

Service Specification

Preventing and Minimising Gambling Harm - Problem Gambling Services

This Service Specification is divided into two parts:

- Part 1 sets out general information about the Government's approach to problem gambling services. Part 1 is not intended to create legal obligations. However, it can be used to help understand what the Ministry seeks to achieve by entering into this Agreement.
- Part 2 sets out the detail of the services to be provided, activities to be delivered, and reporting requirements.

Part 1 – General Information and Background

1. INTRODUCTION

- 1.1 This section provides an overview of the strategic and policy relationships that inform the priorities and approaches for Ministry funded problem gambling service delivery in New Zealand.

2. HEALTH GOAL

- 2.1 Government, communities and families / whanau working together to prevent harm caused by problem gambling and reducing health inequalities associated with gambling harm.

3. STRATEGIC CONTEXT

- 3.1 *Preventing and Minimising Gambling Harm: Strategic Plan 2004-2010* (Ministry of Health 2004) outlines seven objectives which set the parameters for services described within this service specification. These are:
- Promote healthy public policies in relation to gambling harm
 - Encourage supportive environments to minimise gambling harm
 - Enhance the capacity of communities to define and address gambling harm
 - Maintain and develop accessible, responsive and effective interventions
 - Assist the development of peoples life skills and resilience in relation to preventing or minimizing gambling harm
 - Enhance workforce capacity
 - Develop a programme of research and evaluation.

4. DEFINITIONS

- 4.1 The terms 'gambling' and 'gambling harm' are core to understanding the context and focus of the services described in this service specification. Those terms are defined in clause 1.1 of Part 2 of this Service Specification.

5. MĀORI HEALTH

- 5.1 Health providers, with reference to *He Korowai Oranga* – the Māori Health Strategy and *Whakatataka* – the Māori Health Action Plan, are expected to contribute to improvements in “Whanau Ora” and to the reduction in Māori health inequalities. Specific Māori health priorities are outlined in the He Korowai Oranga under Māori health and disability priorities. Health and disability service providers need to recognise the cultural values and beliefs that influence the effectiveness of services for Māori and must consult and include Māori in service design and delivery.

6. THE STRATEGIC OUTCOMES FRAMEWORK

- 6.1 Over the 2007-2010 service plan period the Ministry currently expects to be continuing to build and develop its strategic outcomes framework for problem gambling. The strategic outcomes framework is likely to outline short, medium and long term outcomes for an integrated approach to problem gambling. Such outcomes would be intended to link directly to the existing strategic plan for preventing and minimising gambling harm. The strategic outcomes framework aims to ensure there is a common understanding of the objectives of an integrated approach to guide:
- key stakeholders at the national, regional and local level,
 - the Ministry’s strategic decisions in regard to purchasing services that prevent and minimise gambling harm and
 - the priorities for monitoring and evaluating progress made reducing and minimizing gambling related harm
- 6.2 The Ministry notes that this work will continue to be developed and will suggest amendments and adjustments to service reporting and monitoring and evaluation work throughout this period. It is the Ministry’s expectation that providers will support this process as part of their commitment to ongoing quality improvement.

7. PRINCIPLES

- 7.1 Based on this strategic context for Problem Gambling and Ministry priorities, the Ministry is presently intending to contract for services to be delivered in a manner that:
- ensures the provision of service coverage nationwide
 - supports the delivery of a comprehensive range of public health services based on the Ottawa Charter and recognized New Zealand models of Health i.e. Whare Tapa Wha, Te Pae Mahutonga, Te Wheke
 - targets priority populations
 - strengthens communities
 - reduces health inequalities
 - improves Māori health gain
 - applies an intersectoral approach that addresses the broader social determinants of health
 - ensures links between public health and intervention/addiction services

8. COMPONENTS OF A MODEL TO PREVENT AND MINIMISE GAMBLING HARM

- 8.1 Underpinned by the objectives of the strategic plan, the principles described above, and the strategic outcomes framework, services which the Ministry is intending to acquire interface with the components of a model to prevent and minimise gambling harm that includes the following seven components of service delivery. These components combine into a continuum of harm prevention:
- Population Health Approaches – local, regional and national
 - National Co-ordination services
 - National Helpline services
 - Screening in primary care and social service settings
 - Psychosocial interventions – both secondary and tertiary
 - Facilitation services (budgeting advice, AOD, WINZ, Housing)
 - Follow-up services and motivational support
- 8.2 The Ministry is likely to choose to contract with providers to deliver all or only some of the above service delivery components. The Ministry will, wherever practicable, seek to ensure a comprehensive range and mix of services within any given region of New Zealand. Regardless of the range of services delivered by an individual provider, all providers must work together collaboratively to co-ordinate services within their region and ensure access for the populations they serve.

Part 2 – Details of services to be provided

This Part 2 of the Service Specification contains three divisions:

- Division 1, which sets out requirements (including mandatory Purchase Unit Descriptions for all services.
- Division 2, which sets out requirements (including Purchase Unit Descriptions) for providing problem gambling intervention (personal health) services.
- Division 3, which sets out requirements (including Purchase Unit Descriptions) for providing primary prevention (public health) services

Division 1

Service Requirements that apply to all services (both personal health services and public health)

1. DEFINITIONS

1.1 The following terms have the meanings set out below:

“**Gambling**” has the meaning set out in the Gambling Act 2003 and means :

“paying or staking consideration, directly or indirectly, on the outcome of something seeking to win money when the outcome depends wholly or partly on chance”

but for the avoidance of doubt includes all forms of gambling and financial risk-taking, both present and future, for example existing class four and emerging internet modes linked to increased incidence of harm.

“**Gambling Harm**” has the meaning set out in the Gambling Act 2003 and means:

“Harm or distress of any kind caused or exacerbated by a person’s gambling, and includes personal, social or economic harm suffered by the person, their spouse, partner, family, whānau and wider community, or in their workplace or society at large.”

1.2 The Ministry’s revised Problem Gambling Practitioner’s Guidelines define a number of additional service related terms. Where those terms are used in this Service Specification, they have the meaning given to them in the revised Practitioner’s Guidelines.

2. SERVICES

2.1 In order to prevent and minimise Gambling Harm, you agree to provide the following services (“the Services”):

- (a) The problem gambling Purchase Units (“Purchase Units”) identified in Table One, in accordance with all aspects of the Purchase Unit Description for each applicable Purchase Unit, and
- (b) The following mandatory Purchase Units in accordance with all aspects of the Purchase Unit Description for each applicable Purchase Unit:
 - Kaumātua Consultation and Liaison: PGA – 01

- Workforce Development: PGA – 02
- Participation in Research and Evaluation: PGA – 03.

Table One: Problem Gambling Service Purchase Units

| Purchase Unit Name | Purchase unit ID | FTE to be provided | Sessions per FTE per month |
|--|------------------|-----------------------------|----------------------------|
| Intervention Services | | | |
| Intervention Services – Helpline and Information Services | PGCS – 01 | N/A | N/A |
| Intervention Services – Brief Intervention services | PGCS – 02 | x.x | 120*x sessions month |
| Intervention Services – Full Intervention services | PGCS – 03 | x.x | 60*x sessions month |
| Intervention Services – Facilitation services | PGCS – 04 | x.x | 60*x sessions month |
| Intervention Services – Follow-up | PGCS - 05 | x.x | 120*x sessions month |
| Clinical FTE Subtotal | | 0.0 | |
| Public Health Services | | | |
| Public Health Services – Policy Development and Implementation | PGPH – 01 | 0.0 | N/A |
| Public Health Services – Safe Gambling Environments | PGPH – 02 | 0.0 | N/A |
| Public Health Services – Supportive Communities | PGPH – 03 | 0.0 | N/A |
| Public Health Services – Aware Communities | PGPH – 04 | 0.0 | N/A |
| Public Health Services – Effective Screening Environments | PGPH – 05 | 0.0 | N/A |
| Public Health FTE Subtotal | | 0.0 | |
| Clinical and Public Health FTE Subtotal | | 0.0 | |
| Infrastructure Services (Mandatory) | | | |
| Infrastructure Services – Kaumātua Consultation and Liaison | PGA – 01 | (0.1 per FTE) ¹ | N/A |
| Infrastructure Services – Workforce Development | PGA – 02 | (0.05 per FTE) ² | N/A |
| Infrastructure Services – Participation in Research and Evaluation | PGA – 03 | (0.05 per FTE) ³ | N/A |
| TOTAL FTE | | 0.0 | |

2.2 All Purchase Units have been designed to complement each other. With regard to Intervention Services, Brief Intervention service: PGCS – 02, Full Intervention services: PGCS – 03, Facilitation services: PGCS – 04, and

¹ Clinical and Public Health FTE Subtotal x 0.1

² Clinical and Public Health FTE Subtotal x 0.05

³ Clinical and Public Health FTE Subtotal x 0.05

Follow-up services: PGCS – 05 can be provided in, but only in, the following combinations:

- Brief Intervention
- Brief Intervention, Facilitation, and Follow-up
- Brief Intervention, Full Intervention, and Follow-up
- Brief Intervention, Full Intervention, Facilitation, and Follow-up

2.3 You must provide the Services as General, Dedicated Māori, Dedicated Pacific, or Dedicated Asian service, as agreed in Table Two.

Table Two: Service Type for your service

| # | Service Type | Y/N |
|---|-------------------|-----|
| 1 | Dedicated Māori | |
| 2 | Dedicated Pacific | |
| 3 | Dedicated Asian | |
| 4 | General | |

2.4 The following provisions apply to the Service Types agreed in Table Two above:

2.5 **Dedicated Māori Services** shall be provided as follows:

2.5.1 The purpose of dedicated Māori services is to minimise problem gambling-related harm particularly to, and for, Māori. A dedicated Māori problem gambling service must include and demonstrate at least the following features:

- the service is based in a Māori cultural paradigm
- the service utilises Māori derived beliefs, values and practices
- wherever reasonably possible, staff will be of Māori descent
- the service facilitates access to, and support of, kaumātua (male and female)
- there is an emphasis on whanaungatanga.
- it does not exclude service users that are non-Māori

2.6 **Dedicated Pacific Services** shall be provided as follows:

2.6.1 The purpose of dedicated Pacific services is to minimise problem gambling-related harm particularly to, and for, Pacific peoples. A Dedicated Pacific problem gambling service must include and demonstrate at least the following features:

- the service is based in a Pacific cultural paradigm
- the service utilises Pacific-derived beliefs, values and practices
- wherever reasonably possible, staff will be of Pacific descent
- the service is mandated by local Pacific communities
- it does not exclude service users that are not of Pacific descent.

2.7 **Dedicated Asian Services** shall be provided as follows:

2.7.1 The purpose of dedicated Asian problem gambling services is to minimise problem gambling-related harm particularly to, and for, Asian peoples. A dedicated Asian problem gambling service must include and demonstrate at least the following features:

- the service is based in a Asian cultural paradigm
- the service utilises Asian-derived beliefs, values and practices
- wherever reasonably possible, staff will be of Asian descent
- the service is mandated by local Asian communities
- it does not exclude service users that are non-Asian.

2.8 **General Services** must be provided as follows:

2.8.1 General services aim to minimise problem gambling-related harm for all members of the community, and will include consideration for delivering to Māori, Pacific, Asian and other priority population subgroups. A general problem gambling service must include and demonstrate at least the following features:

- the service being delivered in a manner that is accessible to all groups regardless of gender, ethnicity, age, or health status
- being culturally safe and appropriate to the diverse populations in the area of delivery
- has a focus on improving Māori health gain
- has a focus on reducing health inequalities
- accesses cultural support and expertise as required.
- responsiveness to the needs of Māori service users through the delivery of a service that is culturally safe and which may include the provision of culturally derived skills programmes.
- where a Dedicated Māori service (whether or not provided by you) is reasonably available as an alternative, Māori service users will be offered the choice of dedicated Māori services, generic services, or a combination of both.
- the particular cultural needs of service users will be met through the delivery of a service that is culturally safe and may include the provision of culturally derived programmes.
- where a choice of service types (Dedicated Pacific or Asian – whether or not provided by you) is reasonably available, Pacific or Asian service users will be offered the choice of dedicated services, generic problem gambling intervention services, or a combination of both.

2.9 You must deliver the Services in accordance with the following Table:

Table Three: Service Geography

| Service Type | Delivery Area and requirements (if any) |
|--------------|---|
| | |
| | |
| | |

| | |
|--|--|
| | |
|--|--|

3. QUALITY

3.1 In providing the Services you must:

- a) comply with the requirements of the Health and Disability Sector standard (NZS 8134:2007) and with the Ministry's *Provider Quality Specifications for Public Health Services version (1.1)* until such time as these standards are superseded, and when these standards are superseded, with their replacements; and
- b) at all times comply with Division 1, and
- c) at all times comply with Divisions 2 and 3 as they apply to you.

4. FTEs

- 4.1 The amount payable for purchase units is calculated on the basis of FTEs, and the total amount payable for each Purchase Unit and for the Services as a whole is set out in (Provider Specific Terms and Conditions, clause E3)
- 4.2 In this Service Specification one FTE means one full time employee. The amount which we have agreed to pay you for each FTE is the total funding of all direct and indirect costs incurred in respect of, or attributable to, that employee, including for example management and supervision, annual leave, sick leave, and all other associated costs. The amount also comprises the only payments we will make for your general administration, operation, and management costs. We will not pay you any additional amounts for your performance of the Services in addition to the per FTE amount except as agreed by us in writing as a variation to this agreement.
- 4.3 You must during the term of this Agreement engage and continue to engage the total number of FTE as set out in Table One, such FTEs to be appropriately qualified and experienced to perform the roles as set out in the Budget agreed pursuant to clause 7. Where we specify qualification and/or experience criteria these must be complied with.
- 4.4 Clause 4.3 does not apply to the mandatory Purchase Units, where the FTEs allocated are a recognition of the costs that will be incurred across your organisation.

5. COLLABORATION AND KEY SERVICE LINKAGES

- 5.1 If you do not deliver all Purchase Units, you must work, and show evidence of working, with other providers to ensure that the full range of problem gambling services funded by the Crown or its agent, as listed in Table One, are provided locally and regionally in an effective and complementary manner. As a minimum, you must use your best endeavours to ensure that:
 - service users have access to the full range of services included in this service specification for problem gambling services
 - participation occurs in local planning/co-ordination forums, for example, local mental health and addiction networks and problem gambling regional hui
 - Māori service users are offered the choice of dedicated Māori services and generic services (where a choice of services is available), or a combination of both

- Pacific people are offered the choice between dedicated Pacific services and generic services (where a choice of services is available) or a combination of both.
 - Asian people will be offered the choice between dedicated Asian services and generic services (where a choice of services is available), or a combination of both.
- 5.2 You must establish working protocols with other services that interface in some material way with the Services you are to provide. Interfaces and linkages should exist between problem gambling service providers and other service providers or referral agencies. Such services will include, but are not limited to:
- other providers of problem gambling services
 - health promotion and public health services
 - local mental health and addiction networks
 - alcohol and other drug treatment services
 - budgeting and other social service agencies
 - Māori health and social service agencies
 - primary care providers
 - community mental health services
 - Pacific health and social service agencies
 - child, adolescent and youth health/ social services
 - local Department of Corrections services.

6. REPORTING

- 6.1 In addition to meeting any reporting requirements in respect of particular Purchase Units, you must comply with the following provisions 6.2 to 6.6.
- 6.2 You must report in writing to us on the provision of Services, as detailed in each agreed Purchase Unit, on the following dates annually.

Table Four: Reporting Schedule

| Period Covered | Report Due |
|----------------------|------------|
| 1 January – 30 June | 20 July |
| 1 July – 31 December | 30 January |

- 6.3 Your reports pursuant to clause 6.2 will include:
- progress against the specific reporting details for the contracted purchase units in the applicable Purchase Unit Descriptions.
 - the number of FTEs employed
 - FTEs employed against each purchase unit over the last six month period, noting variances and any periods of unemployment
 - your overall assessment of services delivered
 - any problems or complaints

- any emergent issues and any recommendations for improvements
 - information required pursuant to clause 7.4 below, and
 - comment on, and information in respect of any further matter, as advised by us.
- 6.4 The reports must be provided in such format as advised by us from time to time.
- 6.5 Reports are to be sent to:
- The Monitoring Team
HealthPAC
Private Bag 1942
DUNEDIN
- E-mail: healthpac_m@moh.govt.nz*
- 6.6 If you fail to report in accordance with this clause 6 by the due dates we may withhold any payment due to you until compliance is achieved.

7. BUDGET AND FINANCIAL REPORTS

- 7.1 This clause details budget requirements and financial reporting requirements for Services delivered under this specification.
- 7.2 Prior to the start of delivery of Services by you, a service budget will be agreed with us for the term of this Agreement using the template provided by us (the budget forecast). Subject to clause 7.3, you must comply with the budget forecast.
- 7.3 You must obtain our written approval to any material departure from the applicable budget forecast prior to expenditure except where it is not reasonable to do so, and if not, then immediately after. Without limitation, changes to numbers and mix of personnel shall be considered material.
- 7.4 Six-monthly reports as required pursuant to clause 6 above will be provided in the format stated in clause 6.4.

8. SET-OFF

- 8.1 We may set-off any amount which you owe to us against any payments due by us to you under this or any other agreement between both parties.

9. RECOVERY OF PAYMENTS

- 9.1 In the event that monies have been claimed by you and paid to you where you are or were not entitled to claim such monies pursuant to this Agreement, such monies are deemed to be a debt owing by you to us that is repayable on demand.

10. REPAYMENT OF FUNDING

- 10.1 If:
- (a) on the expiry of or on any earlier termination of this Agreement, any of the amounts we have paid you:
 - (i) remain unspent or uncommitted; or

- (ii) cannot, by reconciliation between the accounts and records maintained by you and the Budget Forecast, be shown to our reasonable satisfaction to have been spent or committed in accordance with this Agreement; or
 - (b) at any time we form the reasonable opinion that any amount paid to you has been used, spent or committed other than in accordance with this Agreement;
- 10.2 we may by written notice to you, require you to repay that amount, and you must repay to us the amount set out in the notice, within 21 days of receipt of the notice.
- 10.3 If you fail to repay us in accordance with a notice issued under clause 10.2:
 - (a) you must pay us Default Interest on the amount set out in the notice from the date it was due, for the period it remains unpaid; and
 - (b) the amount set out in the notice, and interest owed under this clause will be recoverable by us as a debt due to us by you.
- 10.4 You acknowledge that interest calculated in accordance with clause 10.3 (a) represents a reasonable pre-estimate of the loss incurred by us as a result of the loss of investment opportunity for, or the reasonable cost of borrowing other money in place of, the amount that should have been repaid.
- 10.5 This clause survives the expiration or earlier termination of this Agreement.

11. THE RECOVERY PLAN

- 11.1 In the event of not achieving minimum delivery targets, or other contract requirements, in respect of any Purchase Unit Description for any six-month reporting period, you will develop a recovery plan. This plan must be submitted to us for approval within 30 days of the six monthly report outlined in section six. The recovery plan must include how you intend to meet the additional levels of delivery in the subsequent reporting period without compromising usual service delivery. Failure to provide a recovery plan, or to provide a recovery plan to which we (acting reasonably) agree, shall be a breach of this Agreement.
- 11.2 Provision of, or agreement to a recovery plan shall not constitute a waiver of any breach of the Agreement, nor obligate us to make any additional payment to you, unless otherwise agreed in writing.

12. POLITICAL NEUTRALITY

- 12.1 All parties acknowledge that we must comply with the conventions relating to the political neutrality of the state service.
- 12.2 You agree that you will perform the agreed services in a manner that is consistent with and maintains our actual and perceived political neutrality.
- 12.3 We acknowledge that your obligation to perform the agreed services in accordance with clause 12.2 does not limit your ability to carry out any other activities. However, you must ensure that your other activities outside the services contracted for are clearly separate from and independent of the contracted services.
- 12.4 If, in our opinion, based on reasonable grounds, you have breached your obligations under clause 12.2 and/or 12.3, we may terminate this Agreement by written notice to you. We may not terminate this Agreement under this clause, unless we have first given you written notice of the alleged breach, and within 30 days following giving the notice we have not resolved the issue through direct discussions between the Deputy Director General of Health (or their delegates) and the provider's Chairperson or Chief Executive (or their delegates).

- 12.5 Our power of termination under sub-clause 12.4 is in addition to the rights of the parties to terminate under any other provision in this Agreement.

13. MANDATORY SERVICES

The following purchase units are mandatory requirements for all services.

| Purchase Unit Description: Problem Gambling Infrastructure Services – Kaumātua Consultation and Liaison | |
|--|--|
| PGA-01 Outcome | All problem gambling services will have the capacity, skills and relationships to work effectively and appropriately with and for Māori. |
| Objective | 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. |
| Function | <p>Delivery of these services will include improving cultural safety and quality of care for Māori service users of problem gambling intervention services and assisting 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 strengthen liaison with Māori groups • assisting non-Māori services and staff to work more effectively 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 • challenging practices that are inappropriate for Māori, particularly in the spiritual and tikanga areas • advice on cultural support and inter-hapu/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 should be maintained with local hapu and iwi, 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 the kaumātua and the problem gambling intervention service and mandated by manawhenua.</p> |
| Key processes | Services users will be able to, as a minimum, access all of the following processes described in the 'Process Descriptions': assessment (cultural), community development, liaison and consultation, support |

| Purchase Unit Description: | |
|---|---|
| Problem Gambling Infrastructure Services – Workforce Development | |
| PGA-02 Outcome | The Problem Gambling workforce is well trained, motivated and supported to deliver effective, high quality, sustainable public health and intervention activities |
| Objective | To ensure that all Problem gambling staff are supported to access appropriate training and workforce development opportunities and attend national and regional hui and conferences. |
| Activities | <p>Delivery of these services will include, but are not limited to, the following activities:</p> <ul style="list-style-type: none"> • preparing and implementing workforce development plans that cover all problem gambling staff • ensuring all problem gambling staff have the minimum qualification levels, or equivalents, for the relevant purchase unit as outlined in the revised practitioner manual. • management practices, which support and encourage staff training and development, such as those listed in the Ministry's Public Health Handbook and Mental Health Sector Quality Standards. • supporting staff to attend and present at regional problem gambling hui and national problem gambling conferences |
| Key processes | N/A |
| Reporting | <p>Six-monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • progress made preparing workforce development plans, performance planning and reviews • issues with implementing workforce development plans and supporting staff training and development. <p>Note: Copies of performance plans, workforce development plans, performance reviews, and calendar of staff attendance at training and conferences will be made available to the Ministry on request.</p> |
| Indicators | <p>The percentage of the problem gambling workforce that have relevant tertiary qualifications</p> <p>The average amount of time problem gambling staff remain employed in the problem gambling sector.</p> <p>The percentage of the problem gambling workforce that present at national and regional problem gambling conferences</p> |
| Competencies | Services will be provided by a team, person, or organisation with appropriate qualifications, competencies, skills and experience in adult education, approved tertiary training, problem gambling training and workforce development. |
| Min. Delivery | <p>Each staff member will attend a minimum of one training opportunity a year that contributes to addressing the needs identified in their individual professional development plan</p> <p>All staff will attend the relevant regional problem gambling hui in your area [except as agreed by us].</p> <p>All staff will attend the annual national problem gambling conference [except as agreed by us].</p> |

| Purchase Unit Description: | |
|--|---|
| Problem Gambling Infrastructure Services – Participation in Research and Evaluation | |
| PGA-03 Outcome | The practices and theories of the Problem Gambling sector are informed by an up to date and sound evidence base |
| Objective | Problem gambling providers participate in and support Ministry approved research and evaluation processes. |
| Activities | <p>Delivery of these services will include participation by you and your staff in national, regional and local research, monitoring and evaluation processes as required. This will include, but are not limited to, the following activities:</p> <ul style="list-style-type: none"> • expert advice into project development and planning • involvement in a study as a participant • contributing and providing data to a project |
| Key processes | N/A |
| Reporting | <p>Six-monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • your involvement in any problem gambling research projects over the previous six months • costs incurred as part of participating • impact on core service delivery • reimbursements made by the research provider • any other issues noted. |
| Indicators | The percentage of the problem gambling workforce that have opportunity to provide input into national and local research projects |
| Competencies | N/A |
| Min. Delivery | As required |

Division 2

Secondary and Tertiary Gambling Harm Prevention Services (Intervention Services) Specification

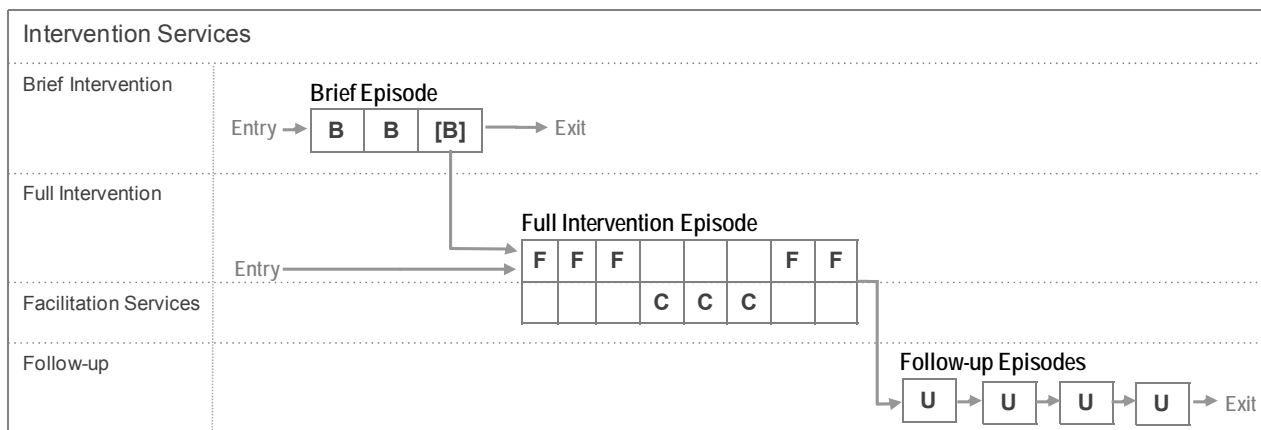
1. THE INTERVENTION SERVICE MODEL - BACKGROUND

- 1.1 The system of intervention described within this service specification is based on a multimodal approach, and, acknowledges the widespread impact of problem gambling on the individual and their family and affected others.
- 1.2 All intervention service providers are responsible for promoting their services through appropriate and effective marketing that is targeted at at-risk and high need populations.
- 1.3 The intervention approach recognises that people affected by gambling harm can benefit from a range of services. The approach aims to address not only the gambling behaviour but also to reduce the impact of harm by ensuring facilitation to other services including:
 - financial counseling
 - relationship counseling
 - other social service agencies
 - mental health, and alcohol and other drug services.
- 1.4 The approach acknowledges that individuals are at differing points in their acknowledgement and readiness to change their gambling behaviour, and will therefore require a range of interventions from screening and brief intervention through to more intensive interventions.

2. IDEAL PATTERN OF CARE

- 2.1 National and international literature outlines the effectiveness of brief intervention of 15-30 minutes over 1-2 sessions, and a number of 60-minute full psychosocial intervention and facilitation sessions followed by follow-up. The preferred pattern of intervention sessions is outlined below:

Table Six: Preferred pathways for intervention sessions



| | |
|---------------------------|--|
| Brief Episode | 1 to 2 (B) Brief sessions followed by a ((B)) Brief follow-up contact. |
| Full Intervention Episode | A maximum of eight sessions comprising of a mix of (F) Full Intervention sessions and (C) Facilitation sessions. |
| Follow-up Episode | A scheduled Follow-up session. Undertaken at 1, 3, 6 and 12 months after the last Full Intervention Episode session. |

2.2 The Ministry acknowledges and accepts that clients experiencing greater levels of gambling related harm and/or comorbid presentations require increased levels of support and intervention. However, these presentations are atypical and the Ministry expects that the majority of provider's interventions will be delivered within the preferred pattern of intervention sessions.

3. ELIGIBILITY

3.1 As well as the characteristics of the service determined by the Service Type, i.e. Māori, Pacific, Asian, or General, (as set out in Division 1) you must ensure that the Service are provided to eligible people as set out below:

3.1.1 Eligible People/Service Users

3.1.2 Eligible people/service users are those:

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

3.1.3 Age Of Eligible People/Service Users

3.1.4 Eligible people/service users will be those:

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

3.2 You must establish and maintain relationships and key linkages with child, adolescent and youth health and social services, primary care, education, and other statutory agencies as appropriate to meet the needs of young service users. Joint approaches to care and case management that combine the expertise of each service will involve negotiation as to which service has primary responsibility for care.

3.3 Referrals from other agencies for assessment and intervention will be accepted by Community Problem Gambling Intervention Services.

4. INFORMATION REQUIREMENTS

4.1 You must maintain an information system that efficiently and accurately monitors utilisation of service and outcomes for service users, and which is fully compatible with Ministry data collection systems. The information system must collect monitoring information including: presenting problem (including primary

and secondary diagnoses), main mode of gambling, demographics (including ethnicity as identified by the service user) and utilisation of service

- 4.2 You must comply with the principles, standards and timeframes specified in the:
- Problem Gambling Service - Data Management Manual Version 1.0
 - Problem Gambling Service - Data Collection and Submission Guide Version1.0.
- 4.3 We will revise these manuals from time to time in consultation with you. You will be required to implement changes within a reasonable timeframe.
- 4.4 You must maintain processes to regularly monitor and improve the quality of data recorded in hardcopy and information systems. Processes will include:
- Review of service user hardcopy and computer based files for accuracy and completeness
 - Monthly review and resolution of issues identified in the monitoring data quality reports provided by the CLIC database.

5. INTERVENTION SERVICES

- 5.1 You will provide evidence based intervention services as required in Table One (Part 2 Division 1) throughout the areas agreed in Table Three (Part 2, Division 1) in accordance with each applicable Purchase Unit Description below:

| Purchase Unit Description: Problem Gambling Intervention Services – Help Line and Information Service | |
|--|--|
| PGCS-01 Outcome | Everyone in New Zealand is able to easily and effectively access support for problem gambling and accurate information on problem gambling and gambling related harm. |
| Objectives | To provide an accessible information and intervention service to individuals experiencing gambling harm |
| Activities | <p>A problem gambling help line and information service is 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 will, through telephone counselling and support services, provide opportunities for secondary prevention for clients unable to access a face-to-face service.</p> <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"> • assessment (using the Ministry's approved assessment protocols) for problem gambling • assessment of risk including suicidality and the management of crisis calls through referral to emergency services or mental health crisis teams • information giving – both verbal and printed mail out options • maintenance of appropriate website and chat rooms • brief interventions and follow-up (as detailed in Purchase Unit PGCS – 02 and PGCS – 05) • referral to other more intensive problem gambling intervention services • referral to other health and social service agencies, for example, budgeting services, alcohol and other drug services • Full intervention, Facilitation and follow-up (as detailed in Purchase Unit PGCS – 03, PGCS – 04, and PGCS – 05) to clients unable to access face-to-face services (ie: rural clients) either by self referral or from a service provider unable to provide specialist counselling services <p>The service will provide will be provided on the basis of 24 hours per day/seven days a week.</p> |
| Key processes | Services users will be able to, as a minimum, access all of the following processes described in the 'Process Descriptions': screening, referral, management of risk, service handover, support, liaison and consultation, referral, treatment and rehabilitation. |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • Barriers and successes over the last six month period • Trends and patterns in client presentations • any other relevant information |
| Provided by | <p>A team with appropriate competencies, skills and experience in providing psychosocial intervention services for people over a telephone or internet medium, particularly those with problem gambling or other behavioural addiction problems.</p> <p>Staffing of any cultural specific service or component of service should reflect the target group.</p> |
| Access | <p>Open access to the community via toll free numbers and/or World Wide Web.</p> <p>You will accept referrals from other problem gambling intervention services for full intervention services.</p> |
| Min. Delivery (Targets) | <p>Website updated as agreed</p> <p>Telephone services operating 24 hours a day, seven days a week</p> |

| Purchase Unit Description: Intervention Services – Brief Intervention | |
|--|--|
| PGCS-02 Outcome | All people identified as problem gamblers or being at risk of gambling related harm received evidence based brief motivational support and intervention that encourages reductions in gambling related harm to them and their family. |
| Objectives | To provide a service specifically for people early in the course of developing gambling problems. The service aims to encourage individuals experiencing harm from gambling to recognise and acknowledge the consequences of their gambling and either make changes to their gambling behaviour or seek specialist support where necessary. |
| Activities | <p>Provision of Brief Intervention services will involve maintaining a primary point of contact for those experiencing some degree of gambling-related harm. The service will provide screening and brief assessment as well as brief interventions in the form of time-limited advice and intervention.</p> <p>Services will aim at primary/secondary prevention of gambling problems and will generally be offered in non-problem gambling settings used or attended by people likely to be experiencing gambling related harm (e.g. budget and financial support services, food banks, other social and health services).</p> <p>Brief Intervention services will include, but are not limited to, the following activities</p> <ul style="list-style-type: none"> • screening for suicidality/homicidality potential • assessment of gambling problems utilising tools approved by the Ministry of Health • brief interventions (as outlined in the MoH revised practitioners manual) • facilitation of culturally appropriate interventions or referrals • accurate education and information giving on gambling harms and available interventions • referral to more intensive problem gambling intervention services (including Facilitation) where appropriate • referral to other services where appropriate • offering all clients, provided with brief intervention services, the option of a follow-up contact within two weeks of the previous intervention |
| Key processes | Services users will be able to, as a minimum, access all of the following processes described in the 'Process Descriptions': screening, assessment, brief intervention, management of risk, service handover, support, liaison and consultation, and referral. |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • Barriers and successes over the last six month period (i.e. issues with referral processes) • Trends and patterns in client presentations • FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) • any other relevant information |
| Provided by | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in working with people with gambling problems and/or other behavioural addiction problems, as outlined in the revised practitioners manual. |
| Access | Referral is from any source including self-referral |
| Min. Delivery | 1 FTE will deliver a minimum of 120 brief sessions per month (average 15-30 minutes each). |

| Purchase Unit Description: Intervention Services – Full Intervention | |
|---|--|
| PGCS-03 Outcome | All people identified as experiencing gambling related harm (from their own gambling or from the gambling of a significant other) receive evidence-based interventions that reduce the gambling related harm occurring to them and their family. |
| Objective | To provide a community based assessment and intervention service for people with gambling related problems that aims to minimise problem gambling related harm to the service user and their family/significant others through provision of a range of psychosocial interventions. |
| Activities | <p>Provision of full intervention services will include implementation of an intervention plan that addresses the problems identified during comprehensive assessment and ongoing review including the service users readiness for change.</p> <p>Intervention services will include, but are not limited to, the following activities:</p> <ul style="list-style-type: none"> • screening for suicidality/homicidality • assessment for gambling problems utilising tools approved by the Ministry of Health • education to the service user about gambling harm and management of that harm • comprehensive assessment (including alcohol and other drug use, mental health, financial and cultural variables etc) • development of an intervention and relapse prevention plans • interventions including psychosocial therapy, support and case management (for individuals and groups) (as outlined in the MoH revised practitioners manual) • referral to relevant life skills programmes, including self-help or support groups, appropriate cultural activities/services, budgeting services, relationship counselling or other follow-up services as negotiated with the service user. (Note: This refers to simple referral only, in-depth, supported facilitation services are covered in PGCS – 04) • education and planning with clients about early intervention, maintenance of health, relapse prevention, problem prevention and promotion of health. |
| Key processes | Services users will be able to, as a minimum, access all of the following processes described in the 'Process Descriptions': support, service handover, assessment, management of risk, case management, discharge planning, early identification, liaison and consultation, referral, screening, therapy services, treatment and rehabilitation. |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • Barriers and successes over the last six month period (i.e. issues with referral processes) • Trends and patterns in client presentations • FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) • any other relevant information |
| Provided by | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in working with people with gambling problems and/or other behavioural addictions, as outlined in the revised practitioners manual. |
| Access | Access may be from any source, including self-referral. |
| Min. Delivery | 1 FTE will deliver a minimum of 60 Full Interventions sessions (average 60 minutes each) per month. |

| Purchase Unit Description: Intervention Services – Facilitation Services | |
|---|---|
| PGCS-04 Outcome | All people identified as experiencing gambling related harm (from their own gambling or from the gambling of a significant other) are able to access relevant services that assist them to reduce the gambling related and associated harms occurring to them and their family. |
| Objective | To minimise gambling related harm to individuals and their families/significant others through facilitation to health and social services |
| Activities | <p>Provision of facilitation services will include the development of an referral plan that addresses the problems identified during brief or comprehensive assessment and ongoing review, by facilitating access to a range of allied health and social services and problem gambling psychosocial intervention services</p> <p>Facilitation services will maintain responsibility for client care until 12 months following service exit.</p> <p>Facilitation services will include, but are not limited to, the following activities:</p> <ul style="list-style-type: none"> • establishment of formal referral and relationship protocols with those services being utilised (including accountability for access, case management, exit processes, follow-up and information sharing) • development of referral plans • facilitate and support access to relevant life skills programmes, including self-help or support groups, cultural activities/services, budgeting services, relationship counselling or other follow-up services as negotiated with the service user • facilitate and support access to problem gambling full intervention services including the Helpline • education in relation to early intervention, maintenance of health, relapse prevention, problem prevention and promotion of health. |
| Key processes | Services users will be able to, as a minimum, access all of the following processes described in the 'Process Descriptions': support, service handover, case management, discharge planning, liaison and consultation, referral |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • Barriers and successes over the last six month period (i.e. issues with referral processes) • Trends and patterns in client presentations • FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) • any other relevant information |
| Provided by | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in working with people with gambling problems and/or other behavioural addictions, as outlined in the revised practitioners manual. |
| Access | <p>Access will be from Brief or Full Intervention services.</p> <p>The service will be 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 (e.g. evenings or weekends).</p> |
| Min. Delivery | 1 FTE will deliver a minimum of 60 Facilitation sessions (average 60 minutes each) per month. |

| Purchase Unit Description: Intervention Services – Follow-up | |
|---|--|
| PGCS-05 Outcome | All people identified as experiencing gambling related harm (from their own gambling or from the gambling of a significant other) continue to receive support to minimise any gambling related harm occurring to them and their family. |
| Objective | To provide follow-up and motivational support to clients for 12 months after discharge from problem gambling intervention services (Facilitation or Full Intervention). |
| Activities | <p>Provision of follow-up services will include follow-up and motivational support at one month, three months, six month, and 12 months from after discharge from problem gambling intervention services. This will include:</p> <ul style="list-style-type: none"> • advice and referral to other social and health services as appropriate • motivational support • review of relapse prevention plans (including re-assessment) • on-going liaison between service user and referral services. <p>The service may be mobile and will be provided to service users at a place that they prefer (unless safety or inaccessibility are an issue). The service will be flexible in its hours to accommodate the needs of the service user (and within parameters that ensures safe practice for the service deliverer).</p> |
| Key processes | Services users will be able to, as a minimum, access all of the following processes described in the 'Process Descriptions': support, service handover, assessment, management of risk, case management, discharge planning, early identification, liaison and consultation, referral, screening. |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • Barriers and successes over the last six month period (i.e. issues with referral processes, contacting clients for follow-up) • Trends and patterns in client presentations • FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) • any other relevant information |
| Provided by | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in working with people with gambling problems and/or other behavioural addictions, as outlined in the revised practitioners manual. |
| Access | Access is from Full Intervention and Facilitation services. |
| Min. Delivery | 1 FTE will deliver a minimum of 120 follow-up sessions per month (average 15-30 minutes each) per month. |

Division 3

Primary Prevention Services (Public Health Services) Specification

1. DEFINITIONS:

1.1 Organisations:

1.2 In this Agreement an “organisation” is ‘...a social arrangement which pursues collective goals, which controls its own performance...’, this may include formal or informal social relations e.g. social groups, or more formal relations (e.g. a company or charitable trust).

1.3 To provide some guidance on what can be considered a large, medium or small organisation the Ministry considers the following aspects of an organisation to be relevant:

- size (people employed or client base)
- complexity (number of stakeholders, levels of signoff, clear delegations, no specific delegations or mandates)
- structure (national, regional, local, formal, informal).

1.4 The Ministry believes that the more complex an organisation the more work will be required to effect long term, sustainable change in the way the organisation operates or delivers. Other characteristics should be considered on a case-by-case basis and discussed with your Ministry contract manager.

1.5 The definitions set out below broadly outline the Ministry’s view of what will constitute large, medium, or small organisations.

1.6 Large Organisations:

Formal structures that have over 100 employees, or service over 1000 clients per annum, typically have multiple levels of signoff, may operate based on direction from a head office, and commonly deliver across national or regional boundaries.

1.7 Medium Organisations:

Formal or less commonly informal structures that have between 20-100 employees, or service over 500 clients per annum, typically have one or two levels of signoff, although may have flat or consensual decision making, and may deliver across regional boundaries or just to a local area.

1.8 Small Organisations:

Either formal or informal structures that have less than 20 employees, or service less than 500 clients per annum, typically have only one level of signoff, and commonly only deliver to local boundaries.

1.9 Projects

1.10 In this Agreement a “project” is an activity that has the following characteristics:

- is temporary (i.e. has a start date and end date, although this does not necessarily mean short in duration) – as opposed to operations which are continuous and repeating

- delivers discrete and often unique results – as opposed to operational delivery that deliver the same or almost the same results consistently over time.
- may be made up of a number of smaller subprojects.

1.11 To provide some guidance on what can be considered a large, medium or small project the Ministry has considered the following aspects of a project to be relevant:

- scope (local, regional or national project, single site of delivery, multiple)
- time / schedule (short weekend project, two year multiple stage project)
- cost / budget (expensive project that needs considerable planning, fundraising and signoff, small project that can be easily resourced)
- quality (project needs very high quality standards, a quick budget approach would be reasonable)
- human resources (how much time is required, what skills and competencies are necessary)
- stakeholders (who else needs to be involved, to what level, what will they be asked to commit, what signoff will they require, who has the lead role)
- external factors and constraints (will the environment the project is being delivered to change, is there resistance or opposition to the project)

1.12 The Ministry believes more complex projects require more analysis and planning on most of these aspects, and as a result require more work. Other characteristics should be considered on a case-by-case basis and discussed with your Ministry contract manager.

1.13 The definitions set out below broadly outline the Ministry's view of what will constitute large, medium, or small projects.

1.14 *Large Projects:*

Involve multiple stakeholders all committing financial or in kind resources, may be being delivered at a national or regional level, involve over twelve months planning and delivery, and over 75% of the organisation's human resources.

1.15 *Medium Projects:*

Involve multiple stakeholders, some of who are committing financial or in kind resources, may be being delivered at regional or local level, involve between six and twelve months planning and delivery, and between 25 and 75% of the organisation's human resources.

1.16 *Small Projects:*

Involve few external stakeholders, commonly only being delivered at a local level, involve up to three months planning and delivery, and up to 25% of the organisation's human resources.

2. SERVICES

2.1 You will provide evidence based public health services as required in Table One (Part 2 Division 1) throughout the areas agreed in Table Three (Part 2, Division 1) in accordance with each applicable Purchase Unit Description below:

| Purchase Unit Description: Problem Gambling Public Health Services – Policy Development and Implementation | |
|---|--|
| PGPH-01 Outcome | Government agencies, social organisations, private industry and businesses will actively work to reduce the harm occurring from gambling in their own places of business and re-orientate their services to actively support reductions in gambling related harm where possible. |
| Objective | To increase adoption of organisational policies that support the reduction of gambling related harm for employees and organisation's client groups (i.e. employee assistance policies, organisational positions on accepting gambling funding, relationships with gambling venues, permitting gambling promotions in internal/external media) |
| Activities | <p>Delivery of these services will include facilitation of community action and collaboration with a range of sectors that results in development of appropriate policies and agreements in community organisations (i.e. councils, agencies, schools and tertiary education providers, sports clubs, marae, churches, not for profit community organisations). This will include:</p> <ul style="list-style-type: none"> • advising organisations on the significance of gambling related harm • advocating, encouraging, assisting, or providing advice for the development of healthy public policy and planning that will contribute to the reduction of gambling related harms (both internally and externally to participating organisations) • working with territorial local authorities and other stakeholders to address class 4 gaming machine venue policies and other planning issues in relation to community concerns regarding density and locality of gaming venues • Encouraging the development and adoption of policies that encourage and promote methods of fund-raising that do not involve gambling • Contribute to and participate in any social impact assessment of gambling harm for your district. |
| Key processes | Will include identification of relevant organisations, relationship building, educating and identification of the relevance of this work to identified organisations, policy development and support, policy implementation and support, monitoring and follow-up |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • activities you have delivered to encourage agencies to develop problem gambling and problem gambling harm minimisation policies • activities you have delivered to support agencies to develop and implement problem gambling policies • your role in any activities, the role of any partner organisations • barriers and successes to getting organisations to develop and adopt problem gambling policies. • the key agencies your organisations has identified as priorities for the next six month period • any other relevant information. |
| Indicators | <p>The number of organisations (community, private sector etc) that have adopted gambling harm reduction policies in the target community</p> <p>The number of organisations (community, private sector etc) that are actively addressing or working to reduce gambling related harm in the target community as part of their core service.</p> |
| Competencies | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in community action, policy development, social and community change, and project management, as outlined in the revised practitioners manual. |
| Min. Delivery | 1 FTE would work with 8 medium sized organisations per annum (or 4 large organisations). |

| Purchase Unit Description: Problem Gambling Public Health Services – Safe Gambling Environments | |
|--|---|
| PGPH-02 Outcome | Organisations, groups and individuals are aware of the potential harms that can arise from gambling and actively work to ensure that environments that provide gambling opportunities actively minimise harm and support individuals to make healthy choices. |
| Objective | To ensure that gambling environments are safe and provide effective and appropriate harm minimisation activities |
| Activities | <p>Delivery of these services will include some or all of the following activities:</p> <ul style="list-style-type: none"> • Assist gaming venues to develop, promote, support and implement adequate host responsibility measures at all times the venue is operating. • Promote, support, participate in, and where necessary lead, stakeholder groups to enhance cooperation and coordination between gambling venues and other key organisations interested in the reduction of gambling related harm. |
| Key processes | Will include identification of relevant organisations, relationship building, education, harm minimisation policy development and support, policy implementation and support, monitoring and follow-up |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • activities you have delivered to support gambling venues to develop, improve and implement effective harm minimisation practices and policies • your role in any activities, the role of any partner organisations • barriers and successes to getting organisations to improve and implement effective harm minimisation practices and policies • the key agencies your organisation has identified as priorities for the next six month period • FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) • any other relevant information |
| Indicators | The number of organisations that provide opportunities to gamble that are identified by DIA as having effective and appropriate harm minimisation activities in place |
| Competencies | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in community action, policy development, social and community change, and project management, as outlined in the revised practitioners manual. |
| Min. Delivery | 1 FTE would work with 8 medium sized organisations per annum (or 4 large organisations), and Establishment and providing co-ordination and leadership to one harm minimisation network that meets at least four times a year. |

| Purchase Unit Description: Problem Gambling Public Health Services – Supportive Communities | |
|--|---|
| PGPH – 03 Outcome | People live in communities that provide strong protective factors and support individual and family resiliency. |
| Objective | To ensure that communities have access to services that provide strong protective factors and build community, family and individual resiliency. |
| Activities | <p>Delivery of these services will, while acknowledging that mental health promotion requires partnerships across a wide range of allied public health services, sectors and disciplines, include:</p> <ul style="list-style-type: none"> • work with mental health promotion providers and allied organisations to deliver health promotion programmes that increase community resiliency and promote and enhance social protective factors (i.e. social connectedness, cultural identity, knowledge and understanding, access to health services) including: <ul style="list-style-type: none"> • promote public discussion and debate on gambling harm and related issues (i.e. the ethics equity of accepting (or not accepting) gambling funding) • partner with communities to support the development of resiliency building activities that are culturally appropriate. This may include gambling free forms of fundraising, entertainment or skills and strategies to limit gambling related harm. • ensure access to high quality, evidence based information and education to agencies, community groups and the public about: <ul style="list-style-type: none"> ▪ reducing gambling related harm through community action approaches; ▪ processes for monitoring and enforcing controls over gambling opportunities and licensing of gaming venues; • Provide an accessible and recognisable point of public contact for concerns and issues regarding public health approaches to reducing gambling related harm and improving public awareness of avenues for complaint. • Develop local media and community initiatives that promote connectedness to family and community, positive leisure / entertainment opportunities, and support key stakeholders to reduce gambling related harm within their communities of influence. |
| Key processes | Will include identification of community strengths and protective factors, identification of partner organisations, relationship building, mental health promotion, and community development. |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • activities you have delivered to increase community resiliency and promote and enhance social protective factors • your role in any activities, the role of any partner organisations • barriers and successes delivering activities and forming partnerships • the target groups, communities at risk and populations identified as priorities for the next six month period • FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) • any other relevant information |
| Indicators | <p>Community measures of social connectedness, resiliency, cultural identity and belonging.</p> <p>Number of communities participating in the development of culturally relevant campaigns/communications that provide information to individuals on the health and social risks of gambling</p> |
| Competencies | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in community action, community development, social and community change, and project management, as outlined in the revised practitioners manual. |
| Min. Delivery | 1 FTE would deliver 4 medium sized mental health promotion projects per annum (or 2 large projects). |

| Purchase Unit Description: Problem Gambling Public Health Services – Aware Communities | |
|---|---|
| PGPH-04 Outcome | Agencies, communities, families and individuals are aware of the range of harms that can arise from gambling. |
| Objective | Social marketing campaigns are delivered consistently at national, regional and community levels to improve community awareness and understanding of the range of harms that can arise from gambling. |
| Activities | <p>Delivery of these services will include some or all of the following activities, note: all activities should complement and support the national social marketing campaign themes and messages:</p> <ul style="list-style-type: none"> • Promote public discussion and debate on gambling harm and related issues • Monitor public media discussions of gambling and problem gambling and respond to ensure that public health, harm minimising messages are included in public discussion and promotion of gambling • implementing community education and social marketing campaigns to raise public awareness of gambling related harm. • Develop and implement programmes that provide communities with 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 at-risk communities to develop and implement culturally relevant campaigns that raise awareness and provide information on the health and social risks associated with gambling. |
| Key processes | Will include maintaining an awareness of other social marketing activities occurring and providing a problem gambling focus to these programmes where possible and delivering activities that compliment or link to national social marketing campaigns. |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • any social marketing and media activities delivered over the preceding six months • your organisation's role in delivering the activity, • the role of any other partners, • any positive public health outcomes that the activity has helped achieve for problem gambling • FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) • any other relevant information <p>Note: copies of media releases and activities to be provided to the Ministry on request,</p> |
| Indicators | <p>Community awareness and understanding of gambling harms as measured by the HSC behaviour change survey.</p> <p>The number of public media articles that promote debate and discussion of gambling related harm</p> <p>The number of public media articles that promote life skills and resilience to gambling</p> <p>The number of communities that participate in the development of culturally relevant campaigns/communications that provide information to individuals on the health and social risks of gambling</p> |
| Competencies | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in social marketing, media skills and advocacy, as outlined in the revised practitioners manual. |
| Min. Delivery | 1 FTE would deliver 8 medium sized social marketing projects per annum (or 4 large projects). |

| Purchase Unit Description: Problem Gambling Public Health Services – Effective Screening Environments | |
|--|--|
| PGPH – 05 Outcome | All people at risk of experiencing harm from gambling are identified as early as possible and are supported to access appropriate problem gambling intervention services. |
| Objective | Relevant organisations, groups and sectors are made aware of the potential harms that can arise from gambling and actively screen and refer individuals to appropriate gambling intervention services. |
| Activities | <p>Delivery of these services will include facilitation of community action and collaboration with a range of sectors that results in development of appropriate screening practices in appropriate organisations (i.e. social service agencies, financial institutions, debt agencies, utility services, gambling venues, volunteer services, primary care sector, primary health organisations, mental health services and corrections). This will include:</p> <ul style="list-style-type: none"> • Promote, support and participate in stakeholder groups as a tool to enhance cooperation and coordination of key organisations in the reduction of gambling related harm. • advising organisations on the significance of gambling related harm and the relevancy of problem gambling screening and intervention to their core business • facilitating relationships between potential screening organisations and problem gambling intervention service providers • advocating, encouraging, and assisting, organisations to develop appropriate problem gambling screening and referral processes (i.e. screening for gambling problems, accurate information giving regarding the range of intervention services available and accurate information giving regarding problem gambling and related harms). |
| Key processes | Will include identification of relevant organisations, relationship building, educating and identification of the relevance of this work to identified organisations, screening process and referral system development and support, process implementation and support, monitoring and follow-up |
| Reporting | <p>Six monthly narrative reports to the Ministry will use the provided report template and summarise:</p> <ul style="list-style-type: none"> • activities you have delivered to support appropriate organisations to develop, improve and implement effective problem gambling screening and referral practices and policies • your role in any activities, the role of any partner organisations • barriers and successes to getting organisations to develop and implement effective screening and referral practices and policies • the key agencies your organisations has identified as priorities for the next six month period, • FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) • any other relevant information |
| Indicators | The number of organisations that actively screen for problem gambling harm and refer to appropriate problem gambling services. |
| Competencies | Services will be provided by a team or person with appropriate qualifications, competencies, skills and experience in community action, policy development, social and community change, and project management, as outlined in the revised practitioners manual. |
| Min. Delivery | 1 FTE would work with 8 medium sized organisations per annum (or 4 large organisations). |