

A Draft National Plan for Minimising Gambling Harm

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MANATŪ HAUORA

Foreword

In recent years, gambling related harm has been emerging worldwide as a social and health issue. The Responsible Gambling Bill sets down the Ministry of Health's responsibilities for funding and co-ordinating problem gambling services from a levy on the gambling sector, the problem gambling Levy.

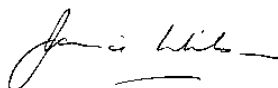
Currently, problem gambling services are mainly being funded by the Problem Gambling Committee. The Ministry of Health acknowledges the fine work done by the Committee over the last six years in meeting the needs of problem gamblers and their families. The Ministry intends to build on that work when the responsibility for the funding and coordination of problem gambling services is transferred.

The National Plan for Minimising Gambling Harm, in its final form, will guide the Ministry of Health during the formative period of transition and initial responsibility for funding services. Feedback and comments received on this first draft marks the beginning of this period. Research, evaluation of programmes, monitoring of services, and ongoing dialogue with the sector and communities will provide a comprehensive information base from which to develop a longer term strategy to minimise the harm caused by gambling.

We trust that all those with an interest in gambling and gambling harm will take the opportunity afforded by this draft document to contribute their views and expertise to shape the final Plan.



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Part 1: A Draft National Plan for Minimising Gambling Harm

Introduction

The Responsible Gambling Bill acknowledges a whole of Government approach is required to prevent and minimise the harm caused by gambling. While different sectors will have discreet responsibilities, the components contribute to a comprehensive approach. The Department of Internal Affairs and the Ministry of Health have a joint role in preventing and minimising the harm caused by gambling. The two agencies see their work on gambling issues as collaborative and complementary.

The range of interventions include:

Supply side interventions

Included in the responsibilities of the Department of Internal Affairs are the regulations around the supply of non-casino gaming machines, casino licensing and modifying gambling environments. The regulation and supply of gambling opportunities is a critical component in the plan to reduce the harm caused by gambling.

Demand reduction interventions

Public Health approaches aim to reduce the demand for gambling in communities. Raising public awareness around gambling and building resilience in communities are examples of demand reduction interventions.

Problem limitation interventions

Problem limitation interventions move across the continuum towards individual approaches for those affected by gambling harm. A range of services for problem gamblers and their families will be available in communities.

This draft plan to minimise the harm caused by gambling maps the Ministry of Health's responsibilities and directions within the whole of Government approach.

Within the Ministry of Health, problem gambling is a joint responsibility of the Public Health and Mental Health Directorates. The Public Health Directorate has overall responsibility for the project. The two Directorates have drafted this Plan together in order to propose an integrated approach nationally. The draft Plan aims to impact at a population level as well as on individuals and families.

Taking a co-ordinated approach across services, and linking services nationally, regionally and locally will be vital to an integrated approach. The service components listed in the attached service specifications represent a menu of interventions to be funded by the Ministry of Health through a range of providers.

Background

Prevalence

Data from the 1999 National Prevalence Survey (Abbott and Volberg 2000) suggested that at the time of the survey, 0.8 percent of the adult population were problem gamblers, and an additional 0.5 percent were pathological gamblers. For various methodological reasons, these estimates are considered to be ‘conservative’, and possibly ‘highly conservative’ by the authors of the survey.

Certain population groups have higher problem gambling prevalence rates. Māori, Asian and Pacific peoples are over represented in access to treatment data.. Youth as a population group are also becoming more visible in problem gambling studies.

In the six years that the Problem Gambling Committee has been funding services, there has been a steady increase in the numbers of people seeking help for gambling problems.

The gambling environment

The gambling environment has been evolving rapidly worldwide. New Zealand is affected by international trends. There has been a rapid growth in electronically delivered forms of gambling, such as the Internet and gaming machines. There has been increasing globalisation in telecommunications, banking arrangements, advertising, and sport.

In New Zealand, the last decade has been characterised by a growth in gambling opportunities and player expenditure, that is, net losses. This growth has been paralleled by a rise in new population groups linked with gambling harm such as Māori, Pacific, Asian, older people, and women.

Many community organisations are now reliant on Community Purposes Funding from gambling.

All of these changes take place against, and arguably contribute to, a background of growing socio-economic inequalities, which are reflected in worsening health inequalities.

Responsible Gambling Bill

Following a Gaming Review administered by the Department of Internal Affairs in 2002, the Responsible Gambling Bill was introduced to Parliament. The Bill repeals the Gaming and Lotteries Act 1977 and the Casino Control Act 1990.

Its key objectives are to ensure that:

- gambling is used primarily to raise funds for community purposes
- the harm caused by gambling is prevented or minimised
- there is local involvement in decisions about the availability of more risky forms of gambling
- the growth of gambling is controlled.

The Bill recognises that personal, social and economic harm arises from, or is caused or exacerbated by, gambling, and that this harm may extend from the gambler to their family, the wider community, workplace, and society at large.

The Responsible Gambling Bill defines harm as:

'harm or distress of any kind arising from, or exacerbated by, a person's gambling; and includes personal, social, or economic harm suffered by the person; or the person's spouse partner, family, whānau, or wider community; or in the workplace; or by society at large.'

The Department of Internal Affairs continues its role as the primary regulator of the gambling sector and as a key policy advisor to Government on gambling issues. In this role, it will also advise Government on the size of the Problem Gambling Levy and the way it is allocated across the four main sectors for licensed gambling, that is, casinos, non-casino gaming machines, TAB and racing, and the Lotteries Commission.

Government has decided that the Ministry of Health will be the funder and sole co-ordinator of problem gambling services when the Bill is enacted.

The Department of Internal Affairs and the Ministry of Health have a joint role in preventing and minimising the harm caused by gambling: the Department of Internal Affairs will implement regulatory measures and the Ministry of Health will be responsible for problem gambling services. The two agencies see their work on gambling issues as collaborative and complementary.

This draft Plan also takes an integrated approach to problem gambling services. The integrated approach encompasses those public health measures designed to inform the population as a whole, or groups within the population, with a view to preventing gambling harm. Alongside this public health component sit intervention services designed to minimise the harm experienced by those with gambling problems including their affected family and significant others.

The Problem Gambling Committee currently funds problem gambling services. The Committee is a private charitable trust with Government recognition, made up of industry and service provider representatives. The transfer of responsibility for problem gambling services from the Committee to the Ministry will not take place until the legislation is enacted and the funding appropriation to the Ministry commences (1 July 2003 at the earliest).

The strategic framework for the health and disability sector

The New Zealand Health Strategy and the New Zealand Disability Strategy set the overarching framework for planning, developing and funding health and disability services, for District Health Boards particularly. Further guidance on how to achieve the goals of these strategies is given in a number of more detailed strategies for services, health issues or population groups. These strategies include:

- the Primary Health Care Strategy
- the Māori Health Strategy (He Korowai Oranga)
- Moving Forward
- the Public Health Integrated National Plan of Action
- Te Puawaitanga (Māori Mental Health Strategy)
- Building on Strengths
- the Pacific Health and Disability Action Plan
- Draft National Plan for Minimising Gambling Harm
- the Reducing Inequalities programme.

Figure 1 shows the framework for implementing the Government's health and disability goals.

Figure 1: Implementing the Government's health and disability goals



Treaty of Waitangi

The Treaty of Waitangi establishes the unique and special relationship between Māori and the Crown. To date, the relationship between Māori and the Crown in the health and disability sector has been based on three key principles: participation, partnership, and protection. Not only is it important to improve Māori health status, but other goals based on concepts of equity, partnership, and economic and cultural security must also be achieved. Co-operation and utmost good faith are implicit conditions of the nature in which the Ministry responds to Māori health issues.

This commitment to the principles of the Treaty of Waitangi will be reflected by being included in all service contracts entered into by the Ministry of Health. Therefore, all contracted providers shall demonstrate how the policies and practices of their provider organisation and service delivery shall benefit Māori, their whānau and significant others.

The Ministry of Health recognises the rangatiratanga of Māori, and Māori desire to have some control in the development and delivery of services to Māori. The draft Plan promotes Māori responses to Māori problem gambling, emphasising the role of the Ministry of Health as an enabling and supportive one rather than a directive one. It recognises that problem gambling needs and community capacity will be different in each area. There is an implicit understanding that the National Plan for Minimising Gambling Harm will allow for the safeguarding of Māori cultural concepts, values, and practices.

The Draft National Plan for Minimising Gambling Harm suggests mechanisms for Māori participation in gambling service development and delivery. While the overall goals to minimise gambling harm are as relevant to Māori as non-Māori, the set of strategies to realise these goals may be different. History and the context of Māori lives will guide a set of strategies that strengthen and build the capacity of Māori communities to prevent and minimise harms associated with problem gambling.

Proposed Approach

A population health approach

The draft Plan aims to integrate approaches to prevent gambling problems occurring in the population and to help those affected by gambling harm. It uses a population health approach to impact on the whole population. This approach acknowledges the continuum of gambling harm, and includes activities and services for particular groups in the population. The population approach utilises the principles of the Ottawa Charter for Health Promotion (see Appendix 1).

The benefits of a population health approach are that it can:

- advocate for healthy social, physical, spiritual and cultural environments
- take into consideration the wider health, social, economic and cultural costs and benefits of gambling
- protect the right of Māori to make their own assessments of the cultural costs and benefits of gambling, and to determine their own needs and approaches to meeting those needs
- examine broad impacts of gambling on the whole population rather than focusing solely on the problem and pathological behaviour of individuals
- address not only the risk of problems for the gambler but also the quality of life of families and communities affected by gambling
- use an integrated approach that emphasises a mix of interventions which occur at many levels (national, regional and local) throughout the health sector and beyond
- recognise that some communities are at differing stages of readiness to change and that community development and action are important aspects of the population health approach
- recognise the importance of building resilience (including cultural) in some communities as a precursor to health promotion and intervention strategies.

Reducing health inequalities

The Draft National Plan for Minimising Gambling Harm will have a particular focus on gambling harm that affects those who are socioeconomically disadvantaged. The 1999 National Prevalence Study (Abbott and Volberg 2000) found that while actual household expenditure on gambling increased with household income, low income groups spent proportionately more of their household incomes on gambling.

Socioeconomic disadvantage is associated with poorer health. Health inequalities are a major health problem in New Zealand. Reducing inequalities in health is a key objective of the New Zealand Health Strategy.

'Inequalities in the distribution of access to material resources – income, education, employment and housing – are the primary cause of health inequalities. Differential access to health care services and differences in care for those receiving services also have a considerable impact on health status and mortality ... Each socioeconomic group experiences worse health than the group that is a little better off ... (Ministry of Health 1999).

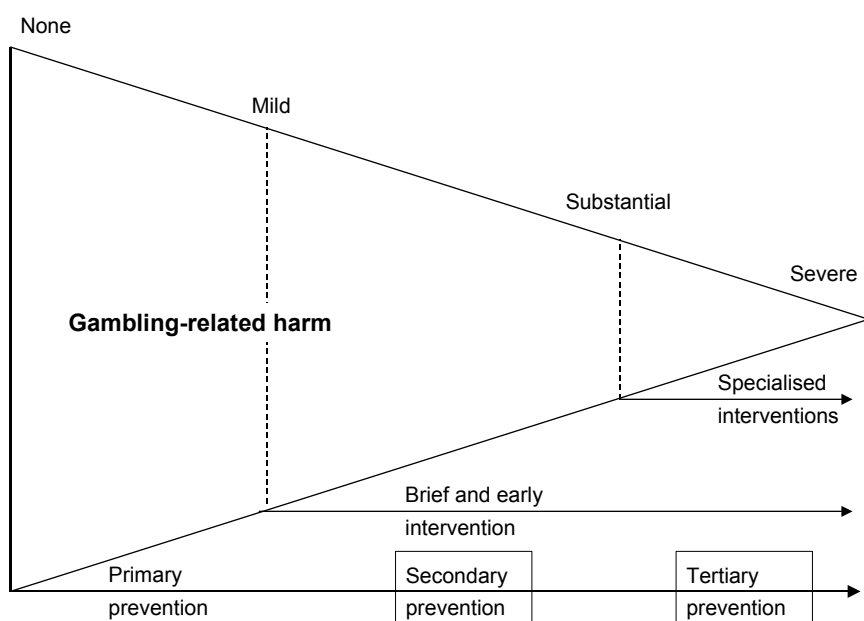
Problem gambling services

To date, the Problem Gambling Committee has focused on funding interventions to meet the needs of problem gamblers and their families (such as counselling and help line services). In the current year, it is beginning to purchase some public health programmes.

Over the transition period and until the transfer, the Ministry is working with the Problem Gambling Committee to ensure a smooth transition of services and initiatives.

The Ministry plans to fund problem gambling services that cover the continuum of need across the population. Figure 2 depicts the continuum of need. The diagram is adapted from *Gambling and the Health of the Public: Adopting a public health perspective* (Korn and Shafer 1999).

Figure 2: Gambling problem continuum of need



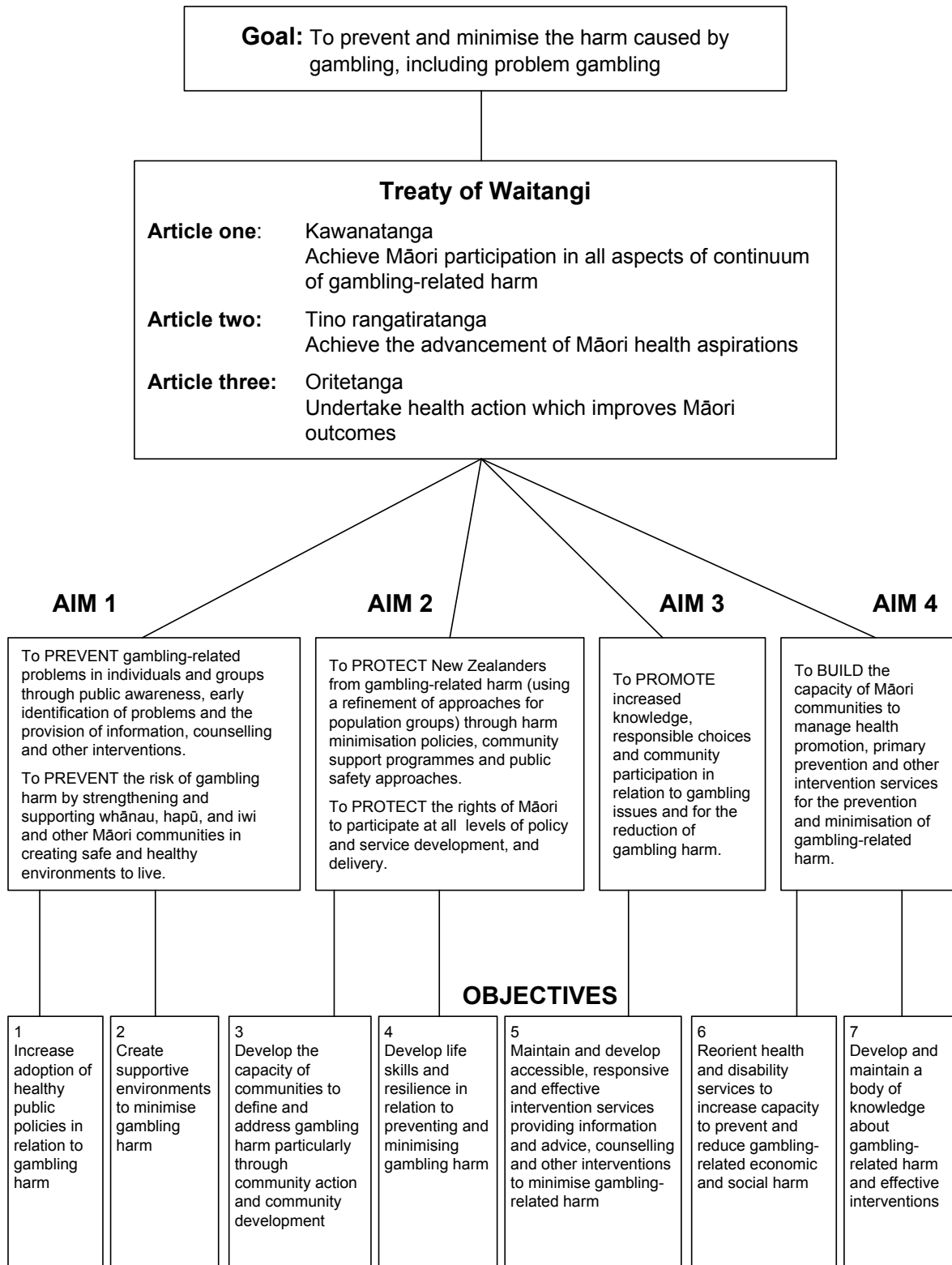
Problem gambling services can be grouped as:

- problem gambling intervention services (see attached draft Service Specifications for Problem Gambling Intervention Services)
- dedicated Māori problem gambling intervention services
- dedicated Pacific problem gambling intervention services
- public health services (see attached draft Public Health Problem Gambling Service Specifications)
- workforce development
- interagency approaches including possible collaboration with other Government agencies
- research, programme evaluation, and service monitoring.

Taking a co-ordinated approach across these services and linking services nationally, regionally and locally will be vital to an integrated approach. The services will need to work closely together at the operational as well as the planning level.

Framework for Preventing and Minimising Gambling Harm

Figure 3: The framework for preventing and minimising gambling harm



Goal

The goal of the Draft National Plan for Minimising Gambling Harm is to prevent and minimise the harm caused by gambling and problem gambling.

Public health services and interagency approaches will focus on both the harm prevention and secondary prevention. Primary care services and problem gambling intervention services will focus mainly on problem limitation.

Treaty of Waitangi

The Treaty of Waitangi provides overarching aims that weave through the Draft National Plan for Minimising Gambling Harm. These have been adapted from TUHA-NZ (Health Promotion Forum of New Zealand, 2002).

While the aims of the Draft National Plan for Minimising Gambling Harm are as relevant to Māori, and other populations, as they are to non-Māori, the set of strategies to realise these goals may be different.

Article one: Kawanatanga

Aim: Achieve Māori participation in all aspects of the continuum of gambling services

This goal supports meaningful Māori participation in all levels and aspects of health promotion and intervention including decision-making, prioritisation, planning, policy, implementation and evaluation of problem gambling services.

Article two: Tino rangatiratanga

Aim: Achieve the advancement of Māori health aspirations

This goal requires action toward the achievement of Māori health aspirations as determined by Māori. It is about creating and resourcing opportunities for Māori to exercise rangatiratanga, control, authority and responsibility over Māori health.

Article three: Oritetanga

Aim: Undertake health action that improves Māori health outcomes

Although an immediate goal is to reduce the health disparities that exist between Māori and non-Māori, the continued improvement of Māori health status is the over-riding goal.

Principles

The broad principles underlying this draft Plan are:

- the need for research, programme evaluation, and service monitoring to inform and guide all approaches to reducing gambling-related harm
- recognition of the articles of the Treaty of Waitangi and the implementation of the principles of the Treaty of Waitangi
- developing effective, efficient and accessible services to address the continuum of need across the population
- encouraging collaborative approaches across relevant sectors of society including strengthening communities and empowering community action
- reducing health inequalities
- ensuring there is a skilled and knowledgeable workforce to implement the Plan.

Aims

The aims derived from the goal and linked to the overarching Treaty aims are:

- to prevent:
 - gambling-related problems in individuals and groups through public awareness, early identification of problems and the provision of information, counselling and other interventions
 - the risk of gambling harm by strengthening and supporting whānau, hapū, and iwi and other Māori communities in creating safe and healthy environments to live
- to protect:
 - New Zealanders from gambling related harm, including a refinement of approaches for key population groups, through harm minimisation policies, community support programmes and public safety approaches
 - the right of Māori to participate at all levels of policy and service development, and delivery
- to promote:
 - increased knowledge, responsible choices and community participation in relation to gambling issues and to the reduction of gambling harm
- to build:
 - the capacity of Māori communities to manage health promotion, primary prevention and other intervention services for the prevention and minimisation of gambling related harm.

Objectives and key actions

The objectives of the draft Plan are to:

- (1) increase adoption of healthy public policies in relation to gambling harm
- (2) create supportive environments to minimise gambling harm
- (3) develop the capacity of communities to define and address gambling harm particularly through community action and community development

- (4) assist the development of life skills and resilience in relation to preventing and minimising gambling harm
- (5) maintain and develop accessible, responsive and effective intervention services that provide information and advice, counselling and other interventions to minimise gambling-related harm
- (6) reorient health and disability services to increase capacity to prevent and reduce gambling-related economic and social harm
- (7) develop and maintain a body of knowledge about gambling-related harm and effective interventions through quality research, programme evaluation, service monitoring, surveillance systems, and other information collection processes.

The key actions have aspects developed specifically for Māori. Generic service descriptions will consider how they will respond to Māori needs and aspirations.

Objective 1: Increase adoption of healthy public policies in relation to gambling harm

Healthy public policy for gambling ensures that policy initiatives in key sectors promote health-sustaining conditions. The key Government and non-Government sectors are: health, entertainment, sport, telecommunications, economics, finance, community purposes funding, administration of the gambling regulatory environment, territorial authority jurisdiction, justice, and education.

A public health model seeks to influence the direction of policy at many levels: central Government, territorial authority, community agency, workplace, and gambling providers.

The 2001 Gaming Review directed the Department of Internal Affairs and the Ministry of Health to work together to investigate the potential for regulatory measures for a range of supply control and harm awareness initiatives.

Key actions

- Further develop public policy conceptual frameworks to address gambling-related harm, and ensure there is a responsible balance between the harms and the benefits.
- Provide advice on gambling policies in related areas such as social services, justice, education, economic development and consumer protection.
- Investigate and develop policy links with related health areas such as alcohol and drugs, tobacco, domestic violence, reducing inequalities, and suicide.
- Promote public health approaches toward supply control measures to reduce gambling harm.
- Promote public health approaches toward measures to reduce the growth of gambling.
- Build the capacity of Māori communities and develop mechanisms for Māori involvement in the development, implementation and monitoring of gambling-related policy.

Objective 2: Create supportive environments to minimise gambling harm

Gambling opportunities are now widespread and readily accessible in public places, in places frequented by families, and at home (Internet, telephone betting). Ideally, environments at home

and in the community will support individuals to make healthy choices with their time, money and relationships.

Supporting family environments is a key area. Gambling may lead to problems in household budgeting, relationships, and domestic violence.

Gaming venues are another key area. Venues often cluster smoking, alcohol consumption and gambling activities. Programmes that foster healthier leisure environments for both patrons and employees are to be encouraged.

Key actions

- Promote environments for gambling venues and other gambling settings that minimise gambling harm.
- Promote and advise on programmes in gambling venues that assist gambling providers to be responsible hosts (ie, host responsibility programmes).
- Support the development of Māori-specific programmes to raise awareness of gambling issues in Māori communities.

Objective 3: Develop the capacity of communities to define and address gambling harm particularly through community action and community development

Communities are grappling with several issues in relation to gambling harm. They want to strike a balance between the benefits from gambling and the harms. The balance could take into account the impact on the culture and fabric of the community, health and social impacts, crime, and whether there are net gains or losses in local revenue, employment, and all types of charity fundraising. Protecting vulnerable groups from gambling harm, and supporting problem gamblers and their families, are other community issues.

Community health promotion programmes are crucial to a well-informed public and developing community capacity to take action on gambling issues. We anticipate that as gambling is an emerging health issue, communities will be at differing stages of readiness to change.

Communities want to secure significant local control over gambling and health issues. This may involve developing frameworks for local action on gambling issues and developing processes for more comprehensive community input into decision-making at a local level.

Communities are at differing stages of readiness to address gambling-related harm. For some Māori and Pacific communities this will have particular relevance. Community development will be an important aspect of addressing harm in these communities.

A four-step approach to community health promotion programmes is to: assess community readiness, increase the level of community awareness, increase the level of community development and/or community capacity to take action on gambling, increase the level of community action.

Key actions

- Develop and implement community-based health promotion programmes in relation to gambling harm.

- Develop a set of community indicators for gambling to assess, monitor and evaluate the impact of new gambling opportunities.
- Promote processes which involve communities in decision-making about availability and/or growth of gambling products.
- Strengthen networks among agencies whose functions have links with minimising gambling harm and enforcing age restrictions.
- Work with whānau/hapū/iwi and other Māori communities to facilitate and manage the development and implementation of community-based problem gambling health promotion programmes.
- Where relevant, work with Pacific and Asian communities to develop community based gambling health promotion programmes.
- Work with Māori to develop a framework for local action on gambling issues to secure rangatiratanga over their gambling-related health issues.

Objective 4: Assist the development of life skills and resilience in relation to preventing and minimising gambling harm

Relevant life skills generally include: how to use leisure time, budget, make decisions, monitor one's behaviour, how to deal with financial pressure or relationship difficulties, and how to react to stress, boredom and other social and emotional difficulties. Some of these factors are of particular importance for recent migrants.

Specific to gambling, a sense of personal control is helped through knowing how the game works, the odds of winning and losing, keeping track of time and losses in play, setting gambling limits and knowing how to limit credit card use.

Developments in Māori health practice have highlighted the importance of cultural identity as an essential component of health care. A key aspect of this is the building and maintenance of cultural resilience in some Māori communities.

Key actions

- Identify areas and/or populations of need to target with appropriate awareness-raising interventions or skill development.
- Develop and implement life skills programmes which include how to use leisure time, deal with stress, boredom, relationship or employment problems, how to cope with financial gains or losses, and budgeting and use of credit.
- Develop and implement programmes which provide information on the odds of winning and losing, gambling behaviour and how to respond to risky gambling situations, and the health and social risks associated with gambling.
- Provide opportunities and resources for Māori to develop and implement Māori-specific campaigns for taitamariki, wāhine, pakeke and kaumātua.
- Support the development activities in communities that build cultural resilience through the strengthening of identity.

Objective 5: Maintain and develop accessible, responsive and effective intervention services that provide information and advice, counselling and other interventions to minimise gambling-related harm

For the problem gambler and their family/whānau, skills are needed to overcome difficulties related to budgeting, relationships, employment difficulties, depression, substance abuse, suicide ideation, crime, and gambling addiction. A range of intervention services will be developed to address these issues.

Dedicated Māori problem gambling intervention services, delivered by Māori, recognise the importance of rangatiratanga as an essential component of health care. The services provide a range of accessible and effective options that reflect the needs of whānau/hapū/iwi and other Māori communities.

Dedicated Pacific services, delivered by Pacific people recognise that culture can be a vehicle for seeking and maintaining wellness. Pacific cultural services offer a holistically orientated framework for understanding the person in his/her particular ethnic, social, cultural, spiritual, physical, and economic context.

Key actions

- Develop a range of interventions that minimise gambling-related harm including: a help-line, assessment and counselling services, brief and early interventions and residential interventions.
- Develop a workforce development strategy/plan.
- Develop a standard for problem gambling intervention services based on current best practice models.
- Develop dedicated Māori problem gambling intervention services.
- Develop culturally responsive problem gambling intervention services for Pacific Peoples.
- Map populations and current services to establish gaps in coverage.

Objective 6: Reorient health and disability services to increase capacity to prevent and reduce gambling-related economic and social harm

Workforce development will be key to reorienting health, disability, and related services to help them address gambling harm.

Collaboration among NGOs, health, disability, and social services already providing problem gambling services will also be an integral part.

This is a relatively new area of activity for the public health workforce and it will require training and development.

There is the opportunity in primary care to intervene at an earlier stage with the screening and diagnosis of gambling problems, and advice on healthier lifestyles. This will require training in detection and early intervention.

A number of iwi services provide an integrated package of service provision from social services through to intervention. There is an opportunity to weave gambling screening and brief assessment throughout these services.

Key actions

- Strengthen the skills, knowledge and commitment of the health and disability sector and other relevant change agents to reduce gambling harm.
- Identify and develop provider and workforce capacity to address gambling harm.
- Work with primary care and other community service providers to include screening, brief assessment, and brief and early intervention as part of general health screening.
- Work with Māori service providers to establish the most effective ways to introduce gambling harm minimisation strategies throughout their services.
- Identify and develop Māori provider and workforce capacity to address gambling harm.
- Identify and develop Pacific provider and workforce capacity to address gambling harm.

Objective 7: Create and enhance a comprehensive body of knowledge about gambling-related harm and effective interventions through quality research, programme evaluation, service monitoring, surveillance systems, and other information collection processes

There is limited data available on the causes and prevalence of gambling related harm. There is little available evidence on outcomes or evaluation of the efficacy of interventions therefore there is a need to build a comprehensive information base on which to plan evidence based approaches to prevent and minimise gambling related harm.

A range of research, evaluation and monitoring will include: data collection and analysis (such as client/service data), longitudinal information-gathering systems, programme evaluation, cost benefit analysis of interventions, social, economic and cultural impact studies of gambling growth and developments in gambling products, population surveys, literature reviews of existing research in key areas, population needs assessments, analysis of service utilisation, behavioural studies, and case studies.

The development of research methodology, evaluation techniques and performance indicators for service providers will be part of this.

There is a need for rigorous research by Māori for Māori on all aspects of gambling-related harm and behaviour to advance gains and reduce gambling harm for Māori. Research and evaluation is also necessary when considering health outcomes and is a prerequisite to reviewing the guarantees made in Te Tiriti o Waitangi (Reid 1999).

The Ministry of Health is currently focusing on its existing survey programme to gather information on population prevalence. There are gambling questions in the New Zealand Health Survey and the Pacific Alcohol and Drug Survey. Other survey programmes will be canvassed for inclusion of gambling questions.

Key actions

- Carry out population surveys on prevalence, participation, attitudes and behaviours in relation to gambling.
- Carry out health, social, economic and cultural impact assessments of gambling growth and technological developments in gambling products.

- Evaluate the effectiveness of current New Zealand programmes and interventions to prevent and minimise gambling harm including the evaluation of service outcomes for Māori using a range of Māori evaluation paradigms that acknowledge the part that culture plays in outcome for Māori.
- Maintain and enhance current monitoring and surveillance systems, information systems and databases.
- Develop Māori capacity to be more involved in research and evaluation.

Glossary of Key Terms

Integrated approach to problem gambling within the Ministry of Health	The integrated approach within the Ministry of Health encompasses those public health measures designed to inform the population as a whole with a view to preventing gambling harm, Alongside intervention services designed to minimise the harm experienced by those with gambling problems.
(Gambling) Harm	The Responsible Gambling Bill defines harm as; ‘harm or distress of any kind arising from, or exacerbated by, a person’s gambling; and includes personal, social, or economic harm suffered by the person; or the person’s spouse partner, family, whānau, or wider community; or in the workplace; or by society at large’.
Harm minimisation approach	A harm minimisation approach works towards reducing the adverse health, social and economic consequences of gambling for both the community and the individual. Education, awareness-raising and intervention services play key roles in a harm minimisation approach.
Problem gambling	Patterns of gambling behaviour that compromise, disrupt, or damage health, personal, family or vocational pursuits.
Population health approach	A population health approach focuses on the population as a whole, but also maintains a focus on smaller groups within the population, particularly higher-risk groups. Such an approach allows the problem to be tackled at both a national and sub-national level.
Article one – Kawanatanga	Article one outlines the Crown’s obligations and responsibilities to govern and to protect Māori interests. Kawanatanga is the provision that allows the Government to govern (PHC 1994). It provides for the Crown’s right to make laws and its obligation to govern in accordance with a constitutional process which ensures the adequate provision of services to all citizens (Te Puni Kōkiri 1993a). Consequently this provision directly applies to all agencies that draw their authority from the Crown.
Article two – Tino rangitiratanga	Article two provides for Māori to exercise their rangatiratanga, control, authority and responsibility over their affairs (Ministry of Health 1995), including health (Te Puni Kōkiri 1994). Article two guarantees Māori the control of their resources and taonga (Te Puni Kōkiri 1993b). A Government response to Crown obligations has been to support the development of Māori health funders and providers.
Article three – Oritetanga	Article three addresses issues of equity and equality (PHC 1995). It constitutes a guarantee of legal identity between Māori and other citizens of New Zealand. The implications are that Māori should experience equity in the enjoyment of all the benefits of New Zealand citizenship, including health. The provision requires the Crown to actively protect and reduce disparities between Māori and non-Māori (PHC 1995).

Part 2: Draft Public Health Problem Gambling Service Specifications

Introduction

The attached public health problem gambling service specifications are a new entry in the Public Health Services Handbook. They will identify the key activities and services to be funded by the Ministry of Health for public health problem gambling services when the Ministry takes over responsibility for the coordination of problem gambling services.

The Public Health Services Handbook informs providers about the practices and processes used in funding public health services. The handbook includes:

- 1 the policies and principles of funding public health services
- 2 the practices used to carry out the function of funding services
- 3 the descriptions and specifications for each service area.

The handbook is itself under revision, and the problem gambling service specifications will be consulted on in late 2002 as part of the consultation process for the draft revised handbook. Details of this consultation process will be released in late October, and will be available on the Ministry of Health website.

In the meantime, the Ministry of Health welcomes any feedback you may have on the problem gambling service specifications through the consultation process for the Draft National Plan for Minimising Gambling Harm.

Goal

To prevent and minimise the harm caused by gambling, including problem gambling.

Rationale and Key Issues

- The Ministry of Health will have sole responsibility for the funding and coordination of problem gambling services. This will include the development and implementation of a Draft National Plan for Minimising Gambling Harm.
- The Department of Internal Affairs and the Ministry of Health have a joint role in preventing and minimising the harm caused by gambling: the Department of Internal Affairs will implement regulatory measures and the Ministry of Health will be responsible for problem gambling services. The two agencies see their work on gambling issues as collaborative and complementary.
- The Ministry of Health's response to Māori health issues is underpinned by its commitment to the Treaty of Waitangi. This includes the right of Māori to enjoy at least the same level of health as non-Māori.

- Māori are currently over-represented in problem gambling statistics, a situation which is at odds with the principles of the Treaty of Waitangi, and needs addressing.
- In New Zealand, the last decade has been characterised by growth in gambling opportunities (including in the home environment and public places frequented by families). Player expenditure (ie, net losses) has been increasingly rapidly.
- There has been a rapid growth in electronically delivered forms of gambling, such as the internet and gaming machines.
- Community organisations have become increasingly reliant on Community Purposes Funding from gambling.
- Pacific peoples are over-represented in accessing problem gambling intervention services.
- The last decade has seen growing socio-economic inequalities, which are reflected in worsening health inequalities.
- Further research is needed to get a clearer picture of the epidemiology of gambling harm and effective interventions.
- Strengthening communities and empowering community action will be key foci in reducing gambling harm.
- Workforce development will be key to reorienting health and disability services and related services to help them address gambling harm.
- Intersectoral collaboration and co-operation across community networks, the social services sector, and the justice, education, and finance sectors is important because gambling related harm impacts widely on society.
- Taking a co-ordinated approach across services, and linking services nationally, regionally and locally will be vital to an integrated approach. The service components listed below represent a menu of interventions to be funded by the Ministry of Health from various providers.

Overarching Treaty Objectives

The Treaty of Waitangi provides overarching objectives that are woven through the Draft National Plan to Minimise Gambling Harm in Aotearoa. These have been adapted from TUHA-NZ (Health Promotion Forum of New Zealand 2002). While the objectives of the Draft National Plan are as relevant to Māori, and other populations as they are to non-Māori, the set of strategies to realise these goals for Māori may be different.

Article	Goal	Activity
Article One : Kawanatanga	Achieve Māori participation in all aspects of the continuum of gambling-related health services.	This goal supports meaningful Māori participation at all levels and aspects of primary, secondary and tertiary prevention including planning, implementation and evaluation of problem gambling services.
Article Two : Tino Rangatiratanga	Achieve the advancement of Māori health aspirations	This goal requires action toward the achievement of Māori health aspirations as determined by Māori. It is about creating and resourcing opportunities for Māori to exercise tino rangatiratanga, control, authority and responsibility over Māori health.
Article Three : Oritetanga	Undertake health action which improves Māori health outcomes	Although an immediate goal is to reduce the health disparities that exist between Māori and non-Māori, the continued improvement of Māori health status is the over-riding goal.

Service Objectives

The aims derived from the goal and linked to the overarching Treaty aims are:

- to prevent:
 - gambling-related problems in individuals and groups through public awareness, early identification of problems and the provision of information, counselling and other interventions
 - the risk of gambling harm by strengthening and supporting whānau, hapū, and iwi and other Māori communities in creating safe and healthy environments to live
- to protect:
 - New Zealanders from gambling-related harm, including a refinement of approaches for key population groups, through harm minimisation policies, community support programmes and public safety approaches
 - the right of Māori to participate at all levels of policy and service development, and delivery
- to promote:
 - increased knowledge, responsible choices and community participation in relation to gambling issues and to the reduction of gambling harm
- to build:
 - the capacity of Māori communities to manage health promotion, primary prevention and other intervention services for the prevention and minimisation of gambling-related harm.

Components of service	Service descriptions/activities
<p>1 Increase adoption of healthy public policies in relation to gambling harm</p>	<ol style="list-style-type: none"> 1 Further develop public policy conceptual frameworks to address gambling related harm, and ensure a responsible balance between the harms and the benefits such as entertainment value and Community Purposes Funding. 2 Develop or contribute to gambling policies in related areas such as social services, justice, education, economic development and consumer protection. 3 Investigate or develop policy links with related health areas such as alcohol and other drugs, tobacco, domestic violence, reducing inequalities, and suicide. 4 To build the capacity of communities and to develop mechanisms for Māori involvement in the development, implementation and monitoring of gambling-related health policy. 5 Promote public health approaches toward supply control measures to reduce gambling harm. Measures include modifying gaming products and gaming venues to make them safer, and improving consumer information. 6 Promote public health approaches to assist regulatory measures in controlling the growth of gambling.
<p>2 Create supportive environments to minimise gambling harm</p>	<ol style="list-style-type: none"> 1 Promote environments for gambling venues and other gambling settings which minimise gambling harm. 2 Promote and advise on programmes in gambling venues which assist gambling providers to be responsible hosts (ie, host responsibility programmes). 3 Support/develop/provide public information, educational resources and media campaigns which raise awareness about gambling harm. 4 Support the development of Māori-specific programmes 5 Some programmes will also be tailored for Pacific peoples, low socio-economic groups, youth and use by community groups and primary care organisations.

Components of service	Service descriptions/activities
<p>3 Develop the capacity of communities to define and address gambling harm particularly through community action and community development</p>	<ol style="list-style-type: none"> 1 Develop and implement community based health promotion programmes in relation to gambling harm. 2 Facilitate workforce development in community readiness assessment and community action. 3 Work with whānau/hapū/iwi and other Māori communities to facilitate and manage the development and implementation of community based problem gambling health promotion programmes. 4 Work with Māori communities to undertake community readiness assessments. 5 Work with Māori to develop a framework for local action on gambling issues to secure rangatiratanga over their gambling and health issues. 6 Provide advice and support to community agencies or forums on problem gambling, and encourage them to develop healthy public policies on gambling issues. 7 Developing a set of community indicators for gambling to assess, monitor and evaluate the impact of new gambling opportunities. 8 Promote processes which involve communities in decision making about availability and/or growth of gambling products. 9 Work with Pacific and Asian communities to develop community based approaches to problem gambling health promotion. 10 Strengthen networks among agencies whose functions have links with minimising gambling harm and enforcing age limits. These networks will include Medical Officers of Health, District Licensing Agencies and local police responsible for enforcing the age limits for entry to licensed premises.
<p>4 Develop life skills and resilience in relation to preventing and minimising gambling harm</p>	<ol style="list-style-type: none"> 1 Identify areas and/or populations of need to target with appropriate awareness raising interventions or skill development. 2 Develop and implement life skills programmes, which may include school based programmes, that include how to use leisure time, deal with stress, boredom, relationship or employment problems, how to cope with financial gains or losses, and budgeting and use of credit. 3 Develop and implement programmes, which may include school based programmes, that provide information on the odds of winning and losing, gambling behaviour and how to respond to risky gambling situations, the health and social risks associated with gambling. 4 Provide opportunities and resources for Māori to develop and implement Māori specific campaigns for rangatahi, wahine, pakeke and kaumātua. 5 Work with Māori communities to design initiatives that reflect the community and its culture. 6 Support wananga for raising awareness of gambling-related health issues. Include historical factors and causal links. 7 Promote a Māori cultural base, including relevant Māori concepts and values, in the promotion of health and wellness. 8 Work with Pacific and Asian communities to design specific initiatives that reflect communities and their culture. 9 Support communities to develop initiatives that encourage the retention and revival of te reo and tikanga Māori to foster a strong sense of identity.

Components of service	Service descriptions/activities
<p>5 Maintain and develop accessible, responsive and effective intervention services providing information and advice, counselling and other interventions to minimise gambling related harm</p>	<ol style="list-style-type: none"> 1 Develop a range of interventions that minimise gambling related harm including: a helpline, assessment and counselling services, brief and early interventions, residential intervention, whānau/family support kaumātua consultation/liaison. 2 Scope current services and their development needs and develop a workforce development plan. 3 Develop a standard for problem gambling intervention services based on current best practice models. 4 Develop dedicated Māori problem gambling intervention services. 5 Develop culturally responsive services for Pacific peoples. 6 Map populations and current services to establish gaps in coverage.
<p>6 Reorient health and disability services to increase capacity to prevent and reduce gambling-related economic and social harm</p>	<ol style="list-style-type: none"> 1 Strengthen the skills, knowledge and commitment of the health and disability sector and other relevant change agents to address gambling harm. 2 Identify and develop provider and workforce capacity to address gambling harm. 3 Work with primary care and other community service providers to include screening brief assessment and brief and early intervention as part of general health screening. 4 Work with Māori service providers to establish the most effective ways to introduce gambling harm minimisation strategies throughout their services.

Components of service	Service descriptions/activities
<p>7 Develop and maintain a body of knowledge about gambling related harm and effective interventions – through quality research, programme evaluation, service monitoring, surveillance systems, and other information collection processes</p>	<ol style="list-style-type: none"> 1 Carry out population surveys on prevalence, participation, attitudes and behaviours in relation to gambling. 2 Investigate the social, cultural and economic meanings attached to gambling by various population groups and the hazards gambling presents (population profiles and needs assessments, case studies). 3 Evaluate service outcomes for Māori, using a range of Māori evaluation paradigms that acknowledge the part culture plays in outcome for Māori. 4 Contribute to intersectoral work to develop a community, regional and national impact models for predicting the health, social and economic costs and benefits of gambling growth and gambling products in order to assist in predicting outcomes under various scenarios. 5 Carry out health, social, economic and cultural impact assessments of gambling growth and technological developments in gambling products. Indicators should cover economic vitality, health status and community quality of life. The health status of socioeconomically disadvantaged groups is a key consideration. 6 Develop and maintain community profiles and comprehensive needs assessments. 7 Review evidence from literature on the effectiveness of interventions to prevent and minimise gambling harm. 8 Evaluate the effectiveness of current New Zealand programmes and interventions to prevent and minimise gambling harm, including cost-benefit analysis. 9 Establish and maintain monitoring and surveillance systems, information systems/databases. 10 Develop a set of gambling harm indicators to monitor progress. 11 Analyse service utilisation data. 12 Develop Māori capacity to be more involved in research and evaluation. 13 Work with communities and the Māori problem gambling sector to further identify research priorities. 14 Develop and support Pacific research and evaluation interests in relation to problem gambling.

Part 3: Draft Service Specifications for Problem Gambling Intervention Services

Attached are a range of service specifications for problem gambling intervention services. These specifications describe secondary and tertiary prevention services. They can be read in two distinct parts:

- **the nationwide service specification** outlines parameters for how and whom the services can be funded. The format follows that of other mental health, alcohol and other drug services.
- **the service type descriptions** describe the types of services that may be funded within this nationwide service specification.

A range of service descriptions for problem gambling intervention services have been developed. They range from brief and early interventions through to residential services. A purchasing framework will then set the parameters for the range and mix of service types to be funded by the Ministry of Health in the first year.

While the service types are written up as separate components (including dedicated Māori and dedicated Pacific intervention services), it is anticipated that some potential providers may wish to provide a mix of service types, or work collaboratively with other local, regional or national providers. This may include public health activities funded through the public health service specifications.

Contracts are drawn from the service type descriptions. These will include details of monitoring and evaluation.

Introduction

Service providers are expected to deliver responsive problem gambling intervention services for people:

- with a range of gambling problems
- with co-existing gambling problems and mental health (including substance use) disorders
- with co-occurring gambling and financial/social problems
- at risk of developing pathological gambling problems
- who have been affected by the gambling of a family/whānau member or significant other.

It is expected that all services will be culturally safe,¹ accessible to those that need the service and will contribute to the minimisation of gambling-related harm.

Treaty of Waitangi

The Treaty of Waitangi establishes the unique and special relationship between Māori and the Crown. As an agent of the Crown, the Ministry of Health considers the Treaty of Waitangi

¹ Cultural safety applied to health service delivery happens when people feel fully able to use a health service provided by people of another culture without risk to their own culture – Dr Irihapeti Ramsden (1993).

principles of partnership, participation, proactive protection of Māori health interests, co-operation and utmost good faith, to be implicit conditions of the Ministry’s response to Māori health issues. Not only is it important to improve Māori health status, but other goals based on concepts of equity, participation and cultural security must also be achieved.

This commitment to the principles of the Treaty of Waitangi will be explicitly expressed in contracts between service providers and the Ministry of Health and or its agent. All contracted providers shall demonstrate how the policies and practices of their provider organisation and service delivery will benefit Māori service users, their whānau and other significant others.

Services Included in this Service Specification

This Service Specification lists a range of problem gambling intervention services that a provider or providers might wish to deliver. Providers must work collaboratively and co-operatively with other service providers to ensure that the full range of problem gambling intervention services funded by the Crown or its agent focuses on the needs of the service user and are provided in an effective and complementary manner.

The range of problem gambling intervention services, the reporting clusters, purchase units and purchase measures associated with each service type, are outlined in the table below. The specific service types included in this Service Schedule are also identified.

Descriptions of the service types included in this Service Schedule are outlined in the tables titled ‘Service Type Descriptions’. Specific requirements associated with each service type are listed in the relevant parts of the Service Schedule in Part 3 of the Agreement.

Details of the specific reporting requirements for each reporting cluster are contained in the Service Specification titled ‘Report Requirements for Mental Health Services’.

Service type	Purchase unit ID	Purchase measure	Reporting cluster	Service types included in this Agreement
Help line and information services for problem gambling		FTE*		
Brief and early intervention problem gambling services		FTE		
Short course interventions for problem gambling		FTE or package of care		
Community problem gambling intervention services		FTE		
Residential interventions for problem gambling		FTE or package of care		
Kaumātua services – consultation and liaison		FTE		

* FTE = full time equivalent

In addition to the above service types, Service Specifications have been developed for dedicated Māori problem gambling services and for dedicated services for Pacific people.

General Characteristics

Eligible people/service users

Eligible people/service users include people:

- with a range of gambling problems
- with co-existing gambling problems and mental health (including substance use) disorders
- with co-occurring gambling and social problems
- at risk of developing pathological gambling problems
- who have been affected by the gambling of a family/whānau member or significant other.

Age of eligible people/service users

Eligible people/service users for whom services might be contracted for are those:

- taitamariki/youth aged between 14–17 years of age
- pakeke/adults aged 18 years or over.

Taitamariki/youth may be offered the option of adult services if suitable alternatives are not available or if the adult service can meet the needs of the young service user.

For youth aged less than 18 years, it will be expected that relationships and key linkages are established and maintained with child, adolescent and youth health and social services, primary care, education, and other statutory agencies as appropriate to meet the needs of the young service user. Joint approaches to care that combine the expertise of each service will involve negotiation as to which service has primary responsibility for care.

Processes

Referrals from other agencies for assessment and intervention are accepted by community problem gambling intervention services. The purpose of these services is to minimise problem gambling-related harm. The following processes are not included in the services paid for by the Ministry of Health and or its agent:

- reports requested by the Judiciary/Department of Courts or the Parole Board for the purposes of sentencing
- psychological evaluations for educational requirements.

Key Service Linkages and Accountabilities

This Service Specification identifies key components of a problem gambling intervention service. It is important that providers work together to ensure:

- service users have access to the full range of services included in this service specification for problem gambling intervention services
- liaison with the funder takes place to discuss planning, co-ordination and other service issues
- participation occurs in local planning/co-ordination bodies, for example, local mental health and addiction networks

- Māori service users will be offered the choice between dedicated Māori services and generic services (where a choice of services is available), or a combination of both
- Pacific people will be offered the choice between dedicated Pacific services and generic services (where a choice of services is available) or a combination of both.

Service providers should establish working protocols with providers of other services that interface in some way with the services specified in this Agreement. Important interfaces and linkages exist between a problem gambling intervention service and:

- other providers of problem gambling services
- local mental health and addiction networks
- alcohol and other drug treatment services
- Māori health and social service agencies
- health promotion and public health services
- primary care providers
- community mental health services
- Pacific health and social service agencies
- child, adolescent and youth health social services;
- budgeting and other social service agencies
- staff of the Department of Corrections.

Formal referral and relationship protocols may need to be established with a number of these services. Accountability for access, case management, exit processes, follow-up and information sharing may be clearly stated in any protocols.

Duplication of Services

Service users will not generally be entitled to receive services from two problem gambling intervention services concurrently unless they offer different services to that service user, for example, advice and counselling at one and a short course intervention at another.

Payment Schedules

Co-payments

Responsibility for meeting costs associated with residential treatment is outlined as follows.

Service	Service component	Cost met by
Residential intervention	Travel expenses	Service user (or WINZ)
	Medical expenses	Service user
	Rent/power/food	Residential service
	Pharmaceuticals	Service user
	Dental	Service user (or WINZ)

Service type description: Problem gambling intervention services – help line and information service	
Function	<p>A problem gambling help line is an information and advice/counselling service providing a primary point of contact for people seeking help and information on gambling problems and services via phone and or internet.</p> <p>The help line could also provide secondary prevention through follow-up support to individuals who have completed one of the range of problem gambling intervention services.</p>
Nature of the service	<p>The service will be provided to people experiencing some form of harm related to gambling either directly or as a result of a family/whānau member or significant other. The components of the service will include but not be limited to:</p> <ul style="list-style-type: none"> • screening for problem gambling • assessment of risk including suicidality and the management of crisis calls • information giving – both verbal and printed mail out options • brief interventions, that is, specific strategies to minimise harm (eg, FRAMES) • referral to other problem gambling intervention services • referral to other health and social service agencies, for example, budgeting services, alcohol and other drug services • follow-up services (telephone support) on referral from other problem gambling intervention services • liaison and consultation services to other providers of health services (including mental health services) and other agencies in contact with people with current or potential gambling problems. <p>The service will provide direct information and access by phone (or similar telecommunication) for counselling (brief) services for a minimum of 18 hours per day to people who make contact. Those hours not covered directly by the help line will be provided by a suitable telephone service approved by the purchaser.</p> <p>The service <i>will not</i> provide face-to-face counselling or extended counselling services as part of this service type.</p> <p>Responsiveness to the needs of Māori service users will be through the delivery of a service that is culturally safe. Relevant staff may be of Māori descent. Where a choice of services is available, Māori service users will be offered the choice of dedicated Māori services, generic services, or a combination of both.</p> <p>The particular needs of Pacific service users will be through the delivery of a service that is culturally safe. Wherever possible, relevant staff will be of Pacific descent. Where a choice of services is available service users will be offered the choice of dedicated pacific services, generic services, or a combination of both.</p> <p>Attention will be given to the culture, gender and age specific needs of those accessing the service.</p>
Key processes	<p>Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: screening, early identification, referral, management of risk, service handover, support, liaison and consultation, referral, treatment and rehabilitation.</p>
Service staff	<p>Service staff (paid and or unpaid) will be a team with appropriate competencies, skills and experience in working with people over a telephone or internet medium, particularly those with problem gambling or other behavioural addiction problems.</p>
Access	<p>Open access to the community via toll free numbers and/or World Wide Web.</p>

Service type description: Problem gambling intervention services – early and brief intervention	
Function	To provide a service specifically for people early in the course of developing gambling problems. The service aims to shorten the course and decrease the severity of the gambling related problems, thereby minimising the harm that may arise.
Nature of the service	<p>The service provides a primary point of contact for those experiencing some degree of gambling-related harm. The service may provide screening and brief assessment as well as brief interventions in the form of time-limited advice and counselling.</p> <p>Services will aim at primary/secondary prevention of gambling problems and mainly be offered in non-problem gambling intervention service settings. Components of the service may include but not be limited to:</p> <ul style="list-style-type: none"> • screening for suicidality/homicidality potential • screening for gambling problems utilising accepted tools such as the New Zealand Eight Screen • brief assessment • brief interventions (eg, FRAMES) • facilitation of culturally appropriate interventions or referrals • consultation and liaison with other health and social services • liaison and consultation services to other providers of health services (including mental health services) and other agencies in contact with people with current or potential gambling problems • liaison with other services/agencies to facilitate positive outcomes through training and education (of the individual concerned plus relevant family/caregivers) regarding problems, treatment, and maintenance of health and well-being. <p>Attention is given to (among other things):</p> <ul style="list-style-type: none"> • harm minimisation • accurate information giving • referral to more intensive problem gambling services where appropriate • referral to appropriate cultural activities/services. <p>The style of the service will reflect the nature of the community where it is situated. This could include clinics or other health and social service settings where screening and brief assessment for gambling are or can be undertaken as part of a wider health screen.</p> <p>Responsiveness to the needs of Māori service users will be through the delivery of a service that is culturally safe for the diversity of Māori in the communities these services will work in. This may include the provision of culturally derived programmes. Wherever possible, relevant staff will be of Māori descent.</p> <p>The particular needs of Pacific service users will be through the delivery of a service that is culturally safe. Wherever possible, relevant staff will be of Pacific Island descent.</p> <p>Attention will be given to the culture, gender and age specific needs of those accessing the settings where this service may operate.</p>
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental health Service Framework 2001: screening, assessment, brief intervention, management of risk, service handover, support, liaison and consultation, and referral.
Service staff	Service staff (paid and or unpaid) will be a team or person with appropriate qualifications, competencies, skills and experience in working with people with gambling problems and/or other behavioural addiction problems.
Access	Referral is from any source including self-referral and includes opportunistic screening and counselling.

Service type description: Problem gambling intervention services – short course intervention	
Function	To provide a recovery-focused, skill development, short course intervention for individuals who have been assessed as having a gambling problem.
Nature of the service	<p>The short course interventions will be delivered to groups as opposed to individuals and may promote community involvement by including activities away from a centre. Service users will be offered interventions that are appropriate according to assessed need relative to gambling use, related problems, readiness for change and degree of security with regard to cultural identity. The problem gambling short course intervention aims to:</p> <ul style="list-style-type: none"> • meet the needs of the service user as identified in initial and ongoing assessment • educate the service user about gambling problems, and their management • increase the service user's ability to manage their own gambling problems • build resilience through strengthening life skills and relationships • increase the service user's ability to develop problem-solving skills • assist the service user to maintain supportive ethnocultural links • assist the service user to maintain links with family/whānau/significant others. <p>The emphasis will be on the implementation of an intervention plan that addresses the problems identified in the initial and ongoing assessment. Attention to the maintenance of health and relapse prevention will be given during the programme. Activities in the short course intervention may include, but are not limited to:</p> <ul style="list-style-type: none"> • social skills training • budgeting advice • assertiveness and self-esteem building • recreational activities • referral to other services or agencies as appropriate • referral to a help line or other community follow-up as negotiated with the service user. <p>The short course intervention is community-based with the setting reflecting the needs of the particular community. The service should be flexible in its hours to accommodate the needs of the service users, for example, open during evenings or weekends.</p> <p>Responsiveness to the needs of Māori service users will be through the delivery of a service that is culturally safe. This may include the provision of culturally derived skills programmes. Wherever possible, relevant staff will be of Māori descent. Where a choice of services is available, Māori service users will be offered dedicated Māori services, generic services, or a combination of both.</p> <p>The particular needs of Pacific service users will be through the delivery of a service that is culturally safe. This may include the provision of culturally derived skills programmes. Wherever possible, relevant staff will be of Pacific descent.</p> <p>Attention will be given to the culture, gender and age specific needs of those accessing the service.</p> <p>Note: An attendance at a problem gambling short course intervention is defined as attending the short course intervention for a period of three hours or longer per day and no more than 20 hours per week.</p>
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: advocacy, assessment, discharge planning, peer support, support, case management, management of risk, referral, service handover, and treatment.
Service staff	Service staff (paid and unpaid) will be a person or team with appropriate experience and competencies (including cultural) working with groups, and experience and qualifications working with gambling problems or other behavioural addictions.
Access	Initial assessment for referral to the short course intervention will be completed by an agency other than the service provider. These may include: <ul style="list-style-type: none"> • problem gambling services • a gambling problem help line • primary care workers • health and social service agencies including statutory agencies.

Service type description: Problem gambling intervention services – community assessment and intervention	
Function	To provide a community based assessment/intervention and consult liaison service for people with problems related to gambling.
Nature of the service	<p>The service will be recovery focused and aims to increase the service users ability to:</p> <ul style="list-style-type: none"> • manage their own gambling problems • manage the effects of the gambling of /family and or significant others • develop problem-solving skills. <p>The service also aims to:</p> <ul style="list-style-type: none"> • educate the service user about gambling harm and management • meet the intervention needs of service users as identified in the initial and ongoing assessment • support the service user to maintain supportive links with family/significant others • minimise problem gambling related harm. <p>Community assessment and intervention services provide, but are not limited to:</p> <ul style="list-style-type: none"> • screening for suicidality/homicidality • screening for gambling problems utilising accepted tools such as the New Zealand Eight Screen • brief assessment • brief intervention (eg, using FRAMES) • comprehensive assessment (including alcohol and other drug use, mental health, financial etc) • assessment of cultural variables (eg, use of fonofale) • interventions including therapy, support and case management (for individuals and groups) • referral to appropriate cultural activities/services • consult and liaison services to, other providers of health and social services including mental health services, and other drug services, primary care services and other agencies in contact with people with current or potential gambling problems • follow-up referral to a self-help group, or mobile support service as negotiated with the service user • matters in relation to early intervention, maintenance of health, relapse prevention, problem prevention and promotion of health. <p>The emphasis will be on implementation of an intervention plan that addresses the problems identified in initial and ongoing assessment including the service users readiness for change. Activities the service may provide, but are not limited to include:</p> <ul style="list-style-type: none"> • social skills training • budgeting advice • assertiveness and esteem building • recreational activities • provision of structured activities such as vocational, social, health and fitness • Māori 'cultural' activities, hui, wananga • referral to a or other community follow-up as negotiated with the service user. <p>The service is community-based with the delivery setting reflecting the needs of the particular community. The service should be flexible in its hours to accommodate the needs of the service users (eg, evenings or weekends). Referral to other agencies will be provided by this service, as appropriate.</p> <p>Responsiveness to the needs of Māori service will be through the delivery of a service that is culturally safe. This may include the provision of culturally derived skills programmes. Wherever possible, relevant staff will be of Māori descent. Where a choice of services is available, Māori service users will be offered dedicated Māori services, generic services, or a combination of both.</p>

Service type description: Problem gambling intervention services – community assessment and intervention	
	<p>The particular needs of Pacific service users will be met through the delivery of a service that is culturally safe. This may include the provision of culturally derived skills programmes. Wherever possible, relevant staff will be of Pacific descent. Where a choice of services is available, Pacific service users will be offered dedicated Pacific services, generic services, or a combination of both.</p> <p>Attention will be given to the culture, gender and age specific needs of those accessing the service.</p>
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: advocacy, support, service handover, assessment, management of risk, case management, discharge planning, early identification, liaison and consultation, referral, screening, therapy services, treatment and rehabilitation.
Service staff	Service staff (paid and unpaid) will be a team or person with appropriate qualifications, competencies, skills and experience in working with people with gambling problems and/or other behavioural addictions.
Access	Access may be from any source, including self-referral.

Service type description: Problem gambling intervention services – residual intervention	
Function	<p>To provide an intensive intervention service for people identified as having gambling problems who have requirements that are unable to be met in less structured or supported settings, for example, previous attempts at community-based problem gambling intervention services.</p> <p>Services purchased will be available to people who enter a residential programme for behavioural addictions and who have a diagnosis of pathological gambling as described in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM – IV) or another relevant diagnostic assessment either as primary or secondary diagnosis.</p>
Nature of the service	<p>The type of programme will be matched with the needs of the service user. Service components include:</p> <ul style="list-style-type: none"> • negotiation of intervention, discharge and relapse prevention plans including referral to follow-up services • provision of specific group and individual treatments • facilitating the development of ethnocultural values and associations • facilitation of access to Te Ao Māori, including te reo Māori • provision of other structured activities such as vocational, social, recreational activities, health and fitness • education about the effects of gambling and other behavioural addictions on family, social and health functioning • acknowledgement of and provision for the needs of families/whānau and significant others in relation to information, education and support, including family based interventions • interventions targeting the specific needs of young people. <p>A recovery orientation is developed and maintained. The emphasis will be on implementation of an intervention plan that addresses the problems identified in initial and ongoing assessment including the service user's readiness for change. Attention to the maintenance of health and relapse prevention will be given during the programme. Referral to other agencies will be provided by this service, as appropriate.</p> <p>Residential treatment interventions may be provided in a variety of ways, including:</p> <ul style="list-style-type: none"> • over a series of weekends • in short term programmes of up to four weeks' duration • in medium term programmes of up to four months' duration • long term therapeutic community programmes of more than four months' duration • other flexibly delivered 'packages' of care according to the service user's needs. <p>Responsiveness to the needs of Māori service users will be through the delivery of a service that is culturally safe. This may include the provision of culturally derived skills programmes. Wherever possible, relevant staff will be of Māori descent. Where a choice of services is available, Māori service users will be offered the choice of dedicated Māori services, generic services, or a combination of both.</p> <p>The particular needs of Pacific service users will be through the delivery of a service that is culturally safe. This may include the provision of culturally derived skills programmes. Wherever possible, relevant staff will be of Pacific descent</p> <p>Attention will be given to the culture, gender and age specific needs of those accessing the service.</p>
Key processes	<p>Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: advocacy, assessment, case management, discharge planning, early identification, management of risk, peer support, service handover, support, counselling, referral, therapy services, treatment and rehabilitation.</p>
Service staff	<p>Service staff (paid and unpaid) will be a multi-disciplinary team with appropriate qualifications, competencies, skills and experience in working with people with behavioural addictions.</p>
Access	<p>An approved assessor from outside the provider's service will make the initial assessment for access to the service.</p>

Service type description: Problem gambling intervention services – kaumātua consult and liaison	
Function	<p>The goal of these services is to improve cultural safety and quality of care for Māori service users of problem gambling intervention services and to assist in the development and enhancement of services for Māori by:</p> <ul style="list-style-type: none"> • supporting and enhancing the cultural knowledge and skills of Māori staff presently working within dedicated Māori problem gambling intervention services and other problem gambling intervention services • encouraging Māori to work within problem gambling intervention services • ensuring problem gambling intervention services can strengthen liaison with Māori groups • helping non-Māori staff to work better with Māori clients.
Nature of the service	<p>As repositories of cultural knowledge and experience kaumātua or younger Māori considered to have the requisite skills and knowledge can be enlisted, enabling problem gambling intervention services to improve the following:</p> <ul style="list-style-type: none"> • accountability to Māori • advice and support to staff of problem gambling intervention services regarding tikanga Māori, and in particular, supporting staff of dedicated Māori services • advocacy for Māori and challenging practices that are inappropriate for Māori, particularly in the spiritual and tikanga areas • advice on cultural support and inter-hapū/iwi relationships. <p>The kaumātua (male and/or female) may be providing services to a specified number of providers or for particular providers. Effective channels of communication and good relationships will be maintained with local iwi, and with Māori workers of other providers.</p> <p>Service providers will offer an environment that is culturally safe for Māori service users, their whānau/family and significant others, as well as for those delivering the services.</p> <p>The kaumātua services will be provided in such a way as to ensure relevant skills and expertise are available to problem gambling intervention services. The role of kaumātua will be negotiated between them and the problem gambling intervention service and mandated by manawhenua.</p>
Key processes	<p>Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: advocacy, assessment (cultural), community development, liaison and consultation, support, therapy services.</p>

Draft Service Specifications Framework for Dedicated Māori Problem Gambling Intervention Services

There are a number of strategies required to prevent and minimise gambling-related harm among Māori. These include recognition:

- that culture and health are inextricably linked
- that a range of solutions will be needed including culturally derived ones
- that Māori ownership and/or Māori delivery of services, and Māori health improvement, are linked to the wider context that is Māori development.

Dedicated Māori problem gambling intervention services, delivered by Māori, recognise the importance of rangatiratanga as a component of Māori health and wellbeing. These services reflect the right of Māori to determine their own aspirations and priorities in relation to health service delivery and acknowledge that culture can be a vehicle for seeking and maintaining wellness. The services provide a range of accessible and effective options that reflect needs of whānau, hapū, iwi and other Māori communities.

Dedicated Māori is a term used to refer to a culturally derived philosophy that underlies, and is woven into, services described within this Service Schedule and which assumes that wellness for service users and their whānau is the end goal of the service.

It is generally agreed that a Māori vision of wellness is based on a view that people are most likely to realise their full health potential when they live in safe and supportive communities, in healthy environments, with adequate incomes and housing, and with meaningful roles in life. This emphasises the inter-relationship of health with cultural identity and the social, cultural and economic aspects of Māori development. Dedicated Māori services support this broad vision of wellness and the development of local responses to local issues that reflect the needs of whānau, hapū, and iwi, and contribute to the wider aims of Māori development.

Characteristics of a dedicated Māori service

This Service Specification identifies some of the characteristics common to services funded to deliver a dedicated Māori problem gambling intervention service. These include but are not limited to:

- the governance and mission of the service is based in a Māori cultural paradigm
- the service utilises Māori derived beliefs, values and practices
- wherever possible staff will be of Māori descent
- the aims of the service are consistent with the wider aims and aspirations of Māori development
- the service is mandated by Manawhenua and/or the local Māori community
- the service facilitates access to, and support of, kaumātua (male and female)
- there is an emphasis on whānaungatanga.

The type and nature of the specific dedicated service being provided will determine the importance and proportion of each characteristic or component within the service. The services acknowledge the diverse realities of Māori in today's world, and consider these when developing approaches for minimising the harms related to problem gambling. Dedicated Māori service providers will provide an environment that is culturally safe for all service users, their whānau/family and significant others as well as for those delivering the services.

Services included in this Service Specification

This Service Specification lists a range of dedicated Māori problem gambling intervention services that may complement the range of other service types available in this Agreement. Providers must work collaboratively and co-operatively with other service providers to ensure that the full range of problem gambling intervention services funded by the Crown or its agent are provided in an effective and complementary manner which focuses on the needs of the service user.

While the services are expected to deliver holistically to all service users there is an expectation that where taitamariki/youth access services from other sectors (for example, education, social welfare), all services will be delivered in a co-ordinated way.

The range of problem gambling intervention services, the reporting clusters, purchase units and purchase measures associated with each service type, are outlined in the table below. The specific service types included in this Service Schedule are also identified.

Descriptions of the service types included in this Service Schedule are outlined in the tables titled 'Service Type Description'. Specific requirements associated with each service type are listed in the relevant parts of the Service Schedule in Part 3 of the Agreement.

Details of the specific reporting requirements for each reporting cluster are contained in the Service Specification titled 'Reporting Requirements for Mental Health Services'.

Service type	Purchase unit ID	Purchase measure	Reporting cluster	Service unit types included in this Agreement
Dedicated Māori problem gambling services – brief and early intervention		*FTE		
Dedicated Māori problem gambling services – Short course interventions		FTE or package of care		
Dedicated Māori problem gambling services – community assessment and intervention		FTE		

* FTE = full time equivalent

General Characteristics

Eligible service users

Eligible people/service users include people:

- with a range of gambling problems
- with co-existing gambling problems and mental health (including substance use) disorders
- with co-occurring gambling and social problems
- at risk of developing pathological gambling problems
- who have been affected by the gambling of a family/whānau member or a significant other.

Age of eligible people/service users

Eligible people/service users are those:

- taitamariki/youth aged between 14–17 years of age
- pakeke/adults aged 18 years or over.

Taitamariki may be offered the option of adult services if suitable alternatives are not available or if the adult service can meet the needs of the young service user.

For people aged less than 18 years, it will be expected that relationships and key linkages are established and maintained with child, adolescent and youth health and social services, primary care, education, and other statutory agencies as appropriate to meet the needs of the young service user. Joint approaches to care that combine the expertise of each service will involve negotiation as to which service has primary responsibility for care.

Processes

Referrals from other agencies for assessment and intervention are accepted by community problem gambling services. The following processes are not included in the services paid for by the Ministry of Health or its agents:

- reports requested by the Judiciary/Department of Courts or the Parole Board for the purposes of sentencing
- psychological evaluations for educational requirements.

Key service linkages and accountabilities

This Service Specification identifies key components of a problem gambling intervention service. It is important that providers work together to ensure:

- service users have access to the full range of services included in this service specification for problem gambling intervention services
- liaison takes place with the funder to discuss planning, co-ordination and other service issues
- participation occurs in local planning/co-ordination bodies, for example, local mental health and addiction networks
- where a choice of services is available, Māori service users will be offered the choice between generic services and dedicated Māori and, or a combination of both.

Service providers should establish working protocols with providers of other services that interface in some way with the services specified in this Agreement. Important interfaces and linkages exist between a dedicated Māori problem gambling intervention service and:

- other providers of problem gambling services
- local mental health and addiction networks
- alcohol and other drug treatment services
- Māori health and social service agencies
- health promotion and public health services
- primary care providers
- community mental health services
- Pacific health and social service agencies (where applicable)
- child, adolescent and youth health social services
- budgeting and other social service agencies
- staff of the Department of Corrections.

Formal referral and relationship protocols may need to be established with a number of these services. Accountability for access, case management, exit processes, follow-up and information sharing may be clearly stated in any protocols.

Duplication of services

Service users will not generally be entitled to receive services from two problem gambling intervention services concurrently unless they offer different services to the service user, for example, advice and counselling at one and a short course intervention at another.

Service type description: Dedicated Māori problem gambling intervention services – early and brief intervention	
Function	To provide a dedicated Māori service specifically for people early in the course of developing gambling problems. The service aims to shorten the course and decrease the severity of gambling-related harm.
Nature of the service	<p>Services will aim at primary/secondary prevention of gambling problems and mainly be offered in non-problem gambling intervention service settings. The service will provide screening and brief assessment as well as brief interventions in the form of time-limited advice and counselling. Components of the service may include but not be limited to:</p> <ul style="list-style-type: none"> • screening for suicidality/ homicidality potential • screening for gambling problems utilising accepted tools such as the New Zealand Eight Screen • brief interventions (eg, FRAMES) • brief assessment • facilitation of culturally appropriate interventions or referrals • consultation and liaison with other health and social services • liaison and consultation services to other providers of health services (including mental health services) and other agencies in contact with people with current or potential gambling problems • liaison with other services/agencies to facilitate positive outcomes through training and education (of the individual concerned plus relevant family/caregivers) regarding problems, treatment, and maintenance of health and well-being. <p>Attention will be given to (among other things):</p> <ul style="list-style-type: none"> • harm reduction • accurate information giving • referral to other services where appropriate • whānau support • developing and maintaining positive interpersonal relationships • personal safety • access to kaumātua, te reo Māori or other cultural needs of the service user • provision of tikanga Māori that relate to the kawa of the service. <p>The style of the service will reflect the nature of the community where it is situated. This could include clinics or other health and social service settings where screening and brief assessment for gambling are or can be undertaken as part of a wider health screen.</p> <p>Responsiveness to the needs of service users will be through the delivery of a service that is culturally safe. Wherever possible relevant staff will be of Māori descent. Where a choice of services is available, service users will be offered the choice of dedicated Māori services, generic services, or a combination of both.</p> <p>Attention will be given to the culture, gender and age specific needs of those accessing the settings where the service may operate.</p>
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: screening, assessment, brief intervention, management of risk, service handover, support, liaison and consultation, and referral.

Service type description: Dedicated Māori problem gambling intervention services – early and brief intervention	
Service staff	Service staff (paid and unpaid) will be a team or person with appropriate competencies (including cultural), skills and experience in working with people with gambling problems and/or other behavioural addictions.
Access	Referral is from any source including self-referral and includes opportunistic screening and counselling.

Service type description: Dedicated Māori problem gambling intervention services – short course intervention	
Function	To provide a short course intervention for individuals assessed as having a gambling problem. There is an emphasis on whānau (building a sense of connection and belonging) and supporting and nurturing activities focused on tikanga Māori.
Nature of the service	<p>The short course interventions will be delivered to groups as opposed to individuals and may promote community involvement by including activities away from a centre. Service users will be offered interventions that are appropriate according to assessed need relative to gambling use, related problems, readiness for change, and degree of security with regard to cultural identity. This may include referral to other services or agencies as appropriate. The service will be a recovery-focused, skill development programme which increases the service user's ability to:</p> <ul style="list-style-type: none"> • manage their own gambling problems • develop positive, supportive relationships • develop problem-solving skills • minimise problem gambling harm. <p>The problem gambling short course intervention aims to:</p> <ul style="list-style-type: none"> • meet the needs of the service user as identified in initial and ongoing assessment • educate the service user about gambling problems, and their management • assist the service user to maintain supportive ethnocultural links • assist the service user to maintain links with family, whānau, and significant others • build resilience through strengthening identity and improving knowledge of aspects that relate to tikanga Māori. <p>The emphasis will be on the implementation of an intervention plan that addresses the gambling-related problems identified in the initial and ongoing assessment. Attention to the maintenance of health and well being and relapse prevention will be given during the course. There is an emphasis on building a sense of connection and belonging. Activities in the short course intervention may include, but are not limited to:</p> <ul style="list-style-type: none"> • social skills training • budgeting advice • assertiveness and self-esteem building • recreational activities • Māori 'cultural' activities, hui, wānanga • referral to a help line or other community follow-up as negotiated with the service user. <p>The short course intervention is community-based with the setting reflecting the needs of the particular community. The service should be flexible in its hours to accommodate the needs of the service users, for example, open during evenings or weekends.</p> <p>Responsiveness to the needs of service users will be through the delivery of a service that is culturally safe. Wherever possible relevant staff will be of Māori descent. Where a choice of services is available, service users will be offered the choice of dedicated Māori services, generic services, or a combination of both.</p> <p>Attention needs to be given to the gender and age specific needs of those accessing the service.</p> <p>Note: An attendance at a problem gambling short course intervention is defined as attending the short course intervention for a period of three hours or longer per day and no more than 20 hours per week.</p>
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: advocacy, Assessment, Discharge Planning, Peer Support, Support, Case Management, management of risk, referral, service handover, treatment.

Service type description: Dedicated Māori problem gambling intervention services – short course intervention	
Service staff	Service staff (paid and unpaid) will be a person or team with appropriate experience and competencies (including cultural) working with groups, and experience and qualifications working with gambling problems or other behavioural addictions.
Access	Initial assessment for referral to the short course intervention will be completed by an agency other than the service provider. These may include: <ul style="list-style-type: none"> • problem gambling services • a gambling problem help line • primary care workers • health and social service agencies including statutory agencies.

Service type description: Dedicated Māori problem gambling intervention services – community assessment and intervention	
Function	To provide a based assessment, counselling and consultation liaison service for people with gambling problems delivered within a framework based in a paradigm.
Nature of the service	<p>These dedicated problem gambling intervention services will be focused and aim to increase the service user's ability to:</p> <ul style="list-style-type: none"> • manage their own gambling problems • manage the effects of the gambling of family and significant others • develop problem-solving skills. <p>The service aims to:</p> <ul style="list-style-type: none"> • meet the needs of service users as identified in the initial and ongoing assessment • educate the service user about gambling problems, and management of the same • support the service user to maintain links with family/significant others • build the resilience of the service user by strengthening identity and ethnocultural links. <p>The service may include, but will not be limited to:</p> <ul style="list-style-type: none"> • screening for suicidality/homicidality • screening for gambling problems utilising accepted tools such as the New Zealand Eight Screen • brief assessment • brief intervention (FRAMES) • comprehensive assessment (including alcohol and other drug use, mental health, financial) and an assessment of relevant cultural factors • the provision of or access to kaumātua, a Māori environment, rongoa Māori, tohunga, speakers in te reo Māori • interventions including therapy, support and case management (for individuals and groups) • referral to appropriate cultural activities/services • maintaining key links with tangata whenua and key organisations/roopu • matters in relation to early intervention, maintenance of health, relapse prevention, problem prevention and promotion of health • provision of clinical and cultural consultation and liaison services to , other mental health services, alcohol and other drug services, and other primary care providers and other relevant health or social services agencies in contact with people with current or potential gambling problems. <p>The emphasis will be on the implementation of an intervention plan that addresses the issues identified in initial and ongoing assessment including the service user's readiness for change. Activities the service may provide, but are not limited to include:</p> <ul style="list-style-type: none"> • social skills training • budgeting advice • assertiveness and esteem building • recreational activities • provision of structured activities such as vocational, social, health and fitness • 'cultural' activities, hui, wānanga • referral to a Help line or other community follow-up as negotiated with the service user. <p>The service is based with the delivery setting reflecting the needs of the particular community. The service should be flexible in its hours to accommodate the needs of the service users evenings or weekends. Referral to other agencies will be provided by this service, as appropriate.</p> <p>Where possible, care will be provided in conjunction with primary health services. There will be documented clear communication with any primary health providers regarding the treatment plan and progress, and its completion, with the consent of the service user.</p> <p>Responsiveness to the needs of service users will be through the delivery of a service that is culturally safe. Wherever possible relevant staff will be of Māori descent. Where a choice of services is available, service users will be offered the choice of dedicated Māori services, generic services, or a combination of both.</p> <p>Attention will be given to the gender and age specific needs of those accessing the service.</p>

Service type description: Dedicated Māori problem gambling intervention services – community assessment and intervention	
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: advocacy, support, service handover, assessment, management of risk, case management, discharge planning, early identification, legal compliance, liaison and consultation, referral, screening, therapy services, treatment and rehabilitation.
Service staff	Service staff (paid and unpaid) will be a team or person with appropriate competencies (both clinical and cultural), skills, qualifications and experience in working with people with gambling problems and/or other behavioural addictions.
Access	Access may be from any source, including self-referral.

Draft Service Specifications Framework for Dedicated Pacific Problem Gambling Intervention Services

Dedicated Pacific is a term used to refer to a culturally derived philosophy that underlies, and is woven into, aspects of services described within this Service Schedule and which assumes that wellness for service users and their family is the end goal of the service.

This Service Specification identifies some of the characteristics common to services funded to deliver Pacific problem gambling intervention services. These include:

- the service should be underpinned by Pacific-derived beliefs, values and practices
- wherever possible staff will be of Pacific descent
- local Pacific communities mandate the service.

The type and nature of the specific service being provided will determine the importance and proportion of each characteristic or component within the service. Dedicated service for Pacific people should provide an environment that promotes cultural safety for Pacific service users, their family and significant others as well as for those delivering the services.

While this service is expected to deliver holistically to all service users there is an expectation that where youth/adolescent access services from other sectors (for example, education, social welfare) all services will be delivered in a co-ordinated way.

Services included in this Service Specification

This Service Specification lists a range of problem gambling intervention services. Providers must work collaboratively and co-operatively with other service providers to ensure that the full range of problem gambling intervention services funded by the Crown or its agent are provided in an effective and complementary manner which focuses on the needs of the service user.

The range of problem gambling intervention services, the reporting clusters, purchase units and purchase measures associated with each service type, are outlined in the table below. The specific service types included in this Service Schedule are also identified.

Descriptions of the service types included in this Service Schedule are outlined in the tables titled 'Service Type Description'. Specific requirements associated with each service type are listed in the relevant parts of the Service Schedule in Part 3 of the Agreement.

Details of the specific reporting requirements for each reporting cluster are contained in the Service Specification titled 'Reporting Requirements for Mental Health Services'.

Service type	Purchase unit ID	Purchase measure	Reporting cluster	Service unit types included in this Agreement
Dedicated Pacific problem gambling intervention services – early and brief intervention		FTE		
Dedicated Pacific problem gambling intervention services – short course intervention		FTE or package of care		
Dedicated Pacific problem gambling intervention services – community assessment and intervention		FTE		

General Characteristics

Eligible service users

Eligible people/service users include people:

- with a range of gambling problems
- with co-existing gambling problems and mental health (including substance use) disorders
- with co-occurring gambling and social problems
- at risk of developing pathological gambling problems
- who have been affected by the gambling of a family member or a significant other.

Age of eligible people/service users

Eligible people/service users are those:

- youth aged between 14–17 years of age
- adults aged 18 years or over.

Youth aged between 17 and 20 years of age may be offered the option of adult services if the adult service can meet the needs of the young service user or if suitable alternatives are not available.

For people aged less than 18 years, it will be expected that relationships and key linkages are established and maintained with child, adolescent and youth health and social services, primary care, education, and other statutory agencies as appropriate to meet the needs of the young service user. Joint approaches to care that combine the expertise of each service will involve negotiation as to which service has primary responsibility for care.

Processes

Referrals from other agencies for assessment and intervention are accepted by community problem gambling services. The following processes are not included in the services paid for by us:

- reports requested by the Judiciary/Department of Courts or the Parole Board for the purposes of sentencing
- psychological evaluations for educational requirements.

Key service linkages and accountabilities

This Service Specification identifies key components of a problem gambling intervention service. It is important that providers work together to ensure:

- service users have access to the full range of services included in this service specification for problem gambling intervention services
- liaison takes place with the funder to discuss planning, co-ordination and other service issues
- participation with local planning/co-ordination bodies occurs, for example, local mental health and addiction networks
- where a choice of services is available, Pacific service users will be offered the choice between dedicated Pacific services and generic services, or a combination of both.

Service providers should establish working protocols with providers of other services that interface in some way with the services specified in this Agreement. Important interfaces and linkages exist between a dedicated Pacific problem gambling intervention service and:

- other providers of problem gambling services
- local mental health and addiction networks
- alcohol and other drug treatment services
- Māori health and social service agencies
- health promotion and public health services
- primary care providers
- community mental health services
- Pacific health and social service agencies (where applicable)
- child, adolescent and youth health social services
- budgeting and other social service agencies
- staff of the Department of Corrections

Formal referral and relationship protocols may need to be established with a number of these services. Accountability for access, case management, exit processes, follow up and information sharing may be clearly stated in any protocols.

Duplication of services

Service users will not generally be entitled to receive services from two problem gambling intervention services concurrently unless they offer different services, for example, advice and counselling at one and a short course intervention at another.

Service type description: Dedicated Pacific problem gambling intervention services – short course intervention	
Function	To provide a short course intervention for individuals assessed as having a gambling problem. The short course interventions will be delivered to groups as opposed to individuals and may promote community involvement by including activities away from a centre.
Nature of the service	<p>Service users will be offered interventions that are appropriate according to assessed need relative to gambling use, related problems, readiness for change and degree of security with regard to cultural identity. This may include referral to other services or agencies as appropriate. The service will be a recovery-focused, skill development programme which increases service users' ability to:</p> <ul style="list-style-type: none"> • manage their own gambling problems • develop positive relationships • develop problem-solving skills • minimise problem gambling related harm. <p>The problem gambling short course intervention aims to:</p> <ul style="list-style-type: none"> • meet the needs of the service user as identified in initial and ongoing assessment • educate the service user about gambling problems, and their management of the same • assist the service user to maintain ethnocultural links • assist the service user to maintain links with family/significant others • assist the service user to build resilience through strengthening their sense of identity. <p>The emphasis will be on the implementation of an intervention plan that addresses the problems identified in the initial and ongoing assessment. Attention to the maintenance of health and relapse prevention will be given during the course. Activities in the short course intervention may include, but are not limited to:</p> <ul style="list-style-type: none"> • social skills training • budgeting advice • assertiveness and self-esteem building • recreational activities • Pacific 'cultural' activities, fono, language and ritual • referral to a help line or other community follow-up as negotiated with the service user. <p>The short course intervention is community-based with the setting reflecting the needs of the particular community. The service should be flexible in its hours to accommodate the needs of the service users, for example, open during evenings or weekends.</p> <p>The particular needs of service users will be met through the delivery of a service that is culturally safe. Wherever possible, relevant staff will be of Pacific Island descent.</p> <p>Attention will be given to the gender and age specific needs of those accessing the service.</p> <p>Note: An attendance at a problem gambling short course intervention is defined as attending the short course intervention for a period of three hours or longer per day and no more than 20 hours per week.</p>
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: advocacy, assessment, discharge planning, peer support, support, case management, management of risk, referral, service handover, treatment.
Service staff	Service staff (paid and unpaid) will be a person or team with appropriate experience and competencies (including cultural) working with groups who have gambling problems or other behavioural addictions.
Access	Initial assessment for referral to the short course intervention will be completed by an agency other than the service provider. These may include: <ul style="list-style-type: none"> • problem gambling services • a gambling problem help line • primary care workers • health and social service agencies including statutory agencies.

Service type description: Dedicated Pacific problem gambling intervention services – early and brief intervention	
Function	The service provides a primary point of contact for those experiencing some degree of gambling-related harm. The service may provide screening and brief assessment as well as brief interventions in the form of time-limited advice and counselling.
Nature of the service	<p>The service provides a primary entry point for those of Pacific descent experiencing some degree of gambling-related harm. The service may provide screening and brief assessment on an opportunistic basis as well as brief interventions in the form of advice and counselling.</p> <p>Services will aim at primary/secondary prevention of gambling problems and will mainly be offered in non-problem gambling intervention service settings. Components of the service may include but are not limited to:</p> <ul style="list-style-type: none"> • screening for suicidality and homicidality • screening for gambling problems utilising accepted tools such as the New Zealand Eight Screen • brief assessment • brief interventions (eg, FRAMES) • facilitation of culturally appropriate interventions or referrals • access to Matua advisory reference groups • consultation and liaison with other health and social services • liaison and consultation services to other providers of health services (including mental health services) and other agencies in contact with people with current or potential gambling problems • liaison with other services/agencies to facilitate positive outcomes through training and education (of the individual concerned plus relevant family/caregivers) regarding problems, treatment, and maintenance of health and well-being. <p>Attention is given to (among other things):</p> <ul style="list-style-type: none"> • harm reduction • accurate information giving • referral to other services where appropriate • referral to appropriate cultural activities/services. <p>The style of the service will reflect the nature of the community where it is situated. This could include clinics or other health and social service settings where screening and brief assessment for gambling are or can be undertaken as part of a wider health screen. Attention will be given to the culture, gender and age specific needs of those accessing the service.</p>
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: screening, assessment, brief intervention, management of risk, service handover, support, liaison and consultation, and referral.
Service staff	Service staff (paid and unpaid) will be a Pacific team or person with appropriate qualifications, competencies (both clinical and cultural), skills and experience in working with people with gambling problems or other behavioural addictions.
Access	Referral is from any source including self-referral.

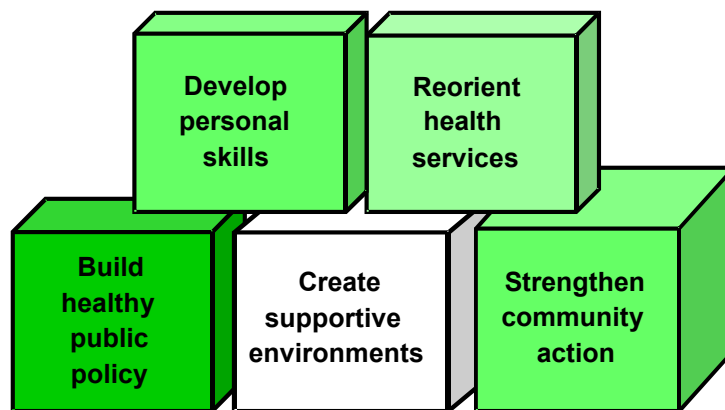
Service type description: Dedicated Pacific problem gambling intervention services – community assessment and intervention	
Function	To provide a community-based assessment, counselling and consultation liaison service for people with gambling problems delivered within a framework based in a Pacific cultural paradigm.
Nature of the service	<p>These dedicated problem gambling intervention services for Pacific people will be recovery-focused and aims to increase the service users' ability to:</p> <ul style="list-style-type: none"> • manage their own gambling problems • develop problem-solving skills • manage the effects of the gambling of family and or significant others. <p>The service aims to:</p> <ul style="list-style-type: none"> • meet the needs of service users as identified in the initial and ongoing assessment • educate the service user about gambling problems and their management • support the service user to maintain links with family and others of significance. <p>The service may include, but will not be limited to:</p> <ul style="list-style-type: none"> • screening for suicidality and homicidality • screening for gambling problems utilising accepted tools such as the New Zealand Eight Screen • brief assessment • brief intervention (eg, FRAMES) • comprehensive assessment (including alcohol and other drug use, mental health, financial) • assessment of cultural variables (eg, use of fonofale) • interventions including therapy, support and case management (for individuals and groups) • referral to appropriate cultural activities/services • liaison with, and consultation services to, other providers of health and social services including mental health services, alcohol and other drug services, primary care services and other agencies in contact with people with current or potential gambling problems • follow-up referral to a self-help group, help line or mobile support service as negotiated with the service user • attention to matters in relation to early intervention, maintenance of health, relapse prevention, problem prevention and promotion of health. <p>Activities the service may provide, but are not limited to, include:</p> <ul style="list-style-type: none"> • social skills training • inclusion of aiga, fanau, magafaoa support • budgeting advice • assertiveness and self-esteem building • recreational activities • provision of structured activities such as vocational, social, health and fitness • provision of cultural activities and interventions • referral to a help line or other community follow-up as negotiated with the service user. <p>The service is community-based with the delivery setting reflecting the needs of the particular community. The service should be flexible in its hours to accommodate the needs of the service users, for example, open during evenings or weekends. Referral to other agencies will be provided by this service, as appropriate.</p> <p>The particular needs of Pacific service users will be met through the delivery of a service that is culturally safe. This may include the provision of culturally derived skills programmes. Wherever possible, relevant staff will be of Pacific descent. Where a choice of services is available, Pacific service users will be offered generic services, dedicated Pacific services, or a combination of both.</p>
Key processes	Services users can expect, as a minimum, to access all of the following processes described in the 'Process Descriptions' Service Specification of the Nationwide Mental Health Service Framework 2001: advocacy, support, early identification, assessment, management of risk, case management, discharge planning, liaison and consultation, referral, screening, therapy services, treatment and rehabilitation, service handover.
Service staff	Service staff (paid and unpaid) will be a Pacific team or person with appropriate qualifications, competencies (both cultural and clinical), skills and experience in working with people with gambling problems and/or other behavioural addictions.
Access	Access may be from any source, including self-referral.

Appendix 1: The Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion (WHO 1986) outlines five primary strategies which are key to this Draft National Plan for Minimising Gambling Harm:

- *build healthy public policy* to ensure policy initiatives in every sector promote health-sustaining conditions
- *create supportive environments* that establish physical, social, economic, cultural and spiritual environments that maintain and enhance the health of people
- *strengthen community action* so that communities have the capacity to set priorities and make decisions on issues that affect health
- *develop personal skills* to enable people to have the knowledge and tools to meet life's challenges and contribute to society
- *reorient health services* to recognise the needs of the whole person and foster partnerships among providers and service users.

Figure 4: The Ottawa Charter for Health Promotion



Appendix 2: A Public Health Perspective

The Draft National Plan for Minimising Gambling Harm incorporates a public health approach to preventing and minimising gambling harm.

Public Health has been defined as the ‘the art and science of preventing disease, promoting health and prolonging life through the organised efforts of society’ (Acheson 1998). At the heart of this definition is the concept that public health action is not just the about the activities of the health sector. It must include the actions of organisations and institutions across society that have an impact on our health.

Underpinning public health activity is a collaborative approach to improving health by creating healthy environments, enabling individual healthy choices, and addressing the root causes (often called the ‘determinants’) of poor health.

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