



PSA Submission

Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25

Consultation document

08 October 2021

About the PSA

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 80,000 members. We are a democratic organisation representing members in the public service, the wider state sector (the district health boards, crown research institutes and other crown entities), state owned enterprises, local government, tertiary education institutions and non-governmental organisations working in the health, social services and community sectors.

The PSA has been advocating for strong, innovative and effective public and community services since our establishment in 1913. People join the PSA to negotiate their terms of employment collectively, to have a voice within their workplace and to have an independent public voice on the quality of public and community services and how they're delivered.

The PSA is an affiliate of the New Zealand Council of Trade Unions Te Kauae Kaimahi (CTU).

This submission

The PSA Mental Health and Addiction Committee (MHAC) as well as the Committee of the PSA Youth (PSAY) network have contributed to this submission. The MHAC comprises members working in mental health services in DHBs, the community public services (CPS), and in core public service agencies. The PSAY network is made up of young members up to the age of 35 years who work across all sectors of the PSA. Their views informed and are an integral part of this submission.

Our values

Solidarity - Kotahitanga

We champion members' interests with a strong effective voice. We stand together, supporting and empowering members, individually and collectively.

Social justice - Pāpori Ture Tika

We take a stand for decent treatment and justice. We embrace diversity and challenge inequality.

Integrity and respect - Te Pono me te Whakaute

Our actions are characterised by professionalism, integrity and respect.

Solution focused - Otinga Arotahi

We are a progressive and constructive union, constantly seeking solutions that improve members' working lives.

Democratic - Tā te Nuinga e Whakatau ai

We encourage participation from members. We aim to be transparent, accessible and inclusive in the way we work.

Summary

The PSA supports the proposed future direction and content of the Ministry of Health's Strategy to Prevent and Minimise Gambling Harm but believes that some adjustments are needed to ensure the problem gambling strategy is clear, fit-for-purpose and relevant moving forward. These include:

- Being more ambitious and aiming 'To promote equity and wellbeing by protecting against, preventing and **eliminating gambling related harm.**'
- Throughout the strategy, making it clear that the principle 'People and whānau at the centre' includes the **workforce**
- Upholding behaviours in relation to the principle of 'Putting people and whānau at the centre' must include an explicit **reference to the participation of the workforce in service design**
- Acknowledge and support the **existing problem gambling workforce** across DHB and community services
- Enabling **training and development** of the workforce across DHBs, community services and other relevant agencies

The PSA's position

The PSA supports the positioning of problem gambling within public health which intends to:

- protect against community health risks
- prevent illness and
- promotes health across the whole population.

Harm-related gambling is an addiction and a health issue which should attend to the individual needs of those addicted to gambling. In addition to the individual support a person addicted to gambling receives, social determinants of health such as employment, education or housing are important factors to consider when developing an effective strategy to eliminate gambling. Problem gambling is also strongly influenced by social attitudes, expectations and stigma with impacts on families, communities and workplaces. Therefore, the collective nature of the public health activities and measures of protection, prevention and promotion to eliminate problem gambling is crucial to success.

The proposed draft strategic goal is 'To promote equity and wellbeing by preventing and reducing gambling-related harm.' The PSA recommends being more ambitious and to aim 'To promote equity and wellbeing by protecting against, preventing and eliminating gambling related-harm.'

The existing workforce across DHBs, community services and public services agencies such as the Ministry of Social Development (MSD) or Corrections play a crucial role in achieving the goal of promoting equity and wellbeing by protecting against, preventing and eliminating gambling-related harm. They contribute to achieving these goals through the professional knowledge and expertise they hold as well as the variety of services they provide. This workforce must be valued and invested in through providing decent work, increased pay as well as continuous professional development. Valuing and investing in the existing workforce is also crucial to successfully attract and maintain the required quality and quantity of workers across all sectors. This workforce holds professional expertise and a unique experience of what works and what doesn't work. They should be proactively included into the development of service design in their respective workplace to ensure services are fit for purpose, high-quality and relevant to gamblers', families' and whānau's needs.

Our members' experience in the problem gambling sector

Our members highlight the multi-faceted nature, the negative impacts of problem gambling and the importance of including and training those who work with gamblers, family and whānau to create the change the strategy wants to see.

Gambling, specifically for young people, is a new and exciting activity with the potential to make money. The excitement and availability of gambling to young people is further expanded through online gambling and the 'gamification' of gambling. A [recent study undertaken by the Gambling Commission in the UK \(August 2021\)](#) explores the gambling journeys of young people. It highlights that gambling is increasingly a 'multitasked' activity (done online, on mobile) which may reduce its perceived importance and potentially the conscious recognition of time spent gambling. It also finds that friends play a 'hugely influential role' in encouraging gambling behaviour and that young people are most vulnerable when they are moving out of home.

Our members have reported from their experience working with young people challenged by gambling that some struggle with affording their daily life expenses such as housing, electricity bills, food, clothes, tuition fees, transport etc. These financial fears and challenges with potentially major life implications can motivate (young) people to gamble for money. At the same time people fear to be labelled as gamblers and gamble in secret. All these factors combined can lead to serious financial insecurity and uncertainty, anxiety, depression and social exclusion which can start a vicious cycle. Our members also observed that gambling can be associated with gangs, drugs and alcohol abuse which can accelerate the spiralling of the vicious cycle.

A young member highlighted 'doing things how we always have done them doesn't work for our youth.' Education about gambling and general budgeting of individual and household finances should happen from an early age to prevent harm-related gambling practices. Ways of effective and meaningful communication and counselling should consider the importance of feeling safe - be it for people who gamble, their family or whānau. An ambassador who is the public face of a campaign could be helpful in raising awareness and decreasing stigma in the community.

The wider workforce needs to have access to information about specialised organisations such as the Problem Gambling Foundation to refer gamblers and their families to for information and advice. Foundational skills should be provided to the wider workforce (including e.g. workers at MSD

and Corrections) to provide initial guidance (rather than professional advice) for people affected by problem gambling.

The PSA's recommendations

Recommendation 1: Throughout the strategy, making it clear that the principle 'People and whānau at the centre' includes the workforce

The PSA strongly supports the inclusion of the workforce in 'Appendix 3: Bringing our principles to life' yet it is crucial to highlight that gamblers, family and whānau *and* the workforce are at the centre of any activity that intends to protect against, prevent and eliminate problem gambling. The workforce should be included throughout the document to bring the principles effectively to life and create real change together. Participation of workers results in better services because the service design is built on workers' unique professional expertise and experience, on what works and what doesn't.

Recommendation 2: Upholding behaviours in relation to the principle of 'Putting people and whānau at the centre' must include an explicit reference to the participation of the workforce in service design

Workers' unique contribution to the design of services is their knowledge and expertise in working on the frontline. Workers have a deep understanding of what works and what doesn't work in an environment with limited resources. They have great ideas which offer practical, effective and meaningful solutions. Management approaches that support bottom-up communication and frontline voice are also crucial for creating the kind of workplace cultures that create and support continuous improvement and responsive services.

Recommendation 3: Acknowledge and support the existing problem gambling workforce across DHB and community services

The strategy does not acknowledge the existing problem gambling workforce across DHBs and CPS or describe how the existing workforce will be supported. The existing workforce is the basis of all existing services and hence crucial. This strong foundation can then be complemented by a peer

workforce and approaches to bring the voices of people with lived experiences into the mix of available support.

For instance, safe staffing has been a challenge for years for the mental health and addiction workforce. A lack of staff on duty can make service delivery and treatment unsafe for staff. Professional expertise and support are required when navigating challenging situations such as anger management which can often turn into violent conflict. Peer support workers and the introduction of lived experience should not and cannot substitute nor fill the gaps of the existing professional workforce across sectors.

To create conditions for community and clinical workers to work more effectively together they should have a collective voice in designing services - ideally across sectors and institutions. This would lead to meaningful and effective continuity of service and follow-up resulting in successful support and treatment of the person in need. This cross-sectoral service design approach is currently not taking place. An important reason is that the current health system is fragmented and doesn't incentivise cooperation between different providers and DHBs. The proposed new entity Health NZ and the health reforms in general offer a unique opportunity to break down silos - be it between community services and DHBs, between providers or between DHBs. It also offers the opportunity to include worker voice into service design as the default option. Breaking down silos and ensuring worker participation entail creating a culture shift towards cooperation and away from competition in our health system.

Recommendation 4: Enabling the development of the workforce across DHBs, community services and other relevant agencies

The PSA agrees that more can be done to improve workforce capacity and capability. Workforce development cannot only be based on incentives which encourage people to learn and develop their skills. People should be enabled to develop their skills through paid time for training and development and related appropriate funding especially for providers.

More specifically, addiction training must incorporate gambling specific training. Newly developed skills such as gambling specific services or culturally specific skills must become an integrated part of working which requires investment and time. The emphasis on health promotion to eliminate problem gambling also needs robust investment to be successful.

The strategy doesn't promote the importance of workplace level training and the creation of career pathways. This is linked to not putting a lot of emphasis on the existing workforce that supports the elimination of gambling. We recommend that this is added to the strategy document.

Thank you for considering our submission.

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