Preventing and Minimising Gambling Harm

Six-year strategic plan 2010/11–2015/16

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Foreword

Problem gambling is a contentious issue. Vocal commentators across the spectrum contribute to robust debate on this important social issue. Contributing to this discussion is evidence showing that problem gambling continues to be a significant social issue for many New Zealanders, affecting their friends, families/whānau, and the communities to which they belong.

Most New Zealanders gamble without negative effects. However, I believe the Government, the gambling industry and society in general have a responsibility to assist those for whom gambling becomes more than just a recreational activity and starts to detrimentally affect their lives and the lives of those around them. Public awareness of problem gambling is more acute than in decades past, with regular media coverage about the wider harms of problem gambling, particularly the associated crime and family neglect.

This six-year strategic plan and its associated three-year service plan will, I believe, lead to significant progress in addressing problem gambling and achieving meaningful and measurable health outcomes for those in need. The approach continues to emphasise the importance of prevention and education around the potential harms of gambling and provides for services across New Zealand for people needing assistance.

As always, a significant effort has gone into developing and preparing this strategic plan. A variety of individuals and organisations from across the gambling, problem gambling, and social service fields have provided input.

New Zealand is fortunate to have the resources it does for addressing problem gambling; in financial terms through the problem gambling levy, and in terms of the people who dedicate their time and energy to helping those who have fallen, or are in danger of falling, by the wayside. I support the endeavours of all involved and believe that this document provides a sound platform for our ongoing work.

Hon Peter Dunne
Associate Minister of Health

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1 Introduction

Purpose of this document

This document builds on the Ministry of Health's previous problem gambling strategic plan, *Preventing and Minimising Gambling Harm: Strategic Plan 2004–2010* (Ministry of Health 2005).

The six-year strategic plan:

- provides a high-level framework to guide the structure, delivery and direction of Ministry-funded problem gambling services and activities
- outlines strategic alliances with other key stakeholders and organisations with an interest in preventing and minimising gambling harm.

Detailed service information is set out in *Preventing and Minimising Gambling Harm: Three-year service plan 2010/11–2012/13* (Ministry of Health 2010).

Economic context

This strategic plan was developed against a backdrop of economic uncertainty on a global scale, the full impact of which was yet to be felt in the New Zealand gambling environment. Traditionally, gambling has been referred to as a 'recession-proof industry', but reports from New Zealand and around the world suggest this is no longer the case. It remains to be seen what effect the economic downturn will have on New Zealand and whether gambling will contract or become a preferred choice for people's discretionary spending.

Gambling patterns or preferences, although not necessarily the level of gambling activity, may have changed during the 2008/09 economic downturn, with some gambling modes experiencing a decrease in revenue and others an increase. Therefore, this strategic plan has been developed to be flexible and relevant in a changing environment.

Goal of the strategic plan

The Ministry of Health's approach has not significantly changed from its first strategic plan for preventing and minimising gambling harm. Momentum has gathered in several areas, with the Ministry remaining committed to a long-term approach.

The overall goal of the strategic plan is:

> Government, gambling industry, communities and families/whānau working together to prevent the harm caused by problem gambling and to reduce health inequalities associated with problem gambling.

The role and requirements of the Ministry's integrated approach to problem gambling, as set down in the Gambling Act 2003, retain the same focus across the continuum of gambling harm, from prevention to treatment and independent research.

2 Background to the Strategic Plan

Gambling Act 2003

Purpose of this strategic plan

This strategic plan addresses both problem gambling and wider gambling harm. This approach is consistent with the Gambling Act 2003's requirement for the Ministry of Health to take a public health focus and the Act's definition of gambling 'harm'.

Role of the Ministry of Health

The Ministry of Health's responsibility for problem gambling derives from the Gambling Act 2003 and Cabinet's decision to name the Ministry as the department responsible for developing an integrated problem gambling strategy focused on public health.

The integrated problem gambling strategy must include:

- measures to promote public health by preventing and minimising the harm from gambling
- services to treat and assist problem gamblers and their families/whānau
- independent scientific research associated with gambling, including (for example) longitudinal research on the social and economic impacts of gambling, particularly the impacts on different cultural groups
- evaluation.

Role of the Department of Internal Affairs

The Department of Internal Affairs is the primary regulator of the gambling sector and the key policy advisor to the Government on gambling regulatory issues. The department administers the legislation, licenses most gambling activities (not casino gambling), ensures compliance with the legislation, and provides public information and education.

Definition of 'harm'

In the Gambling Act 2003, 'harm':

(a) means harm or distress of any kind arising from, or caused or exacerbated by, a person's gambling; and

(b) includes personal, social, or economic harm suffered—

(i) by the person; or

(ii) by the person's spouse, civil union partner, de facto partner, family, wh nau, or wider community; or

(iii) in the workplace; or

(iv) by society at large.

Gambling environment

Gambling is a popular activity in New Zealand. National surveys have shown that 6–8 out of 10 people (aged 15 years and over) gamble at some time during a year, even if this is only buying a lottery ticket.[1] Communities also benefit from funds raised by gambling.

For many people and their families, however, gambling has harmful consequences, and the negative effects on the community are far-reaching. The social costs of gambling are out of proportion to the number of problem gamblers.[2] For example, gamblers may commit crimes to finance their gambling, causing harm to their victims and their families as well as to themselves, and incur costs in the criminal justice sector (Department of Internal Affairs 2008a). One study estimated that around 10,000 New Zealanders had committed gambling-related crime in the 12-month period studied (SHORE 2008).

The gambling environment has changed noticeably in New Zealand since the Ministry assumed responsibility for funding and co-ordinating problem gambling services in 2004. Key features of the environment in 2009 are new technologies and avenues for sales and a significant decrease in the number of non-casino gaming machines.

Gambling products in New Zealand are delivered by agencies such as casino operators, the New Zealand Racing Board, the New Zealand Lotteries Commission, clubs that operate gaming machines, and societies that operate gaming machines in commercial venues (typically pubs). Housie, also known as bingo, is run by societies and individuals in New Zealand, but features relatively low in problem gambling data.

The New Zealand Lotteries Commission and Totalisator Agency Board (TAB) have retained their monopoly on New Zealand-run internet gambling. The New Zealand Lotteries Commission introduced an online avenue for sales in 2008. The New Zealand Lotteries Commission also stated in 2008 that it intends to continue to develop new games, with the aim of introducing a new short-run game to the market every year.

International internet gambling (internet gambling, excluding TAB and New Zealand Lotteries Commission products) has historically had low participation and problem gambling presentation rates in New Zealand. However, the Ministry intends to continue to monitor the popularity and participation in overseas internet gambling activity over the life of this plan.

The number of casinos in New Zealand remains limited to the six in Christchurch, Auckland, Dunedin, Hamilton and Queenstown (two). The number of non-casino gaming machines has declined from a peak of over 25,000 in 2003 to under 20,000 in 2008, located in 1537 pubs and clubs nationwide. In 2008, the TAB had 659 outlets, and the New Zealand Lotteries Commission had 1005 outlets.

1 The Department of Internal Affairs 2005 survey found that 8 out of 10 people had taken part in at least one gambling activity in the last 12 months (Department of Internal Affairs 2008a). The 2006/07 New Zealand Health Survey found that two out of three people had gambled in the previous 12 months (Ministry of Health 2008).

2 The 2006/07 New Zealand Health Survey (Ministry of Health 2008a) estimated that 0.6 percent of gamblers met the criteria for problem gambling, 2 percent were at moderate risk, and 5.4 percent were at low risk. Almost 3 percent of people had experienced problems because of someone's gambling in the previous 12 months. This figure is consistent with overseas studies that estimate 5–10 other people are affected by the behaviour of a serious problem gambler.

Expenditure figures (gambling losses) have remained relatively steady, peaking in 2004 at $2.039 billion, with a one-off drop to $1.977 billion in 2006 and climbing again to $2.034 billion in 2008. The largest proportion of this expenditure is from non-casino gaming machines, with $938 million lost in 2007/08, followed by $477 million lost in casinos, $346 million in New Zealand Lotteries Commission products, and $273 million through the TAB.

Participation, prevalence and presentations

Several studies have monitored gambling participation in New Zealand, including two national problem gambling prevalence studies (the 1991 national survey and the 1999 National Prevalence Survey) and a series of surveys on gambling participation.

The 1999 National Prevalence Survey found that 86.2 percent of New Zealanders aged 18 years and over had gambled in the previous six months, a decrease from 90 percent found in the 1991 national survey (Abbott and Volberg 1991, 2000). In these surveys, gambling included participation in Lotto, gaming machines, card games, and bets with friends.

Every five years since 1985, the Department of Internal Affairs has run a survey among people aged 15 years and over on participation in, and attitudes towards, gambling in New Zealand. This series of surveys has found that past-year gambling participation rates have remained relatively stable (85 percent in 1985, 90 percent in 1990, 90 percent in 1995, and 87 percent in 2000), although decreased to 80 percent in 2005 (Amey 2001; Christoffel 1992; Department of Internal Affairs 2008b; Reid and Searle 1996; Wither 1987).

The 2006/07 Gaming and Betting Activities Survey, carried out for the Health Sponsorship Council, found that 83 percent of people aged 15 years and over had gambled in the past 12 months (including activities such as making bets with friends) (Health Sponsorship Council and National Research Bureau 2007). According to the New Zealand Health Survey 2006/07, about two in every three people aged 15 years and over had gambled in the past 12 months (Ministry of Health 2008a). Lotto was the most commonly played form of gambling, with over half of adults having played. Two in every five adults had participated in a gambling activity other than Lotto in the past 12 months.

The New Zealand Health Survey 2006/07 showed a prevalence of problem gambling among people aged 15 years and over in New Zealand for past-year gamblers of 0.6 percent. An additional 2 percent of adults identified as moderate-risk gamblers. This means 1 in 40 past-year gamblers were either problem or moderate-risk gamblers. Of the population aged 15 years and over, an estimated 87,000 adults had experienced problems due to someone's gambling in the last 12 months.

People aged 35–44 years were at least three times more likely than any other age group to be problem gamblers, with the lowest rates for those aged 55 and over.

Māori and Pacific people were about four times more likely to be problem gamblers than the total population. The over-representation of Māori and Pacific people in the group of problem gamblers is reflected in problem gambling service user data.

- Gambling helpline data for 2008 showed that 30.9 percent of gambler callers were Māori and 9.9 percent were Pacific people.
- Face-to-face intervention service data for 2008 showed 43 percent of clients were Māori and 8 percent Pacific people.

To put these figures in perspective, census data from 2006 shows that Māori are 14 percent and Pacific people 6.6 percent of the population.

Presentation data often reflects the 'sharper' end of the spectrum. Research by Auckland University of Technology on barriers to help-seeking for problem gamblers found that help-seeking primarily occurs following a crisis event. Financial problems are a person's primary motivation for seeking help.

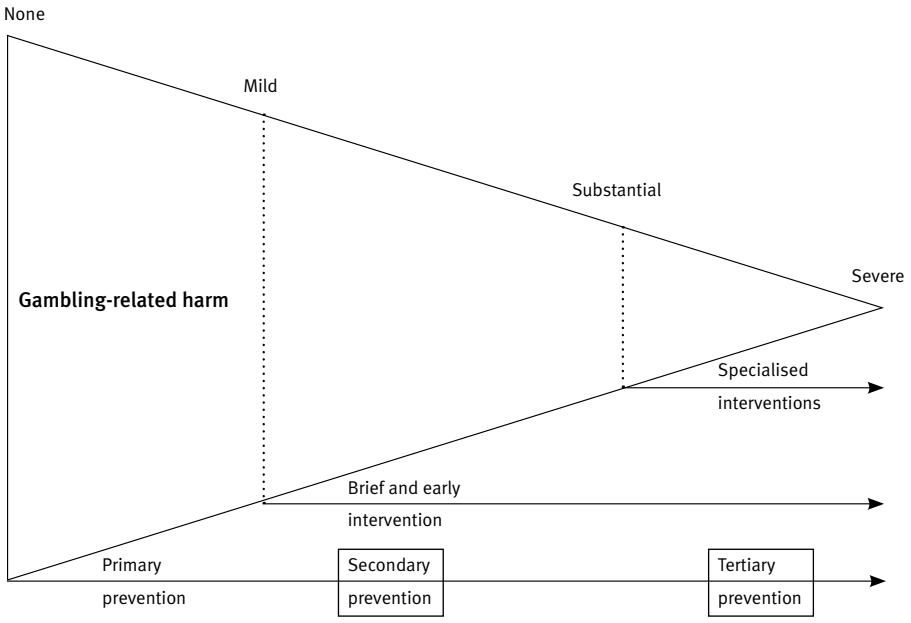
Public health approach

The Gambling Act 2003 requires a public health focus to be taken in addressing gambling harm. This focus recognises the importance of prevention and addressing the determinants of health. The Ministry of Health's public health approach over the period of the first strategic plan has contributed to an increased recognition of, and activities to address, the harm caused by problem gambling. During this period, an overall reduction in expenditure on non-casino gaming machines has been evident, along with several territorial authorities introducing caps or sinking-lid policies to limit the number of gaming machines and venues in their areas.

Communities have a role in controlling gaming machine and venue numbers, in that territorial authorities must review their gambling venue policies every three years, and these reviews require public consultation and consideration of the social impacts of gambling policies.

The Ministry will continue to approach problem gambling across the continuum of harm, as illustrated in Figure 1. This approach recognises that people are at different stages of gambling harm. The approach also recognises that taking a preventive approach early in the development of a problem can avoid considerable loss and trauma while still addressing the needs of those who have already developed a serious problem and need specialist help.

Figure 1: Gambling harm continuum of need and intervention



Source: Adapted from Korn and Shaffer (1999).

The area within the triangle in Figure 1 represents the total population. The area at the apex represents that section of the population experiencing substantial gambling harm. It is important to note that people do not simply move along this continuum, but enter and exit at various points: some may no longer require assistance from problem gambling intervention services, while others may relapse, after having previously exited.

Population health

As part of its public health approach, the Ministry of Health will continue to use a population health framework to address gambling harm among different groups within the population. A population health approach addresses the differences in health status among and within populations.

The goal of a population health approach is to maintain and improve the health status of the entire population and to reduce inequalities in health status between groups and subgroups.

A population health approach is a useful framework for strengthening intersectoral arrangements and examining trends. In a New Zealand context, this is particularly important for meeting the health needs of at-risk groups, particularly those reflected in prevalence and service-user data.

Whānau ora

As noted in the Ministry's *Statement of Intent 2009–2012*, the health system has not worked as well for Māori whānau as it could work, with disparities across the board such as a lower life expectancy, higher tobacco usage, higher problem gambling prevalence and worse health outcomes than the total popoulation.

Realising Māori potential to help improve health outcomes is the goal of whānau ora. Whānau ora involves facilitating positive and adaptive relationships within whānau and recognising the interconnectedness of health, education, housing, justice, welfare and lifestyle as elements of whānau wellbeing.

The strategic plan for preventing and minimising gambling harm sits within and alongside various Ministry strategies, including:

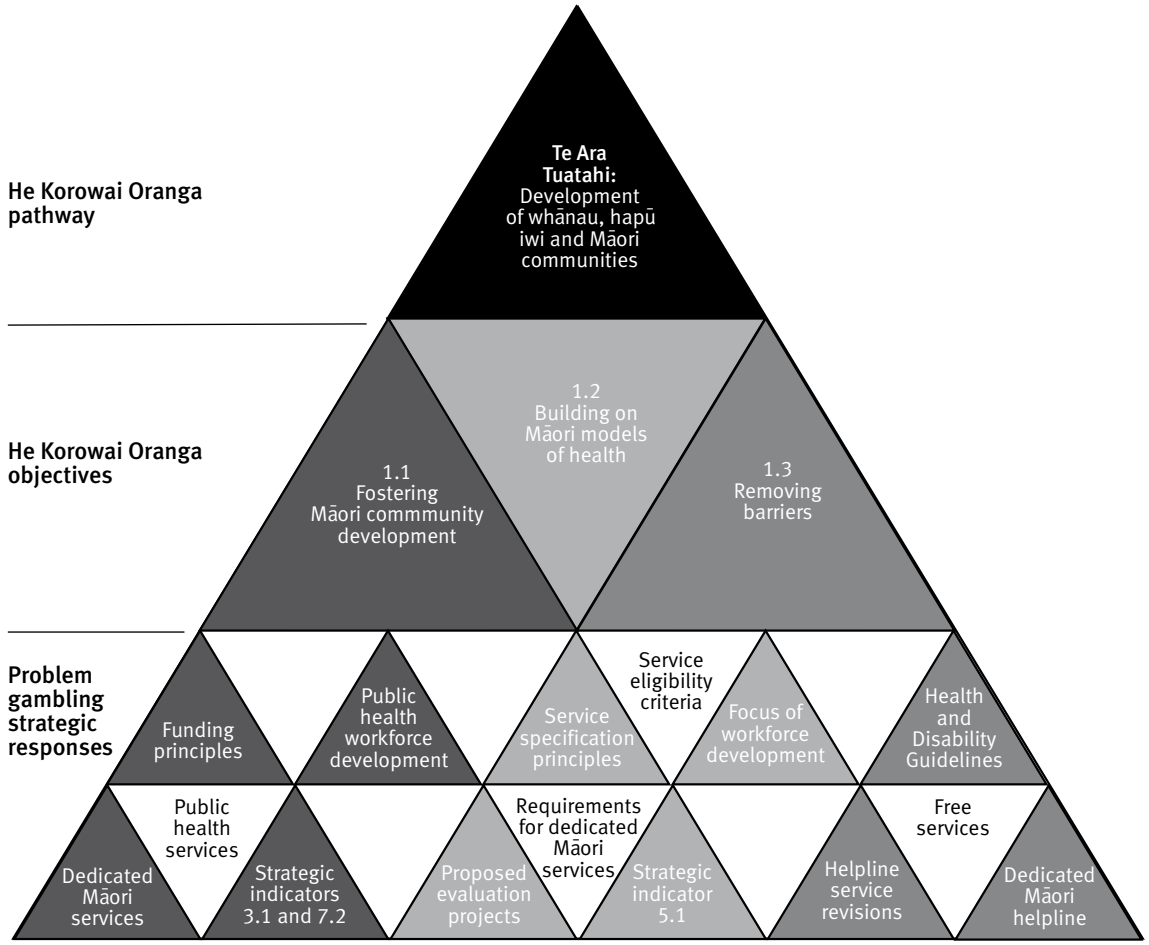
- *He Korowai Oranga: Māori Health Strategy* (Minister of Health and Associate Minister of Health 2002a)
- *Whakatātaka: Māori health action plan 2002–2005* (Minister of Health and Associate Minister of Health 2002b)
- *Te Puāwaiwhero: The second Māori mental health and addiction national strategic framework 2008–2015* (Ministry of Health 2008b)
- the *Statement of Intent 2009–2012* (Ministry of Health 2009).

The high-level aims of these strategies are for Māori families to be supported to achieve their maximum health and wellbeing. Whānau ora provides an overarching principle for recovery and maintaining wellness.

Although beyond the capacity and scope of problem gambling services, the whānau ora outcomes within Te Puāwaiwhero represent high-level commitments from the Government that should inform and direct all analysis and consideration of progress against problem gambling outcomes.

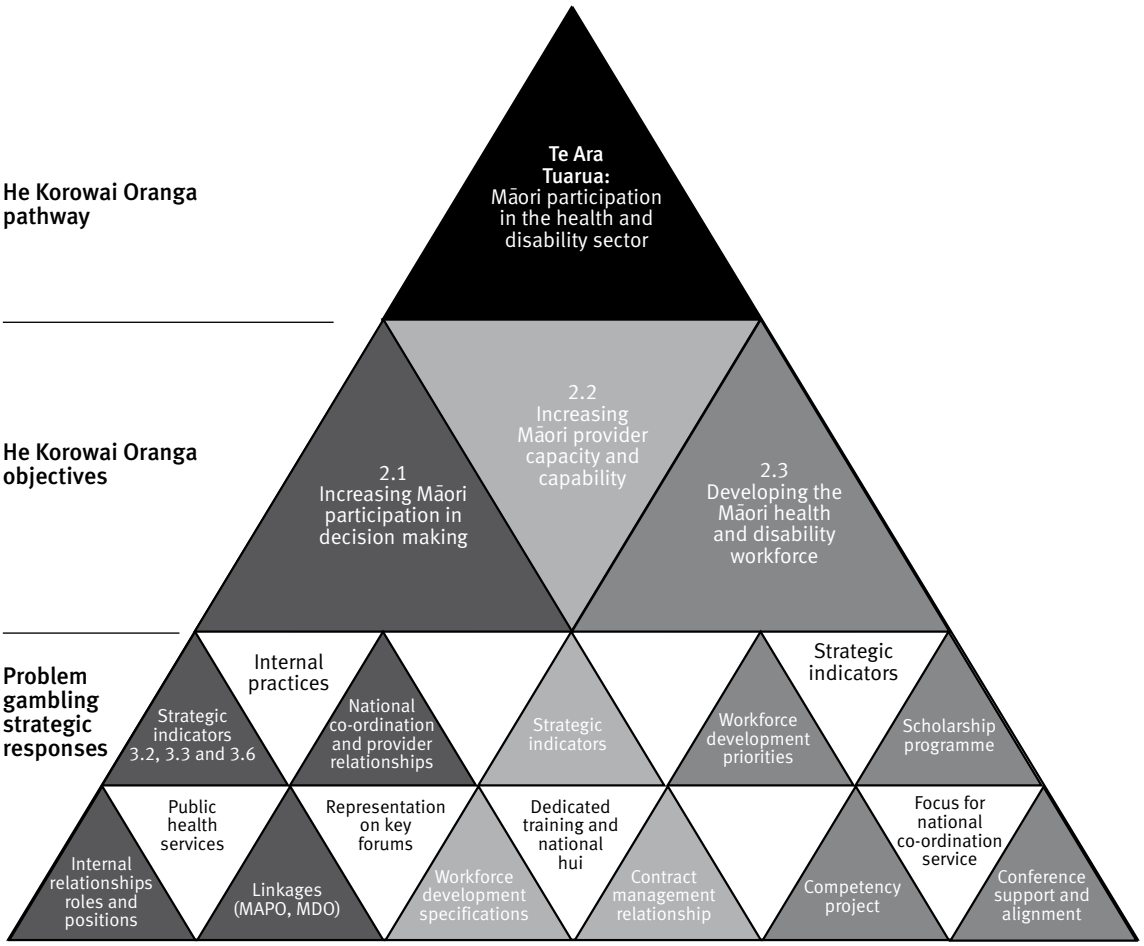
To reflect how the activities and processes outlined in the Ministry's strategic and service plans for preventing and minimising gambling harm, and problem gambling sector practices are meeting the Government's objectives for Māori health, the Ministry has mapped the problem gambling strategic activities and plans against the pathways and objectives in He Korowai Oranga. The alignment between these activities and the objectives in He Korowai Oranga is presented in Figures 2–5 (see also the Appendix).

Figure 2: Te Ara Tuatahi – development of whānau, hapū, iwi and Māori communities



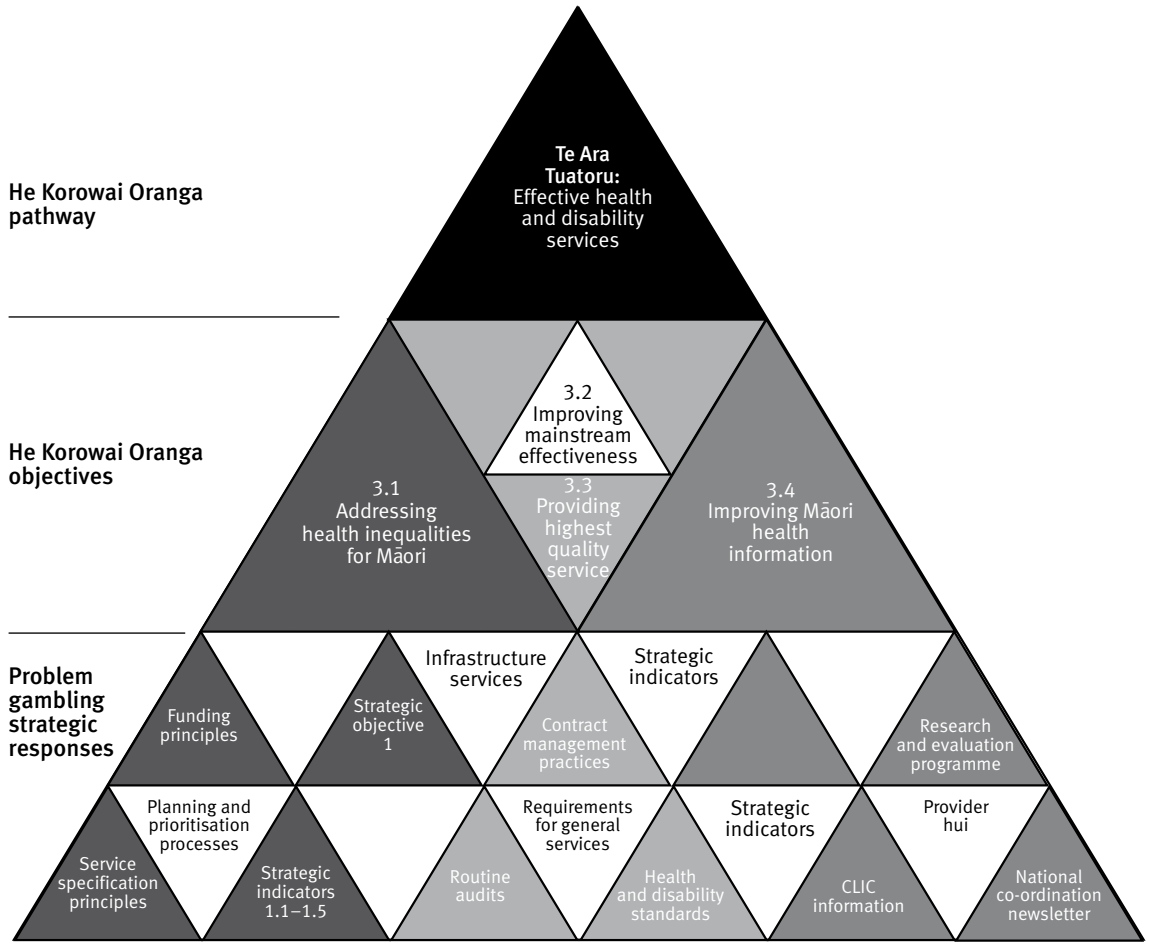
Note: The problem gambling strategic responses for each objective in He Korowai Oranga are explained in the Appendix.

Figure 3: Te Ara Tuarua – Māori participation in the health and disability sector



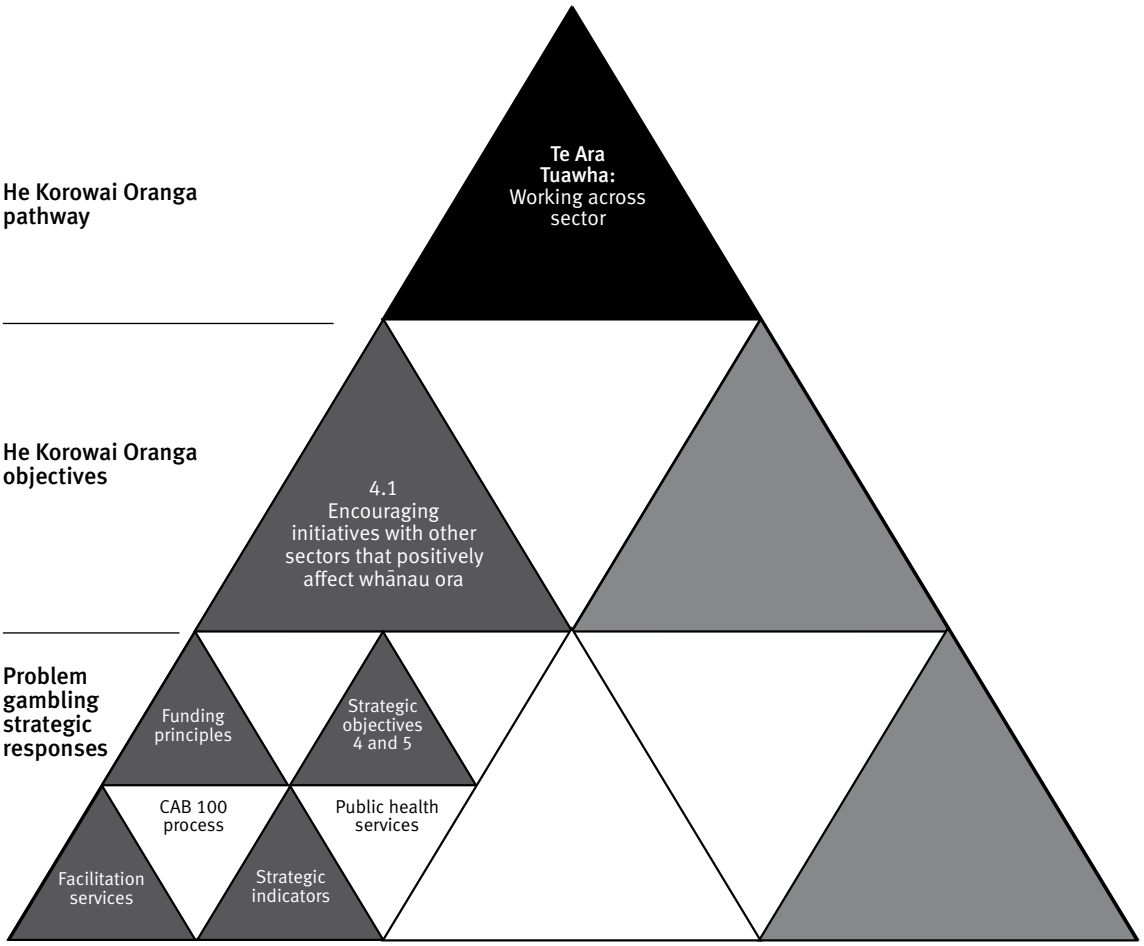
Note: The problem gambling strategic responses for each objective in He Korowai Oranga are explained in the Appendix.

Figure 4: Te Ara Tuatoru – effective health and disability services



Note: The problem gambling strategic responses for each objective in He Korowai Oranga are explained in the Appendix.

Figure 5: Te Ara Tuawha – working across sectors



Note: The problem gambling strategic responses for each objective in He Korowai Oranga are explained in the Appendix.

Health inequalities

Health inequalities can be defined as avoidable or unjust differences in health status or the distribution of health determinants between different population groups.

A major health challenge for New Zealand is the inequalities in health between Māori and Pacific peoples and non-Māori non-Pacific peoples. It is well documented that Māori, Pacific peoples, and people with low socioeconomic status have consistently poorer health outcomes than the rest of the population.

Inequalities in health are not random. The causes of health inequalities are complex and multifaceted. To address health inequalities requires a strong evidence base and a strategic approach from the health sector and other sectors to reduce health inequalities for those who are disadvantaged.

The Ministry of Health is committed to reducing health inequalities between population groups through various mechanisms, including policies, strategies, District Health Board accountability reporting, and health targets.

3 Ministry of Health Objectives

A key part of progressing the Ministry of Health's goal of assisting the Government, communities and families/whānau to work together to prevent the harm caused by problem gambling and to reduce health inequalities associated with problem gambling is to set realistic and measurable objectives. Considerable work was undertaken during the Ministry's first problem gambling strategy to develop an outcomes framework. The framework identified key objectives; the actions required to achieve them, both in the short and medium term and the long term; and indicators to demonstrate the efficacy of activities and progress.

The indicators outlined represent the Ministry's intent to monitor the sector's progress against each outcome. Many of the measures for the proposed indicators need to be developed before reporting is possible. The Ministry will report on its progress developing and finalising measures for each indicator in its future annual reports.

Eleven objectives form the foundation for this strategic plan and the Ministry's outcomes framework, providing strategic direction for the next six years.

Objective 1: There is a reduction in health inequalities related to problem gambling.

Objective 2: Māori families are supported to achieve their maximum health and wellbeing through minimising the negative impacts of gambling.

Objective 3: People participate in decision-making about local activities that prevent and minimise gambling harm in their communities.

Objective 4: Healthy policy at the national, regional and local levels prevents and minimises gambling harm.

Objective 5: Government, the gambling industry, communities, family/whānau and individuals understand and acknowledge the range of harms from gambling that affect individuals, families/whānau and communities.

Objective 6: A skilled workforce is developed to deliver effective services to prevent and minimise gambling harm.

Objective 7: People have the life skills and the resilience to make healthy choices that prevent and minimise gambling harm.

Objective 8: Gambling environments are designed to prevent and minimise gambling harm.

Objective 9: Problem gambling services[3] effectively raise awareness about the range of harms from gambling that affect individuals, families/whānau and communities for people who are directly and indirectly affected.

Objective 10: Accessible, responsive and effective interventions are developed and maintained.

Objective 11: A programme of research and evaluation establishes an evidence base, which underpins all problem gambling activities.

3 The reference to problem gambling services for this objective includes health services that treat problem gamblers and excludes all primary health care services.

Objective 1: There is a reduction in health inequalities related to problem gambling

In New Zealand, ethnic identity is an important dimension of health inequality. In particular, Māori health status is demonstrably poorer than that of other New Zealanders and actions to improve Māori health recognise Treaty of Waitangi obligations of the Crown.

Gender and geographical inequalities are other important areas for action.

The Ministry will continue to focus on reducing the disproportionate levels of gambling harm among different population groups. At-risk populations, including Māori, Pacific people and people in higher deprivation areas, will continue to be key targets of the Ministry's population health approach. Activities will be tailored to relevant groups and geographical areas, and culturally relevant services wil be available to those seeking help. A key part of addressing the needs of these population groups will be ensuring appropriate and effective front-line services are available and accessible.

The Ministry will continue to monitor the health outcomes of, and presentations to, problem gambling services by other key groups such as new migrants and some Asian communities in New Zealand (see Table 1).

Table 1: Measuring progress towards objective 1 and priorities for action

Objective 1: There is a reduction in health inequalities related to problem gambling	
Measuring progress	**Reporting**
Analysis of New Zealand Health Survey data (three yearly) for trends indicating inequitable gambling and problem gambling prevalence	Six-yearly
Analysis of Ministry of Health problem gambling intervention data for inequitable presentation, service utilisation and effectiveness trends	Annually
Analysis of Department of Internal Affairs electronic monitoring system data (Class 4 revenue) against the New Zealand index of deprivation for trends indicating inequitable prevalence of gambling participation and opportunities in low socioeconomic communities	Annually
Analysis of the proportion of charitable trust gambling grants allocated to communities with New Zealand social deprivation scores in deciles 7 and 10	Annually
Review of problem gambling provider reports for the range of low socioeconomic communities targeted by public health initiatives	Annually
Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
Identify health inequalities in all communities (eg, access to initiatives to prevent and minimise gambling harm) Identify factors that contribute to gambling-related health inequalities (eg, socioeconomic background)	Target effective and culturally appropriate initiatives to prevent and minimise gambling harm Government agencies have a shared understanding of where health inequalities exist and a commitment to a whole-of-government approach to problem gambling

Underlying principle: Diversity

High-level analysis of population-based trends may hide subgroup differences (eg, an analysis of national trends in gambling in the Asian population might hide disparities between different Asian peoples such as Chinese, Korean and Indian groups). Initiatives to measure progress against the Ministry's strategic and operational objectives will continue to consider appropriate methods of monitoring progress at all levels.

Disparities can also exist in specific cohorts such as students, particularly international students, or people employed in particular industries, such as the food, hospitality or gambling industries.

Analysis should include differences in outcomes between ethnic groups, length of time in New Zealand, occupation type and status, age, and gender.

Objective 2: Māori families are supported to achieve their maximum health and wellbeing through minimising the negative impacts of gambling

Whānau ora is the overall aim of He Korowai Oranga, the Ministry of Health's Māori health strategy. It is also one of the Ministry's priority outcomes in its *Statement of Intent 2009–2012*.

The Ministry's *Statement of Intent* says that to achieve real gains for Māori whānau and improved outcomes, the entire health sector needs to act. Although the gambling strategy has a specific focus under the Gambling Act 2003, objective 2 reflects the alignment of the problem gambling strategy with the Government's priorities for Māori health and wellbeing.

Objective 2 aligns with objective 1, the reduction of health inequalities, and is supported by all other objectives and indicators in this document. However, it is important to have objectives, actions and measures that specifically reflect the gambling and problem gambling actions to improve Māori health and to recognise the Treaty of Waitangi obligations of the Crown.

Māori whānau have specific health needs, but evidence shows that key groups are at risk within this population. In particular, the 2006/07 New Zealand Health Survey found that Māori men were almost 30 percent more likely than Māori women to experience harm from their own gambling. However, Māori women were twice as likely than Māori men to experience harm from someone else's gambling. The Ministry recognises the role Māori women have as the cornerstone of whānau ora, and the likely implications these trends have on the wellbeing of rangatahi and tamariki, in particular for issues such as child poverty and food security.

The Ministry will continue to monitor, identify and fund the delivery of services to all groups disproportionately affected by their own or someone else's gambling. In addition, as a key component of its ongoing monitoring programme, the Ministry will monitor the effects of gambling, opportunities for Māori to participate in decision-making related to gambling, health outcomes of Māori related to gambling, and presentations to problem gambling services by Māori.

Table 2: Measuring progress towards objective 2 and priorities for action

Objective 2: Māori families are supported to achieve their maximum health and wellbeing through minimising the negative impacts of gambling	
Measuring progress	**Reporting**
Analysis of New Zealand Health Survey data (three-yearly) for trends indicating (in)equitable gambling and problem gambling prevalence for Māori	Six-yearly
Analysis of Ministry of Health problem gambling intervention data for (in)equitable presentation, service utilisation and effectiveness trends for Māori	Annually
Analysis of Department of Internal Affairs electronic monitoring system data (Class 4 revenue) against the New Zealand deprivation index for trends indicating inequitable prevalence of gambling participation and opportunities in Māori and low socioeconomic communities with high Māori populations	Annually
Analysis of the proportion of charitable trust gambling grants allocated to Māori communities and organisations	Annually
Review of problem gambling provider reports for the range and number of Māori communities targeted by public health initiatives	Annually
Review of the number and quality of opportunities for Māori to provide advice into Ministry processes around problem gambling activities	Annually
Analysis of periodic cultural audits to identify levels of cultural responsiveness of general and Māori intervention and public health services*	Six-yearly
Analysis of client data for trends in Māori specific presentations compared with New Zealand Health Survey prevalence data	Annually
Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
Identify health inequalities in Māori communities (eg, access to initiatives to prevent and minimise gambling harm) Identify factors that contribute to gambling-related health inequalities for Māori (eg, socioeconomic background) Review and implement mechanisms to support a national Māori voice to provide strategic advice to the Ministry and the Department of Internal Affairs on gambling and problem gambling issues Review and develop reporting requirements for infrastructure specification: kaumātua support and liaison Evaluate service effectiveness for improving access to services or treatment outcomes for Māori clients Assess problem gambling services' (public health and intervention) implementation of Whānau Ora	Review and improve targeting and evidence of effective and culturally appropriate initiatives to prevent and minimise gambling harm among Māori Ensure government agencies have a shared understanding of the impact of gambling and problem gambling on Māori

* This includes assessment of the level of participation of Māori and iwi in governance and management structures, relationships with Māori and iwi providers, and how services meet the health needs of Māori consumers.

Objective 3: People participate in decision-making about local activities that prevent and minimise gambling harm in their communities

The focus will continue to be increasing awareness of and ownership by communities through public discussion and debate on gambling harm, grant distribution, and related issues. A high level of interaction is expected between problem gambling service providers, their client populations, District Health Board (DHB) public and mental health services, and community groups.

The local government gambling venue review process also allows communities to address their local council and discuss positive and negative aspects relating to the availability and accessibility of certain types of gambling in the community. Community ownership and empowerment are important aspects of healthy and responsive communities and are key aspects of a public health approach.

Table 3: Measuring progress towards objective 3 and priorities for action

Objective 3: People participate in decision-making about local activities that prevent and minimise gambling harm in their communities	
Measuring progress	**Reporting**
Analysis of community awareness and concern indicators from the Ministry-funded Behaviour Change Survey	Six-yearly
Periodic review of public health provider reports to the Ministry to assess the state of local communities and progress against community readiness assessments for community action and community policy implementation	Six-yearly
Regional interest in and involvement with Ministry of Health strategic plan development, including the diversity of submissions	Six-yearly
The number and diversity of submissions received by a sample of local government bodies in relation to gambling decision-making, including assessment of the level of input from communities in low socioeconomic areas (or representatives from these areas)	Six-yearly
The number of national agencies that actively screen and refer for problem gambling	Annually
Review of the number and quality of opportunities for Māori, Pacific and Asian representatives to provide advice to the Ministry of Health, National Problem Gambling Team, and Department of Internal Affairs in relation to problem gambling	Annually
Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
Develop effective community networks to identify issues relating to gambling harm and take action	Improve communities' abilities to be involved in decision-making about the availability and accessibility of gambling opportunities
Develop community capacity and capability to take action on issues related to gambling harm	Develop effective community networks to prevent and minimise gambling harm and enforce age limits
Develop and implement effective processes for community agencies to undertake screening for problem gambling in their everyday work	
Develop and implement community policies that minimise the harms arising from gambling to individuals, families/whānau and communities	

Underlying principle: Participation

Language barriers, knowledge and understanding all contribute to differences in opportunities to participate in the variety of decision-making processes common in New Zealand. Activities to address barriers to meaningful participation should underpin all priorities.

Where appropriate, tools such as those outlined in *Whānau Ora Health Impact Assessment* (Ministry of Health 2007b) will guide the development of measures relevant for Māori.

Objective 4: Healthy policy at the national, regional and local level prevents and minimises gambling harm

Central to preventing and minimising gambling harm is a foundation of effective and relevant public policy. Without this foundation, neither the Ministry of Health nor the primary regulator of the gambling industry, the Department of Internal Affairs, can pursue activities and initiatives that are likely to have an impact on problem gambling.

The Ministry will continue to comment on gambling issues based on available research. The Ministry will also work collaboratively with the Department of Internal Affairs to contribute to policy development.

The Ministry will maintain an approach of minimising gambling harm through health promotion, supply control, and treatment avenues. A public health approach will continue to be a central pillar of the Ministry's work.

Table 4: Measuring progress towards objective 4 and priorities for action

Objective 4: Healthy policy at the national, regional and local level prevents and minimises gambling harm	
Measuring progress	**Reporting**
The number of government departments actively participating and collaborating with the Ministry of Health and the Department of Internal Affairs to reduce gambling-related harm	Six-yearly
Analysis of government sector strategic documents (ie, annual reports and statements of intent) for commitment to addressing gambling-related harm	Six-yearly
Analysis of a six-yearly survey of the attitudes of local government councillors to awareness of problem gambling and perceptions of gambling-related harm	Six-yearly
Analysis of the Ministry-funded Behaviour Change Survey on the attitudes of participants employed in decision-making roles in relation to problem gambling and perceptions of gambling-related harm (ie, policy makers, gambling industry leaders, church leaders, school principles, kuia and kaumātua)	Six-yearly
Review of the percentage of territorial local authority gambling venue policies that reflect an active awareness of the potential harms of gambling	Six-yearly
Analysis of industry marketing expenditure and sponsorship activities	Annually
Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
	Develop effective policy frameworks to guide the development and implementation of policies at national, regional and local levels that prevent and minimise gambling harm
Provide education and information to other government sectors (eg, social services, justice, education, economic development and consumer protection) and agencies (eg, Te Puni Kōkiri) to increase understanding and acknowledgement of the need to link policies to prevent and minimise gambling harm with policies in related areas	Develop linked policies with related government sectors (eg, social services, justice, education, economic development and consumer protection) and agencies (eg, Te Puni Kōkiri) to provide a whole-of-government approach to preventing and minimising gambling harm

Objective 5: Government, the gambling industry, communities, family/whānau and individuals understand and acknowledge the range of harms from gambling that affect individuals, families/whānau and communities

A key aspect of the Ministry of Health's public health activity has been raising awareness of the harms that arise from gambling. The Ministry will continue to fund a media-based approach to raising awareness, destigmatising the issue and encouraging help-seeking by those in need. Highlighting the actions expected and required of venues through their host responsibility roles will also be a key focus, with an expectation that referrals to problem gambling services from venues will increase from current levels.

Increasing the buy-in to this strategic plan from the wider government sector at a central level will be a focus during the period of this plan. Key relationships will be formalised through memorandums of understanding to better address the wider issues associated with gambling harm. Closer collaboration with government agencies will contribute to a more expansive approach to achieving a wider recognition of the issues and efficiencies in the delivery of public health and awareness-raising activities. Considerable scope still exists for wider screening of at-risk individuals and populations through working with other agencies and the populations they deal with regularly.

Table 5: Measuring progress towards objective 5 and priorities for action

Objective 5: Government, the gambling industry, communities, family/whānau and individuals understand and acknowledge the range of harms from gambling that affect individuals, families/whānau and communities	
Measuring progress	**Reporting**
Analysis of government sector annual reports and statements of intent for commitment to addressing gambling-related harm	Six-yearly
Analysis of the Department of Internal Affairs survey on community attitudes to gambling and problem gambling	Six-yearly
Analysis of Ministry-funded survey on community attitudes to gambling and problem gambling	Six-yearly
Analysis of Department of Internal Affairs annual reports of gambling industry host responsibility compliance	Annually
Analysis of the attitudes of national key decision-makers (ie, Ministry of Health and Department of Internal Affairs officials, the Gambling Commission, industry leaders, local government councillors) compared with national Ministry-funded attitudes survey responses	Six-yearly
Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
Identify and monitor the impact of gambling opportunities on communities, including the range of harms from gambling that affect individuals, families/whānau and communities	
Provide reliable information and education on the range of harms from gambling that affect individuals, families/whānau and communities	Support communities to incorporate a robust understanding of the range of harms from gambling into community social initiatives and public service delivery
	Support the gambling industry to incorporate a robust understanding of the range of harms from gambling into all of its activities

Objective 6: A skilled workforce is developed to deliver effective services to prevent and minimise gambling harm

The Ministry of Health will increase its emphasis on working with the alcohol and other drugs sector. During the first strategy period, research illustrated considerable co-morbidities between these fields, so potential efficiencies are to be gained from aligning services addressing gambling harm with other relevant services.

Continued and effective alignment with relevant services will be pursued under this strategy to deliver more cost-effective services and a more responsive and holistic service for people in need. The development of an addictions sector competency framework for all services will be a significant step towards achieving this.

The development of a competency framework to address the needs of the problem gambling intervention workforce, along with the wider addictions workforce, will assess different approaches and models for addressing the diverse needs and paradigms within the workforce. This framework will consider alignment with specific cultural frameworks, such as the Takarangi framework for Māori competencies, the Pacific Sei Tapu framework, and high-level generic frameworks such as Real Skills.

Te Uru Kahikatea: The Public Health Workforce Development Plan 2007–2016 (Ministry of Health 2007a) provides a national strategic approach to public health workforce development, including in the problem gambling area.

Table 6: Measuring progress towards objective 6 and priorities for action

Objective 6: A skilled workforce is developed to deliver effective services to prevent and minimise gambling harm	
Measuring progress*	**Reporting**
Analysis of problem gambling practitioners' (public health and intervention) employment patterns and conditions, such as duration of employment and pay ranges compared with other sectors	Six-yearly
Analysis of the number of problem gambling practitioners (public health and intervention) who have the relevant problem gambling competencies for the work they deliver	Six-yearly
Analysis of the number of problem gambling practitioners (public health and intervention) who have received relevant tertiary training	Six-yearly
Assessment of the availability of culturally specific training programmes for problem gambling practitioners	Annually
Analysis of the diversity of the problem gambling workforce, including: • ethnic diversity (Māori, Pacific and Asian), age and gender • the percentage of Māori, Pacific and Asian practitioners who are working in mainstream organisations† • the range of languages spoken by the problem gambling workforce • the percentage of the workforce that speaks te reo Māori • the percentage of the problem gambling workforce who identify as recovering gamblers or who have used problem gambling intervention services in the past	Six-yearly

Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
Identify competencies for staff working within services designed to prevent and minimise gambling harm	Identify and implement career pathways and tertiary training opportunities for staff working within services designed to prevent and minimise gambling harm
Identify specific competencies for Māori, Pacific and Asian staff working within Māori, Pacific or Asian dedicated services designed to prevent and minimise gambling harm	

* All analysis should include a breakdown by service type – Māori, Pacific, Asian and general.

† Low Māori participation in the mainstream workforce is commonly seen as a consequence of there being few Māori practitioners. However, critiques of mainstream mental health services argue that low participation is because of the lack of appeal of mainstream working environments and organisational cultures for Māori practitioners. If mainstream organisations are culturally safe and responsive, they will have more culturally diverse service users and a more diverse workforce.

Objective 7: People have the life skills and the resilience to make healthy choices that prevent and minimise gambling harm

The Ministry of Health recognises that for most of the population gambling is a recreational activity that is enjoyed safely and in moderation. However, a significant minority struggles with gambling. For some indigenous and ethnic groups, gambling is not something they have been exposed to before. Young people, migrants, older people and others may also be vulnerable to the attraction of gambling.

The Ministry will continue to focus public health programmes and resources to reach vulnerable groups. These programmes and resources will focus on developing life skills and providing information about responsible gambling activity and the functioning and mechanics of the various forms of gambling in New Zealand.

Table 7: Measuring progress towards objective 7 and priorities for action

Objective 7: People have the life skills and the resilience to make healthy choices that prevent and minimise gambling harm	
Measuring progress	**Reporting**
Analysis of the prevalence of protective and resiliency factors demonstrated in the New Zealand Health Survey for different population groups	Six-yearly
Analysis of community involvement in the Ministry-funded Behaviour Change Survey	Six-yearly
Review and summary of the range of public health initiatives reported to the Ministry by public health providers that are community action–based and have community policy implementation	Annually
Analysis of Ministry service-user data for referral from and referral to life skills and resiliency programmes	Annually
Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
Identify protective and resiliency factors for problem gambling	Support the development of an evidence base and programme logic for initiatives that build protective factors, life skills and resilience for people who gamble
Increase community participation in the development of culturally and linguistically relevant campaigns and communications that provide information to people on the health and social risks of gambling	Increase community exposure to culturally relevant social marketing campaigns and communications
Identify mechanisms and systems to support people who are seeking to independently moderate or manage their gambling behaviour (or the behaviour of their family/whānau)	Provide effective support to people who are seeking to independently moderate or manage their gambling behaviour (or the behaviour of their family/whānau)
Increase the links between problem gambling services and broader mental health promotion life skills and resiliency programmes	Support the development and implementation of community evidence-based life skills and resiliency programmes that support people to make healthy choices that prevent and minimise gambling harm
Increase the links between problem gambling services and other agencies to improve client access to a wide range of support services	Support the implementation of processes and systems to improve the way problem gambling services and other social and health services work together to support problem gamblers (and their family/whānau) in a cohesive way
Establish effective communication and referral processes to ensure other services that offer support to people experiencing harm from gambling address the needs of a referred client (and their family/whānau)	

Objective 8: Gambling environments are designed to prevent and minimise gambling harm

International and New Zealand research has found that certain types of gambling activity are more closely linked with problem gambling behaviour than other types. The Ministry of Health will continue to advocate for technological or environmental changes where evidence exists that these changes will have a positive effect on gambling behaviour.

Gambling environments and the host responsibilities expected of venues will be an ongoing focus of the Ministry's work during the term of this strategy. Healthy venues and responsible stewardship of venue licences granted by the Department of Internal Affairs are key tools in ensuring gambling is undertaken as a healthy, responsible and enjoyable activity. Venues, by their very nature, provide one of the best environments in which to observe, identify and intervene in gambling behaviour that is problematic or displaying signs of being out of control.

Although there is a strong expectation that operators will effectively monitor and address gambling in their venues, the Ministry recognises that signs of problem gambling behaviour are not always obvious. As a key area of focus, the Ministry is committed to working with the gambling industry where appropriate to make the best use of the early detection potential that venues offer. The Ministry is also committed to assisting with the identification of venues where host responsibility is not meeting the expected commitment.

Table 8: Measuring progress towards objective 8 and priorities for action

Objective 8: Gambling environments are designed to prevent and minimise gambling harm	
Measuring progress	**Reporting**
A summary of progress made by the joint Ministry of Health and Department of Internal Affairs relationships with the gambling industry	Annually
Analysis of a periodic stakeholder satisfaction survey of the joint Ministry of Health and Department of Internal Affairs relationships with the gambling industry	Six-yearly
Analysis of industry data on training and programmes that assist gambling providers to be responsible hosts (ie, host responsibility programmes)	Annually
Analysis of Department of Internal Affairs data on gambling venue compliance (and breaches) of relevant legislative requirements	Annually
Analysis of client data for referrals from gambling venues	Annually
Review of the effectiveness of industry mechanisms for identifying problem gamblers and gamblers at risk of problem gambling	Annually
Review of the number of venues, or societies, that have policies specific to key risk groups and behaviours (ie, table games for Asian gamblers, self-exclusion for non–English-speaking gamblers)	Six-yearly

Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
Continue to build strong relationships between the Ministry of Health, Department of Internal Affairs and gambling industry	
Develop and refine guidelines for gambling operators and venues on policies that actively and effectively prevent and minimise gambling harm	
Develop and refine guidelines for gambling operators and venues on how to implement host responsibility programmes in a range of gambling environments (including gambling venues and telephone and online environments)	Support the development of public monitoring of host responsibility programmes in all gambling venues and gambling environments (including telephone and online environments)
Increase the participation and involvement of Māori, Pacific and Asian providers in the Department of Internal Affairs monitoring and surveillance processes	Support links between host responsibility programmes and problem gambling intervention services to prevent or minimise the harm from problem gambling
Support the development of systems and processes to collect data on regular gamblers by the gambling industry, and support the identification of gamblers at risk of becoming problem gamblers	Develop protocols and systems to make data collected by the gambling industry on regular gamblers and gamblers at risk of becoming problem gamblers available to research groups and other stakeholders

Objective 9: Problem gambling services effectively raise awareness about the range of harms from gambling that affect individuals, families/whānau and communities for people who are directly and indirectly affected

Surveys show that the public has a reasonable knowledge of problem gambling services,[4] with around 60 percent of people surveyed able to name a service provider, but this awareness could be improved. Improved awareness of problem gambling services will remove a key barrier to seeking help.

Ministry-funded services are expected to build relationships with relevant organisations in their area that may deal with at-risk or vulnerable populations. Through these inter-agency relationships, the Ministry will share information and increase the overall awareness of the harms associated with problem gambling and possible signs of problem gambling behaviour.

Families/whānau are often the worst affected by someone's problem gambling, so helping families to recognise the problem, address the problem and seek help if necessary is a significant step to reducing harm for the wider family/whānau and the affected individual.

This awareness raising will be supported through the Ministry's media campaign, which also supports help-seeking behaviour.

4 The reference to problem gambling services for this objective includes health services that treat problem gamblers and excludes all primary health care services.

Table 9: Measuring progress towards objective 9 and priorities for action

Objective 9: Problem gambling services effectively raise awareness about the range of harms from gambling that affect individuals, families/ whānau and communities for people who are directly and indirectly affected	
Measuring progress	**Reporting**
Analysis of client data for referrals from health sector and community services	Annually
Analysis of New Zealand Health Survey and problem gambling service presentation data for trends in presentation and a reduction in barriers to presentation	Six-yearly
Analysis of Ministry-funded social marketing impact data	Six-yearly
Analysis of the periodic service-user satisfaction survey and barriers to service usage survey	Six-yearly
Assessment of the percentage of social marketing activities delivered specifically to at-risk groups	Annually
Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
	Develop tools and protocols to support the primary health care sector and other community services to include screening, brief assessment and intervention as part of general health screening and day-to-day delivery, where appropriate
Develop guidelines and training to support problem gambling services to be aware of how their activities contribute to problem gambling outcomes	Increase the evidence base for interventions that address the range of harms from gambling that affect individuals, families and communities
	Develop systems and processes that increase problem gamblers' and their family/whānau's access to problem gambling services
Refine and deliver social marketing programmes that promote and increase awareness of the range of harms from gambling to people both directly and indirectly affected by problem gambling	

Underlying principle: Accessibility

Accessibility and cultural appropriateness are about more than just language. The channels and media used to promote messages, the metaphors, images and events used as well as the public figures championing the issue should all be relevant to the target groups.

Evidence shows that harm from gambling has relationships with mental illness, other addictions and substance abuse (eg, tobacco, alcohol and other drug use), domestic violence, and a range of other social issues.

Objective 10: Accessible, responsive and effective interventions are developed and maintained

To fulfil its obligations under the Gambling Act 2003, the Ministry of Health must, among other things, provide high-quality, effective and accessible problem gambling services. The people these services employ must be appropriately qualified, services must be culturally relevant to the communities they serve, and all areas with gambling opportunities must have access to intervention services.

The continued provision of dedicated Māori, Pacific and Asian services is a core mechanism to support objective 10. Culturally relevant services contribute to accessibility, responsiveness and effectiveness of interventions. The Ministry's requirements for dedicated Māori, Pacific, Asian and general problem gambling services are set out in the Ministry's service specifications.

It is not financially viable to furnish every geographical area with face-to-face services, despite the widespread availability of gambling opportunities (physical venues and telephone- and web-based gambling) throughout New Zealand. However, the Ministry will continue to fund a toll-free helpline service offering referrals to face-to-face services where available and appropriate and intervention services for people without access to face-to-face services or who prefer a helpline service.

The Ministry is committed to identifying opportunities to increase efficiency and alignment of service delivery and management, including the possible devolution of services to DHBs. The Ministry will work with key stakeholders and sector representatives to consider possible approaches during the first half of the term of this strategic plan. DHBs fund alcohol and other drug services, so potential exists not only for efficiencies from aligning problem gambling and mental health and alcohol and other drug services, but also for improved access to services and outcomes for people presenting with coexisting mental health, alcohol or other drug issues.

Table 10: Measuring progress towards objective 10 and priorities for action

Objective 10: Accessible, responsive and effective interventions are developed and maintained	
Measuring progress	**Reporting**
Analysis of periodic clinical audits of intervention services	Six-yearly
Analysis of periodic cultural audits of intervention and public health services	Six-yearly
Analysis of client data for trends in comprehensive assessment and identification of multiple needs	Annually
Analysis of independent moderation service data (resource demand, etc) against New Zealand Health Survey prevalence data	Six-yearly
Analysis of client data for trends in culturally specific presentations compared with New Zealand Health Survey prevalence data	Annually
Analysis of periodic service user satisfaction and barriers to service usage survey specific to dedicated services	Six-yearly
Analysis of the diversity of client characteristics (ethnicity, age, and gender) presenting to different service types (general, dedicated Māori, Pacific or Asian services)	Annually
Priorities for action	
Short- to medium-term priorities	**Long-term priorities**
Develop criteria and evidence for client-centred culturally responsive secondary and tertiary prevention services that meet the needs of individual clients and their family/whānau	Develop processes and evidence to ensure problem gamblers and their family/wh nau have access to a range of client-centred culturally responsive secondary and tertiary prevention services
Identify and validate best-practice models for intervention services, including the identification and validation of a comprehensive assessment to be used by treatment services for problem gamblers with high and complex needs	
Develop guidelines and training to support intervention providers to use a standardised gambling screen, brief interventions and assessments (designed for different stages in the continuum of care) to identify problem gamblers, or people at risk of becoming problem gamblers	Continue to develop and refine audit criteria and standards to assess intervention service compliance with Ministry contract requirements.
Identify and develop processes, resources and systems to support and manage all people who are looking to independently moderate their behaviour	

Underlying principle: Accessibility

People experiencing harm from gambling are likely to display signs of distress in non-specialist settings long before they formally seek specialist support. People commonly do not seek specialist support until a crisis occurs.

Accessible interventions should include engagement with people likely to be experiencing harm from gambling in all environments where it is appropriate and relevant to do so.

Objective 11: A programme of research and evaluation establishes an evidence base, which underpins all problem gambling activities

A research strategy has been developed to run in parallel with this strategic plan. The research strategy covers the same six-year period as this plan, and addresses short-term and long-term research priorities, including longitudinal studies. The research strategy addresses the requirement in the Gambling Act 2003 for 'independent scientific research'.

The Ministry of Health recognises that efficiencies can be gained from collaborating with Australian researchers, so has factored this collaboration into the strategic plan for the first time.

The Ministry will continue to collect comprehensive data from problem gambling service providers, with the expectation that the collection and maintenance of this information will move to the Ministry.

Table 11: Measuring progress towards objective 11 and priorities for action

Objective 11: A programme of research and evaluation establishes an evidence base, which underpins all problem gambling activities	
Measuring progress	**Reporting**
Analysis of a periodic stakeholder satisfaction survey of the Ministry's management of the problem gambling research programme	Six-yearly
Summary of progress made in managing processes to provide agreed outcome and monitoring data	Annually
Summary of research infrastructure project delivery (scholarship and provider/research-initiated projects) for Māori, Pacific and Asian capacity to participate in research	Annually
Summary of research programme delivery	Annually
Review of the number of research reports finalised within Ministry of Health timeframes	Annually
The number of research projects completed that successfully involve all target groups, based on cultural identity (Pākehā, Māori, Pacific, Asian), age and gender	Six-yearly
Analysis of the diversity of applications and successful awards for Ministry-funded gambling scholarships	Annually
Priorities for action	
Short- to medium-term priorities	Long-term priorities
Identify and develop effective ways to ensure that research funded by the Ministry contributes to strategic outcomes	Establish monitoring processes to ensure that research funded by the Ministry contributes directly to the outcomes and objectives of the Ministry's Strategic Outcomes Framework
Establish reporting systems to ensure population surveys on gambling prevalence, participation, attitudes and behaviours, and co-morbidities are available to inform the problem gambling sector	
Identify and agree on appropriate outcome measurement tools for evaluating initiatives to prevent and minimise gambling harm	Establish reporting systems to promote evaluation findings on the effectiveness of initiatives to prevent and minimise gambling harm

Underlying principle: Diversity

Different linguistic and cultural contexts encourage different ways of understanding gambling and its effects. Research should be designed and implemented to support and encourage understanding from different perspectives.

Appendix: He Korowai Oranga: Māori Health Strategy

The Ministry of Health has summarised in the strategic plan the activities and processes for preventing and minimising gambling harm and the practices in the problem gambling sector that are contributing to the Government's objectives for Māori health. These activities are mapped in Figures 2–5 in the document. Further information about each objective is provided below under the four objectives of He Korowai Oranga: Māori Health Strategy (Minister of Health and Associate Minister of Health 2002a).

Objective 1: Te Ara Tuatahi – development of whānau, hapū, iwi and Māori communities

See Figure 2.

1.1: To increase whānau health and wellbeing through fostering Māori community development that builds on the strengths and assets of whānau and Māori communities.

Relevant components of the Ministry's integrated problem gambling strategy:

- funding principles – strengthen communities
- inclusion of dedicated Māori services
- public health service specifications (eg, PGPH 03 Supportive Communities and PGPH 04 Aware Communities)
- public health workforce development
- strategic indicators 3.1 and 7.2.[5]

1.2: To recognise and value Māori models of health and traditional healing.

Relevant components of the Ministry's integrated problem gambling strategy:

- requirements of dedicated Maori services – to utilise Māori derived beliefs, values and practices
- strategic indicator 5.1
- service specification and funding principles – New Zealand models of Public Health
- Māori-specific workforce development hui and training days
- eligibility – whānau and others affected by gambling
- proposed evaluation projects – implementation of whānau ora.

5 The Ministry believes that routine measurement, reporting and discussion of indicators will encourage positive change in the areas measured. This view is relevant for all discussion of the stratetgic indicators against other objectives.

1.3: To remove barriers to Māori with disabilities and their whānau participating in New Zealand society, including te ao Māori.

Relevant components of the Ministry's integrated problem gambling strategy:

- contract requirements – health and disability guidelines
- service alignment between helpline and face-to-face services
- Ministry of Health realignment of helpline to improve access nationally – extension to 24 hours a day, 7 days a week and inclusion of full intervention
- dedicated Māori helpline
- requirement for services to be free.

Objective 2: Te Ara Tuarua – Māori participation in the health and disability sector

See Figure 3.

2.1: Iwi and Māori communities and government health agencies working together in effective relationships to achieve Māori health objectives

Relevant components of the Ministry's integrated problem gambling strategy:

- strategic indicators 3.2, 3.3 and 3.6
- internal practices such as caucusing on key documents and issues
- internal relationships with the Māori health policy advisors and Te Kete Hauora
- linkages with District Health Boards, Māori co-purchasing organisations and Māori development organisations
- national co-ordination and provider relationships
- Māori representation on key forums and bodies
- community focus in public health service specifications on community engagement and participation in decision-making and community action.

2.2: To increase the capacity and capability of Māori providers to delivery effective health and disability services for Māori

Relevant components of the Ministry's integrated problem gambling strategy:

- strategic indicators 6.1–6.4, 8.5, 9.1, 9.2, 9.4, 10.1, 10.4–10.6 – analysis for Māori
- Māori-specific workforce development hui and training days
- close contract manager–provider relationships
- workforce development specifications
- dedicated Māori clinical training – prioritised over other dedicated training
- dedicated national Māori hui.

2.3: To increase the number and improve the skills of the Māori health and disability workforce at all levels

Relevant components of the Ministry's integrated problem gambling strategy:

- priorities for workforce development
- focus of national coordination
- strategic indicators 6.1–6.4, 11.1, 11.3, 11.6 and 11.7
- scholarship programme – delivered through Te Rau Matatini
- competency project and opportunity to develop career paths and staff retention
- workforce development specifications
- conference support.

Objective 3: Te Ara Tuatoru – effective health and disability services

See Figure 4.

3.1: To reduce Māori health inequalities through specific Māori health priorities

Relevant components of the Ministry's integrated problem gambling strategy:

- funding principles – address health inequalities, target priority populations
- planning and prioritisation processes – mapping need and demand based on population specific prevalence and access rates
- specification principles – improving Māori health gain
- strategic objective 1
- strategic indicators 1.1–1.5.

3.2: To improve access to and the effectiveness of mainstream services for Māori

Relevant components of the Ministry's integrated problem gambling strategy:

- infrastructure services – kaumātua consultation and liaison
- requirements for general services – Māori responsiveness and support to access dedicated Māori services where available
- strategic indicators 6.5, 8.5, 9.1, 9.2, 9.4, 10.1 and 10.4–10.6 – analysis for Māori
- specific focus within the public education and awareness campaigns to use te reo Māori and Māori media
- national forums – encourage collaboration between and across all providers.

3.3: To delivery services to the highest clinical safety and quality standards within available funding

Relevant components of the Ministry's integrated problem gambling strategy:

- contract management practices and standard operating procedures
- routine service, delivery and clinical audits
- strategic indicators 8.5, 9.1, 9.2, 9.4, 10.1 and 10.4–10.6
- health and disability service standards.

3.4: To improve Māori health information to support effective service delivery, monitoring and achievement of Māori health objectives.

Relevant components of the Ministry's integrated problem gambling strategy:

- strategic indicators 11.1, 11.3, 11.6 and 11.7
- research and evaluation programme – Māori-specific projects, requirements for general projects, and the New Zealand Health Survey
- CLIC information system
- biannual provider hui – sharing best practice examples and stories of innovation
- national co-ordination newsletter – sharing best practice examples and stories of innovation.

Objective 4: Te Ara Tuawha – Working across sectors

See Figure 5.

4.1: To ensure other sector agencies work effectively together to support initiatives that positively contribute to whānau ora

Relevant components of the Ministry's integrated problem gambling strategy:

- funding principles – intersectoral approach
- strategic objectives 4 and 5
- strategic indicators 3.5, 4.1, 4.2, 4.5 and 5.1
- public health service specifications PGPH-01, PGPH-02 and PGPH-05 – particularly through national service delivery
- clinical specifications – facilitation
- CAB 100 processes.

References

Abbott M, Volberg R. 1991. *Gambling and Problem Gambling in New Zealand*, Wellington: Department of Internal Affairs.

Abbott MW, Volberg RA. 2000. *Taking the Pulse on Gambling and Problem Gambling in New Zealand: Phase one of the 1999 National Prevalence Study*, report no. 3 of the New Zealand Gaming Survey, Wellington: Department of Internal Affairs.

Amey B. 2001. *People's Participation in and Attitudes to Gaming, 1985–2000: Final results of the 2000 survey*. Wellington: Department of Internal Affairs.

Christoffel P. 1992. *People's Participation in and Attitudes towards Gambling*. Wellington: Department of Internal Affairs.

Department of Internal Affairs. 2008a. *The Department's Strategic Approach to Gambling*. URL: http://www.dia.govt.nz/diawebsite.nsf/Files/StrategicApproachToGambling_Dec08/$file/StrategicApproachToGambling_Dec08.pdf (accessed 9 March 2009).

Department of Internal Affairs. 2008b. *People's Participation in, and Attitudes to, Gambling, 1985–2005: Final results of the 2005 survey*. Wellington: Department of Internal Affairs.

Health Sponsorship Council, National Research Bureau. 2007. *2006/07 Gaming and Betting Activities Survey: New Zealanders' knowledge, view and experiences of gambling and gambling-related harm*. Auckland: Health Sponsorship Council.

Korn DA, Shaffer HJ. 1999. Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies* 15: 4.

Minister of Health, Associate Minister of Health. 2002a. *He Korowai Oranga: Māori Health Strategy*. Wellington: Ministry of Health.

Minister of Health, Associate Minister of Health. 2002b. *Whakatātaka: Māori health action plan 2002–2005*. Wellington: Ministry of Health.

Ministry of Health. 2005. *Preventing and Minimising Gambling Harm: Strategic plan 2004–2010*. Wellington: Ministry of Health.

Ministry of Health. 2007a. *Te Uru Kahikatea: The public health workforce development plan 2007–2016*. Wellington: Ministry of Health.

Ministry of Health. 2007b. *Whānau Ora Health Impact Assessment*. Wellington: Ministry of Health.

Ministry of Health. 2008a. *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey*. Wellington: Ministry of Health.

Ministry of Health. 2008b. T*e Puāwaiwhero: The second Māori mental health and addiction national strategic framework 2008–2015*. Wellington: Ministry of Health

Ministry of Health. 2009. *Statement of Intent 2009–2012*. Wellington: Ministry of Health.

Ministry of Health. 2010. *Preventing and Minimising Gambling Harm: Three-year Service Plan 2010/11–2012/13*. Wellington: Ministry of Health.

Reid K, Searle W. 1996. *People's Participation in and Attitudes Towards Gambling: Final results of the 1995 survey*. Wellington: Department of Internal Affairs.

SHORE (Centre for Social and Health Outcomes Research and Evaluation & Te Ropu Whariki). 2008. *Assessment of the Social and Economic Impacts of Gambling in New Zealand*. Auckland: Massey University.

Wither A. 1987. *Taking a Gamble: A survey of public attitudes towards gambling in New Zealand*. Wellington: Department of Internal Affairs.