

Consultation on the Draft Strategy to Prevent and Minimise Gambling Harm

Closes 8 Oct 2021

The draft strategic plan

The Gambling Act 2003 defines harm, the purpose of the strategy (to prevent and minimise gambling harm) and key components that a strategy must include. Neither these legislative provisions nor the content of the other strategic documents and frameworks with which the proposed strategy is expected to align are under consideration in this consultation.

Refer to Consultation Document Section 2: Draft strategic plan

[Related information](#)

The draft strategic plan is the framework that is intended to drive progress towards pae ora – healthy futures. The outcomes and objectives in this section, as well as our principles and commitments to positioning gambling as an equity issue, are intended to guide our work for the long-term.

8. The proposed strategic goal is: Promote equity and wellbeing by preventing and reducing gambling-related harm. Do you agree with the proposed strategic goal, objectives, and action areas?

Yes No

If not, please explain why

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) supports the intention of the strategy to promote equity and wellbeing through achieving Pae Ora and commends the Ministry's efforts to reducing harm caused by gambling. As an organisation with over 51,000 members who represent the body of nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. We share the intent of equity and see long-term improvements in the health status and outcomes of Aotearoa New Zealand populations, simply through prioritising wellbeing, that means fairly addressing inequities for those Māori and Pacific populations most prone to vulnerability leading to poor health outcomes.

9. Does the draft strategic plan adequately reflect changes in the gambling environment?

Yes No

If not, what else should be included and why?

NZNO agrees the strategy includes appropriate changes particularly shifting cultural and social norms. However, as the strategy states further findings and assessment to identify widespread needs requires more analysis in understanding the enablers of models and workforce capacity and capability. We would expect that ongoing consult across the sector

will include our workforce perspective. As NZNO represents the largest professional health workforce who predominately are servicing the testing and vaccination centres for mate korona (Covid-19). It is important that investment in improving the continued constraints that our members are facing with minimal changes in cultural and work safe conditions, unequal pay and limited access to necessary health and safety equipment and resources, remains topical when reflecting population needs.

10. Do you have any comments to make on the priority populations including how we will address inequities?

NZNO as a bicultural organisation embraces te Tiriti o Waitangi (Te Tiriti) and contributes to the improvements of the health status and outcomes for all Aotearoa New Zealanders through influencing health, employment, and social policy development. It is important that the distinction and commitment to servicing populations is made clear and that a variety of approaches and services are utilised to inform outcomes. For Māori, that is taking a whānau centred kaupapa approach. We understand that the Whakamaui Māori Health Action Plan that is driving the implementation of He Korowai Oranga will be assuring equitable approaches are delivered, while achieving Māori high standards for health and wellbeing. Urgency for performance and accountability to be a shared response, is vital.

11. Do you have any comment to make on the matters covered under “what needs to change”?

Additional to the strategy having greater investment in culturally appropriate services and approaches, we would like to see culturally mandated services as first referral options.

Clear focus on realities of racism and stigmatisation given the research findings show that these are key triggers to increase poor mental health outcomes.

The escalation of poor wellbeing as a result of the pandemic alert rāhui has meant material hardship has increased, therefore placing an already oversubscribed workforce further under pressure. We would like to see a prioritisation to increase workforce capability and capacity. Including improved access to health literacy communication resources.

More research provided on sports and social clubs connection to outcomes of charitable trusts where funding may come from gambling facilities.

12. Does the draft service plan adequately cover what it needs to cover, for example, does it include the right types of services and activities?

Yes No

If no, what is not adequately covered and why?

NZNO agrees with the draft service plan to invest in priority populations to deliver high-quality public health and clinical services in particular those frameworks that are based on kaupapa Māori, Pacific and Asian world views. As an organisation that is partner to Te Tiriti o Waitangi (Te Tiriti) Te Rūnanga rōpū, we engage in all aspects of Te Tiriti through the active protection of tino rangatiratanga by promoting equitable health outcomes for our workforce and communities. More importantly we aim to prioritise our collective responsibility to deliver and consider the rights of those we support, especially those most at risk. Underlying challenges of health and wellbeing for many will continue to emerge, if not appropriately supported. In 2019 our Māori nursing members presented their claim in the Waitangi Tribunal Wai 2575 Hauora: Report on stage one of the Health Services and Outcomes Kaupapa Inquiry, where they addressed active protection through tino rangatiratanga and ongoing inequities experienced due to the inadequate non-cultural appropriate systems imposed on Māori

communities. It is important the strategy continues with this progression of change if it is intending to reach and improve health benefits for all.

Increase access for workplace professional development especially for primary and secondary sector to access learning opportunities to increase knowledge to best support populations, particularly Māori, Pacific and Asian, is fundamental.

13. Do you consider the proposed funding mix for services and supports appropriate?

Yes No (both)

If not, what changes should be made and why?

NZNO sees value in the strategy prioritising the consistency and sustainability of funding to support ongoing harms from gambling. More importantly, the consistency and longevity of funding should mean that new contracting opportunities steer away from existing government funded contracts of 12-18 months terms, to accommodate a long-term contractual fixed term agreement of 3-5 years. This is likely to produce more equitable and positive outcomes for workforce capability including whānau and families they support. Further investment in public health education would support public awareness and therefore likely reduce the stigma associated with gambling harm.

As noted in the strategy the impacts of Covid-19 while has resulted in a decrease in expenditure mainly for class four venues, there has been an increase in expenditure and access to online gambling portals. There is an assumption that among other emerging negative outcomes that this is likely to escalate given the ongoing alert rāhui in those urban populated regions that experience high rates of poverty, poor outcomes of health and harmful behaviours, leading to recidivism. Subsequently, poor outcomes can mean an increase in the need to access an already stretched health workforce, such as mental health workers.

How is the draft service plan anticipating the increase in need and access to mental health support services, given outcomes and recommendations raised in the Inquiry into Mental Health and Addictions which raised questions regarding the long-standing issues with increasing funding for Full-time equivalent (FTE) rates, which we know has yet to be met. Do your intentions to address pay parity mean we will expect wider equitable outcomes for the entire health workforce?

14. Do you agree with the proposed new services (including the de-stigmatisation initiative), innovations pilots and investments?

Yes No

If no, what changes should be made and why?

NZNO supports the strategy's investment action to reducing stigma for those populations experiencing multiple outcomes of adversities, particularly if this means making meaningful positive outcomes that create long-term change. For our workforce the campaign and redress of cultural safety is important to be achieved, as Māori and Pacific having to work in extreme conditions of unsafe environments, where increased reports of discrimination continue to be experienced by our workforce. This conversation is not new and the late Irihapeti Ramsden started lobbying for such change over 30 years ago with her mahi (refer to education paper - Kawa Whakaruruhau) on cultural safety standards being upheld and implemented across the sector.

We are glad to see a shared understanding that is based on lived experiences. Particularly for Māori and Pacific populations due to overrepresentation of gambling rates for these communities. We hope that a wider government agency working group to address all harmful

behaviours will be established, as you cannot address any issues in isolation to other health concerns that are contributing to harmful outcomes.

15. Do you agree with the priorities for research and evaluation that have been outlined?

Yes No

If no, what changes should be made and why?

NZNO supports information sharing from research and evaluations that provide a rigor of strength-based evidence. We anticipate that other frameworks that seek to measure wellbeing, such as the Living Standards Framework and the Child and Youth Wellbeing Strategy, have contributed or supported outcomes of this strategy's evaluation and research process.

Furthermore, the cumulative impact of populations experiencing multiple disadvantages, makes it harder to overcome challenges. Therefore, we encourage several research and evaluations to be targeted in areas where there are high rates of gambling to ensure data reflects the wider persistent impacts and disadvantages. The consultation paper - A Fair Chance for All - Breaking the disadvantage cycle, released by New Zealand's Productivity Commission, which our organisation provided a submission on, highlights research on persistent disadvantage. Areas of concern NZNO raised that relates to recommendations to support ongoing research and evaluation outcomes for this strategy includes careful analysis of existing social investment work, and the representativeness of engagement with any type of inquiry needs and should direct research.

16. Are the player expenditure forecasts for each gambling sector (D) realistic?

Yes No

Please comment if required

We agree that estimated expenditure forecasts will need to include live data, which is reliable, which the strategy has indicated will be taken into account when including latest figures from the Department of Internal Affairs (DIA) analysis.

The strategy's player expenditure forecast includes data relating to top line and bottom-line determination of levies. The data indicates that the higher the forecast player expenditure for a sector, the lower the sector's levy rate will be. Therefore, the decision to support increasing levies on an activity that seems to place financial burden on communities would seem reasonable but would not fix the systemic problem and is not the overall solution. Outcomes of a crippled economy due to the pandemic reflects the need to review expenditure regulatory requirements with caution. However, it is behaviours that influences outcomes. Further campaigns to increase public awareness of gambling, where education opportunities are targeting populations would be beneficial. We understand that DIA strategic direction is to delivering community wellbeing through reducing gambling-related harms. Therefore, we anticipate any changes made to expenditure will reflect positive preceptors of a skilled workforce that is best supported to introduce reliable resources and knowledge to help mentor and care for the communities and populations they support.

17. Are there realistic pairs of expenditure/presentation weightings (W1 and W2) other than those discussed in this consultation document? The pairs of weighting options are 5/95, 10/90, 20/80 and 30/70.

Yes No

If yes, please let us know

We support the levy options as this provides insights on actual spends and how this translates into forecast analysis. Which would be more realistic and better adapt to the unstableness of the current economic environment.

Final comments

18. Is there anything else you would like to tell us about the draft strategy or preventing and minimising gambling harm more generally?

Comment

We wish you all the best in strengthening the health and health equity of Māori, Pacific, Asian and rangatahi. We are pleased that there is an independent focus on restoring healthy and thriving aspirations for those experiencing harm from gambling.

We also anticipate huge benefits in the additional investment for the new initiatives and service models the Ministry will introduce. This only means more tailored and culturally appropriate options will made available for everyone.

We thank you for the opportunity to participate in the survey and look forward to cabinet's decision to preventing and reducing harm from gambling.

Ngā mihi nui

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