## 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:
- 2.2 You will provide public health programmes to prevent and minimise harm from gambling that are designed to be comprehensive, effective and measurable, that will deliver improved public health outcomes (see Ministry of Health. 2006. A Guide to Developing Public Health Programmes: A generic programme logic model. Occasional Bulletin No. 35. Wellington: Ministry of Health. ISBN 0-478-29914-1).



Purchase Unit Description: Preventing and Minimising Gambling Harm Public Health Services – Policy Development and Implementation		
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	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:	
	advising organisations on the significance of gambling related harm	
	<ul> <li>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)</li> </ul>	
	<ul> <li>providing support and advice to territorial local authorities and other stakeholders to review class 4 gaming machine venue policies and other planning issues in relation to community concerns regarding harm from gambling. Encouraging the development and adoption of policies that encourage and promote methods of fund-raising that do not involve gambling</li> </ul>	
	<ul> <li>Contribute to and participate in any social impact assessment of gambling harm for your district.</li> </ul>	
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	Six monthly narrative reports to the Ministry will use the provided report template and summarise:	
	<ul> <li>activities you have delivered to encourage agencies to develop problem gambling and problem gambling harm minimisation policies</li> </ul>	
	<ul> <li>activities you have delivered to support agencies to develop and implement policies to prevent and minimise gambling harm</li> </ul>	
	your role in any activities, the role of any partner organisations	
	<ul> <li>barriers and successes to getting organisations to develop and adopt policies to prevent and minimise gambling harm.</li> </ul>	
	<ul> <li>the key agencies your organisations has identified as priorities for the next six month period</li> </ul>	
	any other relevant information.	
Indicators	The number of organisations (community, private sector etc) that have adopted gambling harm reduction policies in the target community	
	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.	
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: Preventing and Minimising Gambling Harm 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	Delivery of these services will include some or all of the following activities:	
	<ul> <li>Assist gaming venues to develop, promote, support and implement adequate host responsibility measures at all times the venue is operating.</li> </ul>	
	<ul> <li>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.</li> </ul>	
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	Six monthly narrative reports to the Ministry will use the provided report template and summarise:	
	<ul> <li>activities you have delivered to support gambling venues to develop, improve and implement effective harm minimisation practices and policies</li> </ul>	
	your role in any activities, the role of any partner organisations	
	<ul> <li>barriers and successes to getting organisations to improve and implement effective harm minimisation practices and policies</li> </ul>	
	<ul> <li>the key agencies your organisation has identified as priorities for the next six month period</li> </ul>	
	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 active relationships established and in place with venues, societies and related key stakeholders	
	Active participation in regional Casino Liaison meetings (where relevant)	
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).	
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Purchase Unit Description: Preventing and Minimising Gambling Harm 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	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:
	<ul> <li>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:</li> </ul>
	<ul> <li>promote public discussion and debate on gambling harm and related issues (i.e. the ethics equity of accepting (or not accepting) gambling funding)</li> </ul>
	<ul> <li>partner with communities to support the development of resiliency building activities that are culturally appropriate. This may include gambling free forms of fundraising, or skills and strategies to limit gambling related harm.</li> </ul>
	<ul> <li>ensure access to high quality, evidence based information and education to agencies, community groups and the public about:</li> </ul>
	<ul> <li>reducing gambling related harm through community action approaches;</li> </ul>
	<ul> <li>processes for monitoring and enforcing controls over gambling opportunities and licensing of gaming venues;</li> </ul>
	<ul> <li>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.</li> </ul>
	<ul> <li>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.</li> </ul>
Key processes	Will include identification of community strengths and protective factors, identification of partner organisations, relationship building, mental health promotion, and community development.
Reporting	Six monthly narrative reports to the Ministry will use the provided report template and summarise:
	<ul> <li>activities you have delivered to increase community resiliency and promote and enhance social protective factors</li> </ul>
	your role in any activities, the role of any partner organisations
	barriers and successes delivering activities and forming partnerships
	<ul> <li>the target groups, communities at risk and populations identified as priorities for the next six month period</li> </ul>
	FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment) any other relevant information
Indicators	Community measures of social connectedness, resiliency, cultural identity and belonging.
maioatois	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
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).

Fieve	Purchase Unit Description: nting and Minimising Gambling Harm Public Health Services – Aware Communities
	Agencies, communities, families and individuals are aware of the range of harms that can arise from gambling.
i	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.
	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:
	<ul> <li>Promote public discussion and debate on gambling harm and related issues</li> </ul>
	<ul> <li>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</li> </ul>
	implementing community education and social marketing campaigns to raise public awareness of gambling related harm.
	<ul> <li>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.</li> </ul>
	<ul> <li>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.</li> </ul>
	NB - all activities should complement and support the themes and messages of the national social marketing and awareness campaign delivered through the Health Promotion Agency
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	Six monthly narrative reports to the Ministry will use the provided report template and summarise:
	<ul> <li>any social marketing and media activities delivered over the preceding six months</li> </ul>
	<ul> <li>your organisation's role in delivering the activity,</li> </ul>
	the role of any other partners,
	<ul> <li>any positive public health outcomes that the activity has helped achieve for preventing and minimising gambling harm</li> </ul>
	• FTE employed to deliver this service over the last six month period (noting variances and any periods of unemployment)
	<ul> <li>any other relevant information</li> <li>Note: copies of media releases and activities to be provided to the Ministry on request,</li> </ul>
34 16	Community awareness and understanding of gambling harms as measured by periodic Ministry
	funded and/or supported research studies
	The number of public media articles that promote debate and discussion of gambling related harm
	The number of public media articles that promote life skills and resilience to gambling
	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
_	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: Preventing and Minimising Gambling Harm 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	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:	
	<ul> <li>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.</li> </ul>	
	<ul> <li>advising organisations on the significance of gambling related harm and the relevancy of problem gambling screening and intervention to their core business</li> </ul>	
	<ul> <li>facilitating relationships between potential screening organisations and preventing and minimising gambling harm intervention service providers</li> </ul>	
	<ul> <li>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).</li> </ul>	
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	Six monthly narrative reports to the Ministry will use the provided report template and summarise:	
	<ul> <li>activities you have delivered to support appropriate organisations to develop, improve and implement effective problem gambling screening and referral practices and policies</li> </ul>	
	your role in any activities, the role of any partner organisations	
	<ul> <li>barriers and successes to getting organisations to develop and implement effective screening and referral practices and policies</li> </ul>	
	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 services to prevent and minimise gambling harm.	
	The number of organisations provided with problem gambling screening training and resources	
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).	