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Preventing and Minimising Gambling Harm Submissions
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This submission has been informed by a small working group of members involved in provision of gambling services, including the dedicated gambling services, child and family services and the health sector.

Aotearoa New Zealand Association of Social Workers

Aotearoa New Zealand Association of Social Workers (ANZASW) is the professional body for a national collective of more than 3,500 social workers, who have day-to-day involvement with the most vulnerable people in our society. Our work is guided by a Code of Ethics that is aligned with the International Federation of Social Workers (IFSW).

Social work is founded on principles of human rights and social justice. We are guided by the Treaty of Waitangi and respect the equality, worth and dignity of all people. In accordance with the March 2012 IFSW Global Agenda¹ “we commit ourselves to supporting influencing and enabling structures and systems that positively address the root cause of oppression and inequality. We commit ourselves wholeheartedly and urgently to work together, with people who use services and with others who share our objectives and aspirations, to create a more socially-just and fair world”. We believe the overarching principles of social work are respect for the inherent worth and dignity of human beings, doing no harm, respect for diversity and upholding human rights and social justice.

¹ International Federation of Social Workers, International Association of Schools of Social Work and International Council on Social Welfare (2012). ‘The Global Agenda for Social Work and Social Development Commitment to Action’. Available at isw.sagepub.com (accessed 13 June 2012)

Our mission is to enable people to develop their full potential; our skill-set is problem solving and facilitation of positive change in individuals, organisations, whānau and communities. We recognise the environment contains opportunities for people to be both agents of change and victims of factors beyond their control. As a profession, we strive to alleviate poverty, foster social inclusion and liberate those who are vulnerable or oppressed. Social work is evidence-based and draws on theories of human development, behaviour and social systems.

Social workers respond to crises and emergencies along with the personal or social problems that arise from experience of barriers, inequities and injustices within our society. Our interventions involve problem solving, development of coping strategies, one-on-one counselling and therapy, family and group work, agency administration, community organisation, social action and social change and helping people to access services, resources and support systems within their community. We work across government and non-government settings including community organisations, iwi agencies, private practice, youth justice, child protection, mental health, addictions and disability. We are involved in research, training, education, professional development, competency assessment, data gathering, risk assessment, structural analysis, interagency protocols and the improvement of social policy.

Key Issues

Our members report incidents of child abuse and neglect, truancy, domestic violence and hospitalisation occurring as a direct consequence of gambling. It is noted that while adults make choice about becoming involved in gambling children, young people and extended family members do not have the choice and are profoundly impacted.

It was reported that hospitalisation was often an outcome of problem gambling, caused by the choice to gamble rather than address identified health needs. Examples of this include failure to seek medical attention or collect prescription medication. All age groups are potentially affected by these gambling sequelae.

For many single and older people gambling venue provide a point for socialisation. The venues frequently provide free or very low cost meals which is an added attraction.

Concern was also expressed about the gambling industries apparent willingness to turn a 'blind eye' to exclusion orders by allowing access for excluded individuals. Evidence also suggests that the industry is not consistently taking preventive action when it is obvious that an individual is gambling excessively.

The numbers of gambling opportunities are increasing in many communities. Kowari was identified as an example of a low socio-economic community that has the highest number of pokie machines per capita in Aotearoa New Zealand. The accessibility of pokie machines in local communities has the effect of normalising gambling.

It is recognised that there is a growing level of addiction to gaming, which may or may not involve gambling, on home computers. Participants in this form of addiction do not perceive the activity as harmful, rather they are having fun. There is a potential for this form of gambling / addiction to lead to harmful gambling in settings outside the home. Of equal concern was that services for this group within the gambling / addiction community are specifically excluded from funding via the Gambling Levy. Service providers must fund services through alternative sources. Opportunities for early intervention to minimise escalation of the problem are often not maximised.

Workforce Issues

Practitioners in the gambling field who are social work qualified are eligible to become registered social workers under the provisions of the Social Workers Registration Act 2003. The Health and Disability Commissioners' Act 1994 No 88 enables registered social workers to be recognised as health practitioners within the meaning of the Health Practitioners Competence Assurance Act 2003 No 48.

Social workers in the gambling sector are also able to become members of Aotearoa New Zealand Association of Social Workers (ANZASW), the professional body for social workers.

Both registration and ANZASW membership requires social workers to be assessed as competent against a set of generic practice standards or core competencies. Gambling practitioners are able to demonstrate their competence against the standards using their gambling practice framework. This ensures that competency is maintained by the practitioners.

Potential solutions

Public Health Campaigns

There is strong support for a national public health campaign to create awareness about problem gambling. It is believed that such a campaign could be modelled on the successful "it's not OK" campaign against domestic violence.

This approach creates a strong public awareness about the impact of gambling on both the gambler and their wider family whanau. The approach would also be consistent with the Governments desire to reduce the incidence of child abuse and neglect.

Any campaign must also target specific populations in meaningful and appropriate ways. Examples of this would include:

- Children and young people living in families where gambling is an issue
- Parents
- Older people
- Ethnic communities.

Referral

It is recognised that for many gamblers and their family / whanau there is a high level of shame surrounding seeking assistance to address gambling issues. In small rural communities often the only service available to assist is Community Mental Health Teams which further stigmatises gamblers, becoming a barrier to referral.

It was felt that Children's Teams could be an appropriate referral point where children and young people are negatively impacted by gambling behaviours of their caregiver/s. Engagement with Children's Teams would ensure that there is a comprehensive psycho-social assessment completed and the opening of referral to appropriate support agencies. Whanau Ora Services would similarly be an appropriate referral point.

In the absence of Children's Teams or Whanau Ora Services there needs to be a multi-disciplinary team established to be the primary referral point. It was felt that the Strengthening Families model was a highly appropriate model for responding to family / whanau with gambling issues.

In many sectors intake and initial screening tools screen for domestic violence as a matter of course. The Working Group believes that gambling harm should be routinely included in screening tools.

Funding

The Working Group felt that the restriction of funding of gambling services to users of Casino gambling machines, Club gambling machines and Pub gambling machines is restrictive, reducing opportunities for early intervention and intervention for people accessing online gambling and gaming from home computers.

The Working Group believes that enabling Gambling Levy funding to be used for other forms of gambling would enhance the minimisation of harm from gambling.

There was strong support for Gambling Levy Funding to be link to Children's Team and Whanau Ora resourcing. This approach would create better opportunities for providing a holistic approach to service provision.

Gambling funding must be clearly connected to Government Priorities to reduce the abuse and neglect of children and young people, and improve outcomes for vulnerable people.

Funding must also be 'joined up' to services provided to older people in a way that creates clear pathways for service access.

Recommendations

That there is a public health gambling campaign developed for both the general population and targeted at risk populations

That there are clearly defined first points of contact referral points in all communities to facilitate easy access to both prevention of gambling and provision of 'treatment' to those whose gambling is causing harm.

That practitioners across the social service sector are encouraged to include screening for gambling as a routine part of psycho-social screening.

That funding models are refined to ensure;

- that there is capacity to provide services to people with gambling / gaming addictions manifested in private settings
- that there are clear linkages with funding targeted to Government priorities such as
 - Youth Mental Health Project
 - Vulnerable Children work stream
 - Drivers of Crime work programme with a focus on conduct disorders and alcohol and other drugs
 - Youth Forensic Services development
 - Suicide Prevention Action Plan implementation
 - Whānau Ora initiatives