness among other providers about gambling harm support, creating spaces and bringing providers together to discuss gambling harm and its implications. Provider workforce surveys have highlighted gaps in existing screening and referral pathways and reinforced the importance of collaboration. As a result, the team is implementing new processes, including referral pathways, screening

tools, and training for community workers to screen appropriately. These efforts improve access and engagement for tangata whaiora and whānau.

The service has engaged with over 200 people, including refugee organisations, Pacific advisory groups, Crown agencies, schools, rangatahi, and whānau. These interactions raise awareness of gambling harm, promote the service's offerings, and build trust across diverse groups. Direct support has also been provided to 32 individuals and whānau through psychotherapeutic counselling, underscoring the service's dedication to addressing harm at both individual and collective levels.

As an organisation, they have gained a greater understanding of gambling harm, including the risks associated with gaming and loot boxes. This increased awareness has informed and shaped their three-year Gambling Harm Establishment Plan, which provides a clear roadmap for continued growth and development. The service is also taking an active role in the policy and advocacy space, becoming prominent in supporting systemic change through submissions.

As part of their regional public health services, they play an active role in Te Kāhui Mokoroa, the national collective of four Māori public health providers working in Aotearoa. Purapura Whetu CE, Karaitiana Tickell, offered the name "Te Kāhui Mokoroa", which was accepted by the collective. In 2024, Te Kāhui Mokoroa made submissions on government policy and gambling legislation. Additionally, they participated in the Gambling Commission review of the Gambling Levy that funds the sector. In 2025, Te Kāhui Mokoroa will work together to deliver a Level 6 Diploma in Māori public health (gambling component) nationwide. There will also be a "reactivation" of the online gambling platform, He Taumata²⁰ as a repository of gambling harm resources, events, and training opportunities.

Insights

Establishing and implementing Te Huinga Kōtuku highlights the importance of engaging clinicians with cultural and clinical competence and focusing workforce development on supporting culturally grounded services.

Given the stigma surrounding gambling harm, compared to other addictions, developing a community-wide response is essential for sustainable services and impact. Therefore, it is crucial to contextualise the service in lived experience and the community's broader needs. In response, Purapura Whetū has approached gambling harm by combining prevention, intervention, and advocacy to strengthen community resilience and well-being.

²⁰ <https://hetaumata.co.nz/>,

It is also essential to build flexibility in service delivery and work in innovative, creative and meaningful ways to engage communities. Community organisations have challenges, including a lack of available staff, time and resources. Understanding these constraints can support the prioritisation of gambling harm initiatives.

Finally, a preventative focus has emerged as a key priority. Gambling harm often comes to light through other issues, such as financial stress, relationship difficulties, or mental health challenges. Addressing gambling harm proactively and holistically allows the service to support whānau more effectively.

Quotes

We don't split promotion and education from access to clinical support. So, the intervention begins with education, support, and general well-being, and we skillfully assess "Do you need specific help?". (kaimahi)

Working on a collaborative approach we are hosting here and going to their places [of work], essentially working out an integrated approach. (kaimahi)

Mini Case Study: Raukura Hauora o Tainui



Kia whai hua i te toonuitanga.

To pursue the rewards of a thriving and prosperous way of life.

Introduction

Raukura Hauora o Tainui (Raukura) Charitable Trust, founded in 1991, was established to honour the vision of Kingi Taawhiao, Princess Te Puea Herangi, and Te Arikinui Te Atairangikaahu in restoring the health and well-being of the Tainui people. Today, Raukura remains dedicated to this mission, delivering health services across the Waikato and Taamaki Makaurau regions. With deep roots and a longstanding presence, they are well-connected and firmly established within these regions.²¹

Raukura is dedicated to providing excellent Kaupapa Maaori health services in the rohe of Waikato-Tainui. Their goal is to support the empowerment of individuals and their whaanau, creating an environment where thriving and prosperity are not just dreams but a reality.²² They provide extensive community-based support services to residents of all ages and backgrounds within Waikato and Counties Manukau. These include Advocacy support, Health and Well-being Education, Rongoaa Maaori and Cultural Support Health care, screening, planning and support Mental Health support and Addiction Support (AoD & Gambling).²³ Raukura's qualified and experienced multi-disciplinary team provides care that supports individuals and whaanau on their healing and recovery journeys, helping them achieve their health and well-being goals.

Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGH): Clinical Provider

In January 2024, Te Aka Whai Ora awarded Raukura a Clinical contract to provide clinical gambling harm services to whaanau in the Waikato-Tainui region. Under this contract, Raukura is part of the Te Manawa Taki gambling region. Poutiri Trust is responsible for providing Regional Public Health services across the Manawa Taki region. Raukura is establishing a relationship with its Hauora Ora regional partners and is working collaboratively with Te Koohao Health (Kirikiriroa).

Raukura Hauora Gambling Harm Service

At the heart of Raukura's approach to gambling harm services is manaakitanga, integrating Maaori cultural values and practices as a central pillar to ensure the program resonates with whaanau. A key initiative is the Financial Resilience Program, which has been extended from four to eight weeks due to its positive reception. This program focuses on essential skills such as budgeting, debt management, and improving credit scores, empowering whaanau to achieve excellent financial stability. The organisation has also leveraged cultural connections through their Kaumatua Roopuu, providing regular meetings and activities that serve as alternatives to gambling. Facilitating koorero and open discussions about gambling issues, including the impact of medication side effects on gambling behaviour, have been vital.

²¹ <https://www.raukura.org.nz>

²² <https://www.raukura.org.nz>

²³ <https://www.raukura.org.nz>

The integration of gambling harm minimisation efforts within the broader services of Raukura and across the hapori has been instrumental in the success of their mahi. Gambling is often a co-existing condition or a contributing factor to poor health outcomes, making this work crucial. Pou Haapai and Pou Rongoaa have been actively delivering gambling harm reduction services to whanau throughout the Waikato-Tainui region through community events, Hauora waananga at marae, ensuring support is both accessible and culturally grounded.

Community engagement has been a key strategy, with Raukura and Hauora partner Te Koohao working collaboratively to organise events during Gambling Harm Awareness Week. By working in partnership with Te Koohao on events, they have both been able to strengthen their service reach. Kai Community hubs are beginning to take shape and are vital spaces for whaanau support. Engagement with various stakeholders, including Te Whare Whakapiki Wairua (Alcohol and Other Drug Court) Hunga Hauaa Collective, Tuu Tama Toa Kapa haka, provides opportunities to network and raise awareness of their Gambling Harm service. Their approach balances public health promotion with targeted interventions to support whaanau impacted by gambling harm.

Service Establishment and Early Implementation

During the establishment and early implementation phase, Raukura engaged in several activities. A Pou Haapai was recruited in May 2024 to lead a range of gambling harm reduction activities, marking an essential step in enhancing Raukura services. Raukura intentionally delayed the recruitment of a Pou Rongoaa to focus on building their rauemi (resources) and assessing the growing demand for support. With the increasing need for gambling harm services, expanding capacity has become essential. Workforce development activities included attending Mahi a Atua training to extend cultural interventions, training with PGF services, and attendance at an International Gambling Conference in Taamaki Makaurau, which enabled kaimahi to understand better policies, data and history surrounding gambling in Aotearoa.

Engagement with the kaumaatua roopuu has proved pivotal in the gambling harm space. The roopuu actively supported the development of these services, showcasing their awareness and concern about the impacts of gambling on their whaanau. They provided valuable insights and shared their knowledge, contributing meaningfully to the program's design and implementation.

Input from whaanau (hapori/community) also highlighted the importance of creating safe and inviting spaces for koorero; providing kai was essential in demonstrating manaakitanga. Private spaces were also necessary to ensure confidentiality, allowing whaanau to share their experiences openly and without fear of judgment. The availability of counselling services for tamariki acknowledges the far-reaching impact of gambling harm on younger members of the whaanau, providing them with the support they need to navigate and heal from these challenges.

Emerging Outcomes

Early outcomes from Raukura's gambling harm program indicate growing momentum and areas for refinement. Establishing a culturally grounded, community-focused service has enhanced engagement and created safe spaces for addressing gambling harm. Feedback-driven initiatives, such as the extended Financial Resilience Program, highlight the program's responsiveness to whaanau needs and ability to deliver meaningful impact. Collaboration with community providers

has strengthened the support network, and the Kaumatua Roopuu continues to provide an invaluable cultural anchor for participants.

Emerging opportunities include expanding youth engagement, developing health promotion resources, establishing additional community hubs, and increasing staff training, further broadening the service's reach and delivery. Peer support is also a growing focus, with plans to formalise relationships with whaanau who have lived experience of gambling harm. The service is exploring innovative ways to address the rise of online gambling, which is a significant contributor to gambling harm.

Through these efforts, Raukura is building a foundation for sustained success in minimising gambling harm within the community.

Insights

Raukura's gambling harm program is deeply rooted in Maaori culture and values, providing a culturally safe and relevant environment through initiatives such as the Kaumatua Roopuu. This cultural grounding enhances engagement and resonates with whaanau, fostering a sense of belonging and identity. The program's holistic approach recognises that gambling harm often intersects with other issues such as financial literacy, mental health, and substance abuse. By addressing these interconnected challenges, Raukura provides comprehensive support to whaanau. The program's community-based nature allows it to leverage local knowledge and connections, making it accessible and relatable to whaanau.

Quotes

I enjoyed being able to discuss financial topics openly, I've never had conversations about money and financial planning. (Tangata Whaiora)

Well, my mum, she was really bad. She had a gambling addiction pretty much all her life. She no longer does. I think she stopped. Maybe she's been free from gambling for three years. I just remember seeing her come home after pay day, losing all her money, having to go just through the week struggling and trying to survive. I've got a couple of siblings that are in the same boat, and it's mainly with the pokie machines. So that in a way, sort of did affect me, especially when I was younger, but I just never took a liking to it. I think maybe that's why seeing everybody else go through it and destroying relationships and all that stuff. (Whanau member)

...there was just this feeling of being welcome and being amongst [whaanau], in a way of being home. And the reason being is we are all Maaori. (Kaumatua Roopuu member)

...like I do a lot of NA and AA meetings, and I think having something set up within the gambling where people that have addictions with problem gambling can come together and express or talk about whatever issues they got going on. Why they tend to turn to gambling. A lot of its to do with getting that hit, getting that dopamine hit, that's why they make them with all the flashing lights and stuff like that, attracts people to them. So I think, that having gamblers anonymous would really help. (Whaanau member)

Mini Case Study: Te Kaika

He Korowai Manaaki

A Cloak of care and support

Introduction

Ōtākou Health Limited (OHL) established Te Kāika to provide affordable healthcare and social services to Dunedin's most vulnerable residents. Built on strong partnerships with Arai Te Uru Whare Hauora (which has since merged with Te Kāika), the University of Ōtago, Te Rūnanga o Ōtākou, and Te Rūnanga o Ngāi Tahu, Te Kāika is a kaupapa Māori organisation dedicated to improving health and wellbeing outcomes for the community.

Te Kāika is widely recognised as a 'one-stop health shop,' offering a wide range of essential services that are accessible and affordable across the Ōtago region. Its mission, He Korowai Manaaki – meaning a cloak of care and support – underpins its holistic approach to service delivery. The organisation provides low-cost services, including medical care, dental treatment, physiotherapy, outreach social services, exercise programs, and appointments with Ministry of Social Development caseworkers.

In partnership with individuals, whānau, and the community, Te Kāika's kaimahi (staff) work collaboratively to create personalised care plans that focus on support, development, and wellbeing. Through this integrated model, Te Kāika ensures that essential services are not only accessible but also tailored to meet the unique needs of each individual and their whānau.

Māori-Specific Preventing and Minimising Gambling Harm Service (MSPMGH) Clinical Provider

In January 2024, Te Aka Whai Ora awarded Te Kāika a Clinical contract to provide clinical gambling harm services to whānau in Southland. Under this contract, Te Kāika is part of the Te Waipounamu gambling region. Purapura Whetū is responsible for delivering Regional Public Health services across Te Waipounamu. Te Kāika is establishing relationships with its Hauora Ora partners across their region.

Gambling Harm Service

Te Kāika gambling harm service is crucial as the Ōtago/Southland coordinators for Multi-Venue Exclusions (MVE), processing 13 MVEs, including three for tangata whaiora. This initiative demonstrates their commitment to minimising gambling harm. Their contact information and MVE coordination are prominently displayed at Class 4 gambling venues, increasing visibility and accessibility for those seeking support. Te Kāika also hosts weekly Gamblers Anonymous meetings - a new service to the region - providing a consistent and supportive environment for individuals addressing gambling challenges.

The referral process integrates culturally grounded, whānau-centered practices, allowing tangata whaiora to enter through multiple pathways, such as primary care, outreach, or social services. Initial assessments include screening for gambling concerns, and clients are referred to mental health and addictions teams if needed. The gambling navigator and kaimahi from the mental health and addictions team play a crucial role in assessing holistic needs, coordinating care, and engaging both internal and external services.

Te Kāika's approach to gambling harm is responsive to the needs of whānau, meeting them where they are and ensuring that support is accessible in ways that feel comfortable and safe for them. As one of the team members shared

We're often meeting whānau in the community. We're not meeting them here. So, prior to this hub, which is very new for us, we've only been in this space for a few months. We were always meeting whānau in the community, often through home visits, because we didn't have the spaces. There was nowhere to meet whānau.

This approach highlights the service's flexibility and commitment to supporting whānau in their environments. Despite the new hub, the service remains mobile, continuing to meet whānau where they feel most at ease - at home, at the beach, or in any location they choose. The goal is to foster a sense of trust and safety by engaging whānau in spaces that are familiar to them, ensuring the service is accessible and supportive in the ways that are most meaningful to each individual and their whānau.

This collaborative approach addresses not only gambling harm but also the broader social and cultural factors contributing to gambling harm. Regular feedback from whānau ensures that services remain responsive, culturally appropriate, and focused on collective wellbeing.

Service Establishment and Implementation

The gambling harm service was established to focus on integrated care, fostering collaboration between primary care, outreach services, social services, and mental health teams. Rooted in Māori values, the service employs a whānau-centered model, emphasising culturally responsive care through tikanga and Māori practitioners. These efforts ensure services resonate with the community while addressing the broader social and cultural factors linked to gambling harm.

The move to a new facility has increased awareness of the gambling harm service, facilitated by its connection with other social services and government agencies within the Te Kāika hub. Stakeholders shared positive feedback about the gambling harm service, which many whānau consider a hidden issue that is not openly discussed. The focus is on enhancing referral pathways and integrating resources to provide more effective support for those affected by gambling harm.

Promotional activities, including informational materials and outreach efforts led by the Gambling Navigator, have helped raise awareness of the service. However, targeted

efforts are still needed to reach underserved populations. Ongoing co-design with Māori communities ensures that services continue to evolve in response to tangata whaiora and their whānau needs.

Emerging Outcomes

Te Kāika's approach prioritises client choice, ensuring a safe, culturally responsive environment for healing. The integration of gambling addiction services within mental health and addiction services has increased awareness while fostering trust through non-judgmental engagement. By emphasising Māori-led practices, staff upskilling, and professional development, Te Kāika continues to meet the diverse needs of its community.

Developing trust and whanaungatanga enables whānau to open up about deeper, underlying issues. As one kaimahi shared,

There's a whole lot of other issues that they probably come with, and then you develop that whanaungatanga relationship and then as they become comfortable in your presence, and they feel okay, then they start to open up.

This process of building trust creates a safe space where whānau begin to share the full extent of their struggles, such as,

I'm lost, by the way, my relationship is buggered. I'm losing my house. I've done this, I've done that because I've got a massive gambling problem, and then that's where this thing comes up.
(Kaimahi)

This shift from surface-level concerns to the deeper issues at play is a key outcome, showing the service's effectiveness in encouraging whānau to confront the full scope of their challenges and seek help.

Insights

Addressing gambling addiction requires a holistic, trauma-informed approach, as it often intertwines with other addictions and broader life challenges. Informal, relationship-based engagement, such as casual conversations or shared activities, has proven more effective than formal approaches in building trust and encouraging clients to share their experiences. Reducing shame and stigma is critical, as many clients feel embarrassed to disclose gambling issues, highlighting the need for welcoming, non-judgmental environments.

Expanding physical spaces and integrating gambling harm support into broader social services would enhance accessibility and comprehensiveness. Māori-led practices, professional development, and inter-agency collaboration are vital for effective service delivery. Training whānau navigators to identify and address gambling harm supports a more holistic approach, while addressing systemic barriers ensures services remain

inclusive and accessible. Together, these strategies create a cohesive response to the complexities of gambling harm.

Mini Case Study: Te Koohao Health

*Kia whakatinanatia te ihi, te wehi, te wana, te tino rangatiratanga me te oranga o te whaanau.
Living tino rangatiratanga through strong, healthy, vibrant and prosperous whaanau.*

Introduction

In partnership, Kirikiriroa Marae and the Union Trust established Te Koohao in 1994 on Kirikiriroa Marae in Hamilton (Kirikiriroa). This collaboration recognised the marae as a natural gathering place and mechanism to meet the diverse needs of whaanau and communities. With the late King, Kiingi Tuuheitia as the patron of Kirikiriroa Marae and his wife, Te Atawhai Paki, serving as the patron of Te Koohao, the organisation embodies a deep connection to Kiingitanga and Tainuitanga; whakapapa and leadership. The name "Te Koohao" translates to "the eye of the needle," symbolising an inclusive entranceway for everyone, regardless of their iwi, ethnicity, religion, or language. It reflects the guiding whakataukii, "Kotahi anoo te koohao o te ngira", emphasising unity through love, law, and faith.

Te Koohao provides access to cultural, social, health, justice, and education services. Their approach is firmly rooted in tikanga Maaori, and as a Whaanau Ora service provider, they work holistically employing models like Te Pae Mahutonga. Throughout the organisation, cultural identity is considered vital to the health and well-being of Maaori.



Their services in Hamilton extend across multiple settings, including group sessions at marae, whaanau home visits, on-site and clinic-based services, and training for external referrers. Their ability to be mobile ensures accessibility, fostering a sense of connection and well-being for whaanau and communities alike.

Te Koohao Gambling Harm Service

In line with their vision, the gambling harm service is designed to support families and communities in preventing and minimising gambling harm by adopting a multidisciplinary, holistic approach. Recognising that gambling harm often impacts multiple aspects of whaanau life, the service aims to provide comprehensive, culturally grounded support to empower individuals and strengthen communities. Through an integrated service delivery Whaanau Ora approach, Te Koohao is also supporting whaanau to address the broader environmental factors that contribute to gambling harm, such as drug and alcohol use, poverty, and mental health struggles.

A key aspect of the service is reconnecting whaanau with their culture, language, and identity. The service employs a dual-modality approach, combining clinical and cultural interventions. This integrated approach ensures therapeutic practices address well-being, psychological and cultural dimensions, fostering a pathway to effective and meaningful healing. The process begins by helping whaanau explore their whakapapa and understand their origins. The service then supports whaanau in weaving a narrative that allows them to reflect on the influences shaping their current circumstances. The service collaborates with whaanau to develop tailored plans using tikanga, whanaungatanga, and whakapapa.

On the clinical side, the service incorporates evidence-based practices, including Cognitive Behavioural Therapy (CBT) and Solution-Focused Therapy (SFT). These interventions are helping individuals manage stress and anxiety, develop healthier coping mechanisms, and addressing the emotional factors underlying gambling behaviour. Whaanau learn journaling, breathing techniques, and mindfulness activities.

Service establishment and early implementation

As an existing provider of gambling services, Te Koohao recognised the co-design opportunity provided through Te Aka Whai Ora as a way to "reboot" services. A key component of this was involving whaanau with lived experience in the design and identifying ways to leverage existing services to engage with whaanau who are experiencing gambling harm.

Since establishing the gambling harm service, mahi has involved integrating with existing Te Koohao services, promoting and raising awareness, and building relationships with other organisations. Key activities have included:

- Kaumatua Waananga (Workshops) with Te Ruruhi-Koroheke o Te Koohao o te Ngira focused on gambling as entertainment, understanding gambling harm and personal experiences, and impacts on mokopuna (grandchildren).
- The service held a three-part Rangatahi Waananga (workshop) with 15 Maaori rangatahi (youth) aged 12-15, who are mokopuna or tamariki of individuals previously or currently engaged with the service. Discussions focused on understanding and gambling experiences, with a focus on education and building knowledge.
- The service also collaborated with other providers to deliver public health initiatives and city-wide events (e.g., Matariki) to educate and raise awareness of gambling harm.
- Creating an integrated screening tool and referral process to support easy access and engagement for whaanau seeking support.
- Information sessions with internal clinics (e.g., Te Koohao Health Miro o Te Ora)
- Site visits to Class 4 venues and SkyCity Casino.
- Strengthening relationships with other local gambling harm providers such as Raukura Hauora o Tainui and PGF Services to improve referral pathways and

service reach within Hamilton. This collaboration includes face-to-face hui (meetings) and waananga (workshops) on various topics.

To date, a critical component of the service has also been the one-to-one support for whaanau through counselling, planning and CBT therapy, delivered by the DAPAANZ-registered Addictions Practitioner clinician.

Emerging outcomes

Through the service, they have been able to innovate by using methods like barbering to connect with whaanau. Creative approaches have effectively engaged with whaanau and provided a safe, non-judgmental space for them to open up. Cultural connections' role in delivering their messages and the importance of understanding whaanau backgrounds has also supported a personalised approach unique to whaanau needs and circumstances.

Whaanau have been able to determine their pathway, goals and supports. Using Oranga planning based on Te Whare Tapa Whaa, whaanau are:

- Connecting to te ao Maaori through karakia, atua puuraakau and waiata in waananga and 1-1 sessions
- Exploring triggers like boredom and identifying alternative activities like online courses, whaanau outings, or volunteering
- Challenging their beliefs through CBT to challenge the belief that gambling wins can recover losses
- Explore triggers aligning with their interests
- Learning to understand their gambling addiction and impact on whaanau through psycho-education sessions for themselves and their partners
- Learning about budgeting and managing finances through financial literacy workshops.

The service has also continued to build relationships with community organisations, helping create promising referral pathways and public health collaborations.

Insights

Working closely with lived experience whaanau has supported Te Koohao in focusing their service delivery. Discussions have highlighted the importance of organising more focus group discussions within communities to enhance awareness about gambling harm and support increased engagement. There is also a need for more effective Maaori specific advertising campaigns to reach whaanau and communicate the dangers of gambling.

Quotes

What I've asked is for whaanau to try and change one thing, just one thing. I've lived it as well through my whaanau, so my theory and plan behind that is if they can change one thing it starts to take their mind off gambling. (kaimahi)

It's the cultural aspect that I've been finding that helps, because it's connection and then it's an easier way for whaanau to deliver their story. (kaimahi)

Mini Case Study: Te Oranganui

Korowaitia Te Puna Waiora
Hei oranga motuhake mo te iwi.

Introduction

Te Oranganui is an iwi-governed organisation established in 1993 to improve access and delivery of health services to Māori in the Whanganui Region. The organisation prides itself on upholding the tikanga of Whanganui. Over time, the roles and functions of the organisation have grown, and the organisation now delivers a wide range of health and social services to all people throughout the Whanganui and neighbouring regions.

Te Oranganui is an accredited provider offering a range of social and health services. They have a commitment to ensuring its workforce has the appropriate qualifications, skills and cultural competency to undertake their roles. Ngā Kaitātaki Hauora is a collaboration between iwi health providers within the Whanganui, Ruapehu, Waimarino, Rangitikei and Taihape regions. In addition, Korowaitia Te Puna Waiora already had a skilled workforce established to deliver kaupapa Māori primary mental health and addiction services.

Te Oranganui Gambling Harm Service

The preventing gambling harm service in Te Oranganui operates within the Kaupapa Māori Primary Mental Health and Addictions service, known as Korowaitia Te Puna Waiora.

Te Oranganui has a single point of entry where self, internal or external agencies make referrals. The clinical and management team then triage tangata whaikaha. The team conducts brief interventions, screening, and assessments to address the level of harm - high, moderate, or low risk. These assessments determine the treatment/mauri ora plan, wānau-led or a referral to more appropriate services. The service offers 1:1 support, peer support groups, and wānanga, evaluating each programme upon completion. The service also provides 1:1 support, peer support groups and wānanga, with each programme being evaluated on completion.

The Primary Mental Health and Addictions Kaupapa Māori service delivers their services through wānanga. The wānanga are kaupapa Māori driven using strength-based approaches to support tangata whaikaha to focus on reconnecting with their Māoritanga rather than focussing on addictions and harm.

Service establishment and early implementation

When Te Oranganui agreed to take on the Preventing Gambling Harm contract, they were encouraged to continue with the current services provided by Korowaitia Te Puna Waiora. The team decided that the Preventing Gambling Harm outcomes aligned, to some extent,

with practices already in place within the Primary Mental Health and Addictions Kaupapa Māori service. The preventing gambling harm service was simply incorporated into Korowaitia with minimal disruption to current services. In addition, Te Oranganui already had an established team, and many of the current services had gone through a co-design process.

During the establishment phase of the service, whānau participated in the ongoing design and implementation of the service through wānanga. The process was guided by those who had lived experience and those who brought their mātauranga Māori. The workforce team have a cultural lead, plus clinical and non-clinical support.

Te Oranganui was initially hesitant to take on the Preventing Gambling Harm contract due to the need for a qualified leader to oversee the Gambling Harm service team. The role required someone with appropriate clinical expertise to complement the services provided by the Addictions team. Fortunately, the team identified, encouraged, and successfully transitioned an internal staff member with experience in Alcohol and Drug (A&D) facilitation into the role of Team Leader to oversee the gambling contract.

Emerging outcomes

Te Oranganui remains committed to aligning its services under the umbrella of Korowaitia Te Puna Waiora. Early emerging outcomes are:

- A strong team of clinicians that understand the mahi through a te ao Māori lens
- Operating as one team based on Māori principles of manaakitanga and whanaungatanga
- Access is simple, allowing tangata whaikaha to engage and enter through an open-door policy
- Seen in the community as a credible gambling service provider
- Good relationships with the public health sector in the region

With their support and guidance, the service's hopes and desires are that tangata whaikaha:

- Feel safe with Te Oranganui services
- Have an increased awareness of addiction issues and causes
- Are able to deal with issues confidently
- Can deal with previous trauma and seek support when needed
- Have a strong reconnection to te ao Māori identity

Insights

Te Oranganui is deeply committed to its kaupapa Māori approach and the integration of wānanga-based methods across all its services. This foundation ensures that their service delivery aligns with their communities' values, practices, and needs. The Preventing Gambling Harm service has integrated seamlessly into their existing practices, reinforcing the effectiveness and authenticity of working within te ao Māori frameworks.

Te Oranganui prioritises equipping its staff with the necessary skills and expertise to provide high-quality, culturally responsive care. Equally important, is maintaining adequate resourcing to support service delivery, enabling the organisation to uphold its commitment to whānau-centered, holistic support. This focus highlights Te Oranganui's dedication to empowering tangata whaikaha and whānau through practices deeply rooted in mātauranga Māori.

Quotes

We've got really good relationships now with the District Council, with the policy advisors in our public health teams. This is about partnerships and collaboration. It's not about working in silos. (Kaimahi).

They (staff) don't pressure, they just let me come in and kōrero. It's a safe place and they help me see for myself all my issues. (Tangata Whaikaha)

Mini Case Study: Te Piki Oranga Trust

Mā te huruhuru, ka rere te manu
Enable whānau to achieve wellness

Introduction

Te Piki Oranga Trust was established in July 2014 as a kaupapa Māori wellness provider serving communities across Te Taihū o Te Waka-a-Māui (Nelson, Tasman, Marlborough). The organisation operates health hubs in Wairau (Blenheim), Whakatū (Nelson), Waimea (Richmond), Motueka, and Waitohi (Picton) and offers mobile clinics that deliver services directly to whānau. Through a holistic Te Ao Māori approach, Te Piki Oranga provides health and wellbeing services tailored to meet the needs of both Māori and non-Māori populations, ensuring inclusivity while maintaining a strong cultural foundation.²⁴

Māori-Specific Prevention and Minimising Gambling Harm Service (MSPMGH) Clinical Provider

Skilled management with extensive expertise in nursing, health promotion, governance, mental health, and addiction support leads Te Piki Oranga Trust's gambling harm minimisation and prevention service. Strong leadership underpins the service, focusing on lived experience as central to its delivery. This approach provides a depth of understanding of gambling harm, enabling meaningful connection and authentic, effective engagement with tāngata whaiora and their whānau. The service also maintains extensive community networks and relationships across their rohe, including with pokie venue owners.

Kaimahi are committed to professional development, having undertaken the National Coordinator MVE training and Level 7 gambling harm training. Their kete of knowledge ensures expert guidance and support for tāngata whaiora and whānau and the ability to onboard and mentor new team members. This approach highlights the value of lived experience within service delivery to achieve impactful outcomes and grow capability.

Service Establishment and Early Implementation

The co-design process included lived-experience whānau who contributed to the overall service design. The establishment and implementation of the service faced some initial challenges. However, adding two new kaimahi has strengthened the team's capacity and enabled a more focused approach to supporting tāngata whaiora with gambling harm support needs. Strong service leadership and proactive engagement have been instrumental in establishing links with community organisations, including local probation

²⁴ <https://www.tpo.org.nz/about-us1>

services to enhance service reach. Te Piki Oranga has extensive community networks, facilitating access to additional outreach and support services for tāngata whaiora.

Through consistent effort, Te Piki Oranga has cultivated respectful relationships with local pokie venue owners. These relationships have increased the rates of multi-venue exclusion (MVE) orders and improved venue staffs' understanding of gambling harm. The team has also addressed privacy concerns for excluded tāngata whaiora, demonstrating their dedication to upholding the dignity and mana of tāngata whaiora and their whānau.

Gambling Harm Service

Te Piki Oranga have utilised their extensive experience within the gambling harm space in Aotearoa (20+ years) to develop and implement a peer-led, whānau-centred, Māori specific, gambling exclusion service, *He Rātonga Whakakorenga Petipeti*. Te Piki Oranga has the advantage of operating several addiction and mental health contracts, which allows for a greater capacity to be responsive and refer tāngata whaiora to appropriate services or provide intervention/s as necessary.

The service employs a comprehensive approach to minimising and preventing gambling harm. Kaimahi possess extensive knowledge and experience in gambling harm minimisation and prevention for Māori, ensuring that the service is culturally grounded and responsive. Navigators also play a critical role in supporting tāngata whaiora through regular check-ins and manaaki to address social needs and assist whānau to access additional services.

Emerging Outcomes

The gambling harm service has achieved some positive early outcomes, including establishing strong relationships with venue owners, contributing to raising awareness, improving engagement, and increasing exclusion rates. Internal referral processes have also been streamlined, with new kaimahi using focused screening tools for gambling harm with tāngata whaiora as part of their standard intake assessment.

Efforts to build workforce capacity have been prioritised, with new kaimahi encouraged to attend training wānanga and engage in educational sessions with community groups. These initiatives ensure that staff are well-equipped to address the unique challenges faced by tāngata whaiora affected by gambling harm, fostering a clinically and culturally knowledgeable workforce. Additionally, Te Piki Oranga has leveraged free regional promotional resources (T-shirts, posters, and corona cards) provided by the Health Funding Authority (HFA), which have been invaluable in promoting public health campaigns to raise awareness of gambling harm.

The team's expansion has alleviated workload pressure and enhanced overall service capacity to deliver targeted support and outreach for tāngata whaiora. By investing in the professional development of kaimahi, Te Piki Oranga is building a sustainable model for gambling harm minimisation and prevention that aligns with Kaupapa Māori principles. They are in the process of developing their public health promotion and workforce development plans for 2025.

Insights

The lived experience of kaimahi has proven to be a vital asset in building trust and fostering connections with tāngata whaiora. Lived-experience insights into the challenges faced by those affected by gambling harm have informed a more authentic, culturally grounded and empathetic approach to service delivery. The holistic nature of the service, which integrates tikanga Māori and whānau-centred care, has contributed to its effectiveness in addressing gambling harm for Māori across Te Taihū o Te Waka-a-Māui.

The service has made significant progress; however, ongoing resourcing and greater regional collaboration are essential to ensure its long-term viability. Additionally, the team's proactive community engagement and strong networks have been critical in overcoming early establishment barriers and achieving early outcomes for tāngata whaiora and their whānau.

Quotes

Our kaimahi] has been working tirelessly in this field for many years, and if she wanted that clinical qualification, we wanted to support her to do that, because she'd be fabulous. (Management)

My vision is for us to be the centre of New Zealand for gambling harm minimisation and prevention for Māori ... (Kaimahi)

I have been guided by her knowledge and her lived experience and what she feels is appropriate ... (Management)

Mini Case Study: Te Rangihaeata Oranga Trust

*Whakawateahia ngā take i tūpono mō ngā tangata katoa.
E whakapono ana mātou ki ngā uara o ā tātou tīpuna.*

Introduction

Te Rangihaeata Oranga Trust (the Trust) was founded in 2000 by Rangatira Monica Stockdale (Ngāti Kahungunu), whose enduring legacy is her dedication to improving Māori health and preventing gambling harm. The Trust was created to meet the specific needs of Māori communities in the Hawkes Bay Heretaunga region and beyond. Throughout its history, the Trust has maintained its commitment to providing culturally relevant support, ensuring that its approach to gambling harm prevention and minimisation is firmly rooted in te ao Māori.

The Trust is based in Hastings and provides gambling harm services across Te Ika Roa – a vast geographical area covering the Hawkes Bay, Whanganui, and Mid-Central regions. The Trust pursues its vision by empowering whānau and individuals to reclaim their well-being through culturally grounded approaches. It has a strong commitment to addressing gambling harm and enhancing Māori health and wellness, and this commitment reflects the strength of their kaupapa Māori values and practices.²⁵

Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGHS): Clinical/Regional Services

In 2024, Te Aka Whai Ora awarded Te Rangihaeata two Gambling Harm Service contracts - Māori Specific Preventing and Minimising Gambling Harm Clinical services across the Hawkes Bay Heretaunga region and the delivery of Regional Public Health services across Hawkes Bay Heretaunga, Whanganui and Te Ikaroa (Mid-Central). As the regional public health provider, they work with their Hauora partners across this region - Oranganui (Whanganui), Mana o te Tangata and Whaioro (Palmerston North) and Ora Toa (Wellington). These contracts have enabled the Trust to continue its important work across these rohe whilst continuing to refine a culturally aligned, tailored approach - integrating Te Tiriti o Waitangi principles and a te ao Māori worldview.

Service Establishment and Early Implementation

Te Rangihaeata continues to build on its foundations. Their highly experienced and capable leadership team has successfully guided the organisation through early implementation challenges while ensuring they remain true to their kaupapa.

Te Rangihaeata pioneered a Multi-Venue Exclusion (MVE) project in 2007, and this mahi continues to be a vital and core component within their service delivery. The Trust has also expanded its reach into new regions, including Whanganui, Te Papaioea (Palmerston North), and Taitoko (Levin), where they deliver gambling harm services through innovative partnerships with other Hauora Māori partner organisations such as Whaioro Trust and Ora Toa.

Gambling Harm Clinical and Regional Service

²⁵ <https://gamblinghb.co.nz/gambling-counselling-and-help/>

Te Rangihaeata has successfully embedded Mātauranga Māori and te ao Māori values into its clinical and regional public health services. Grounded in tikanga Māori, its programmes incorporate cultural practices that promote healing, holistic well-being, and stronger connections for whānau. Widely respected by external stakeholders, these initiatives effectively foster resilience and engagement, particularly among those at risk of gambling harm.

The services are guided by Māori models of practice, including Te Whare Tapa Whā, Pōwhiri Poutama, and Mauri Tau, ensuring culturally responsive clinical interventions and public health initiatives. A key strength of the Trust is its ability to integrate Western clinical approaches with traditional Māori healing methods. Kaimahi, trained in clinical and Māori health promotion practices deliver tailored, holistic support that meets the diverse needs of tangata whaiora.

Te Rangihaeata also utilises the Māramataka (the Māori lunar calendar) to align services with the natural rhythms of whenua and whānau. Community-based activities such as kawakawa harvesting, rongoā, and marae visits are powerful therapeutic tools, helping tangata whaiora reconnect with their Māori identity and cultural heritage. Cultural education and traditional practices strengthen identity and foster a deep sense of belonging. Cultural education and traditional practices strengthen identity and foster a deep sense of belonging, which is particularly valuable for non-Māori participants by offering them a meaningful introduction to te ao Māori.

As the Regional Public Health provider for the Mid-Central Ikaroa region, Te Rangihaeata actively supports its Hauora partners, particularly those new to the gambling harm sector, by guiding service delivery and access to resources. With its longstanding expertise, the Trust is widely recognised for leading and contributing to gambling harm prevention.

Emerging Outcomes

Through its holistic and culturally grounded approach, the Trust delivers outcomes for whānau affected by gambling harm. The Trust has fostered strong relationships across their rohe, leading to increased referrals and a greater presence in their communities. Kaimahi are strongly committed to building trust through whakawhanaungatanga - building trust and ensuring tangata whaiora feel supported and empowered to seek and receive help.

Initiatives, such as their MVE project, have contributed to reducing gambling harm and fostered community awareness and engagement. Tangata whaiora have reported positive experiences, particularly appreciating the incorporation of Māori values and practices. Their holistic approach is effective in supporting individuals on their journey to recovery, as well as promoting overall well-being for whānau.

The Trust has maintained strong relationships with key community partners, including Te Taiwhenua o Heretaunga and other Hauora Māori providers, Ngāti Kahungunu Iwi, local marae and hapū throughout the region. These relationships have been essential to supporting access for tangata whaiora and whānau to a wide range of support. The Trust continues to leverage these collaborative relationships to draw on the unique collective knowledge and experience of the communities they work with.

Insights

The Trust has demonstrated that a kaupapa Māori approach to gambling harm prevention and minimisation is possible and effective for Māori. Integrating te ao Māori values and practices

ensures that the services provided are relevant and resonate with tangata whaiora and whānau. This culturally informed approach, combined with the Trust's commitment to continuous improvement and community collaboration, has positioned Te Rangihaeata as a lead provider of gambling harm services in Te Ikaroa.

Kaimahi are multi-skilled and knowledgeable in te reo Māori and tikanga. Management and kaimahi have diverse backgrounds and experience, including ACC Rongoā practitioners, public health experts, clinical intervention workers and kaimahi with lived experience of gambling harm. The service operates through a multi-disciplinary team approach that ensures services are tailored to the individual needs of tangata whaiora and whānau, drawing on clinical and cultural expertise and insights.

The Trust remains steadfast in its mission to prevent and minimise gambling harm in Māori communities. The Trust will continue to innovate, refine, and expand its services to meet the ever-evolving needs of its whānau and communities. As they navigate the challenges of the health sector, Te Rangihaeata will continue to honour its kaupapa, adapting to new opportunities while remaining grounded in the wisdom of their ancestors.

Quotes

Te Rangihaeata has made a huge difference in my life. It's the first time I've felt comfortable enough to talk about my gambling issues. (tangata whaiora)

We have offered our services and knowledge and whakawhanaungatanga with kaimahi from the whaiora of the organisations mentioned above to best meet the needs of our whaiora, whānau and within our hāpori. (kaimahi)

The way Te Rangihaeata combines cultural activities with health promotion is truly inspiring. I've learned so much about our whakapapa and traditions ... (whānau)

Mini Case Study: Te Rūnanga o Toa Rangatira Inc.

*Mai i Miria te Kakara ki Whitireia, whakawhiti te moana Raukawa, ki Wairau, ki Whakatū.
Kia tū ai a Ngāti Toa Rangatira; Hei iwi Toa, Hei iwi Rangatira.*

Introduction to the service

Te Rūnanga o Toa Rangatira (TROTR) was established in 1990 and is the mandated iwi authority for Ngāti Toa Rangatira. It is responsible for administering the assets and estates of the iwi. TROTR manages the commercial, political and public interests on behalf of Ngāti Toa Rangatira including Tiriti claims and settlements, commercial and customary fisheries, health services (including primary mental health and residential care services), social services, central and local government relationships, and resource and environmental management. TROTR is a non-profit incorporated society with charitable status.

The rohe of Ngāti Toa extends from the Whangaehu River south along the ranges to Turakirae. It then crosses Raukawa Moana (Cook Strait) to Marlborough and Nelson. This is encapsulated in the tribal pepeha: Mai i Miria te Kakara ki Whitireia, whakawhiti te moana Raukawa, ki Wairau, ki Whakatū. TROTR main offices are located in Porirua, Wellington, adjacent to Takapūwahia Marae.

Moemoeā: TROTR's vision is that Ngāti Toa is a strong, vibrant and influential iwi, firmly grounded in its cultural identity and leading change to enable whānau wellbeing and prosperity.

Whāinga: TROTR's mission is to empower its whānau, reclaim their own iwi self-determination, revitalise its environment through leadership, innovation, connectedness and exercising their rangatiratanga.

TROTR uses the Mauri Ora as the foundation for all the services it offers. In relation to hauora they offer integrated health service, with scope to facilitate referrals across all services, ensuring whānau and whaiora have consistent care and treatment for all their health needs.

Ora Toa (Primary) Health Services

Ora Toa (Primary) Health Services (Ora Toa) are owned and operated by TROTR.

Ora Toa is the first service provided by TROTR to the Porirua community providing experience and a strong understanding of the communities they support. They offer high-quality, low-cost primary health care to Māori and non-Māori living within the Porirua and Wellington regions.

Model of care



The Mauri Ora model is used to create individual care plans that integrate throughout the Ora Toa services. The model builds on the interconnectedness of life that influences hauora attainment and is used to enable whānau to access services available to support treatment and be empowered to take control of their healthcare journey. The Mauri Ora model is te ao Māori based, with a focus on whānau orientated solutions of care. Through affording and recognising the different parts of an individual's life, it leads to harmonious living.

The people delivering the services are representative of the community accessing the services. These services ensure there are individual plans for each person who seek support. If whānau do not complete a plan, the Service ensures all activations include as many services as possible to create a 'one stop shop,' type health experience. This improves access to services, and provides whānau with the opportunity to access long-term, full interventions which include clinical care.

Tū Te Ihi

The preventing and minimising gambling harm services operated by Ora Toa is called Tū Te Ihi – Safer Gambling. The kaupapa of Tū Te Ihi is to work in a culturally appropriate and competent manner, maintaining mana, mauri and tapu of all those seeking support by creating and enhancing a mauri ora experience. Tū Te Ihi works with and for tamariki, rangatahi, pakeke and their whānau.

As a community outreach service, Tū Te Ihi can meet whānau in their homes, marae, or other appropriate places. Key to the therapeutic relationship between Tū Te Ihi and whānau seeking support, are practises that are underpinned by:

- Tikanga Māori
- Values of mātauranga-a-Māori
- Values of mātauranga-a-iwi
- Kaupapa Tuku Iho

Previous service and early implementation

Ora Toa have been a long-time provider of gambling services in the Porirua and Greater Wellington region. The opportunity to continue providing these services through the Te

Aka Whaiora procurement process enabled Ora Toa to offer a much wider selection of activities and interventions under the Mauri Ora model. These include:

- Waka ama
- Mahi tinana (Gym work)
- Waka ama
- Rongoa
- Mirimiri
- Tikanga and te reo Māori and
- Addictions counselling

Following the procurement process Ora Toa have continued to show case what they had been doing for almost two decades. That is giving expression to their kaupapa Māori service. Their co-design process included community held focus groups to ascertain whether their current services were still of relevance to their whānau and what other services they could provide given the steady change of demographics in their community.

Current services

The Ora Toa have run specific kaupapa Māori training for all staff to ensure that kaitiaki actually understand kaupapa Māori frameworks. The intent is to employ staff that understand what it means to operate within a kaupapa Māori centric organisation. This training is typically run by senior kaimahi. The training is followed up by observations and then practice implementation. When a tangata whaikaha approaches Te Ihi Tu, in most cases, the issues related to gambling are not normally revealed in the initial meetings with kaimahi. Often the gambling issues are identified as causes of other forms of abuse and addictions such as domestic violence, alcohol and drug addiction, high anxiety, poverty and whānau disconnection. A case plan is developed with the tangata whaikaha, including registration into the TROTR Health and GP services if they and/or their whānau are not already registered with a medical provider.

As the tangata whaikaha works through the different service offerings within Te Ihi Tu and the Mauri Ora model, any issues related to gambling harm are typically surfaced at these junctures if not before. One of the challenges to the process is that with the whānau led approach to any support or treatment from Ora Toa, takes time. However, once the real issue is identified, the tangata whaikaha together with their whānau are already engaged in Mauri Ora and are experiencing positive outcomes.

Key Emerging outcomes

For providers

- Increase in relevant qualified staff particularly Māori and Pasifika
- Increase level of culturally appropriately trained staff
- Universal use of the Mauri Ora model of care throughout the organisation
- Kaupapa Māori centric model of care

- Extensive promotion with Ora Toa outreach health expos and community events locally

For tangata whaikaha

- Coping tools to handle gambling triggers
- Drug free
- Employed
- Reconnected whānau
- Improved relationships

Quotes

We've been working in the Gambling area for over 20 years, it's something we've always been doing. (This contract) all we did was fine tune and tweak a few things. And, yeah, we're up and running!

I went in and we talked about what was going on. After going back to them a few times we finally uncovered what the issues were. It was like talking to the Aunties and feeling safe to korero.

I came here because I couldn't stop (gambling) what I was doing. I came here for my drug (meth) use. My gambling was feeding my habit!

Mini Case Study: Te Runanga o Turanganui-a-Kiwa; Mauria Te Pono; Tau Awhi

Introduction

Te Runanga o Tūranganui-a-Kiwa (TROTAK) is comprised of three Tairāwhiti (East Coast) Iwi – Rongowhaka; Te Aitanga a Māhaki and Ngāi Tāmanuhiri. TROTAK is based in Tūranga (Gisborne) and provides a range of social services, including respite, family violence, counselling, youth justice and youth services, cultural capability building, Whānau Ora, Māori specific gambling harm (local clinical services), Civil Defence and ACC.²⁶

Mauria Te Pono Trust is a 'by whānau, for whānau' Kaupapa Māori-based alcohol and drug recovery sharing group that supports people and their whānau affected by drug and alcohol abuse.²⁷ Mauria Te Pono Trust's Mission is *to LEARN from experience, TEACH with experience and GROW in experience*. Mauria te pono works with the entire whānau through wānanga, group and cuppa tea sessions. They also provide PATH planning to support whānau in achieving their goals.²⁸

Tauawhi Tairāwhiti Men's Centre helps men and their whānau to navigate life's challenges. Tauawhi have a philosophy of 'ahakoa nō hea koe, ahakoa ko wai koe, ahakoa he aha te rā, ka kitea e koe he āwhina i konei' – 'no matter where you're from, no matter who you are, no matter what the problem is, you'll find support here'. Tauawhi provides a tikanga-based approach to assessment and counselling. They provide one-to-one and group support options, residential respite and service navigation.²⁹

As one of the more significant health and social service providers in the Tūranga area, Tūranganui-a-Kiwa, in collaboration with Mauria Te Pono and Tauawhi, is aptly placed - both culturally and situationally to provide local clinical Māori-specific gambling harm services. Given their years of experience working within their local communities, it made sense for all three agencies to work collectively in designing the service. Therefore, they have the necessary reach to effectively minimise and prevent gambling harm support across Te Tairāwhiti rohe.

Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGH): Clinical Provider

In January 2024, Te Aka Whai Ora awarded TROTAK (in collaboration with Mauria Te Pono and Tauawhi Trust) a contract to provide a collective frontline-specific local clinical service approach to preventing and minimising gambling harm.

²⁶ <https://www.trotak.iwi.nz/>

²⁷ <https://www.cab.org.nz/community-directory/KB00037830>

²⁸ <https://www.jrmckenzie.org.nz/stories/mauria-te-pono-trust-were-just-one-of-them>

²⁹ <https://www.tauawhi.org/>

The Collective already has the necessary clinical and non-clinical kaimahi to provide the Service. Between the three hauora Māori partners, leadership, promotion, public health support, and clinical therapeutic options are available for anyone who is experiencing the impacts of gambling harm.

Within the contract, TROTAK delivers public health information, promotional components, and triage support. Mauria te Pono provide whānau based and peer-led addiction recovery support services, and Tauawhi Trust delivers the clinical components of the Service.

Service establishment and early implementation

The team outlined the initial design for integrating services in the Niho Taniwhā model, aiming to provide gambling harm services, including education, peer support, treatment options, and a pathway to residential services. While this remains the vision, they have been actively working through operationalising the model.

Since the co-design phase, the three roopū have met regularly to discuss service implementation, development, referral pathways and provision of support to whānau. The benefit of the integrated, collective approach is that the three providers can be more readily responsive, reducing wait times for whānau to receive support. Through an initial engagement and assessment process, whānau can explore the range of service options available across the three providers and be supported to engage with the programme or service/s they need.

Gambling Harm Service

Each agency within the collective is fully committed to delivering culturally sound policies, processes, and practices. Their values and principles uphold Te Tiriti o Waitangi and Whānau Ora as the basis for partnership with iwi and the foundation for action to reduce inequities. Organisational values are role-modelled, incorporated, and consistently practised within organisations and in all internal and external relationships.³⁰

The team delivers the service from the Mauria Te Pono hub space and the Tauawhi Trust Men's Centre in Gisborne. These established spaces provide fully accessible, culturally safe drop-in facilities where whānau can seek support without an appointment. For coastal and rural whānau, the triage kaimahi from Tauawhi Trust regularly travel across the Tairāwhiti region and engage with coastal and rural communities. These kaimahi are the first contact and assessment point. From there, a referral is made for either wānanga or counselling.³¹

³⁰ Te Aka Whai Ora – Māori Health Authority contract: Part 3: Service Schedules

³¹ Te Aka Whai Ora – Māori Health Authority contract: Part 3: Service Schedules

Emerging outcomes

Tangata whaiora and whānau now have increased opportunities to engage through regular promotion of gambling harm services at community events in Gisborne and the A & P Agriculture Show. The collective partners are promoting to local businesses, Class 4 gambling venues, and Hauora Clinics across the region. The services also regularly work collaboratively with other local government agencies and services, including the Police, Te Whatu Ora and the local council.

The collective has committed to being more intentional about raising awareness around gambling harm with tangata whaiora they work with who present with alcohol and drug addiction. Facilitating a conversation about the effects of gambling harm opens the opportunity for tangata whaiora and whānau to explore any issues they may have, either for themselves or within their whānau. Often, this approach encourages deeper discussion and reflection. Developing a one-page promotional flyer and self-assessment tool has been valuable in facilitating better service access for whānau. The recent rollout of the Te Hara o te Petipeti promotion has gained further traction in promoting the service within Te Tairāwhiti communities.

The team completed a workforce development plan that supports kaimahi in attending regular workshops, training, and conferences. The plan also enables them to travel to other regions to learn from Hauora Partners delivering Māori-specific gambling harm prevention services, enhancing their knowledge.

Recently, Te Rau Ora invited the service to present at a facilitated addictions conference in Pōneke. The service is now part of the Resilience to Organised Crime in Communities (ROCC) Programme.

Insights

The three hauora Māori partners that make up this collective individually have long and acknowledged track records of delivering health, social and community services that meet the framework of Te Tiriti within Tairāwhiti. This is te tino rangatiratanga in action that is exercised as iwi, hapū and Māori. As a collective, there is an established track record of working together, having developed and implemented the 'Whakaponu Whānau' programme for individuals and whānau impacted by drugs and alcohol.

Quotes

There hasn't been anything in Gisborne for a long time ... the last time we had a gambling service here it was 2017, Te Ara Tika, and it takes a while to weave it back in. (kaimahi)

A lot of our rangatahi have lost their cultural identity but do want to know where they're from. Because I'm from Ngāti Porou up the Coast I can connect with kuia and koroua up there ... it's a kaupapa approach to begin the whakapiripiri (connection) journey and get that started ... we work through the Pōwhiri Poutama and see how our mainstream or clinical mahi fits into that model ... not the other way around. (kaimahi)

This is a life changing space ... I came here because they said they have a big feed here after their hui every Tuesday night, so I came along ... but the food I got was also the food from the lived-experience shared and I've been coming here ever since ... two years and 10 months I've been clean ... I'm a present father, a present brother and a present son and that's thanks to this place. (tangata whaiora)

Mini Case Study: Tui Ora – Hauora and Social Support Services for Taranaki

*Kia piki te ora, te kaha, te māramatanga.
Holistic Hauora for all Taranaki whānau*

Introduction

Tui Ora was established on July 1, 1998, following extensive consultation with the iwi representative group Te Whare Pūnanga Kōrero. It marked the formation of Aotearoa's first Māori Development Organisation (MDO), a not-for-profit company dedicated to enhancing health outcomes for Taranaki whānau. This collective initiative brought together eight original service providers under the shared vision of fostering whānau wellbeing, leading to the creation of Tui Ora. Central to its success was an early commitment to collaboration, uniting previously independent providers under a single strategic approach. This model was designed to enhance service delivery and ensure whānau received more cohesive and effective support³².

As a kaupapa Māori organisation built on the aspirations of all Taranaki iwi, Tui Ora is the largest community-based health and social services provider in Taranaki. Their Vision is to strengthen whānau wellness and quality of living. They work with a whole whānau or family and understand that many factors influence a person's health. The services they provide include GP and Nursing services, Addiction and Mental Health (Hinengaro) services, Community and Cultural services and Pharmacy services³³.

Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGH): Clinical Provider

In January 2024, Te Aka Whai Ora awarded Tui Ora a Clinical contract to provide clinical gambling harm services to whānau in the Taranaki region. Under this contract, Tui Ora is part of the Manawa Taki region. Poutiri Trust is responsible for providing regional public health services to prevent and minimise gambling harm across the Manawa Taki region. Tui Ora is establishing a relationship with its Hauora Ora partners across the region and receiving good support, particularly from Manaaki Ora (Rotorua).

Gambling Harm Service

Tui Ora has adopted an integrated approach, combining gambling harm services with other support areas such as alcohol and drug addiction (AOD) and mental health. This holistic model ensures individuals receive comprehensive care tailored to their needs. Often, gambling issues are only revealed during assessments for AOD addiction, highlighting the importance of having processes in place to identify and address these

³² <https://tuiora.co.nz/about/our-journey/>

³³ <https://www.healthpoint.co.nz/gps-accident-urgent-medical-care/gp/tui-ora-hauora-a-whanau-centre/>

issues. To address this gap, Tui Ora plans to recruit participants from within whānau already registered with AOD and mental health services.

Using a co-design process with whānau, including those with lived experience of gambling harm, Tui Ora is developing a service grounded in cultural knowledge and Māori values. This approach incorporates peer support, wānanga, and counselling, ensuring culturally appropriate services resonate with the community. Whānau brought a deep understanding of Taranaki's cultural and regional nuances, including the disparities in resources and distinct tikanga across the three iwi. Their insights highlighted the importance of tailoring the program to meet the unique needs of different communities. Central to the design process was whānau involvement, ensuring the program reflected their needs, perspectives, and lived experiences. Tui Ora also independently evaluated their co-design process.

To raise awareness of the service, Tui Ora is developing a communications strategy to inform the community about available support. The plan includes leveraging referrals from local providers and encouraging word-of-mouth promotion within the community. These steps aim to ensure that whānau in need are aware of and can access the services provided.

Service establishment and early implementation

Tui Ora, as a new provider of gambling harm minimisation services, faced significant challenges during the procurement phase, which initially affected their ability to co-design services with whānau with lived experience of gambling harm. Staff recruitment, including shortages of psychiatrists and doctors in the region, added to the difficulties.

Tui Ora dedicated much of 2024 to working closely with whānau, ensuring their voices and experiences were central to shaping the design and delivery of services. The process adhered to tikanga Māori, incorporating pōwhiri and whanaungatanga, and included a series of wānanga enriched by traditional Māori narratives. The team introduced a revised whānau engagement approach, resulting in the short-term paid contracting of ten whānau Māori members, known as *Te Piringa Wara Petipeti*. This approach valued and uplifted lived experience in a meaningful and mana-enhancing way.

Tui Ora completed the co-design phase in October 2024. Since then, they have focused on recruiting a counsellor for the gambling harm service to enhance its delivery.

Emerging outcomes

The gambling harm service approach aligns well with a kaupapa Māori framework. By actively engaging with whānau with lived experience, the service has been able to capture diverse perspectives to ensure the program addresses the needs of both the individual experiencing gambling harm as well as their wider whānau. Key emerging outcomes include a focus on providing a comfortable, non-shaming environment that empowers whānau as well as a holistic approach that considers the broader social and cultural

impacts of gambling harm. Members of *Te Piringa Wara Petipeti* expressed a strong desire to continue to be involved in the program in the future, highlighting the value of a peer-led approach.

Insights

Despite initial challenges, Tui Ora's co-design process with whānau has provided valuable insights for developing their gambling harm program. Grounded in tikanga Māori, this process emphasised meaningful engagement, centring Māori voices and lived experiences and creating culturally responsive interventions that reflect Māori values and worldviews. By embedding Māori components such as wānanga, peer support, and kaupapa Māori practices, the program demonstrates a commitment to honouring the unique needs of the community.

Quotes

They went away, they took our entire kōrero and they put it all down on paper, they did a pretty good job of it. Once they did it, they called us back in - same sort of buzz. We all had an opportunity to have kōrero around it and see what was going on. It was all fairly accurate. (co-design whānau member)

I just remember we went through it all, and we talked about, you know, support, health, all of that ... put it all down on a whiteboard. It was all captured really well." (tangata whaiora)

It's the cultural aspect that I've been finding that helps, because it's connection and then it's an easier way for them to deliver their story. (kaimahi).

Mini Case Study: Whaioro Trust, in partnership with Mana o Te Tangata Trust

Mā te matapaki, me te matapono kia urua te ao.

Providing opportunities, changing lives (Whaioro Trust)

He aha te mea nui o te ao? He tangata, he tangata, he tangata.

What is the most important thing in the world? It is people, it is people, it is people. (Mana o te Tangata Trust)

Introduction

Whaioro Trust (Whaioro) is a kaupapa Māori mental health and addiction services provider established by Ngāti Raukawa ki te Tonga. With offices in Palmerston North and Levin, it serves the Horowhenua and Manawatū regions, including Feilding and Ōtaki.

Whaioro takes a culturally grounded, holistic approach to improving whānau mental health and addressing addiction. It envisions a future where Māori thrive in well-being and resilience through cultural revitalisation, community empowerment, rangahau (research), education, and equitable access to services. As part of a wider network of Iwi and Māori providers, Whaioro operates under Whānau Ora and strength-based approaches.

Mana o te Tangata Trust (MOTT) is a free kaupapa Māori mental health and addiction peer support service for rangatahi, pakeke, and whānau. Operating from three locations - two in Palmerston North and one in Levin - MOTT was formed through the amalgamation of Te Upoko o ngā Oranga o Te Rae and Journeys to Well-being Trust, combining their strengths and legacies.

Committed to delivering seamless kaupapa Māori peer support, MOTT focuses on tangata whaikaha and their whānau, ensuring services align with their needs and aspirations. Over the years, it has grown to provide a strong foundation for whānau to flourish and reach their full potential.

Māori Specific Preventing and Minimising Gambling Harm Service (MSPMGH): Clinical Provider

In January 2024, Te Aka Whai Ora awarded Whaioro and MOTT a joint contract to deliver clinical gambling harm services to whānau in their regions. Early collaboration between the providers showed promise. As part of the Central region, Whaioro and MOTT work alongside Te Rangihaeata Trust and are responsible for delivering Regional Public Health services across the area.

Opportunities remain to strengthen communication and relationships between Whaioro and MOTT and their Regional Public Health Provider. Identifying and addressing any barriers will be key to enhancing the partnerships and maximising the impact of their services.

Whaioro and MOTT Gambling Harm Service

Whaioro primarily targets rangatahi, while MOTT focuses on adults. Whaioro has been actively engaging with local schools to pilot a gambling harm awareness programme, launching in early 2025 and distributing educational materials to reach rangatahi directly. They have also held hui with rangatahi to gather insights on the most beneficial support, further emphasised during Gambling Harm Awareness Week with events at local colleges and Waiopahu College.

Whaioro has strengthened its efforts by networking with key organisations, including Te Rangihaeata, to enhance collaboration and increase the impact of their initiatives. These activities reflect a commitment to empowering rangatahi and communities to prevent and reduce gambling harm.

MOTT is also addressing gambling harm by facilitating a men's group, primarily referred through the Department of Corrections or the Courts, with a capacity for self-referrals as well.

Service establishment and early implementation

This partnership is relatively new and still in its formative stages. The two entities are working through communication and strategic details to ensure they remain focused on their core populations and meet their gambling harm contractual requirements, including values of whanaungatanga.

Early insights

MOTT and Whaioro are addressing gambling harm in their respective areas by targeting different demographics and using culturally grounded approaches. Whaioro is focused on rangatahi, engaging schools and communities to raise awareness, while MOTT works with adults, particularly those referred through the criminal justice system.

Both organisations integrate cultural practices into their services, ensuring that support is relevant and accessible. Their collaborative efforts reflect a shared commitment to prevention, education, and community engagement in reducing gambling harm.

Mini Case Study: Whare Tiaki

Whare Tiaki Hauora operates through kaupapa Maaori principles and designs its' support services according to Maaori philosophy. Whare Tiaki assists and supports individuals recovering from mental ill health to help them live independently in their community.

Introduction

Whare Tiaki Hauora is a kaupapa Maaori health provider located in Taamaki Makaurau, Auckland. The service offers a wide range of services to support whaanau, guided by the principles of whakapono (truth), whakatika (righteousness), aroha (love and kindness), and hohourongo (reconciliation). Service delivery includes Iwi support, adult mental health respite care, gambling harm prevention, immunisations, Kia Ora Ake (school-based mental well-being), community nursing, and a multidisciplinary kaiaawhina team that supports community health outcomes.

Whare Tiaki Hauora is actively providing gambling minimisation and prevention support across Taamaki Makaurau. They have established strong relationships with mana whenua, CA&DS, housing support, Whaanau Ora, local Kaupapa Maaori providers, social services, primary care, and other government agencies. They have an established relationship with the Gambling Harm Foundation (GHF). They directly engage with Sky City Casino and other gambling establishments to share messages, facilitate multi-venue exclusion orders and promote their services.

Maaori Specific Preventing and Minimising Gambling Harm Service (MSPMGH): Clinical Provider

In January 2024, Te Aka Whai Ora awarded Whare Tiaki Hauora a Clinical contract to provide Maaori Specific Preventing and Minimising Gambling Harm-Local Clinical services to whaanau in the Taamaki Makaurau (Auckland) region.

Whare Tiaki participated in the Te Aka Whai Ora co-design process, which informed the vision and initial thinking about the gambling harm services Whare Tiaki Hauora would deliver. A second engagement hui brought together tangata whaiora, whaanau, and mana whenua stakeholders, deepening their knowledge of the support needed across their rohe.

Service establishment and early implementation

Whare Tiaki Hauora established the service with a team of 5.0 FTEs, supported by the wider organisational clinical leads and social workers. The team has a clinical lead providing assessments, clinical advice, referrals, and warm handovers to additional services if required. The team continuously trials strategies and approaches, holding weekly multidisciplinary meetings to discuss risk mitigation, treatment pathways, and support options. Regular follow-up with tangata whaiora is working well, with frequent phone contact and kanohi ki te kanohi (face-to-face) meetings.

The model celebrates community connectedness, providing space for whaiora to engage with others on a similar journey. It combines the cultural concepts of whaanau and collectivism with the clinical aspects of group therapy, creating a holistic approach to improving well-being.

The team developed a satisfaction survey to guide service improvement through ongoing tangata whaiora and whaanau feedback. Whare Tiaki is interested in working collaboratively with other agencies that provide primary alcohol, drug, and other services to complement their service offerings. Whilst they believe their current strategies, tools, and approaches are working, they are always open to learning and continuous improvement.

In the early stages of establishment, Te Whare Tiaki collaborated closely with Haapai Te Hauora on service promotion and engagement. Implementation of their start-up plan has included the development of assessment tools, recruitment processes and induction training for all staff (kaiaawhina roles).

Gambling Harm Service

Whare Tiaki Hauora delivers a harm reduction and well-being focused service for tangata whai ora and their whaanau experiencing harm from gambling in Taamaki Makaurau. The service is strength-based, harm reduction and well-being focused, and weaves together Cognitive Behaviour Therapy (CBT) and maatauranga Maaori to provide whaiora with a unique strength-based programme comprising individual and group-based therapies that address immediate harm from gambling, while contributing to longer-term well-being.

Whare Tiaki have provided a group Equine Therapy waananga with tangata whaiora and whaanau in Te Kaha. The team held the group session on a marae over three days, and tangata whaiora responded well to the routine and structure during their stay. This activity focused on whakawhanaungatanga without judgement, promoting emotional growth, confidence building, healing, personal development and self-awareness. Taangata whaiora built trust in their support team through their time together.

Whare Tiaki uses the Gambling Severity Index as an assessment tool and creates wellness plans and surveys to track and monitor taangata whaiora progress. They have adapted and contextualised these tools using Te Whare Tapa Whaa as a framework and applied them case-by-case.

Emerging outcomes

Taangata whaiora and their whaanau are progressing in addressing harmful gambling behaviours and benefiting from the broader social support they are receiving from Te Whare Tiaki. There is early evidence that taangata whaiora are committed to regular engagement with kaimahi and have an increased ability to recognise triggers and

implement coping strategies. Some taangata whaiora have had the opportunity to improve their financial literacy and budgeting skills.

Kaimahi capability and capacity building is growing through regular whanaungatanga and interaction with other Hauora Maaori providers, including the Regional Maaori Public health provider Haapai Te Hauora. Engaging with the local-clinical provider in Whangaarei has been helpful as they have extensive experience in gambling harm, allowing them to learn and grow their knowledge in this space. The plan in the future is to open reciprocal referral pathways for taangata whaiora and whaanau who are moving between Te Tai Tokerau and Taamaki Makaurau.

Insights

Whare Tiaki has effectively established itself as a vital support service for taangata whaiora and whaanau experiencing gambling harm in Taamaki Makaurau. Whare Tiaki has a long-standing history as a grass-roots Kaupapa Maaori service and has strong relationships with mana whenua. Whare Tiaki service delivery is grounded in the Kiingitanga and tikanga-oo-Tainui and guides their approach to working with whaanau and the community. The introduction of the Maaori Specific Prevention and Minimising Gambling Harm Service (MSPMGH) contract in 2024 has further enabled Whare Tiaki to deliver culturally relevant interventions that resonate with taangata whaiora and whaanau Maaori and reflects their authentic identity as a Kaupapa Maaori provider.

Quotes

We connected them to the whenua ... they were in the water every morning at 6 am. It was transformational ... we spoke to them a few weeks later and they were still jumping in the river at 6 am. (Kaimahi)

We did our research, so we knew what we were offering was going to add value for our whaanau. (Kaimahi)

I think it was 'divine intervention' because I wasn't supposed to go to the casino that day. I saw the signs and so I just walked past, and they greeted me, they were really friendly. I think I would not have engaged with them otherwise ... it was because they were right there, and they were approachable, and it wasn't intimidating for me. (Taangata Whaiora)