

2005



Preventing and Minimising Gambling Harm

Three-year
Funding Plan
2004–2007

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Introduction

This document outlines the Ministry of Health's plan to fund primary (public health), secondary and tertiary prevention services and activities, including research and workforce development, to minimise harm from problem gambling. The funding plan aims to progress the high-level goals outlined in the *Strategic Plan for Preventing and Minimising Gambling Harm: 2004–2010* (the strategic plan). The Problem Gambling Needs Assessment highlighted priority areas and populations, as well as service gaps. This funding plan targets funding at specific activities from 1 July 2004 through the next three years to address those priorities and service needs.

Background

In October 2001, when the Responsible Gambling Bill was expected to progress more rapidly than it did, Cabinet agreed to funding of up to \$9.8 million GST inclusive in 2002/03, \$15 million in 2003/04 and \$20 million in 2004/05.

By the time the Gambling Act 2003 was passed and a transition date of 1 July 2004 finalised, the Problem Gambling Committee's annual budget had increased to a proposed spend of \$12.6 million. The Committee was responsible for funding and co-ordinating problem gambling services prior to transition to the Ministry of Health. In order to maintain existing service levels, the Government agreed to an appropriation of \$12.6 million for the 2004/05 financial year until a final decision on the levy rates was made. This enabled the PGC-funded services at 30 June 2004 to be rolled over at existing levels during the transition process to the Ministry of Health.

Table 1: Pre-approved Cabinet funding levels

2002/03	2003/04	2004/05
\$9.8 million (up to)	\$15 million	\$20.0 million

Most of the funding in the 2004/05 year will be allocated to current services and their realignment to Ministry of Health service specifications and requirements. This means that expansion of services, and funding of new services, will largely begin in the 2005/06 year.

The Gambling Act 2003 (the Act) required the Ministry to consult widely in the course of developing an integrated strategy. The Ministry met this requirement by consulting on the draft document *Preventing and Minimising Gambling Harm*, which included a draft strategic plan 2004–2010, a needs assessment, a proposed three-year funding plan and proposed problem gambling levy rates.

The newly-established Gambling Commission (the Commission) also convened a meeting to consult on the Ministry's funding plan and the proposed levy rates. In accordance with the Act, the Commission made recommendations on the total amount of the proposed levy for the initial three-year period and the proposed levy rates for each gambling sector. The recommendations were based on analysis of components of the formula used to calculate the levy, including the Ministry's costings for the delivery of the integrated strategy.

The Ministry's *Preventing and Minimising Gambling Harm: Consultation document: Summary of submissions* and the report of the recommendations of the Commission are both available on the Ministry's problem gambling webpage (www.moh.govt.nz/problemgambling).

The funding plan has been revised to reflect:

- feedback received during the consultation process
- the rollover of PGC contracts to maintain services levels at 30 June 2004, which included some initial realignment
- recent evidence, for example Problem Gambling Purchasing Agency (PGPA) national data, 1997–2004
- the funding implications of additional contracts established by PGC after 1 July 2004.

Feedback received during consultation processes

Submissions identified priority actions in the strategic plan that were not allocated sufficient funding. The same concerns were outlined in the report of the Gambling Commission. Some of these priorities included:

Primary prevention

- Submissions to the Ministry's consultation process and the Gambling Commission's meeting thought that public health funding was generally inadequate.
- Submissions called for primary prevention for youth to have its own funding stream.
- Many of those who gave feedback on the strategy and funding plan wanted specific action from the Ministry on host responsibility policy.
- There was a range of opinions on allocations to priority populations, which were sometimes conflicting, and a number of comments on the lack of an adequate evidence base for public health action targeted at priority populations.

Secondary and tertiary prevention

- Submissions commented that funding for treatment services was generally inadequate, with the main concern being insufficient funding to ensure sustainable growth in treatment services in 2006/07. This concern reflected an expectation that the proposed social marketing campaign and health promotion activities are likely to increase demand for services.
- Similarly, there was concern that treatment services should meet the needs of priority populations, especially Māori, Pacific and Asian peoples, and allow for flexibility as more is known about levels of need and as provider capacity grows.

PGC rollover

The Ministry committed to roll over PGC contracts at annualised prices and service levels at 30 June 2004. Funding for projects (as distinct from services) was not continued, and some initial realignment of contracts with Ministry requirements was undertaken. This process led to some variations in services contracted and funding levels between the PGC and Ministry contracts that will have ongoing implications.

Recent evidence

One of the principles of the strategy is an evidence-based approach. Since the proposed three-year funding plan was published, key reports have been released which include information relevant to prioritisation of levy monies. For example, the Problem Gambling Purchasing Agency (PGPA – the funding arm of the PGC) report on treatment service utilisation shows that 33 percent of new clients were Māori in 2003/04, compared to 29.4 percent in 2002/03. The total number of new clients in 2003/04 increased by 30.6 percent from the previous year.

Further expenditure by PGC on services in 2004/05

After the formal transition of responsibility for problem gambling services from PGC to the Ministry on 1 July 2004, PGC had remaining funding of approximately \$1.17 million, which has been allocated to projects which support implementation of the *Strategic Plan for Preventing and Minimising Gambling Harm*. PGPA worked closely with the Ministry, which will assume responsibility for administering these contracts. These one-off funds have been identified in allocation streams within the funding tables, but are not included in total levy funds. Note that all figures in this funding plan refer to the problem gambling levy unless specifically identified as additional one-off PGC contracts.

Goals for the health services

Implementation of the strategic plan will require a comprehensive range of services and strategies to be built up over the next three years. The Ministry of Health will fund a variety of problem gambling services, from demand-reduction interventions to individual counselling.

The specific services and activities the Ministry will fund can be divided into two categories that cover the continuum of prevention activity:

- primary prevention – public health programmes and activities
- secondary and tertiary prevention – intervention services for individuals and family/whānau.

Public health approaches will aim to prevent the development of problem gambling in communities by raising public awareness about the risks of gambling and by providing information to enable communities to make informed choices about gambling. Community readiness, community development and community action are three approaches that assist with mobilising and empowering communities to reduce the harmful impacts of gambling, particularly for at-risk populations.

Intervention services will aim to reduce the effects of problem gambling by providing appropriate support and psychosocial interventions for the individuals and families/whānau affected by gambling harm.

Funding principles

The following principles will guide funding processes for problem gambling primary prevention (public health) and secondary and tertiary intervention services. These principles are to:

- develop and reorient existing services
- build a comprehensive range of public health services based on the Ottawa Charter
- fund services that target priority populations
- strengthen communities
- address health inequalities
- build the knowledge base
- develop the workforce
- apply an intersectoral approach
- ensure links between public health and intervention/addiction services.

There are two further principles for the distribution of funding that are worth discussing more fully here, which are to:

- distribute funding equitably between providers
- ensure services are accountable.

Distribute funding equitably between providers

The distribution of funding between providers must be equitable. Mechanisms to ensure equitable funding will include:

- applying funding benchmarks appropriate to different service types as a guide to funding levels
- funding a minimum full-time equivalent capacity to ensure services are viable and to minimise service fragmentation
- applying the Ministry of Health's standard funding principles and guidelines.

Ensure services are accountable

Problem gambling service funding agreements will require appropriate management and accountability arrangements. A key accountability measure will be a detailed service description based on the Ministry of Health's *Public Health Service Handbook, Quality Requirements for Public Health Services* and the *Mental Health National Service Framework and Service Specifications*.

Contracts will clearly state what is expected from providers regarding outputs, outcomes (where appropriate), monitoring and evaluation to ensure transparency and effectiveness of funding.

Funding

This section of the funding plan sets out allocated funds for the range of activities and interventions identified in the strategic plan.

Table 2 details the PGC spend for services in the 2003/04 year across service categories and the projected Ministry of Health spend from 2004/05 to 2006/07. All figures include GST.

Table 2: Problem gambling services – PGC and Ministry of Health spend

Services	(PGC) 2003/04 (\$)	2004/05 (\$)	2005/06 (\$)	2006/07 (\$)
Public health services	3,844,000	3,535,000	5,043,000	6,430,000
Intervention services	7,856,000	9,615,000	12,230,000	12,530,000
Research contracts	900,000	440,000	966,000	1,366,000
Public health operating	–	402,000	402,000	402,000
Mental health operating	–	383,000	383,000	383,000
Total	12,600,000	14,375,000	19,024,000	21,111,000
Recoup**	–	484,000	484,000	484,000
Total Levy Monies		14,859,000	19,508,000	21,595,000
PGC post 1 July 04		1,170,000		
PGC rollover 'top up'		225,000		
Total Spend	12,600,000*	16,254,000	19,508,000	21,595,000

* Includes PGC's policy development, administration and management component.

** The full costs of the transition during the passage of the Gambling Act incurred during the period 2001/02–2003/04 will be recouped through the problem gambling levy and will be spread evenly over the 2004/05–2006/07 period.

Table 3 outlines the Ministry's budget by service area for Public Health (primary prevention) services.

Table 3: Public health expenditure on problem gambling by service area, 2004/05–2006/07

Service area	2004/05 (\$)#	2005/06 (\$)	2006/07 (\$)
1. Primary prevention (public health action)	3,110,000	3,813,000	4,100,000
2. Workforce development	80,000	200,000	200,000
3. Social marketing campaign	Serviced by item 4 below	400,000	1,500,000
4. Behaviour change indicators survey	See table 4	100,000	100,000
5. Resources	255,000	300,000	300,000
6. National co-ordination services	90,000	200,000	200,000
7. Conference support		30,000	30,000
Total services budget	3,535,000	5,043,000	6,430,000
Total operational budget	402,000	402,000	402,000
Total	3,937,000	5,445,000	6,832,000

Note: All the service areas above include provision for dedicated Māori, Asian and Pacific services and activities.

Table 4 outlines additional public health expenditure funded by remaining PGC funds (ie, projects that contribute to the implementation of the integrated strategy but are not funded by the problem gambling levy), totalling \$555,000, contracted post 1 July 2004.

Table 4: Further public health expenditure by PGC on problem gambling by service area, 2004/05

Service area 2004/05
Primary prevention (guidelines to support host responsibility)
Workforce development (public health workforce survey)
Behaviour change indicators survey
Resources
Total (non-levy) expenditure \$555,000

Note: Prices for individual contracts are not specified to protect confidentiality in line with PGC contracting processes.

Table 5 outlines the Ministry's budget by service area for intervention (secondary and tertiary prevention) services.

Table 5: Intervention services expenditure on problem gambling by service area, 2004/05–2006/07

Service area	2004/2005 (\$)	2005/2006 (\$)	2006/2007 (\$)
1. Helpline services	1,400,000	1,500,000	1,600,000
2. Psychosocial interventions and support	7,625,000	9,980,000	10,180,000
3. PG information system	130,000	150,000	150,000
4. Workforce development	460,000	600,000	600,000
Total services budget	9,615,000	12,230,000	12,530,000
Total operational budget	383,000	383,000	383,000
Total	9,998,000	12,613,000	12,913,000

Note: All the service areas above include provision for dedicated Māori, Asian and Pacific services and activities.

Table 6 outlines the Ministry's projected budget by service area for research.

Table 6: Expenditure on problem gambling research 2004/05–2006/07

Service area	2004/2005 (\$)	2005/2006 (\$)	2006/2007 (\$)
Research	440,000	966,000	1,366,000
Total	440,000	966,000	1,366,000

Table 7 outlines research funded by remaining PGC funds (ie, research that contributes to the implementation of the integrated strategy but is not funded by the problem gambling levy), totalling \$615,010, contracted post 1 July 2004.

Table 7: Further expenditure by PGC on problem gambling research, 2004/05

Service area 2004/2005
Screening project
Longitudinal study
Pharmacological study
Total (non-levy) expenditure \$615,010

Note: Prices for individual contracts are not specified to protect confidentiality in line with PGC contracting processes.

1. Existing and new services

a) Public health services (primary prevention)

Reorient and expand public health (primary prevention) services

Rationale

The PGC has developed a small number of public health initiatives, focusing on the general population, Māori, Pacific, and Asian peoples. The 2004/05 year will be a year of consolidation focusing largely on the realignment process with only a small amount of growth. The 2005/06 and 2006/07 years will see a number of new services funded, with further growth to existing services. An emphasis will be on the expansion of services for Māori as indicated by the needs assessment.

All existing services will need to be reoriented to align with the *Strategic Plan for Preventing and Minimising Gambling Harm* and, more specifically, requirements of the Ministry of Health's public health service specifications. Existing providers will be required to realign their current services to meet these specifications in accordance with a negotiated realignment pathway (provided such agreement can be reached) by 30 June 2005.

As realignment occurs, funding areas may alter. The Ministry will monitor the changing needs of the population and factor in growth in this service area as required. Table 8 shows the 2003/04 PGC funding of public health services (excluding research) and the Ministry funding levels for 2004/05–2006/07 to continue existing services and fund a range of new services.

The Ministry has not broken down the key population group funding categories into subgroups in this plan to maintain flexibility in contracting options and an ability to adjust to the changing gambling environment. There will, however, be a strong focus on at-risk groups, such as Māori, Pacific, and Asian peoples, maintained within these categories. Resource development and production has also been included within the primary prevention (public health action) allocation.

Table 8: Total PGC funding of public health services 2003/04 and total Ministry funding of public health services 2004/05–2006/07

PGC 2003/04	Ministry of Health 2004/05	Ministry of Health 2005/06	Ministry of Health 2006/07
\$3,743,604	\$3,535,000	\$5,043,000	\$6,430,000

Proposed service priorities

1. Primary prevention (public health action) funding

Rationale

Factors that determine whether individuals experience harm from gambling can be split into three main categories: environmental, social and personal. These factors include the availability and accessibility of gambling opportunities, the way gambling is marketed, and socioeconomic deprivation. Environmental, social, and personal factors need to be comprehensively addressed if a reduction in gambling harm is to be achieved.

Aggregation of primary prevention funds allows more flexibility in the planning and funding of public health activity to reflect need as we develop a greater understanding of problem gambling, particularly regional need. This will also allow for the ability to respond to the developing capacity of the workforce – especially Māori-, Pacific- and Asian-specific public health approaches and service providers.

The Ministry has an overarching objective to reduce gambling-related inequalities for Māori and will build on the gains already made in problem gambling service provision for Māori by the PGC. Much of the work begun by the PGC is in an early stage and will require development to work towards nationwide service coverage of problem gambling primary prevention services and activities for Māori.

Current services for Pacific peoples encompass Pacific-specific services, including the promotion of public health messages to raise awareness of problem gambling issues in Pacific communities. Years 2004/05 and 2005/06 will focus on consolidation of the current services and reorientation to Ministry of Health service specifications. The funding plan will support an expansion of these services in the 2006/07 year.

Current services encompass Asian-specific activity, including community development projects to raise awareness of problem gambling issues in Asian communities. Years 2004/05 and 2005/06 will focus on consolidation of the current services and reorientation to Ministry of Health service specifications. The funding plan proposes an expansion of these services in the 2006/07 year.

Funds will also be allocated in the second year to the development of a pilot strategy for primary prevention activities for youth as a priority population. A small allocation will occur in 2004/05 to continue evaluation of youth work to date and to examine the current evidence about the most effective use of public health action for youth.

Budget – Primary Prevention

2004/05	2005/06	2006/07
\$3,110,000	\$3,813,000	\$4,100,000

Primary Prevention Services

Services currently purchased include health promotion, community action, raising community awareness around issues of gambling and problem gambling, and working with local authorities around gambling venue policies. These services will be a part of the reorientation process in the 2004/05 and 2005/06 financial years with some growth in 2006/07 (funding permitting). This expansion will be informed by consultation with the sector, the strategic plan, the needs assessment and identified gaps in service delivery.

Māori public health services that primarily serve Māori communities have a Māori philosophy and a cultural component as an integral part of programmes offered, will be funded in key geographic areas that currently have service gaps.

Pacific public health services, that serve Pacific communities primarily, will include a cultural component as an integral part of programmes offered.

Asian-specific public health activity should cater to the needs of a diverse ethnic group, and address the needs of what is, in some areas, a non-English speaking community.

2. Workforce development

Rationale

Public health services that focus on problem gambling are relatively new (PGC commenced funding of public health initiatives in 2002/03). Recruitment, retention and skill development within the public health service workforce will need to be supported by national training in both generic public health service planning and delivery skills, and training in specific public health approaches to problem gambling.

Budget – Workforce Development

2004/05	2005/06	2006/07
\$80,000	\$200,000	\$200,000

Workforce Development Services

In the 2004/05 and 2005/06 fiscal year three phases of workforce development will be available:

1. Phase one will deliver training programmes for existing providers to support their realignment to deliver public health services. Some of the remaining PGC funds (prior to winding down) have been used to fund a survey of the problem gambling public health workforce. A workforce development plan will be finalised during 2004/05.
2. Phase two will support new Māori services and focus on community development initiatives.
3. Phase three will focus on public health responses to problem gambling issues. The training will be for all public health service provider staff. This will enable public health staff from fledgling problem gambling sector providers to establish supportive networks with the wider public health workforce. The training resource will also support the wider public health workforce.

Host responsibility at point of sale in gambling venues will also be addressed under workforce development, through a collaborative approach between the Ministry of Health, the Department of Internal Affairs, the gambling and hospitality industries, and the wider problem gambling sector. Remaining PGC funds have been used to develop effective host responsibility guidelines in 2004/05.

3. Social marketing programme

Rationale

A key public health approach is to promote and support public awareness and debate on issues surrounding gambling. A social marketing programme is proposed to raise public awareness about, and change behaviours around, gambling and problem gambling. Other examples of social marketing include the ‘Like Minds’ campaign that addresses discrimination as a result of mental illness, and smoking cessation programmes Auahi kore and Quit: Me Mutu. The social marketing programme and the population awareness and behaviour change indicators project (see below) are also closely linked. There may be some integration in components or purchasing of the two projects. The behaviour change indicators project will establish baselines and will inform possible approaches to the social marketing programme.

Budget – Social Marketing Programme

2004/05	2005/06	2006/07
*	\$400,000	\$1,500,000

* No budget is required for baseline work and research to support a media campaign in 2004/05, as PGC applied some of its remaining funds to purchasing a behaviour change indicators survey. In 2005/06 a budget of up to \$400,000 will be applied to activities such as developing and testing key messages and campaign concepts. In 2006/07 a full budget of up to \$1.5 million will be required for a more comprehensive approach, including mass media purchasing.

Social Marketing Services

A social marketing strategy uses commercial marketing technologies to analyse, plan, implement, and evaluate programmes designed to influence the voluntary behaviour of target audiences in order to improve their health. The social marketing campaign will seek to:

- encourage New Zealanders to make healthy lifestyle choices in relation to gambling
- promote discussion about the effects of gambling in the community
- reduce the incidence of problem gambling among target populations.

Key messages developed for the media campaign will be used and reinforced by other public health promotion activities. Developing culturally appropriate messages for target populations will be an integral part of the campaign’s development.

4. Behaviour change indicators surveys

Rationale

It is important that public health programmes, in particular the social marketing programme, are properly evaluated. While attributing any particular behavioural changes to a specific strategy may be beyond the scope of the methodology, measuring behaviour change in communities would be a key component of planning for future public health services. Remaining PGC funding is being used to fund a comprehensive behaviour change indicators survey in 2004/05. Funding for later years will be based on the level of activity required.

Budget – Behaviour change indicators surveys

2004/05	2005/06	2006/07
*	\$100,000	\$100,000

* No budget is required for behavioural change indicators in 2004/05 as this will be serviced by PGC funding.

Behaviour change indicators survey services

The key focus of this work will be on measuring changes in community awareness and understanding of gambling as potentially harmful, and in gambling-related behaviours. The service would include:

- developing population awareness and behaviour change indicators
- undertaking a baseline survey in 2004/05, before any social marketing activity
- undertaking periodic tracking of the behaviour change indicators throughout the social marketing programme, including surveys of priority populations
- working with (while maintaining independence from) the social marketing provider
- promoting a responsible approach to gambling.

5. Resources

Rationale

In the 2004/05 year the Ministry will purchase resource assessment and development services to support the sector's new orientation toward public health strategies. Also in 2004/05, PGC remaining funds are being used to purchase a stocktake and assessment of current resources.

Budget – Resources

2004/05	2005/06	2006/07
\$255,000	\$300,000	\$300,000

Resource Services

The services for the 2004/05–2006/07 fiscal years have three key components.

1. A stocktake of available resources and an assessment of their appropriateness for supporting public health programmes.
2. A needs analysis to assess new and existing providers' need for public health resources. (This work will occur after current providers have completed realigning their current contracts to deliver public health services.)
3. Ongoing resource design, pre-testing, development and distribution.

The reports from components 1 and 2 will inform the design of service specifications and provider requirements for funding ongoing resource design, pre-testing, development and distribution services. Ongoing resource development, reprinting and distribution will be required for the 2005/06 and 2006/07 fiscal years. In particular, designing, pre-testing and developing new resources that use consistent key messages and link with and support the social marketing programme will be required.

6. National co-ordination

Rationale

Primary prevention (public health) services must interact effectively with intervention services, and public health and community action will benefit from national cohesion and co-ordination. For this reason services to minimise gambling harm would benefit from an independent service providing dedicated national co-ordination and support.

Budget – National Co-ordination

2004/05	2005/06	2006/07
\$90,000	\$200,000	\$200,000

National Co-ordination Services

The key objectives of the service will be to:

- improve communication, co-ordination and collaboration between agencies involved in preventing and minimising gambling-related harm
- encourage informed public debate and support for initiatives to minimise gambling harm.

A national co-ordination service provider(s) will need to form effective working relationships with the public health resource services and the social marketing programme providers. The work with providers will follow and build on the first round of workforce development training.

The first year of service delivery will include undertaking needs analyses to ensure the service is provider focused and developing an appropriate website or other mechanisms to facilitate the national co-ordination services work.

7. Conference support

Rationale

Problem gambling is a relatively new area for public health (primary prevention) and intervention services (secondary and tertiary prevention), both within New Zealand and globally. It is important that there are opportunities for practitioners and researchers to meet and share ideas. This will both increase the knowledge base on the issue and assist in informing future planning and funding directions. This funding represents the Ministry's contribution towards hosting an international conference in New Zealand.

Budget

2004/05	2005/06	2006/07
–	\$30,000	\$30,000

b) Intervention services (secondary and tertiary prevention)

Reorient and expand intervention services (secondary and tertiary prevention)

Rationale

The focus of PGC funding has been on developing a range of personal health, counselling, and intervention services across the country. The services focus on the general population, Māori, Pacific peoples and Asian peoples.

All existing intervention services will need to be reoriented to align with the strategic plan and, more specifically, the service descriptions, specifications and sector standards. Existing providers will be required to realign their current services to meet these specifications in accordance with a negotiated realignment pathway (provided such agreement can be reached) by 30 June 2005.

The 2004/05 year will be a year of consolidation focusing largely on the realignment process. In the 2005/06 and 2006/07 years, there will be funding for a number of new services with further growth to existing services. Table 9 shows the PGC funding of intervention services for 2003/04 and the Ministry levels for 2004/05–2006/07 to continue existing services and fund a range of new services.

Table 9: Total PGC funding of intervention services 2003/04 and total Ministry funding of intervention service 2004/05–2006/07

PGC 2003/04	Ministry of Health 2004/05	Ministry of Health 2005/06	Ministry of Health 2006/07
\$7,856,396	\$9,615,000	\$12,230,000	\$12,530,000

Service priorities

1. Helpline

Rationale

The helpline services will provide a first contact point for people experiencing some form of gambling-related harm either directly, or as a result of a family/whānau member's or significant other's gambling. It will also be able to provide an avenue for aftercare for those who require ongoing support.

Budget – Helpline

2004/05	2005/06	2006/07
\$1,400,000	\$1,500,000	\$1,600,000

Helpline Services

The service will provide direct information and access by phone (or similar telecommunication) for screening, brief intervention, referral and follow-up services. The service will not provide face-to-face counselling or extended intervention services. The service will also include dedicated services for Māori, Pacific, and Asian peoples and other sub-population groups, such as youth, that present significant need.

2. Psychosocial interventions and support

Rationale

Previously PGC-funded psychosocial intervention and support services are widely accessed, and referred to, around the country. Services include screening and assessment, and more intensive interventions for individuals and family members experiencing significant gambling harm.

Expanding early identification and brief intervention to target social and health services in primary care settings will provide an important overlap between primary prevention activities and intervention services. The early identification of an individual's gambling problems will potentially lessen the need for more intensive services.

Budget – Psychosocial interventions and support

2004/05	2005/06	2006/07
\$7,625,000	\$9,980,000	\$10,180,000

Psychosocial interventions and support services

These services will include a range of psychosocial and support interventions to be delivered to individuals or groups in a variety of settings. Components of secondary prevention activity may include information dissemination, screening, brief interventions and referral. Specialist intervention services will include assessment, a range of interventions, active case management, referrals, aftercare, and consultation and liaison. All services will be expected to be culturally safe and culturally competent.

Dedicated problem gambling intervention services will be provided for Māori, Pacific and Asian service users, their families, whānau and significant others. Intervention service gaps identified in the needs assessment will begin to be addressed over the three years of funding.

3. Problem gambling information system

Rationale

The PGC has developed a comprehensive data and information system that collects all PGC problem gambling service provider data. The Ministry of Health will continue this information system.

Budget – Information system

2004/05	2005/06	2006/07
\$130,000	\$150,000	\$150,000

Information system services

These services include maintaining and enhancing the unique problem gambling information system to support policy advice, service development, research and evaluation and information advice for the sector.

4. Workforce development and training

Rationale

Training and development of the problem gambling workforce will be an important service component to support all intervention services. The sector has a small and dedicated workforce and opportunities to recruit, retain and develop the workforce will be an important priority. Training of the general health and social service workforce to recognise gambling problems through screening will also be an important aspect of workforce development.

Budget – Workforce development and training

2004/05	2005/06	2006/07
\$460,000	\$600,000	\$600,000

Workforce development and training services

Two areas of workforce development will be addressed. The first area will look at increasing the capacity of health and social services in primary health care to carry out gambling screening. The second area will be enabling existing or new practitioners to update and upskill themselves about addiction treatment and issues specific to gambling. A gap analysis of current training capability within the problem gambling workforce will be undertaken in 2004/05.

2. Research projects: joint public health and mental health

The following projects will be funded to support the service delivery infrastructure across the continuum of public and personal health services. Research projects will also include specific components for at-risk populations.

Research projects

Research projects will be funded to support and inform the delivery of services to minimise gambling harm. These will include:

- prevalence and incidence surveys
- investigating risk and protective factors, and the etiology or pathways of problem gambling, including examining the effects of existing and potential gambling products on gamblers
- measuring effectiveness of intervention services including prevention, promotion and treatment options
- the social, economic and cultural impacts of gambling and problem gambling
- monitoring and surveillance systems, information systems and databases
- developing Māori, Pacific and Asian peoples' capacity for greater involvement in research and evaluation.

Health surveys

Survey questions focusing on gambling behaviours and prevalence will continue to be developed for inclusion in the New Zealand Health Survey and the Health Behaviours Survey. This survey programme allows for the over-sampling of particular populations and geographic areas. Funding will also be allocated for the analysis of previous survey responses as part of the Dunedin Longitudinal Survey. Additional gambling-related questions will be designed for future surveys.

Evaluation

The evaluation of existing public health and intervention services is vital to add to the body of knowledge about effective approaches. Evaluation results will be incorporated into ongoing workforce and service development initiatives.

Problem Gambling Geography

The Ministry of Health's *Problem Gambling Geography of New Zealand* (Wheeler 2003) is a key document informing the needs assessment work to target prevention programmes. This will require updating annually to ensure the latest data is used for programme funding and planning purposes.

Research budget

2004/05	2005/06	2006/07
\$440,000	\$966,000	\$1,366,000

3. Recoup of Ministry of Health transitional funding

The Ministry began developing the strategic plan and preparing to assume responsibility for problem gambling services in 2001/02 whilst awaiting the passage of the Gambling Act. The full costs of the transition incurred during the period 2001/02–2003/04 will be recouped through the problem gambling levy and will be spread evenly over the 2004/04–2006/07 period.

Recoup of transitional funding

2004/05	2005/06	2006/07
\$483,666	\$483,666	\$483,666

