

Report of the Director of Public Health to the meeting of Corporate Overview and Scrutiny Committee to be held on 21st March 2024

AG

Subject:

This report presents an update on progress of Bradford Councils' Gambling Cross Departmental action plan, specifically focusing on clear outcomes achieved and next steps.

Summary statement:

Harms associated with gambling are widespread and can have significant adverse impact on individuals, their families, significant others, and wider society. Harms include physical and mental health issues, relationship difficulties, performance impact at work or study, debt and housing issues. Wider impacts include poor productivity, crime and costs of treatments. As more is understood about gambling and its harm, more can be done to prevent and address gambling related harm, and to support those affected by it; a co-ordinated response across the whole Council and its wider stakeholders, partners and communities remains key.

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Portfolio: Healthy People & Places
Overview & Scrutiny Area: Corporate

1. SUMMARY

- 1.1 Harms associated with gambling are widespread and can have significant adverse impact on individuals, their families, significant others, and wider society. Harms include physical and mental health issues, relationship difficulties, performance impact at work or study, debt and housing. Wider impacts include poor productivity, crime and costs of treatments. As more is understood about gambling and its harm, more can be done to prevent and address gambling related harm, and to support those affected by it; a co-ordinated response across the whole Council and its wider stakeholders, partners and communities remains key.
- 1.2 At Corporate Overview and Scrutiny Committee in January 2023, an update report was presented detailing progress against the Gambling Harm Prevention Working Group gambling cross-departmental action plan. Committee asked that a further progress report be presented in 12 months with specific focus on clear outcomes. It was agreed that representatives from Northern Gambling Service be invited to attend the meeting.
- 1.3 This report provides an update on local action, sets out new/continuing priorities for the Gambling Harm Prevention Working Group and supplies relevant regional and national updates.
- 1.4 Members are asked to consider the activity and interventions of the Council and its partners aimed at preventing and reducing gambling related harm (GRH) alongside the new priorities, and support and/or make recommendations for further Council, department and or wider stakeholder intervention.

2. BACKGROUND

- 2.1 Bradford Council operates a Gambling Harm Prevention Working Group which has been in place for 2 years. Membership includes several Council departments and services: Public Health; Licencing; Youth Service; Early Help; Schools/ education; Children's social care; Adult's social care; Place; Communications and marketing. In addition, local service providers for alcohol and drug treatment, Department for Working Pensions and Families and Young Persons Information attend.
- 2.2 The Group previously met six weekly, but following consensus now meet on a quarterly basis, the group's purpose is to: reduce the impact of gambling-related harms in Bradford through raising awareness of GRH facts and promoting available support; implement the gambling harms reduction action plan, keep this up to date and review annually; identify additional areas of concern around gambling related harms; identify potential actions and opportunities and monitor the impact of the gambling harms reduction action plan.
- 2.3 An annual report to Corporate Overview and Scrutiny Committee is made to provide updates on gambling across the Bradford district and specifically in respect of works undertaken to reduce and prevent gambling harm. Gambling harm is a considered to be a public health issue given the potential health and other harms caused.

3. GAMBLING, WHAT WE KNOW

- 3.1 Gambling is traditionally known to many as the exchange (or risk) of money/belongings for chance, the outcome/purpose is to win a prize, or receive a higher return on the amount bet. For many, it can be limited pastime and part of history and culture. For others, it can be the cause and contributor of many harms, to the individual and the people around them.
- 3.2 The Gambling Act 2005 defines 3 types of gambling: betting (making or accepting a bet on outcome/likelihood of an event/process); gaming, playing a game of chance for a prize which can involve chance/skill; lotteries, whereby payment is required to participate, one or more prizes are awarded, and award is by chance.
- 3.3 The Gambling Commission (GC) is in place to license, regulate and provide guidance to individuals and businesses that offer gambling in Great Britain, UK wide this also covers the National Lottery. GC is an executive Non-Departmental Public Body (NDPB) sponsored by the Department for Culture, Media and Sport (DCMS) and was created under the Gambling Act 2005. The GC holds responsibility for making sure all licensing applications meet 3 objectives; preventing crime or disorder associated with or supporting crime, ensuring that gambling is conducted in a fair and open way and protecting children and other vulnerable people from being harmed or exploited by gambling. The GC is funded by fees set by DCMS and paid by the individuals and businesses they license.
- 3.4 Due to technology and globalisation, there has been a shift to online gambling in recent years. With almost all adults having internet access, gambling products are easily available, 24 hours a day, and are no longer confined to place or time. In person gambling opportunity is still very accessible however, with licenced premises being available on most high streets; at last count, there were 8,301 licenced premises in Great Britain (April 2022 to March 2023).
- 3.5 The gambling industry is high income, latest figures from the Gambling Commission (April 2022 to March 2023) report a gross gambling yield (total value taken less that paid out) for Great Britain of £15.1 billion (£10.9 billion excluding all lotteries), this is a 6.8% increase on April 2021 to March 2022.
- 3.6 The Gambling Act requires that gambling industry operators donate (though are required through licence) towards research, education and treatment for gambling, and this is applied by the Gambling Commission. The recommended donation is 0.1% of profits and currently this is passed to GambleAware, a UK charity. In 2022-23, GambleAware received £46.5m in donations, £42.9m from the 4 largest UK gambling operators.

Gambling Harm

- 3.7 In 2021, Health Survey for England (HSE) results looking at gambling participation and prevalence of at-risk and problem gambling, found that 50% of adults (aged 16 and over) had participated in a gambling activity in the previous 12 months. Of those who had engaged in gambling, buying national lottery tickets was the highest activity (34%), followed by other lottery (14%) and then purchase of scratch cards (14%). Men were more likely to gamble than women (55% against 45%) and one in ten had taken part in online gambling in the prior 12 months.
- 3.8 A Gambling Commission telephone survey on participation and problem gambling (conducted quarterly for 1 year 2022-23 with adults aged 16 and over) identified that overall participation in any gambling activity (in the four weeks prior to the

- survey) was 44%; in-person gambling participation was at 27% and online gambling participation rate was 26%, this was similar to previous years' results.
- 3.9 Concerns about gambling arise for those who might be classed as engaged in at risk gambling or problem gambling and in the wider context, for their close or affected others. At risk or harmful gambling, is indicated where screening identifies that a person is at higher risk of experiencing negative effects due to their gambling behaviour (a combined low and moderate risk screening being termed harmful gambling); problem gambling is defined as gambling which happens to such a level that it compromises, disrupts, or damages family, personal or recreational life.
- 3.10 The HSE (2021) report references the use of two screening tools used to identify at risk or problem gambling. The Problem Gambling Severity Index (PGSI) is a standardised measure of at-risk behaviour and based on common signs and consequences of problematic gambling. This self-assessment has 9 questions and scores gambling behaviours over the previous 12 month period, response scale goes from 'never' to 'always', the tool has an upper score of 27. The Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV) uses ten diagnostic criteria ranging from 'chasing losses' to 'committing a crime to fund gambling' and is assessed against a four-point scale, going from 'never' to 'very often', the highest score here is 10. Under the PGSI, 1 - 2 is given to be low risk and a score of 3 - 7 is moderate risk; a score of 8 or over is indicative of problem gambling. A score of over 3 in DSM-IV is indicative of problem gambling.
- 3.11 The more gambling activities a person is engaged with, the more likely they are of being at risk from or engaged in problem gambling. HSE (2021) report that of those who had spent money on gambling on 4 or more different gambling activities, 27.8% were more likely to engage in at-risk or problem gambling, against a 4.6% who engaged in two or three different activities and 1.6% who engaged with one activity. Online gambling for at-risk gamblers (23.4%) is reported to be more than double that of the general population at 9.4%.
- 3.12 The impact of gambling harm is wide ranging, affecting individuals, families, significant others and wider society. OHID (2023), in its evidence review (based on data from 2018) estimated that 0.5% (245,000) of the adult population experienced gambling harm, with 3.8% (1.8m) gambling at at-risk levels; 7% (circa 2.6m) of the adult population are estimated to be negatively affected by somebody else's' gambling. The review describes and explains a range of harms which can be experienced by the individual and close others:
- Financial - including debt, bankruptcy, impact (severe in cases) on loved ones, including children, relationship breakdown. Debt issues were identified as leading to other problems such as relationship, physical and mental health and crime.
 - Relationship - including reduced family functioning, relationship difficulties, increased levels of conflict and strain with impact on wider family and children, and on social support and networks.
 - Mental and physical health – most experienced and noted are anxiety and depression, reported emotions experienced include guilt, shame, loneliness and sleep problems alongside self-neglect, low self-esteem and sleeping difficulties. Again, wider impact on close others similarly noted as anxiety, depression, psychological issues and sleep difficulties.
 - Employment and educational harm – such as difficulty in concentrating at work, being late or absent, demotion and job loss. For close others, including children, impacts include performance at work and issues at school and learning due to

homelife chaos.

- Criminal and anti-social behaviour – includes gambling-related financial difficulties linked to crime such as selling drugs, theft and fraud, the latter which could be committed against close others.
- Cultural - through which GRH is influenced by cultural norms, so it may be against cultural norms thereby causing those gambling and their close others to feel such as shame and isolation or whereby gambling is normal part of life and therefore harms can be passed generationally.

3.13 Estimates of the economic and social cost of gambling related harm has recently been provided by OHID (2023). The annual excess to government is given to be £413m, whilst wider societal costs are calculated to be between £635m and £1,355b so giving a combined total of up to £1.77billion. The addition costs are noted to be an underestimation as they either don't include or only partially include costs associated with crime, education, cultural harms and impacts on relationships and families.

Suicide

3.14 The association between gambling and suicide, suicidal ideation and suicidal attempts has been explored through a number of studies in recent years and links corroborated. Recent estimations by OHID (2023) indicate that up to 496 suicides are linked to gambling every year in England, this being placed at 650 for the UK by Gambling with Lives (GwL), a national charity set up by families bereaved by gambling-related suicide.

3.15 Debt and money loss are a prominent feature in gambling related suicide however the experience of bereaved families identifies that the harm caused to the individual, their loved one, is much deeper, leading to feelings of despair, low self-esteem and self-loathing. For these families, gambling is identified as both the root and trigger of the suicide (GWL, 2023).

3.16 In 2023 Government published its new National Suicide Prevention Cross-sector Strategy for England which for the first time acknowledges that gambling is a dominant factor and cause of death by suicide. Of relevance, alongside harmful gambling, physical illness, financial difficulty, substance misuse, domestic abuse and social isolation/loneliness are now also priority areas to be addressed within the strategy.

Risk factors and vulnerability

3.17 Risk factors associated with harmful gambling can be complex and changeable and particularly in describing vulnerability. However, whilst further, more in-depth research is needed in the area, there are many known situational and demographic factors which are linked to gambling related harm and evidence of inequalities in how these are experienced. HSE (2021) findings on risk factors include:

- higher participation in online gambling, this includes slots, casino, bingo, events
- participation in 7 or more gambling activities
- being male
- using alcohol
- experiencing poor mental health

- poor health, low life satisfaction and wellbeing
- 3.18 Whilst higher rates of gambling were found in people in employment, and from less deprived groups, the socio-demographic profile shifts as gambling risk increases and more gambling harm is linked to those people living in more deprived areas and unemployed thereby indicating a link to increased inequalities.

Young people

- 3.19 The most recent report providing an understanding of young peoples' exposure to, and involvement in gambling, comes from the annual Young People and Gambling Survey (2023), conducted on behalf of the Gambling Commission. The survey, conducted in schools through self-completion, collected data from 11-17 year olds (previous years this was 11-16 year old) on questions related to where they gamble and who with, their perceptions of gambling, and advertising awareness. Key findings are:
- 26% had spent their own money on gambling in the previous twelve months, arcade gaming betting/playing cards for money with friends or family being most common
 - 19% of young people had spent their own money on regulated gambling and 14% on unregulated forms of gambling, for example between friends and family
 - 1.5% were classed as being at risk of gambling harm and 0.7% of experiencing problem gambling (boys 0.9%, girls 0.1%)
 - 28% of young people had seen their family members gamble.
 - Gambling advertisements has been seen by 55% and 53% offline and online respectively
 - 15% followed a gambling company on social media, YouTube (10%), TikTok (9%) and Instagram (7%).
- 3.20 Many young people spending their own money gambling in the previous 12 months (80%) viewed this as a fun activity, though less than 17% said it made them feel happy.
- 3.21 For children and young people, risk factors associated with gambling related harm include; impulsivity; forms of substance use; of male gender; having mental health difficulties, particularly depression; having existing problems with gambling; displaying anti-social behaviour; having poor academic performance and peer influence.

A Whole Council Approach

- 3.22 The Local Government Association (2023) is supportive of a whole Council and wider organisational approach to prevent gambling harm, to support those who are experiencing gambling harm and to reduce exposure to it. A number of recommendations are made by the LGA for local action: raising awareness of and ensure gambling related harm is understood within frontline services and that is given the same status as issues such as mental and physical health, thereby enabling conversations to be had and support offered; developing local referral pathways and ensuring support is easily accessible; building data and other knowledge of gambling harm, to fully understand the extent of the issue and respond accordingly, and leading the reframing and communication of how gambling harms are described, challenging the stigma attached which can often

prevent people from asking for help.

4. LOCAL ACTION

Gambling cross-departmental action plan update on outstanding December 22 Plan (Appendix A)

4.1 Local data, gambling related harm

4.1.1 A commitment is made in the action plan to maintain and publish up to date information on the numbers of Bradford residents at risk of and experiencing problem gambling/gambling-related harms, and on the status of gambling premises across the district. This is to increase knowledge and assist future planning/interventions.

4.1.2 In December 2023, the Office for Health Improvement and Disparities (OHID) published prevalence estimates for each Local Authority on the number of adults who gamble and who might benefit from treatment or support for harmful gambling. This is the first time such prevalence data has been made available and is reflective of the increasing focus and concern about gambling harm nationally. The estimates were further broken down to give the level and intensity of support which may be required by the individuals. Table 1 provides the prevalence estimates for those who may need help and the level and intensity of support which may be needed.

Table 1: Estimated prevalence and support intensity which may be needed, Bradford (OHID Dec 23)

<i>Bradford estimate, Adult treatment and support need</i>	<i>Treatment or support level and intensity</i>
1830 (11.2%)	1 Brief advice. This typically involves a brief conversation that could be delivered by non-specialists. It also includes referral to self-help groups, such as online forums
8804 (54.1%)	2 Extended brief interventions. This typically involves 2 or 3 sessions of motivational interviewing delivered by gambling-specialist practitioners
1628 (10%)	3 Psychosocial interventions delivered by voluntary sector services. This typically involves around 6 sessions of psychosocial treatment delivered one-to-one or in a group format by gambling treatment practitioners and vary in their techniques and structure. The minimum qualifications needed to deliver these interventions depends on the service provider.
3493 (21.5%)	4 Psychologist-led CBT. This typically involves 8 to 14 sessions of CBT for gambling disorder, delivered by clinical psychologists or CBT-accredited psychotherapists. It may also include psychological therapy for co-existing mental health conditions.

528 (3.2%)

5 Intensive residential treatment. This typically involves a 12-week residential treatment programme that would include one-to-one therapy and group sessions. 6. Peer support. For example, peer support groups like Gamblers Anonymous, GamLearn, PeerAid, as well as GamFam

- 4.1.3 The estimates indicate a potential 16,283 adults at risk of or experiencing gambling related harm in the Bradford district, and who may benefit from support/treatment. This is a rate of 4,076 per 100,000, second highest in the region with Leeds being marginally higher at 4,094 per 100,000 (Calderdale 3,561 per 100,000 / Wakefield 3,708 per 100,000 / Kirklees 3,753 per 100,000. Yorkshire and the Humber region estimate is 3,721 per 100,000.
- 4.1.4 The estimates suggest that the majority (8,804) of adults might benefit from a level 2 intensity treatment, which involves 2 or 3 sessions of motivational interviewing by specialist gambling practitioners.
- 4.1.5 Alongside estimates of adults who may need support, OHID published the estimated number of children living in the same household as an adult who may have support needs. This is estimated to be 10,302 for the Bradford district and against the 5 intensity levels breaks down as follows: 1 – 1105; 2 – 5536; 3 – 1073; 4 – 2281; 5 – 307.

4.1.6 Treatment and support options

- 4.1.6.1 A range of treatment and support options are available for adults or affected/concerned others seeking help for GRH. This includes such as peer support, Lived Experience and Recovery Network, Citizens Advice Bureau, mental health support and specialist NHS provision. A range of self-exclusion/regulation tools are also available, further information can be found on the NHS website <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>. Access to residential rehabilitation for gambling related harm as may be required for a number of Bradford residents, is only available privately at present.
- 4.1.6.2 The NHS Northern Gambling Service (also known as the Northern Gambling Clinic) is one of 2 providers offering and delivering one to one services' to people living in Bradford district. The service is available face to face, via telephone or online appointment. The Northern Gambling Service (NGS) offers specialist addiction therapy and recovery to people affected by gambling addiction, including people experiencing mental health problems such as depression, anxiety, trauma, and suicidal feelings, alcohol and/or drug use issues and those homeless or in unstable housing. Support is also offered and provided to those affected by someone else's' gambling; family, friends and significant others. NGS has a local clinic in Leeds (others in Manchester and Newcastle) and provides a clinical service through psychologists, therapists, psychiatrists, and mental health nurses and experts by experience. Since October 2019 to present (end January 2024) NGS have received 57 referrals for Bradford residents.
- 4.1.6.3 GamCare Yorkshire and Humber is the second service providing gambling related support to people experiencing GRH and to others affected by it.

Again, services are provided face to face, online or over the phone and short and longer-term advice and support options are available. The service also offers a Money Guidance Service which provides tailored guidance to anyone experiencing gambling related financial problems (through theirs or another's gambling). The National Gambling Helpline is provided by GamCare and is available 24 hours a day, full year round, and offers one to one telephone or live online chat so giving immediate support, whilst offering/locating local support for the person. GamCare is a largely industry funded organisation and in early 2023, announced a continued 3 year funding package from GambleAware which will see enhanced services across Yorkshire and the Humber, amongst other areas.

- 4.1.6.4 Latest treatment data from GamCare is expected March 24. The most recent data available, and provided in 2023 update report, covers the period April 2021 to July 2022. In this time a total of 88 people from Bradford accessed treatment for gambling harms and 122 people called the helpline. The majority accessing treatment (67%) and calling the helpline (65%) were men, and the largest age category for both 26 to 35 years.
- 4.1.6.5 Of those seeking treatment, online gambling accounted for just under half (49.1%) of gambling activity and just over half (52%) of those calling the helpline. The next common activity for both those seeking treatment and those accessing the helpline was gambling in bookmakers, with 22% and 21% of activity, followed by casinos with 14% and 13%, respectively.
- 4.1.6.6 For those accessing treatment, online casinos were the most commonly used online activity, with 37.2% saying they used 'online casino slots' and 12.4% saying they used 'online casino table games'.
- 4.1.6.7 Harmful impacts given from those accessing both treatment and the helpline marry to those referenced earlier, commonly: financial difficulties; anxiety/stress; depression/ low mood; family/relationship difficulties; feeling isolated/ lonely; history of or current suicidality; diagnosed/undiagnosed mental health problems; work difficulties.
- 4.1.6.8 For young people 18 and under, GamCare provide a Young People's Service and can support anyone aged 18 and under in the UK. The service is available to young people experiencing harm or at risk of or if they are affected by someone else's gambling. Young people can self-refer and contact is welcomed by anyone worried about a young person in relation to gambling. National Gambling Helpline is also available to under 18s. Data from GamCare is expected March 2024.
- 4.1.6.9 There is no current referral or treatment data from local mental health services.
- 4.1.6.10 Significant barriers exist to people seeking help for gambling harm. key barriers are those related to associated stigma, personal embarrassment and shame, and debt and the concern which the individual feels about this. For many, there is a desire to keep the issue private or even secret. In addition, people may not be aware of the treatment and support available or have doubts about how effective it might be. Gambling, in recent years, has frequently been reported as the hidden or secret addiction.

4.1.6.11 The prevalence of gambling harm in the Bradford district, set against the numbers asking for and receiving help (as known) indicate both that barriers to support exist and not enough is known about the true impact for local citizens, for example, through associated harm felt on health, housing, finance and relationships. At worst, only a tiny proportion of adults estimated to need support are receiving it and there is less known about children and young people living with an adult needing support and the outlet and impact for them. The data presented by OHID whilst gives a useful high level indicator of need identifies limitations and gaps in the breadth of local data and intelligence. In response, the Gambling Harm Prevention Working Group will: expand its membership in 2024- 25 to include partners from mental health providers, debt support services and more young peoples' services; build its data and other knowledge of gambling harm through partners; enhance awareness raising of gambling related harm to ensure this is widely understood including routes to support and treatment.

4.1.7 Licenced premises

4.1.7.1 As at end January 2024, Bradford has 503 premises with a gambling licence. This is an increase of 26 against the position in November 2022 (477). The premises, and change from previous reports, breaks down as follows: 62 dedicated gambling premises (this can be betting shops, bingo halls, adult gaming centres, family entertainment centres (FECs), casinos, race-courses and other tracks), an increase of 6 against last year; 386 pubs and hotels, giving an increase of 58 on the last report and 55 clubs or similar, a decrease of 38.

4.1.7.2 Against the increase in gambling premises, 2 are adult gaming centres, 1 bingo hall and 1 betting shop (to note, difference in number is likely due to gap in timing of reports). It is not clear why there has been a rise in the increase in pubs and hotels however this may be due to increased licencing activity/visits resulting in correct permissions to hold gaming/gambling machines being sought. The decrease in social clubs and similar is considered to be due to a decline in club culture in general.

4.1.7.3 City Ward has the highest proportion of dedicated gambling premises in the district at 33% (21). 41% (25) fall within the most deprived (10%) decile areas of the district. Conversely, there are no gambling premises in the least deprived 40% decile (IMD decile 7-10) areas of the district, see Figure 1. Higher proportions of dedicated gambling premises are found in City ward (21) and Keighley Central (8), areas where over 30% of population are aged between 0-18 years.

4.1.7.4 Of the 386 hotel and pub premises noted, 360 have 2 or less gaming/gambling machines and 26 have 3 or more. Again, 35% (126 premises) of these are located within the most deprived (10%) decile areas of the district compared to only 1% (4 premises) within the least deprived.

4.1.7.5 City Ward has the highest number of premises (49) with 2 or less machines and areas with higher proportion of children aged 0-18 years also have more premises with 2 or less machines; City ward (49), Keighley Central (22) and Shipley ward (20). See Figure 2.

Figure 1: Gambling premises within the District by IMD

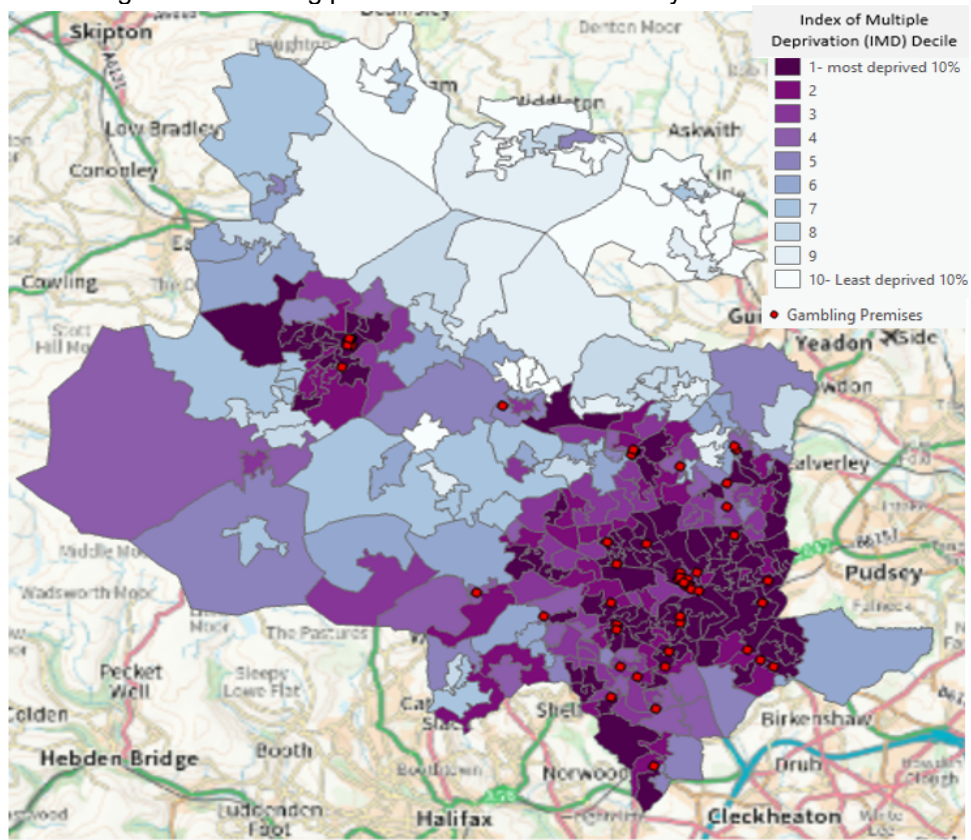
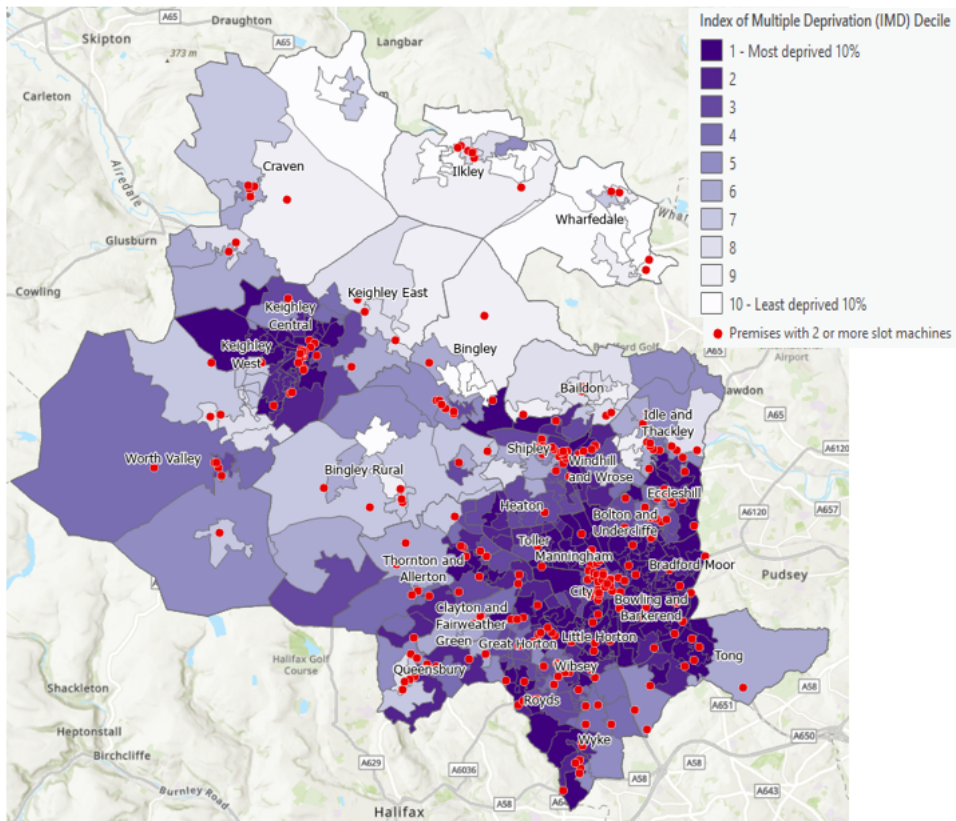


Figure 2, Premises with 2 or more gaming/gambling machines within the District by IMD*



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4.1.7.6 In the last year, no reports have been received by Bradford Council Licencing Team of underage activities in gambling premises.

4.1.7.7 Increased gambling harm is linked to people living in more deprived areas and unemployed and increased exposure to gambling can make some people more vulnerable to gambling harms, e.g. people experiencing poor health and mental health or with poor life satisfaction. As a significant number of premises are in the most deprived areas, this heightens the potential risks to those groups and the potential to exacerbate health inequalities. The Gambling Harm Prevention Working Group will consider these implications as part of its work programme and in rolling out future training opportunities.

4.1.8 Planning

4.1.8.1 change of use from a vacant retail unit to a bingo hall. Whilst there is no legal definition of bingo under the Gambling Act 2005, the Gambling Commission has worked with industry stakeholders to define 3 principles of bingo; it must be played as an equal chance game, it must involve a degree of participation and it must have a clearly defined end point. To be classed as bingo it must meet the Act's definition of "equal chance gaming" (as opposed to casino gaming). The application During 2023, one planning application was made to Bradford Council for was approved. There were no other applications for any gambling establishments during the period, with very few such applications in the last 5-6 years.

4.2 Age of Wonder

- 4.2.1 A position was taken to work with the Age of Wonder research programme (Bradford Institute for Health Research) to collect information about gambling in young people from secondary schools across the district. A series of 14 item questions were added to the Age of Wonder survey which was delivered to children in years 8-10 in all secondary schools. The survey questions can be accessed via: https://borninbradford.nhs.uk/wp-content/uploads/AoW_YPSurvey_231-1.pdf.
- 4.2.2 The Born in Bradford: Age of Wonder young people's survey was completed by students in academic years 8, 9 and 10 at participating secondary schools across Bradford. Students provided self-reported responses across a number of items, including whether they, or their immediate family, had participated in various gambling activities.
- 4.2.3 Prerelease data from academic year 2022-23 included responses from approximately 2000 students. Preliminary findings indicate approximately a third had ever gambled with their own money. The most common forms of gambling were slots and private bets (including card games), with approximately 20% and 10% of students indicating they had ever participated, respectively.
- 4.2.4 10% of students reported their immediate family (i.e., parents/guardians) having played the Lottery or slot machines in the last 12 months, which were the most common activities reported for family. It is noted, however, that approximately a third of all responses to each item were that they were unsure whether immediate family had participated.

4.3 Reducing gambling harm, young people

- 4.3.1 A review was undertaken to ascertain availability of evidence-based school and parent-based resources to educate on gambling related harm amongst young people, including the use of gambling-like activity in gaming. The review indicated that there were no appropriate resources available, and a service was commissioned via Public Health to develop resource and implement training.
- 4.3.2 Step 2, a Bradford based service providing a range of support for young people, parents and professionals have, since April 2023, offered GRH sessions to schools across the district. The sessions are one hour long and are delivered using resource made available from Gambling with Lives.
- 4.3.3 During the last term of 2023, the gambling harm session was delivered to approximately 650 pupils in one school and to a further 280 in another, the session was delivered in assembly, thereby allowing a high volume of children to receive the content (at schools request).
- 4.3.4 In addition, the service has delivered in one youth club and one specialist provision, to a further 18 pupils in total.
- 4.3.5 Whilst well received by those receiving the offer, take up has been slow and under that expected, with only 3 currently having received or committed to receive the training. There is no conclusive reason for this however, time and capacity for schools to support additional sessions may be limited. Public Health has allocated funding to continue the training in 2024.25 and this will include gathering detail on schools/services offered the training and accepted/refused and any reason for this, in addition, a training offer to parents and carers will be made. The offer will be prioritised as per indicated areas of potential higher need.

4.4 Local Action, Gambling cross-departmental action plan, January 2024

4.4.1 The Gambling Harm Prevention Working Group have reviewed the plan and delivery and agree that most commitments must remain and particularly the need to both understand more about gambling harm in the district, its presentation and impact, and also to increase awareness of gambling related harm and the support which is available. Wider partners and stakeholders need to be involved in and contribute to the conversations and action and particularly mental health service, debt support and those working with young people. The group will continue to be led by public health and will work to address harmful gambling as a growing priority, and to do this across wider stakeholders and partners. The group will consider how to involve and learn from those with lived experience which is a gap currently. The revised gambling cross-departmental action plan 2024- 2025 is provided at Appendix B.

5. REGIONAL UPDATES

Yorkshire and the Humber Associate Directors of Public Health (ADPH) Gambling Related Harms Programme (2021-2024)

5.1 Gambling-related harm, training offer

- 5.1.1 As part of Yorkshire and the Humber (Y&H) ADPH Gambling Related Harms Programme, the Office for Health Improvement and Disparities (OHID) has commissioned Gambling with Lives to deliver awareness training to frontline staff across the region. Up to 25 online training sessions (of 3 hours) are to be delivered between April-August 2024 and will be made available to 750 frontline staff in total. The training package has been developed with people with lived experience and aims to upskill staff to identify early signs of harms associated with gambling.
- 5.1.2 The need for training was identified and championed by members of a Y&H Community of Improvement (CoI) on behalf of the Directors of Public Health, and need was further evidenced through the completion of a Training Needs Assessment (TNA) and analysis carried out in conjunction with a range of frontline support services in Local Authorities and community bases.
- 5.1.3 As is noted, is recognised that greater awareness of harms and reduction of stigma is needed to create supportive environments where seeking help is not only acceptable but encouraged. Issues with gambling are often not recognised early enough or are hidden. The insight gathered from men who gamble demonstrated that many underestimate the risks of their gambling and lose track of time and money spent, they often downplaying any worries and not discussing losses. Other factors which may influence willingness to speak out include:
- Cultural stigma- gambling may be forbidden;
 - Addiction to gambling isn't regarded as seriously as other addictions;
 - Gambling is advertised as 'fun', it's common for people who are harmed to feel like the exception, making it hard to share what is happening;
 - A lack of information about the real risks of gambling products.
- 5.1.4 To seek help for concerns about gambling, people need to feel comfortable discussing their worries without fear of negative consequences or stigmatising responses, whether as the person who is gambling or someone close to them. Supportive and non-judgemental conversations about the realities of gambling, gambling products and associated risks are part of the approach to achieve this.

5.1.5 For Bradford, OHID have allocated 70 training places and, as spaces are limited, the Gambling Harm Prevention Working Group has identified the following teams/services to receive the training:

- Family Hubs navigators
- Social prescribers
- Wellbeing Hubs

5.1.6 The rationale in selecting the above teams/service is that they have direct contact with adults and families in the most deprived areas and where gambling premises are situated. Staff within these services are considered best placed to intervene early to prevent harm, and in a non-judgmental way. This will ensure that people who are seeking help related to gambling harm are engaged in discussion creating the potential to prevent further harm.

5.1.6.1 The training will aim to:

- Support early intervention, prevent and reduce gambling harms
- Raise awareness of and increase knowledge about gambling products and related risks
- Increase skills and confidence of staff to raise the topic of gambling harm with any adult and continue a brief, supportive and non-judgemental discussion (Very Brief Advice/Intervention), incorporating a 'Making Every Contact Count' approach, and how to signpost/refer to services
- Develop skills, knowledge and confidence to discuss gambling harms generally in everyday interactions (with clients/customers/patients), to reduce stigma and increase likelihood of help-seeking by those experiencing harm
- Develop capability within workforces which could also build community capacity to prevent and reduce gambling-related harms.

5.1.6.2 Post training delivery, focus groups will be held with some participants and others will be asked to complete a survey to enable understanding of how the training has been embedded into practitioners' day-to-day roles. GwL will be arranging this and the feedback will be incorporated into the evaluation. Public Health will follow up with trained organisations as part of its commitment to building data and other knowledge of gambling harm in the district.

5.2 Gambling Understood Campaign

5.2.1 During 2023, the ADPH Gambling Related Harms Programme also commissioned the development and delivery of a regional gambling harm reduction campaign, 'Gambling Understood', which is aimed at increasing public knowledge on prevalence, harms, tactics and support available. The campaign provides focus on the facts which will in turn, is intended to encourage and empower people to talk and seek further information and help. The main calls to action from the campaign are:

- Know the facts
- Let's talk about gambling harms
- Look out for others
- Get information and help

5.2.2 The campaign provides fact based, responsible messaging and assurance process in that:

- All messaging is rooted in evidence and citations are available
- All materials are developed under Advertising Standards Authority (ASA) and Committees of Advertising Practice (CAP) codes
- All digital assets will go through the Clearcast Clearance Process

5.2.3 The 'Gambling Understood' campaign was delivered in two bursts. Burst 1 occurred between 21st August and 30th September 2023 and concentrated on increasing audience knowledge about the current context of gambling environments and products and enabling understand the real risks they present. This element is intended to reframe the traditional narrative about gambling and move people to discuss the issues and express views.

5.2.4 The campaign is considered to have had relative success for reach when figures are compared to usual engagement rates for similar campaigns (see below). The following media platforms/channels were used across the region and therefore into Bradford district:

- a) **Google Search:** Google impressions, total **4,075**; Google clicks, **223**. Click through rate (CTR) **5.47%** (CTR for Google Ads should fall somewhere between 3 and 5%)
- b) **YouTube In-stream adverts:** YouTube impressions, total **459k**; YouTube video view rate, **52.53%** (Average YouTube view rate is 31.9%, Gambling 24.4%, Health 29.6%, Government & Advocacy, 29.6%)
- c) **Snapchat:** Snapchat impressions, total **123,816**; Snapchat swipes, **2,686**. Swipe rate, **2.17%** (Good average Swipe-up rate is between 0.35% and 1.5%)
- d) **TikTok:** Impressions, total **94,907**; TikTok clicks, **842**; Click through rate (CTR): **0.89%** (CTR of over 1% indicates that you're doing well)
- e) Bus Shelter digital sheets: located in Bradford Cheapside, Sunbridge Road, Market Street, Broadway and Bank Street.

Total Y&H online cross platform impressions, **682,116**; Total website clicks, **1,444**. | Total video views across all platforms, **336,008**.

5.2.5 Across the region, 'those who gamble' gave the biggest google impression (3,517 from 4,075), significantly, those in the 'affected other' category response (193 from 4,075) had the higher CTR (%) at 22.28% vs 4.41%.

5.2.6 Burst 2 ran from December 2023 to the end of January 2024 and focused on increasing the audience's understanding of potential signs of harm to look out for and increasing knowledge of where to go for help if worried or concerned about gambling (their own or others).

5.2.7 Data from both is currently being analysed and campaign outcomes and learning points are expected in March with a final evaluation report due in April. The evaluation will look at the impact of the campaign on perception of risk relating to gambling and gambling products, and whether this changes any intention to seek help, advice or information.

5.2.8 For Burst 2, it is noted that 51 organisations (896 regional) from Bradford were engaged with the campaign promoting the specific eight key messages aimed at people at risk or who are currently experiencing gambling related harm and need, the 8 messages of burst 2 are given in Table 2.

Table 2: Gambling Understood Campaign Burst 2, key messages

Message 1: GAMBLING AND... CAN'T STOP THINKING ABOUT IT?	Is gambling making you feel distracted? You're not alone.	Get the right help for you, a family member, or a friend. Visit gamblingunderstood.co.uk
Message 2: GAMBLING AND... GLUED TO YOUR PHONE?	Is gambling always on your mind? You're not alone.	Get the right help for you, a family member, or a friend. Visit gamblingunderstood.co.uk
Message 3: GAMBLING AND... FEELING STRESSED OR ON EDGE?	Is gambling keeping you up at night? You're not alone.	Get the right help for you, a family member, or a friend. Visit gamblingunderstood.co.uk
Message 4: GAMBLING AND... FEELING WIPED OUT?	Is gambling leaving you with no energy to focus on anything else? You're not alone.	Get the right help for you, a family member, or a friend. Visit gamblingunderstood.co.uk
Message 5: GAMBLING AND... STARTING TO FEEL LOW?	Is gambling making you feel unhappy, irritable, and angry? You're not alone.	Get the right help for you, a family member, or a friend. Visit gamblingunderstood.co.uk
Message 6: GAMBLING AND... ALWAYS THINKING ABOUT MONEY?	Is online gambling taking all your cash? You're not alone.	Get the right help for you, a family member, or a friend. Visit gamblingunderstood.co.uk
Message 7: GAMBLING AND... IT'S TAKING OVER YOUR LIFE?	Is gambling taking more than your money? You're not alone.	Get the right help for you, a family member, or a friend. Visit gamblingunderstood.co.uk
Message 8: GAMBLING AND... THEY'RE NOT BEING THEMSELVES?	Is gambling changing someone you know? You're not alone.	Get the right help for you, a family member or a friend. Visit gamblingunderstood.co.uk

5.3 National Updates

5.3.1 NICE, Draft Guideline, Harmful gambling: identification, assessment and management

5.3.1.1 During 2023, the National Institute for Health and Care Excellence (NICE) published its first ever draft guidelines related to gambling - Harmful gambling: identification, assessment and management – the guideline was requested by

the Department of Health and Social Care (DHSC) in recognition of the increasing problem.

5.3.1.2 A number of recommendations made are relevant for health and social care professionals, those working in the criminal justice sector and some parts of the voluntary and community sector. Key recommendations note that:

5.3.1.2.1 healthcare professionals should be more proactive in identifying people at risk of harm from gambling, for example as part of a holistic assessment or health check, when registering at a GP practice or on first contact with social services, so they can access appropriate support and treatment as soon as possible;

5.3.1.2.2 healthcare and other professionals should ask people about gambling where there is an increased risk of harm, e.g. when they present in any setting with a mental health issue or concern, in particular depression, anxiety, psychosis, post-traumatic stress disorder (PTSD), hyperactivity disorder (ADHD), or express thoughts about self-harm or suicide; at new contact with the criminal justice system, such as police, liaison and diversion services, probation services, courts and prisons; when present in any setting with an addiction (for example, alcohol or drug, but in particular use of cocaine); in those experiencing homelessness, financial concerns, experiencing safeguarding issues or violence, or who have a family history of gambling or other addictions;

5.3.1.2.3 people should be encouraged to assess the severity of their gambling using a questionnaire available on the NHS website, based on the problem gambling severity index (PGSI);

5.3.1.2.4 healthcare and other support services should offer support and treatment options to people experiencing harm from their own or someone else's' gambling. Depending on severity, this might include; discussing if people can use blocking software or tools to limit their online gambling; motivational interviewing, signposting or referring to NHS-commissioned specialist gambling treatment services; signposting or referring to support for financial, social and/or employment issues

5.3.1.3 The draft guidelines make additional recommendations for providers of gambling treatment including on assessment of gambling-related harms in specialist settings and what this should include, care plan development and meeting immediate needs.

5.3.1.4 Recommendations for commissioners are also given and include that: gambling treatment services should be commissioned and provided without influence or involvement from the gambling industry; access to services should be easy and multiple; services should be co-ordinated for those with wider health conditions; service workforce delivering gambling related harm should be trained and competent; support offer should be to affected others also.

5.3.2 White Paper High stakes: gambling reform for the digital age

5.3.2.1 In April 2023, the government published its policy White Paper High stakes: gambling reform for the digital age, which sets out how it will work with the Gambling Commission and others to reform regulation and legislation of the gambling sector. Proposals outlined for reform cover six areas:

- Online gambling and additional protections;
- Marketing and advertising, reducing impact on vulnerable groups including young people;

- GC powers and resources, to include introducing a statutory levy on industry operators and collected by GC;
- Dispute resolution and consumer redress, particularly in relation to complaints about social responsibility, gambling harm and safer gambling;
- Children and young adults, introducing measures to make sure children cant access gambling in person or online and further protections for young adults aged 18 to 24;
- Land based gambling and a resetting of regulation around this, in light of technological developments and the availability of online gambling.

5.3.2.2 Yorkshire and the Humber Associate Directors of Public Health (ADPH) will make appropriate representation regarding the proposals.

5.3.2.3 The Gambling Harm Prevention Working Group will continue to consider and review national updates and regional action and guidance and ensure local support is provided and plans updated accordingly.

6. OTHER CONSIDERATIONS

7. FINANCIAL & RESOURCE APPRAISAL

There are no financial issues arising from the proposed recommendations.

8. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no significant risks arising out of the implementation of the proposed recommendations.

9. LEGAL APPRAISAL

The applicable legislation is referred to in the report.

10. OTHER IMPLICATIONS

10.1 SUSTAINABILITY IMPLICATIONS

There are no presenting sustainability implications relating to this report.

10.2 TACKLING THE CLIMATE EMERGENCY IMPLICATIONS

There are no presenting climate emergency implications arising from this report.

10.3 COMMUNITY SAFETY IMPLICATIONS

Crime and anti-social behaviour, including that linked to selling drugs, theft and fraud, are noted as harms associated with gambling; these can impact on individuals and communities.

10.4 HUMAN RIGHTS ACT

There are no anticipated issues related to the human rights act arising from this report.

10.5 TRADE UNION

There are no known Trade Union implications arising from this report.

10.6 WARD IMPLICATIONS

The data on locality and volume of gambling premises overlaid with IMD identify that a significant number of premises are in the most deprived areas, this heightens the potential risks to those groups and the potential to exacerbate health inequalities.

10.7 AREA COMMITTEE LOCALITY PLAN IMPLICATIONS

Not applicable

10.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

Children and young people can be exposed to gambling related harm directly through their own access to gambling and gaming products and through exposure to gambling related harm of a parent or carer. The Council and its partners should aim to fully understand the gambling risks for children and young people and the vulnerabilities which may increase the likelihood of gambling harm impact. Work undertaken and planned and noted in this report is intent on preventing or reducing gambling related harm through increased information and knowledge for all, and likewise in increasing access to support and treatment. This should give positive impact overall. It is acknowledged that more local data and intelligence is needed to fully understand implications and additional action required.

10.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

There are no known data protection and/or information security matters arising from this report.

11. NOT FOR PUBLICATION DOCUMENTS

None.

12. OPTIONS

Please see item 13.

13. RECOMMENDATIONS

Members are asked to consider the activity and interventions of the Council and its partners aimed at preventing and reducing gambling related harm (GRH), alongside the new priorities and make recommendations for further Council, department and or wider stakeholder intervention.

14. APPENDICES

Appendix A - Gambling cross-departmental action plan, December 2022

Appendix B - Gambling cross-departmental action plan, January 2024

15. BACKGROUND DOCUMENTS

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