



# Peer worker roles for the Preventing and Minimising Gambling Harm sector

Literature review

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Te Pou is a national centre of evidence-based workforce development for the mental health, addiction, and disability sectors in New Zealand.

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# Executive Summary

## Background

Some New Zealanders experience gambling harm, negatively affecting their own lives as well as impacting whānau and communities. However, only a small proportion of people (16 percent) of the estimated number of people affected by gambling harm access Preventing and Minimising Gambling Harm (gambling harm) services. Improving access to and delivery of effective services is a priority (Ministry of Health, 2019b).

The Government Inquiry into Mental Health and Addiction (2018) recommended that people with lived experience and their whānau should be at the centre of service delivery. The Ministry of Health's (2019b) *Strategy to Prevent and Minimise Gambling Harm, 2019/20 to 2021/22* (Gambling Strategy) adopted this recommendation, although the inquiry did not include gambling harm services. The Gambling Strategy (2019b) outlines a process to lay the foundations for introducing peer support workforce and services to gambling harm services.

There are currently no funded peer support positions in gambling harm services. To inform development of a pilot in gambling harm services, the Ministry of Health (the Ministry) contracted Te Pou to review the literature nationally and internationally and advise on sustainable workforce development activities for the sector. The Ministry have requested these new roles be called 'peer workers' until such time the gambling harm lived experience community determine their preferred terminology.

Based on the Gambling Strategy, peer workers are defined as trained, employed, direct service delivery staff who:

- are people who have experienced gambling harm and used gambling harm services to support their wellbeing
- use their experience and knowledge to support other people who are going through similar experiences
- provide confidential, flexible support according to what the person using the service decides they need, in addition to help provided by counsellors and practitioners
- can support people to meet a wide range of health and social needs within the gambling harm service, with other services like GPs and Work and Income, and within their community.

The alcohol and drug and mental health sectors have similar roles, where they are called 'peer support workers'. Workforce development for lived experience roles is built on a foundation of self-determination, participation and equity. This means networks and collectives of people with lived experience of gambling harm define what workforce

development is needed and partner with other agencies to achieve their goals (Te Pou o te Whakaaro Nui, 2020).

The review explores the following about peer workers.

- Current and previous roles within Māori, Pasifika, Asian and general addiction settings.
- Current and previous roles that work alongside practitioners and independently.
- The recommended workforce development activities and other approaches that will support new peer workers within gambling harm and addiction settings.
- The sustainability of a peer workforce within the gambling harm sector.

Due to a lack of published and grey literature specific to the gambling harm sector, the review includes relevant information about peer support workers in alcohol and drug services. It is important to remember that people may experience harm related to gambling differently to those affected by substances.

## Results

In New Zealand, the Ministry does not currently fund peer worker roles in gambling harm services. Māori and Pasifika services' strong emphasis on community approaches, supportive concepts and frameworks like tuakana/teina and talatalanoa, align well with the proposed peer worker roles. Some useful information to inform workforce development is available from Asian and general services.

A broad range of lived experience needs to be considered to sustainably develop new peer worker roles in gambling harm services. This is due to the large number of people impacted by others' gambling problems. It is important to note there is no one-size-fits-all approach to developing a peer workforce.

Here and internationally, there is very little literature on existing peer worker roles in gambling harm services. There are existing models and training used to develop alcohol and drug peer support workers, and existing peer values and competencies that may be usefully adapted to the gambling harm sector. Expanding the remit of existing alcohol and drug peer support workers who have lived experience of gambling harm may also be useful for some services.

Within gambling harm services, there are various opportunities for peer workers. These include facilitation; service welcoming and orientation; group peer support; and post-treatment follow-up. Overall, peer worker involvement with gambling harm services is an under-researched area and workforce development needs to include more evaluation of its effectiveness.

No information was found about sustainable workforce development activities for peer workers in gambling harm services. The following useful approaches are recommended based on the alcohol and drug sector literature and the *Mental Health and Addiction Consumer, Peer Support and Lived Experience Workforce Development Strategy 2020 – 2025* (Te Pou, 2020).<sup>1</sup>

- Workforce development infrastructure activities to build robust consumer networks that can lead development activities in partnership with other agencies. Such activities may include developing new peer models, approaches and training; and partnering to ensure appropriate funding and contracting.
- Organisational development to build organisation and workforce cultures that value peer workers and provide supportive structures like peer networking, peer supervision and new peer services.
- Learning and development to provide training and other professional development; scopes of practice and professional standards; peer supervision guides and supervision capacity and capability.
- Recruitment and retention activities including scholarships and grants to build peer workforce pipelines; diversity and leadership potential; leaders and managers guides; multi-employer collective agreements and job descriptions; and career pathways.
- Information, research and evaluation to monitor the workforce and inform future development; research and evaluation into effective peer models and approaches; and evaluation of progress towards workforce development goals.

## Gaps for discussion

Peer worker roles in the gambling harm sector are an emerging workforce internationally. There are substantial gaps in the New Zealand literature, including lack of:

- a clear definition for lived experience of gambling harm and who this affects
- evidence to inform effective gambling harm peer worker models and approaches
- evidence to inform sustainable workforce development.

## Conclusion

This literature review collates available information about roles, services and workforce development for gambling harm peer workers. There is a dearth of information available both nationally and internationally. To supplement the literature, information about peer support workers in alcohol and drug (and some mental health) settings, as well as cultural services is included. This indicates a range of areas for consideration to inform consultation with key stakeholders.

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<sup>1</sup> These are grouped within the Ministry of Health's (2017) five domains of workforce development: workforce development infrastructure; organisational development; learning and development; recruitment and retention; and information, research and evaluation.

# Background

## Gambling harm in New Zealand

The New Zealand Gambling Act 2003 defines gambling harm as “distress of any kind arising from, or caused or exacerbated by, a person’s gambling” to themselves, their family, whānau, workplace or society (Section 4).

Among New Zealand adults, 1 to 2 percent of people meet the criteria for moderate risk or problem gambling (Abbott, Bellringer, & Garrett, 2018; Rossen, 2015). People meeting this criteria are more likely to be male, aged 18 to 39, identify as Māori or in a Pasifika ethnic group, live in deprived urban neighbourhoods and experience high levels of psychological distress (Abbott et al., 2018; Rossen, 2015). Evidence also suggests people identifying in East Asian ethnic groups are at higher risk (Bunkle & Lepper, 2004; Health Promotion Agency, 2011).

In addition to harming themselves, people’s gambling may cause harm to around six other people in their life, such as whānau, friends or employers (Goodwin et al., 2017). Consequently, Thimasarn-Anwar et al. (2017) estimate that over a lifetime nearly one-quarter (22 percent) of New Zealanders will experience gambling-related harm.

People harmed by gambling often have a range of co-existing mental health and addiction problems. These include problems with substances like alcohol and tobacco; with mental health like anxiety, depression; problems with impulsivity, relationships, and behaviour; and overall poorer self-rated health. Adults experiencing gambling harm are more likely than others to use health services, including general practice and allied health services, and to report unmet health needs (Dowling et al., 2015; Lorains, Cowlshaw, & Thomas, 2015; Rossen, 2015).

Gambling harm is disproportionately experienced by Māori, Pasifika, and Asian peoples compared to New Zealand Europeans (Ministry of Health, 2019b; Walker, Abbott, & Gray, 2012). Higher gambling involvement and experience of greater harms reflects the impact of colonisation and intergenerational trauma on indigenous peoples in New Zealand and overseas (Breen & Gainsbury, 2012; Dyll, Thomas, & Thomas, 2009; Ministry of Health, 2019a; Walker et al., 2012). It is important that Māori and Pasifika people with lived experience of gambling harm are included in service design and delivery (Breen & Gainsbury, 2012; Morrison & Boulton, 2013). In addition, people who live in socio-economically deprived areas, women and children are also disproportionately harmed by gambling (Auckland University of Technology, 2017; Thimasam-Anwar, 2017).

### Gambling harm services

In New Zealand, gambling harm services are mandated by legislation. The Gambling Act 2003 requires the Government to provide services for people harmed by their own or others

gambling and public health measures to prevent and minimise gambling harm in local communities.

In 2017/2018, more than 5,400 people accessed gambling harm services.<sup>2</sup> One-third (31 percent) of people were Māori; 19 percent Pasifika; 9 percent East Asian; and the remainder (39 percent) were New Zealand Europeans or other ethnicities. Three-quarters (75 percent) of people seen by services did so for their own gambling problems and 25 percent were affected by someone else's gambling (Ministry of Health, 2019a).

The number of people accessing services is lower than expected given prevalence estimates for moderate and problem gambling and its associated effect on others. This is due to many factors including lack of recognition of gambling problems; shame, stigma and fear of discrimination or prosecution; lack of services catering to specific age, gender or cultural needs; language barriers; and few culturally relevant services for ethnic minority groups (Clarke, Abbott, DeSouza, & Bellringer, 2007). Improving access to and choice of gambling harm services is a priority (Ministry of Health, 2019b).

The Ministry's (2019b) Gambling Strategy sets out various objectives to support improving access and choice of services. The strategy signals that people with lived experience of gambling harm should be at the centre of service delivery and design. This recommendation is adopted for gambling harm services from *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* (2018).<sup>3</sup>

There is no funding specifically for peer workers in gambling harm services at this time (Ministry of Health, 2019b). The Gambling Strategy proposes to pilot new roles delivering peer support services in the gambling harm sector,<sup>4</sup> as part of its strategy to expand access and choice for people experiencing gambling harm, including:

- increasing people's access to a gambling lived experience workforce and approaches
- improving workforce diversity, including a strong emphasis on cultural approaches
- expanding the skill mix in services.

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<sup>2</sup> If including brief interventions, 10,555 people access gambling help services.

<sup>3</sup> Although gambling was not specifically included in the inquiry's terms of reference, it's recommendations are relevant to gambling harm services.

<sup>4</sup> This will be achieved by establishing a national consumer network that can inform service design and evaluation. The intention is this network will provide a systematic means for people with lived experience of gambling harm to inform service design and evaluation/research.

## Aims and objectives

Te Pou has written this literature review for the Ministry to inform development of its proposed pilot of new roles to deliver peer support in gambling harm services. The review aims to collate and describe the literature on peer support in gambling harm services nationally and internationally, and advise on sustainable workforce development activities. The Ministry has requested these new roles be called 'peer workers' as a placeholder until the gambling lived experience community determine their preferred terminology.

The Ministry's specific objectives for this review include the following.

- Current and previous roles within Māori, Pasifika, Asian and general addiction settings.
- Current and previous roles that work alongside practitioners and that work with people directly.
- The recommended workforce development activities and other approaches that can support new peer workers within addiction settings.
- The sustainability of a peer workforce within the gambling harm sector.

## Method

A literature search was undertaken in 2020 of peer reviewed and grey literature using the following terms and phrases:

- effective gambling services
- workforce OR role
- peer support
- consumer
- lived experience
- advocacy.

Additional Google searches located information about some gambling harm services that include people with lived experience of gambling harm in service delivery.

Findings were reviewed for relevance to the inclusion of people with lived experience in gambling harm service delivery. These findings were supported by relevant information distilled from previous work by Te Pou about lived experience workforce development for the alcohol and drug and mental health sectors (Te Pou o te Whakaaro Nui, 2014a, 2014b, 2017a, 2018, 2019b).

## Inclusions

The literature review includes information about people and whānau with lived experience of gambling harm, and funded services that provide direct one-to-one or group services by people employed in roles aligned to the definition of peer worker roles described previously.

Where relevant, information about alcohol and drug peer support workers is provided to augment limited findings specific to gambling harm services.

## **Exclusions**

Public health advocacy models are excluded from this literature review. Such models often include the perspectives, stories or testimonies of people who have experienced gambling harm to encourage others to recognise gambling problems and seek support. However, these people are not employed in lived experience direct service delivery roles; see for example David et al. (2020) and Lubman et al. (2017).

Voluntary mutual aid and other informal community supports are also excluded, such as provided by Gamblers Anonymous. This is a 12-step mutual aid self-help support group available in larger New Zealand centres. Gamblers Anonymous is an international group support initiative run by people with lived experience who provide support informally and voluntarily at regular meetings and through member sponsorship of new attendees (Te Pou o te Whakaaro Nui, Le Va, & Ministry of Health, 2009).

Despite its exclusion from this review, it is notable that informal group support through Gamblers Anonymous is most commonly studied for its effectiveness in the literature (Rash & Petry, 2014; Schuler et al., 2016; Te Pou, 2020). It is also the only non-practitioner delivered support recommended by the Royal Australian and New Zealand College of Psychiatrists (2017).

## **Peer worker definition**

This literature review uses the following definition for peer workers, based on the Gambling Strategy's description. Peer workers are defined as trained, employed, direct service delivery staff who:

- are people who have experienced gambling harm and used gambling harm services to support their wellbeing
- use their experience and knowledge to support other people who are going through similar experiences
- provide confidential, flexible support according to what the person using the service decides they need, in addition to help provided by counsellors and practitioners
- can support people to meet a wide range of health and social needs within the gambling harm service, with other services like GPs and Work and Income, and within their community.

The alcohol and drug sector have similar roles to the proposed peer workers for gambling harm services. Roles in these sectors are called 'peer support workers'. Peer support workers work alongside individuals and groups to nurture hope and personal power, and to inspire them to move forward with their lives (Te Pou o te Whakaaro Nui, 2014a).

Alcohol and drug peer support workers are part of a larger group called the consumer, peer support and lived experience workforce.<sup>5</sup> Although this workforce is small, the consumer, peer support and lived experience workforce is well established in New Zealand (Te Pou o te Whakaaro Nui, 2019a).<sup>6</sup> The Ministry (2017b) promotes growing this workforce substantially in size and influence over time. This workforce has its own workforce strategy (Te Pou, 2020), which may usefully inform developing new peer worker roles in gambling harm services.

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<sup>5</sup> In alcohol and drug and mental health sectors, various other relevant role titles are peer navigator, peer advocate, peer recovery coach, peer recovery guide, peer mentor, voice worker or peer support specialist. Alongside peer support workers, other lived experience roles include consumer advisors, peer educators, peer researchers, peer supervisors, peer whānau worker, peer consultants and consumer auditors.

<sup>6</sup> In 2018, the consumer, peer support and lived experience workforce made up five percent of the total alcohol and drug workforce.

## Findings

### New Zealand gambling harm peer worker roles

Literature searches did not identify any published information about peer workers or peer support services delivered in the gambling harm sector. Ministry funded gambling harm services also have no readily available information about any peer workers as part of their services. From the available gambling harm workforce information, services are most commonly delivered by counsellors and addiction practitioners; see Te Pou o te Whakaaro Nui (2015).

The following subsections describe the available information relevant to workforce development for new peer worker roles. The information is presented for Māori, Pasifika, Asian and general addiction settings.

#### Māori gambling harm services

No specific information was located for Māori-led gambling harm peer support services. Many Ministry funded gambling harm services are iwi-based trusts offering services designed by Māori for Māori; see Appendix (Table 1). For many years, Māori people have advocated incorporating lived experience into gambling harm services (Dyall et al., 2009; Herd & Richards, 2004; Morrison & Boulton, 2013), though not described in terms of specific peer worker roles.

Like many collective cultures, Māori people's views on their lived experience of gambling harm extend beyond individual experience. Māori services draw on collective views expressed by iwi, hapū and whānau alongside personal lived experience of gambling harm (Dyall et al., 2009). Māori gambling harm services are informed by te ao Māori and Māori models of health and wellbeing like *Te Whare Tapa Whā* (Durie, 1998), *Te Wheke*,<sup>7</sup> and concepts like tuakana/teina (Herd & Richards, 2004). This mirrors the use of Māori models and concepts in alcohol and drug peer support work where peer-to-peer engagement based on shared lived experience are important supports for people (Scott, Doughty, & Kahi, 2011; Warbrick, 2006).

Consequently, Māori-led gambling harm services often intertwine lived experience of gambling with that of being Māori in a colonised country (Dyall et al., 2009; Herd & Richards, 2004; Morrison & Boulton, 2013). Māori providers have and continue to call for development of te ao Māori gambling harm tools and approaches; more culturally relevant services (Morrison & Boulton, 2013); and greater involvement of iwi, hapū, and whānau Māori voices at all levels of gambling policy and decision-making (Dyall et al., 2009). These findings

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<sup>7</sup> Available from

[https://www.health.govt.nz/system/files/documents/pages/maori\\_health\\_model\\_tewheke.pdf](https://www.health.govt.nz/system/files/documents/pages/maori_health_model_tewheke.pdf).

suggest opportunities for Māori-developed peer worker roles, even though no specific Māori models were located by this review.

### **Pasifika gambling harm services**

No specific information was found for peer worker roles in Pasifika gambling harm services. Identified Pasifika gambling harm services include the following, all of which offer counselling and public health services.

- Mapu Maia – PGF Group available nationwide.<sup>8</sup>
- Tupu – Pacific Alcohol and Other Drug and Gambling Service at Waitematā DHB.<sup>9</sup>
- Ola Monu'ia Gambling Service, South Seas Health Care, a Pacific-owned and operated service based in East Tamaki, Auckland.<sup>10</sup>
- Taeaomanino Trust, a Pacific-owned and operated service based in Porirua.
- K'aute Pasifika, a Pacific-owned and operated service based in Waikato.

Pasifika peoples have many similarities with Māori people. So, the concept of lived experience in Pasifika communities is likely to extend beyond individual experience to the collective voices of families and wider communities. This is reflected in Pasifika health workforce competency frameworks such as *Seitapu: Pacific Mental Health and Addiction Cultural & Clinical Competencies Framework* (Pulotu-Endemann et al., 2007); *Let's get real: Real Skills plus Seitapu* (Te Pou o te Whakaaro Nui et al., 2009); and the Suaali'i-Sauni et al. (2009) Matalafi Matrix.

Anecdotal information received from Mapu Maia indicates peer worker roles would be welcome. Mapu Maia interconnects Pasifika culture with public health and clinical approaches, delivered by Pasifika people for Pasifika people. It would be beneficial for the people accessing the service and validate the things Pasifika people already do for each other. Their current service practices aimed at overcoming access barriers are well aligned to peer support, such as:

- valuing lived experience and people's desire to support each other
- talatalanoa – communication in mutual relationship and shared cultural experience, walking alongside people in a shared journey rather than 'treatment' or 'doing to' approaches
- existing Pasifika competency frameworks align with peer values and competencies
- meeting people in their homes, churches and other family and community gathering places

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<sup>8</sup> <https://www.healthpoint.co.nz/mental-health-addictions/mental-health-addictions/mapu-maia-pasifika-gambling-support-services/>

<sup>9</sup> <https://www.waitematadhb.govt.nz/hospitals-clinics/clinics-services/tupu-pacific-alcohol-and-other-drug-and-gambling-service/>

<sup>10</sup> <http://www.southseas.org.nz/services/ola-monuia-gambling/>

- taking a holistic approach that includes family and community, and other problems like substance use
- focusing on the strengths in Pasifika communities and investing in their resilience
- recruiting for tacit knowledge that comes from growing up in a Pasifika culture with shared language, values and aspirations rather than specific disciplines, modalities or qualifications
- understanding that Pasifika people know best their own context (Personal communication, 27 May 2020).

### **Asian gambling harm services**

Limited information specific to peer support services is available from Asian Family Services. They provide a free online peer support workbook (Zhang & Yeo, 2018) to support people with a structured peer support approach to understanding and engaging with gambling behaviours and harm. Service members have presented a culturally appropriate peer support group programme for Chinese gamblers in New Zealand at previous conferences including Cutting Edge.<sup>11</sup> This was intended to be presented at the 2020 International Gambling Conference (postponed). The presentation will include the usefulness of cultural values in recovery and culturally appropriate strategies for peer support in recovery.<sup>12</sup>

“Asian” describes people from many different cultural backgrounds including migrants and refugees and may include first generation New Zealanders as well as their descendants. There are many different pathways into New Zealand for Asian peoples and substantial diversity among them. Some have migrated to New Zealand as business owners, professionals, or skilled tradespeople. Others arrive as refugees and may have experienced considerable physical and emotional trauma, and social and cultural dislocation prior to settling in New Zealand.<sup>13</sup>

Asian Family Services is the main provider of gambling services for Asian peoples in New Zealand. They have offices in Auckland and Wellington, and provide online counselling services to people in other areas.<sup>14</sup> Their workforce are trained counsellors, social workers and health promoters (Te Pou o te Whakaaro Nui, 2015). Anecdotal information received from Asian Family Services indicates they do not employ peer worker roles. They state that development of peer support services and roles requires funding to be sustainable.

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<sup>11</sup> Cutting Edge is an annual national New Zealand addiction conference.

<sup>12</sup> <http://www.internationalgamblingconference.com/sessions/a-culturally-appropriate-peer-support-programme-for-chinese-gamblers-in-new-zealand/>; Personal communication from Ivan Yeo, Asian Family Services, 15 April 2020.

<sup>13</sup> For example, see <https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-plans-strategies/auckland-plan/about-the-auckland-plan/Pages/aucklands-asian-population.aspx>

<sup>14</sup> <https://www.asianfamilyservices.nz/>

## General gambling harm services

There are several national and locality-specific general gambling harm services.<sup>15</sup> No specific information was found for peer worker roles in these services. Currently, The Salvation Army Oasis employs a small group of people in consumer advisor roles at different locations, each for around 2 to 4 hours per week. They are a national service that is one of the larger employers in the gambling harm sector.

Anecdotal information received from The Salvation Army Oasis indicates they began a project with the intention of developing peer support worker roles. These roles were to be based on their well-established alcohol and drug peer support workforce in the Salvation Army Bridge Programme. Currently, the project is on hold pending the outcome of the Ministry's proposed pilot.

Oasis have shared with Te Pou the results of a national workshop with all their workers, including consumer advisors. The workshop aimed to identify opportunities and challenges to developing new peer support worker roles. The opportunities are substantial and include the following.

- Easy fit with current facilitation service specification.
- Welcoming people into the service; encouraging participation; maintaining contact; removing barriers before the first appointment and between appointments; and treatment and post-treatment support, text and CHAT (online) support, especially after-hours.
- Possibility of integrated peer support roles with gambling and alcohol and drug lived experience.
- Collaboration and networking of peers across different services.

Oasis also identify the following challenges.

- Many people tend not to stay with the service for very long and approximately 40 percent of people re-present to services later.
- Oasis has no residential services so access for tāngata whai ora is by community counselling appointments only.
- People do not appear overly interested in gambling service careers. This could also reflect that gambling services have not been around for long compared to alcohol and drug and mental health services.
- There are very few gambling consumer advisors currently and they are not specifically funded within Ministry contracts, nor is there any gambling consumer network.
- Substantial redesign of services is needed to ensure role clarity for existing clinical roles and new roles.

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<sup>15</sup> <https://www.choicenotchance.org.nz/help-support/services-near-you-0>.

- Peer support roles need to be supported by substantial contracting and funding changes by the Ministry of Health (Personal communication with Lisa Campbell, The Salvation Army Oasis, 28 May 2020).

## Summary

There is little specific information about peer worker roles or the provision of peer support in the New Zealand gambling harm sector to inform the pilot. Anecdotal information from selected gambling harm service providers suggests a willingness to develop new peer worker roles and support for their success. A key impediment to developing peer worker roles is the lack of funding.

## International gambling harm peer workers and services

Internationally there is some evidence that people harmed by gambling may participate in service delivery to others. Their participation extends on a continuum from voluntary through to paid employed roles. The following are examples of gambling harm services' peer worker roles in Europe, Australia, the US and UK.

Pelirajat'on is a peer-led service located in Helsinki, Finland. Peer services are largely delivered by volunteers who are trained to support others who have gambling problems and their families. Peer volunteers subscribe to shared values: human dignity and equality; privacy; respect for volunteering; human relationships and interaction; and trust in the power of experience, emotion, and peer support. It is not clear whether there are any paid peer worker roles in the service. No information is available about people's satisfaction with the service or outcomes (Auckland University of Technology, 2017; Te Pou o te Whakaaro Nui et al., 2009).

In Australia, Miller and colleagues (2018) report there are a small number of people working in gambling harm peer roles. The following are some examples of peer initiatives.

- Relationships Australia South Australia network offer a peer support service to demonstrate recovery is possible and help connect people to supportive agencies.
- In 2018, the Banyule Community Health centre piloted a gambling support group facilitated by two people with lived experience in paid peer roles.<sup>16</sup> No information is available about the outcome of the pilot.
- In 2008 the South Australian State-wide Gambling Therapy Service reported exploring peer-led self-management programmes for gambling recovery, maintenance and relapse prevention.<sup>17</sup>

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<sup>16</sup> See <https://responsiblegambling.vic.gov.au/for-professionals/clinical-development-projects/lived-experience-project/>.

<sup>17</sup> Inquiry into the prevention and treatment of problem gambling (2008), available from <http://www.aph.gov.au/DocumentStore.ashx?id=6bcba107-94da-47ae-bb3f-6f41fb18b878>.

- Australian Gambling Help Online is a national online mutual aid forum for gambling support in Australia. However, it is not clear whether peer support is a paid workforce role in this example.

In the US, the Maryland Center of Excellence on Problem Gambling has peer recovery support specialists. These are people with lived experience of gambling harm trained to assist other people to connect with recovery resources. Workers are available by phone directly and on referral. The roles and training are based on an existing peer-based recovery support service model for addiction and mental health established in the US.<sup>18</sup>

In the UK, Gambling Therapy is a national online support service that employs peer support workers to deliver services online. The service provides peer training and supervision to employees who lead groups, deliver online forums and email support (Gordon Moody Association, 2020).

## Summary

Limited international information is available about peer support roles in services working with people affected by gambling, including a few pilots. This suggests these roles are still emerging internationally and New Zealand has an opportunity to be a world leader in the development of this workforce.

## Impact of peer support

The literature indicates people and whānau with lived experience of gambling harm have much to offer services, including the opportunity to:

- better understand gambling harm experienced by individuals, whānau and communities
- develop less harmful and stigmatising discourses about people who experience gambling harm, that may reduce barriers to service access
- enhance people's and whānau experiences of services
- improve our knowledge about how products and business practices contribute to the experience of gambling harms (Miller et al., 2018; Miller & Thomas, 2018).

Peer support is a model proving beneficial in New Zealand and overseas for addiction services (Ministry of Health, 2019b). Evidence suggests peer support benefits both people and whānau accessing services, and the organisations delivering these. People accessing services express high levels of satisfaction and their outcomes are as good as, if not better than, conventional services where there is no peer support (Te Pou o te Whakaaro Nui, 2014c). The following subsections describe the evidence for the impact of peer support in gambling harm services and alcohol and drug services.

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<sup>18</sup> <https://gethelpforgamblingproblems.org/gambling-peer-support/>

## **Peer support in gambling harm services**

Overall, there are few studies exploring the impact of treatment and support for people harmed by gambling, and none are specific to peer support. The Royal Australian and New Zealand College of Psychiatrists (2017) report most evidence focuses on practitioner-delivered psychological therapies and brief interventions.

There is a small body of evidence suggesting online self-guided support, for example, using apps and self-help forums may provide some benefit to people support for their gambling. Online forums and groups are subject to fewer barriers than group meetings (Gainsbury & Blaszczynski, 2011). These may be more acceptable than face-to-face groups to people seeking help particularly young people, men and people who gamble online (Rash & Petry, 2014; Te Pou, 2020). It is thought the privacy and anonymity of online forums may motivate people to access these. However, drop-out rates range from 17 to 76 percent of users. People who drop out early may still report having met their goals and reduced gambling urges (Gainsbury & Blaszczynski, 2011). Rash et al. (2014) suggest online support may be more effective when accessed alongside psychological therapies such as talking therapies.

No evidence was located describing the effectiveness of support by trained peer workers in the gambling harm sector.

## **Effective alcohol and drug peer support**

Compared to the gambling harm sector, there is somewhat more literature describing effective alcohol and drug peer support practices. Two systematic reviews of US studies concluded alcohol and drug peer support services contribute positively to substance use outcomes and are welcomed by recipients. In these studies, peer support services include groups and one-to-one peer mentorship run by trained peer support workers. In many cases peer support is provided alongside standard addiction treatment (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Tracy & Wallace, 2016).

Studies into effective peer support practices show wide diversity in role definitions, employment, training, support, and measures and definitions of recovery. This diversity hampers efforts to draw definitive conclusions about the effectiveness of peer support (Bassuk et al., 2016). In addition, traditional research methods applied to standard addiction treatment, like randomised controlled trials, are incompatible with peer recovery services. New research methods are needed (Laudet & Humphreys, 2013).

## **Summary**

The lack of these roles in gambling harm services means there is no information available in that context. There is positive evidence for the effectiveness of peer support in the alcohol and drug sector. Studies are hampered by lack of consistency in roles, measures, definitions, and use of unsuitable methods.

## Workforce development

Workforce development is the set of activities designed to address specific gaps or risks to ensure the workforce is best able to deliver future services (Te Pou o te Whakaaro Nui, 2017b). The following describes the literature on workforce development activities for the gambling harm sector, followed by the alcohol and drug and mental health sectors.

### Peer workforce development in the gambling harm sector

No New Zealand or international literature was identified about workforce development activities specific to gambling harm peer worker roles. Nor is there any evidence describing sustainable workforce development (in theory or practice) for such roles.

In the gambling harm sector, there are New Zealand core competencies for the public health workforce published in 2015. However, these do not refer to any peer or other lived experience workforce. These competencies were developed using existing and relevant New Zealand competency sets and feedback from key stakeholders in the public health and gambling harm sector. Key areas covered in the competencies include job descriptions, workforce competency assessments, workforce development and training plans, and performance objectives (Erick, 2015).

*Let's get real: Real Skills for Working with People and Whānau with Mental Health and Addiction Needs* describes the values, attitudes, knowledge and skills expected of all people working in health services (Te Pou o te Whakaaro Nui & Ministry of Health, 2018). These are presented across three levels - Essential, Practitioner, and Leader. The seven Real Skills are Working with people; Working with Māori; Working with whānau; Working with communities; Challenging discrimination; Applying law, policy and standards; and Maintaining professional and personal boundaries.

Competencies for the mental health and addiction consumer, peer support and lived experience workforce are available, that build on the *Let's get real* framework and are specific to peer support workers (Te Pou o te Whakaaro Nui, 2014a). These competencies are currently being reviewed by Te Pou.

Workforce development may benefit from Māori models of health and wellbeing such as *Te Whare Tapa Whā* (Durie, 1998) and *Te Wheke*; and Pasifika competency frameworks such as *Seitapu: Pacific mental health and addiction cultural & clinical competencies framework* (Pulotu-Endemann et al., 2007), *Let's get real: Real Skills plus Seitapu* (Te Pou o te Whakaaro Nui et al., 2009) and the Suaali'i-Sauni et al. (2009) Matalafi Matrix.

Other useful information for workforce development includes:

- Asian Family Services' *Chinese Gambler Peer Support Workbook* (Zhang & Yeo, 2018)<sup>19</sup>
- *Authentic Voices: A Problem Gambling Lived Experience Consumer Forum* (McQuillan, n.d.), which makes the case for a forum to support workforce development to include a paid peer support workforce in services.

The New Zealand Qualifications Authority (NZQA) Level 4 New Zealand Certificate in Health and Wellbeing (Peer Support) is relevant to gambling harm services. It is delivered by multiple providers such as Whitireia New Zealand and Massey University. Other peer support training is provided by ComCare Trust (South Island) and Intentional Peer Support Aotearoa New Zealand. Careerforce are going to offer this as part of their Apprenticeship Model at Level 4.<sup>20</sup> Massey University also offers a Level 5 Certificate in Mental Health and Addiction.<sup>21</sup>

Other training relevant to gambling harm peer worker roles is provided by ABACUS Counselling, Training & Supervision Ltd. They are a NZQA-approved provider of the Level 5 Certificate of Gambling Harm.<sup>22</sup> The Level 5 Certificate is intended to provide a qualification recognising experience and develop workforce skills to assist registration as a support worker with the Addiction Practitioners' Association of Aotearoa-New Zealand (*dapaanz*). The Level 5 qualification may assist the integration of peer support into gambling harm services.<sup>23</sup>

### **Alcohol and drug peer support workforce development**

The following subsections describe the components for workforce development from the alcohol and drug and mental health sectors. The first section focuses on service-level peer support worker role development. The second section describes the range of activities required across the health system to support sustainable workforce development in services.

#### **Service-level workforce development**

King and Panther (2014) summarise the steps to create a thriving alcohol and drug peer support workforce in the national context in Figure 1. They show when peer support roles are well-defined and workforce expectations are clear, peers can thrive and add value for services and the people accessing them, and will in turn grow larger in size.

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<sup>19</sup> See footnote 12 on page 14.

<sup>20</sup> <https://www.careerforce.org.nz/apprenticeships/>

<sup>21</sup> [https://www.massey.ac.nz/massey/learning/programme-course/programme.cfm?prog\\_id=93585](https://www.massey.ac.nz/massey/learning/programme-course/programme.cfm?prog_id=93585)

<sup>22</sup> <https://www.acts.co.nz/>

<sup>23</sup> Personal communication from Alison Penfold, Director ABACUS Counselling, Training & Supervision Ltd, 13 April 2020.

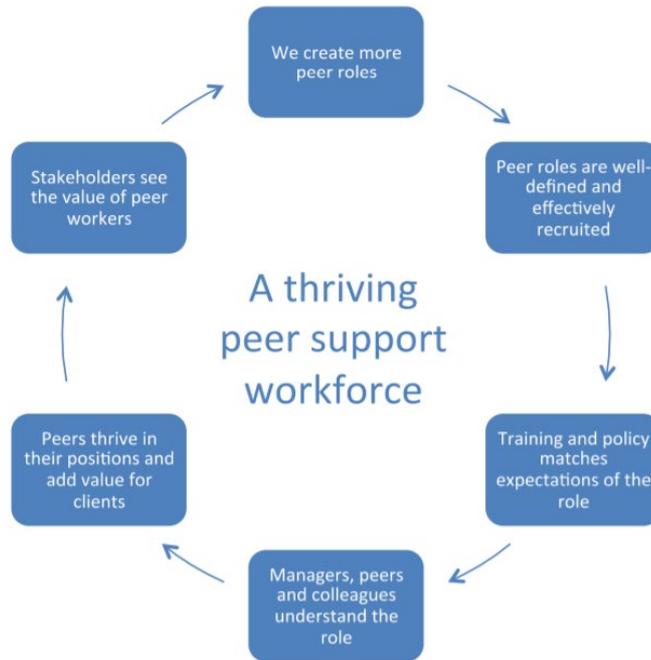


Figure 1. Workforce development to promote a thriving alcohol and drug peer support workforce. Source: King and Panther (2014).

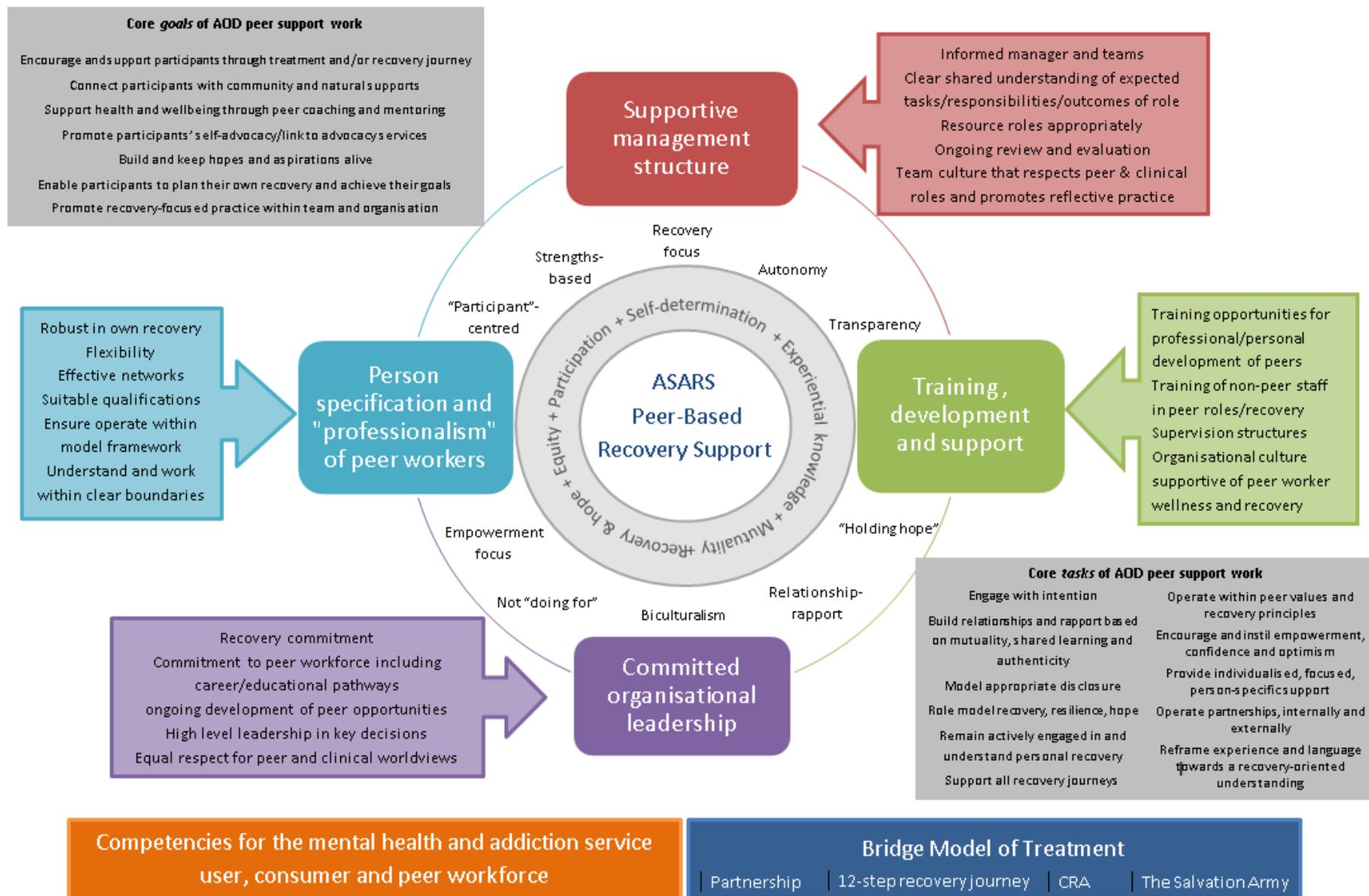
The contrasting situation is a 'surviving' peer support workforce, where poorly defined roles mean everyone disagrees on what constitutes peer support, resulting in high turnover and workers feeling unable to demonstrate their true value (King & Panther, 2014). This highlights the importance of clearly defining gambling peer worker roles to ensure a sustainable workforce.

An example of a service-level approach to peer support workforce development is provided by The Salvation Army for its Addictions, Supportive Accommodation and Reintegration Services (ASARS) model. The Salvation Army contracted Louise Kirkwood (2016) to develop and document a model for peer support work in ASARS services for alcohol and drugs.

Key findings are outlined in an unpublished report (Kirkwood, 2016) available from The Salvation Army. The project responded to earlier ad hoc development of the peer support workforce in its drug court and Bridge Programmes. It aimed to document the underlying principles of peer support already occurring within the organisation, identify the challenges faced by workers and enablers to working well. Peer support and other service workers collaborated on the project. Its findings were to be applied to the development of a peer support workforce in ASARS. The findings are being considered by The Salvation Army Oasis service as a model for peer support in its gambling harm services.

In line with King et al. (2014), the model demonstrates a multi-level approach to workforce development within a service context. Peer support worker values, competencies, tasks, goals and attributes are described alongside other workforce development needed for the roles to thrive. The activities include:

- training, development and support for personal and professional development; training for other workers; development of a supportive organisation culture (green)
- committed organisation leadership to recovery concepts; career pathways and ongoing development opportunities; leadership and respect for peers (purple)
- supportive management structure including role clarity; adequate resourcing; ongoing review and evaluation; growing supportive team cultures (red); see Figure 2.



Source: Kirkwood, L. (2016).

## Health system approaches to peer workforce development

Within the health system overall, workforce development is required to ensure that service-level development activities are sustainable over time. The following subsections describe key workforce development activities across multiple levels of the health system (organisation, community, national) including recommendations from the *Mental Health and Addiction Consumer, Peer Support and Lived Experience Workforce: Strategy 2020-2025* (the Mental Health and Addiction Strategy; Te Pou, 2020). These findings are organised across the Ministry of Health's five domains of workforce development; see (Te Pou o te Whakaaro Nui, 2017b).



Adapted from: Ministry of Health (2017b); Te Pou o te Whakaaro Nui (2017b).

### **Workforce development infrastructure**

Within the health system overall, robust and well-resourced consumer network(s) are needed to provide leadership and guidance on workforce development matters and to partner with relevant agencies like workforce development centres to deliver development activities (Te Pou o te Whakaaro Nui, 2020). The Mental Health and Addiction Strategy (2020) describes various national infrastructure activities to support workforce development including developing new approaches, models and training, and monitoring and improving over time.

Growing the gambling harm peer workforce will rely on investment in various roles, and funding for the necessary support systems such as peer supervision. The Mental Health and Addiction Strategy (2020) recommends consumer networks co-design guidelines for commissioning agencies, alongside working with employers and unions to agree appropriate pay scales and employment conditions. In line with this position, the Ministry (2019b)

Gambling Strategy requires the development of a national gambling consumer network to facilitate gambling harm peer workforce development.

### **Organisational development**

New peer worker roles in the gambling harm sector will need the right employment and workplace environment to thrive (King & Panther, 2014). Individual workers need role clarity and clear expectations of their role (Kirkwood, 2016; Mahlke et al., 2015), and to be supported by a structured lived experience network (Pitt et al., 2013). In the alcohol and drug context, an effective peer support service includes peer networking opportunities (King & Panther, 2014). Having at least two peer workers within a service is one mutually supportive approach (Davidson, Bellamy, Guy, & Miller, 2012).

Peer support is enhanced by the provision of formal support mechanisms, like regular supervision (King & Panther, 2014). Supervision focused on job skills and issues helps peer workers with problem-solving solutions for difficult situations, manage relationships, plan activities, provides some ongoing training and encourages networking among workers (Health Workforce Australia, 2014). The literature varies on who should provide supervision (Byrne, Roennfeldt, O'Shea, & Macdonald, 2019; Forchuk, Martin, Chan, & Jensen, 2005; Sledge et al., 2011). The Mental Health and Addiction Strategy includes an expectation that supervision is provided by a trained peer supervisor (Te Pou o te Whakaaro Nui, 2020).

To be effective, peer workers need their work to be understood and valued across all levels of the organisation. This includes governance and management support through to the workforce (Byrne et al., 2019; Davies, Gray, & Butcher, 2014; Davis & Pilgrim, 2015; Kirkwood, 2016). Involving peer workers and consumer advisors in planning new services is preferable to integrating peers into existing services (Jones et al., 2019; Te Pou o te Whakaaro Nui, 2020). Peer workers are more likely to report feeling well supported in programmes and organisations that are peer-run, in comparison to other organisational contexts (Jones, Teague, Wolf, & Rosen, 2020).

### **Learning and development**

In the mental health context, training supports the effectiveness of peer workers (Reberiro Gruhl, LaCarte, & Calixte, 2016; Te Pou o te Whakaaro Nui, 2017a). Key areas for training include promoting use of a strengths-based approach with people, and the appropriate use of personal experiences (experiential knowledge) as a tool for supporting people. Training needs to be relevant to individual roles and tasks, to ensure the necessary level of competency (Kirkwood, 2016; Te Pou o Te Whakaaro Nui, 2010). Training for group support includes communication of lived experience and setting boundaries; recovery; triggers and management; problem-solving; self-management; and self-care (Reberiro Gruhl et al., 2016; Te Pou o te Whakaaro Nui, 2017a). A 'collaborative learning' approach to training appears to have some success by using the experience of peer workers as a group, to explore 'real

world' issues and scenarios to collectively construct solutions that enrich their practice (Cronise, 2016).

Core competencies for peer support roles in New Zealand alcohol and drug and mental health settings (currently in review) include:

- lived experience and peer values
- recovery, resilience, and self-care
- professional development and boundaries
- communication
- family, whānau, culture and community diversity
- working within systems
- human rights approach and social justice (Te Pou o Te Whakaaro Nui, 2014a).

The Mental Health and Addiction Strategy (2020) recommends:

- developing scopes of practice and professional standards to supplement competencies in training and professional development
- developing peer supervision guides and co-design professional development to build peer supervision capacity in the sector.

### **Recruitment and retention**

The Mental Health and Addiction Strategy (2020) recommends:

- co-design of scholarships, grants and other development activities to build pipelines into the workforce, grow its diversity and leadership potential
- guidelines for leaders and managers to support good management practices and improve retention
- co-design of multi-employer collective agreements and job descriptions for peer workers
- succession planning and leadership development activities to build career pathways.

### **Information, research and evaluation**

The Mental Health and Addiction Strategy (2020) recommends:

- regular evaluation of progress towards meeting workforce development goals
- collection of meaningful information about peer workforce growth and its diversity to inform future workforce development activities
- research and evaluation projects to improve the evidence-base for peer worker roles and inform developing effective models and approaches.

### **Summary**

Overall, there is substantial information about alcohol and drug and mental health workforce development that can inform pilots for new peer worker roles in gambling harm services. The literature emphasises multi-level approaches across five domains for effective workforce development.

# Discussion

## Key findings

There are currently no Ministry funded peer worker roles in gambling harm services. There is also little published information about gambling harm peer worker roles, with available information largely anecdotal. These are key impediments to developing peer workers in the gambling harm sector.

Māori and Pasifika services may already be working in ways conducive to developing a peer workforce. This is due to their strong emphasis on community approaches; supportive concepts and frameworks like tuakana/teina and talatalanoa; and values and approaches based on shared culture, language and lived experience in mutual relationship. All these factors are well aligned with peer work.

Māori and Pasifika gambling harm services have a strong focus on integrating public health approaches with gambling services. These services are likely to include a wider range of lived experience than personal experience of gambling harm, for example iwi, hapū, whānau and other community perspectives. Such gambling harm services are often intertwined with responses to other issues like substance use. A common theme in services is the involvement of the wider family and whānau. This is due to the large number of people impacted by others' gambling problems and gambling harm services' focus on both gamblers and affected others. New peer worker roles need to be able to work with whānau as well as gamblers. However, it is important to note there is no one-size-fits-all approach.

Some literature for peer support worker development is available from Asian and general gambling harm services. However, there are currently no peer workers employed in those services.

Some existing training programmes at NZQA Levels 4 and 5 may be relevant for gambling harm peer workers. Existing models and training for the alcohol and drug peer support workforce development may be usefully adapted to suit the gambling harm sector, for example Kirkwood (2016). Likewise, the existing peer values and competencies in the alcohol and drug and mental health sectors may be relevant for adaptation to the gambling harm sector. Given the overlaps between gambling problems with alcohol and drug use, it is possible that services providing alcohol and drug peer support may find it useful to expand existing roles into the gambling harm space, if people with lived experience of gambling harm are employed.

Stakeholders have identified various opportunities for peer support in gambling harm services. These include facilitation; service welcoming and orientation; peer support groups; and post-treatment follow up. Overall, peer worker involvement with gambling harm services

is an under-researched area. Most studies into the effectiveness of gambling harm peer worker roles focus on online forums and groups. Investment is needed in the development and evaluation of specific gambling harm peer approaches.

This review located no published information about sustainable workforce development activities specific to gambling harm peer worker roles. Relevant literature for the alcohol and drug and mental health sectors suggests any workforce development for gambling harm services needs to occur in partnership with the people affected rather than simply copying models from other sectors. It also needs to consider the following factors.

- Workforce development infrastructure.
  - Robust consumer and lived experience networks to lead workforce development planning and partner with agencies to achieve goals.
  - Develop peer models, approaches and training, and monitor and improve these over time.
  - Partner with the Ministry and other agencies to ensure adequate funding and contracting are in place to grow the peer workforce.
- Organisational development.
  - To build organisation and workforce cultures to provide the right employment environment for peer workers to thrive, including everyone from governance to the workforce.
  - Provision of supportive structures like peer networking and peer supervision by trained peer supervisors.
  - Co-design and co-develop services incorporating people with lived experience of gambling harm.
- Learning and development.
  - Co-design of training and other professional development, supported by competencies.
  - Developing peer scopes of practice and professional standards.
  - Peer supervision guides and professional development to build supervision capacity.
- Recruitment and retention.
  - Scholarships, grants and other development activities to build workforce pipelines, diversity and leadership potential.
  - Leaders and managers guides to support good management and improve retention.
  - Multi-employer collective agreements and job descriptions.
  - Succession planning and leadership development activities to build career pathways.
- Information, research and evaluation.
  - Monitoring the workforce growth and diversity to inform future development.
  - Research and evaluation into effective peer models and approaches.
  - Evaluation of progress towards workforce development goals.

- Improve the consistency and quality of data collected on peer worker activity in New Zealand.

## Gaps for discussion

No published information is available to discuss how to ensure the sustainability of gambling harm peer worker roles in New Zealand. Evidence-based workforce development practices as described above will support building a sustainable gambling harm peer workforce (Te Pou o te Whakaaro Nui, 2017b).

Other gaps identified in the literature, both in New Zealand and internationally, include lack of:

- a clear definition for lived experience of gambling harm and who this affects
- evidence to inform effective gambling harm peer worker models and approaches
- information about effective workforce development.

## Conclusion

This literature review collates available information about gambling harm peer worker roles, services and workforce development. There is a dearth of information available both nationally and internationally. To supplement these findings, information about peer support workers in alcohol and drug (and some mental health) settings is included. These indicate a range of areas for consideration in consultation with key stakeholders from the gambling harm sector.

## Appendix

Table 1. Ministry of Health funded gambling harm services (excluding helplines) and published information relevant to peer worker roles

Service	Published information relevant to peer worker roles
<b>National services</b>	
<a href="#">Problem Gambling Foundation of New Zealand</a>	No information on gambling peer worker roles. Staff are clinical (counsellors). Support groups are available, facilitated by counsellors. Their website includes a section 'gamblers tell their own stories' linking to a story from someone affected by someone else's gambling. This includes funding for Asian Family Services.
<a href="#">The Salvation Army Oasis Centres</a>	No information on gambling peer worker roles. Oasis is a gambling harm service delivered by qualified case workers with expertise in supporting people with gambling-related problems.
<b>Northland</b>	
<a href="#">Nga Manga Puriri Whangarei</a>	No information on gambling peer worker roles. Is the only Tai Tokerau based Māori provider of secondary and tertiary gambling harm prevention services (intervention) and primary prevention services (public health) covering the region from Wellsford to Cape Reinga. Includes support groups. From limited available information staff seem to be clinical (counsellors).
<b>Auckland</b>	
<a href="#">Hapai Te Hauora Tapui Limited</a>	No information on gambling peer worker roles. Staff listed for the minimising gambling harm public health initiative are public health experts. They state "We also provide opportunities for Māori communities to speak out on their views about this kaupapa. Māori communities in return, provide the content that helps to make both regional and community, policies, and strategies". Also have a minimising gambling harm workforce development initiative including resources for workforce planning.
<a href="#">Odyssey House Auckland</a>	Gambling intervention services provided alongside alcohol and drug services. Information about peer support not specific to gambling harm.
<a href="#">Pasifika Ola Lelei Services Manukau</a>	A service of Raukura Hauora o Tainui and Southseas Healthcare, see below.
<a href="#">Raukura Hauora O Tainui Trust</a>	No information on gambling peer worker roles. Has a Māori problem gambling service using Te Toi o Matariki model, using a Māori cultural values base.
<a href="#">TUPU Waitemata DHB Pacific Counselling Service Auckland</a>	Mobile Pacific Island gambling harm service at Waitemata DHB. No information about gambling peer worker roles. Staff described as clinicians.
<b>Hamilton</b>	
<a href="#">K'aute Pasifika Trust</a>	Pasifika community trust delivering health and social services. No information about gambling harm services or peer workers available.

Service	Published information relevant to peer worker roles
<a href="#">Te Kōhao Health</a>	Support for whānau and communities to prevent and minimise gambling harm. No information available about gambling harm peer workers. Staff described as clinicians and public health workers.
<b>Rotorua</b>	
<a href="#">Te Kahui Hauora</a>	Problem gambling service. No information available about gambling harm peer workers. Staff described as counsellors.
<b>Manawatu/Whanganui</b>	
<a href="#">Best Care Whakapai Hauora Palmerston North</a>	No information on gambling peer worker roles. One of the services provided is a forum to discuss problem gambling harm.
<a href="#">Nga Tai O Te Awa Trust Whanganui</a>	No information on peer gambling roles. Have a dedicated Te Ao Māori based services for problem gamblers including Māori staff.
<b>Hawke's Bay</b>	
<a href="#">Te Rangihaeata Oranga Trust</a>	No information on peer gambling roles. Website appears clinical (people fill out a brief screening form). They position themselves as a gambling recovery service.
<b>Taranaki</b>	
<a href="#">Tui Ora Taranaki</a>	No information on peer gambling roles. Offers a gambling harm service. Whānau ora team leader on the main website page has experience of the health system through whānau with disability.
<b>Wellington</b>	
<a href="#">Tu Te Ihi Te Runanga o Toa Rangatira Inc</a>	No information on peer gambling roles. Community based service for gambling harm. Staff are counsellors and a public health promoter.
<a href="#">Taeaomanino Trust</a> Porirua & Wellington	No information on peer gambling roles. Has a Pacific problem gambling service in Porirua. Includes community discussions and culturally appropriate translators.
<b>Nelson/Marlborough</b>	
<a href="#">Addiction Advice and Assessment Service Ltd - Nelson</a>	No information on peer gambling roles. Provides gambling support. Staff are clinical (counsellors).
<b>Southern region</b>	
<a href="#">Te Roopu Tautoko Ki Te Tonga Incorporated</a>	No information on peer gambling roles. Offers a health promotion only problem gambling service.
<a href="#">Nga Kete Matauranga Pounamu Charitable Trust</a>	No information on peer gambling roles. Among services are support groups for people and whānau affected by gambling. Staff listed as providing gambling services are clinical (problem gambling counsellor and problem gambling health promotor). A peer support counsellor is listed as a staff member in addiction services, unclear if they work in gambling service.

Source: <https://www.health.govt.nz/your-health/healthy-living/addictions/harmful-gambling/find-service-near-you>

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