

Report of the Director of Public Health to the meeting of Corporate Overview & Scrutiny Committee to be held on Thursday 12 January 2023

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Subject:

Progress against the gambling cross departmental action plan

Summary statement:

Gambling is a major industry in England. It is a Public Health issue with impacts on individuals, families and communities. Gambling can lead to harm among those gambling and their families and friends, including mental, physical, financial and relationship harms. A number of conditions are linked to gambling, including: depression; suicide; anxiety; and other risky behaviours including drug, alcohol and tobacco abuse.

Over the past 12 months, a multi-agency Gambling Harms Reduction partnership have been working together to reduce the harms associated with gambling. This report describes the work so far and the next steps.

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1 CONTEXT

- 1.1 Gambling as a topic has been discussed at this panel on a number of occasions. At the last panel on January 13 2022, a Gambling Harms Reduction action plan was proposed and endorsed by the members of the Corporate Overview and Scrutiny Committee. The committee requested:
1. That the progress against the gambling cross-departmental actions plan be presented to the Committee in 12 months, which also includes:
 - a. Clear outcomes;
 - b. Educational awareness programmes being undertaken.
 2. The Committee requests that Bradford Councils Planning, Legal and Licensing teams work jointly to use all the powers available to them, if there are concerns over particular gambling premises, which could also be causing problems to communities as a result of gambling

2 LOCAL ACTION

2.1 Multi-agency Gambling Harms Reduction partnership

- 2.2 The Bradford Gambling Harms Reduction (GHR) Partnership has met every 4-6 weeks over the last 12 months, with regular representation from Public Health, the Reducing Inequalities Alliance, Children's services, the Youth Service, Adult's Social Care, the Bridge Project, Place, Marketing and Communications, and others.
- 2.3 The partnership has advanced the action plan and made decisions on further actions to take forward. The partnership is committed to reducing gambling related harms in Bradford.

Table 1: Updates on cross-departmental action plan on gambling, December 2022

Action	Outputs	Indicator	Update	Next steps
<p>1.1 Maintain and publish up to date information on the numbers of Bradford residents at risk of and experiencing problem gambling/ gambling-related harms, and the status of gambling premises across the District</p>	<p>Annual data summary (Local Area Plan)</p>	<p>Annual data update published</p>	<p>See report for details of current gambling data</p>	<p>Further report in 12 months' time</p>
<p>1.2 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</p>	<p>Survey data on gambling and gambling related harms</p>	<p>Number of children and young people who gamble. Number of children and young people who suffer gambling-related harms</p>	<p>A series of questions has been added to the Age of Wonder survey which will be delivered to children in years 8-10 in all secondary schools across the District.</p>	<p>Continue data collection and analysis when available.</p>

<p>2.1 Explore what information can be distributed to schools on gambling-related harms to include in lesson planning</p>	<p>High quality school-based resources to prevent gambling related harm will be identified</p>	<p>High quality resources approved</p>	<p>Review of school-based resources undertaken. No appropriate resources available, therefore services commissioned to develop and implement.</p>	<p>Deliver education package through newly commissioned services</p>
<p>2.2 Explore what information could be distributed to parents to educate and advise on gambling among young people, including the use of gambling-like activity in gaming</p>	<p>High quality parent-focused resources to prevent gambling-related harm will be identified</p>	<p>High quality resources approved</p>	<p>Review of school-based resources undertaken. No appropriate resources available, therefore services commissioned to develop and implement.</p>	<p>Deliver education package through newly commissioned services</p>
<p>2.3 We will offer and publicise evidence-based approaches to reducing gambling harm via our Living Well Schools programme</p>	<p>Schools will have access to high quality materials and will be supported to incorporate these into lesson plans and distribute to parents/ carers</p>	<p>Number of schools who have provided lessons and resources on gambling-related harms to children.</p> <p>Number of schools who have disseminated resources to parents/ carers.</p>	<p>Review of school-based resources undertaken. No appropriate resources available, therefore services commissioned to develop and implement.</p>	<p>Publicise resources via LW Schools website and other avenues once developed</p>

<p>2.4 The licencing team will continue to act on any reports of gambling premises which are not enforcing age restrictions.</p>	<p>Children cannot gain access to gambling premises</p>	<p>Number of reports received and acted upon by licencing team</p>	<p>No reports received.</p>	<p>Continue to enforce licencing restrictions</p>
<p>3.1 The Licencing team will revise the Statement of Licencing Principles for 2022-2025</p>	<p>A Statement of Licencing Principles is published which contains requirements to ensure that gambling premises work to reduce harms to vulnerable people</p>	<p>A refreshed Statement of Licencing Principles is published for 2022 - 2025</p>	<p>Refreshed Statement of Licencing Principles written, agreed, and published on CBMDC website.</p>	<p>Next revision of the statement of licencing principles due in 2025</p>
<p>3.2 Adult's Social Care work with academic partners from King's College London to upskill and empower the adult social care workforce, to help early identification of gambling harms and support for vulnerable individuals.</p>	<p>Questions are currently being coproduced with service users and stakeholders, and will be rolled out in the new year following training of front-line staff. This will be evaluated following implementation and an intervention rolled out based on the evidence gathered.</p>	<p>Number of adults identified as having gambling related problems.</p> <p>Number of adults signposted to appropriate treatment.</p> <p>Number of adult social care staff feeling confident about raising gambling with service users</p>	<p>Pilot study undertaken and complete.</p>	<p>No further action</p>

<p>3.3 Develop a communications plan to coincide with Safer Gambling Week 2022</p>	<p>Communications are released to coincide with Safer Gambling Week, 1-7 November, 2022</p>	<p>Number of social media posts published.</p> <p>Number of social media post interactions.</p> <p>Number of referrals to gambling treatment/ support</p>	<p>Campaign developed for 2022 men's football World Cup and distributed via social media, linking to resource page on CBMDC website.</p>	<p>Evaluate campaign once complete.</p> <p>Continue to work with Y&H regional steering group on regional social marketing campaign.</p>
<p>4.1 Build relationships with regional partners, including the NHS Northern Gambling Service</p>	<p>Links strengthened between Bradford Council and the NHS Northern Gambling Service</p>	<p>Data available on people accessing gambling treatment services</p>	<p>Relationship developed with the clinical lead from the NHS Northern Gambling Service.</p> <p>Data sourced from local GamCare treatment services.</p>	<p>Continue to link with NGS</p>
<p>4.2 Ensure that relationships and strong referral pathways are developed between the NHS Northern Gambling Service, and drug and alcohol treatment services</p>	<p>Defined pathway between drug and alcohol treatment and gambling treatment</p>	<p>Pathways in place.</p> <p>Number of people referred via the pathway</p>	<p>Links made between local provider of drug and alcohol service and the NGS.</p> <p>Pilot pathway developed and implemented by the Bridge Project.</p>	<p>Bridge project remain a core part of the partnership work, and will continue with screening and referrals.</p>

<p>4.3 Ensure that training is available for health and social care professionals to increase awareness and understanding of problem gambling, how to respond appropriately and how to refer to treatment services.</p>	<p>Training available for professionals on how to identify and respond to disclosures of gambling related problems.</p>	<p>Number of referrals to the Northern Gambling Clinic from health and social care professionals.</p>	<p>A 2-hour online workshop was held in July 2022, to gather evidence for the Y&H regional gambling harms work and to inform local workforce about gambling harms and referral routes.</p>	<p>Request data on referrals from NHS NGS</p> <p>Continue to work with Y&H action group.</p>
<p>4.4 Work with the CCG and/or clinical representatives to disseminate training and information to front line primary care and social care workforces</p>	<p>Professionals accessing training</p>	<p>Number of Health and social care staff accessing training and/ or information.</p> <p>Number of referrals to the Northern Gambling Clinic from health and social care professionals.</p>	<p>Webinar by NHS NGS in December promoted widely by Bradford Gambling Harms Reduction partnership across CBMDC and NHS.</p> <p>Clinical lead for alcohol, drug, and gambling harm reduction advertised.</p>	<p>Continue to promote events.</p> <p>Work with clinical lead, once in post, to develop and disseminate resources.</p>

3 Detailed Action plan updates

3.1 *Maintain and publish up to date information on the numbers of Bradford residents at risk of and experiencing problem gambling/ gambling-related harms, and the status of gambling premises across the District*

3.2 See data review below.

3.3 *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*

3.4 During development of the Age of Wonder surveys, CBMDC Public Health have worked closely with the BIHR team to add questions to the survey. BiB Age of Wonder is a seven-year project capturing the journey through adolescence and adulthood for the BiB cohort and their peers. Questions will be asked about different types of gambling activity (including gambling-like activity within games); any negative impacts or harms experienced as a result of gambling; and the gambling of others close to the child. Data collection begun in 2022, and will continue to be collected over the next 7 years. Data should be available annually from Summer 2023.

3.5 In addition to the data collection through Age of Wonder, Bradford Council Youth Services have completed data collection with some of the young people using their services. Initial feedback shows:

- Young people associate the terms “gambling” or “betting” with their grandparents’ or parents’ generation rather than their own activity.
- Young people shared that there could be a negative impact of gambling by their parents / grandparents on family life: for example, when money had been lost. When money had been won, generally there were relatively small amounts described.
- Young people didn’t identify buying randomised in-game items (for example, loot boxes or prize crates) within computer games as “gambling”. Generally, they didn’t see in-app / in-game purchasing as a problem, although they were able to recognise that you didn’t always get much for the price paid which could then lead to them having paid more money than an item was worth.
- Young people also talked about Scratch-cards and lotteries, and didn’t see these as particularly risky.

3.6 The insight from these groups will be used to shape and influence the currently in-development educational resources, and future campaigns.

3.7 *Explore what information can be distributed to schools on gambling-related harms to include in lesson planning*

3.8 The health education strand of RSHE requires pupils to know ‘the risks related to

online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online.’ A number of lesson plans and materials are available to schools to support this aspect of the curriculum. These were explored and assessed by the GHR partnership.

3.9 The vast majority of materials available are funded, in part or whole, through gambling industry funding on a voluntary basis. This means that they are not impartial, and that there is an implicit conflict of interest. Such materials tend to discuss risk and odds, noticing the signs of gambling harms, and where to get help, and to some extent, advertising tactics and peer pressure. However, the emphasis tends to be on individual risk and where to get help, with little emphasis on the addictive nature of the products and aggressive marketing techniques. Members of the GHR partnership, and partners from across Yorkshire and the Humber’s gambling community of interest have investigated currently available materials and concluded that none are suitable for promotion among children and schools.

3.10 *Explore what information could be distributed to parents to educate and advise on gambling among young people, including the use of gambling-like activity in gaming*

3.11 As above, there is very little independently produced resource available on the harms of gambling.

3.12 *We will offer and publicise evidence-based approaches to reducing gambling harm via our Living Well Schools programme*

3.13 The GHR partnership is working with independent charity Gambling with Lives, in collaboration with our local providers of RSHE for schools, the VCS organisations Step2, James, and Hale. Gambling with Lives have been working in schools across the North of England to develop and deliver educational materials directly. They have subsequently developed a “train the trainer” model for delivery, which they are now in a position to roll out. Step2, James and Hale have a contract through Public Health to work with schools in Bradford to deliver the RSHE programme, both via direct delivery and via training to schools to deliver.

3.14 Both organisations have now been commissioned to work together to disseminate the materials and subject-specific knowledge of Gambling with Lives, alongside the local delivery expertise of Step2/ James/ Hale, to schools in the District. Gambling with Lives delivered a 2.5-hour Train the Trainer gambling awareness session to Step2 and partners in December. The session was led by people with lived experience of gambling harm. The session covered preventative approaches to gambling harms, the tactics of the gambling industry, the impact on young people and the key messages to raise awareness, and used engaging film content and interactive features. Participants received a paperless pack of lesson plans, posters, PowerPoint materials, and film content to deliver to young people/ staff in schools.

3.15 Step2 will begin delivery of the gambling harms reduction module in schools from

January 2023. Once ready, the materials will also be distributed via the Living Well Schools website.

3.16 *The licencing team will continue to act on any reports of gambling premises which are not enforcing age restrictions.*

3.17 No reports of under-age gambling have been received. Operators have their own policy and staff training program in place regarding age verification.

3.18 *The Licencing team will revise the Statement of Licencing Principles for 2022-2025*

3.19 A new Statement of Licensing Principles was published in January 2022 (<https://www.bradford.gov.uk/media/5144/statement-of-licensing-principles>)

3.20 Enforcement Officers also undertake advisory visits to public houses where there has been a change of management. Licensing Enforcement Officers are currently undertaking compliance inspections on a 12 monthly basis.

3.21 *Adult's Social Care work with academic partners from King's College London to upskill and empower the adult social care workforce, to help early identification of gambling harms and support for vulnerable individuals.*

3.22 Adult Social Care managers worked with an academic team from KCL to develop processes needed for staff to ask questions, including ensuring that data protection was adhered to and that processes were compliant with GDPR. Of the Adult Social Care team who are the first point of contact for service users, 14 were trained by GamCare in addressing gambling harms. Following this, the pilot was trialled for 4-6 weeks, after which the trial was stopped. Feedback from staff showed that they found it difficult to ask the questions, and inappropriate in many cases. This resulted in no referrals to gambling support services. The pilot was not continued.

3.23 *Develop a communications plan to coincide with Safer Gambling Week 2022*

3.24 Due to the men's football World Cup in November/ December 2022, a decision was taken to focus on this event, around which gambling is heavily promoted, rather than on Safer Gambling Week in the previous month. For the World Cup a series of communications images and text was produced by CBMDC communications and design teams in collaboration with Public Health. This was informed by insight work done by the Yorkshire and Humber regional gambling harms reduction steering group. The images were put out via social media and shared with partners to publicise through their channels. Posts linked to a page on the CBMDC website detailing help, support and advice for those experiencing gambling harms.

Examples below:

Figure 1: Marketing and Communications imagery from the men's World Cup 2022 gambling harms reduction campaign.



3.25 Once the campaign ends, we will look at how many interactions and click-throughs

to the support page were generated, to evaluate the campaign.

3.26 *Build relationships with regional partners, including the NHS Northern Gambling Service*

3.27 Public Health has developed a working relationship with the clinical lead at the NHS Northern Gambling Service, and will continue to maintain this.

3.28 *Ensure that relationships and strong referral pathways are developed between the NHS Northern Gambling Service, and drug and alcohol treatment services*

3.29 A new service specification for Drug and Alcohol Services was developed and went out to tender in 2022, for a start date of April 2023. The new service specification for this service includes a responsibility for providers to screen for and support or refer, as appropriate, people experiencing gambling harms.

3.30 The Bridge project are a core member of the GHR partnership. The Bridge Project is a Bradford based charity providing a range of projects which support vulnerable people with complex needs. This includes substance misuse, alcohol dependency, young people's substance misuse, multiple needs navigator services, housing, criminal justice, carers and family support, domestic violence and befriending.

3.31 Triage and assessment questions in relation to gambling harms are not routinely asked across their services at this time. However, the Bridge Project has plans to add triage and assessment for gambling harms to the new adult substance misuse service assessments when it is launched in April 2023.

3.32 As a result of their involvement with the GHR partnership, The Bridge Project have undertaken an anecdotal survey across their service managers and lead practitioners to understand the level of unmet need in relation to gambling harms. Feedback from managers and practitioners was unanimous that gambling harms are very low on the list of issues faced by clients. The majority of service users have limited funds, and prioritise the purchase of substances and basic needs before they would spend their money on gambling. Likewise, the Bridge Project's Young People's substance misuse team felt that less than 5% of their client base had any issues or engagement with gambling.

3.33 The Bridge Project have developed links with the clinical lead for the NHS Northern Gambling Clinic (NGC). They have subsequently added queries from the standard screening questionnaire (Problem Gambling Severity Index - PGSI) to use in the community-based Wellbeing Hubs to assess the risk of gambling harms. The first question to people accessing the Hubs is "do you gamble?". If the answer is "yes", the practitioner will use the screening tool to assess need/risk. To date the Bridge Project have screened over 100 clients and none have reported any issues with

gambling.

3.34 Finally, The Bridge Project are constructing an anonymous on-line survey to get a general understanding of people's experiences with gambling. This will be launched in the New Year, and will be shared as widely as possible.

3.35 *Ensure that training is available for health and social care professionals to increase awareness and understanding of problem gambling, how to respond appropriately and how to refer to treatment services.*

3.36 Training for front-line professionals is available through GamCare, which also provides local services in Bradford via Krysallis. Although an independent charity, GamCare receives its funding from industry. The GHR partnership are therefore keen to explore and promote other avenues of awareness-raising and training.

3.37 A 2-hour online workshop was held in Bradford in July 2022. This was coordinated with Bradford Public Health and facilitated by the Office for Health Improvement and Disparities (OHID) on behalf of ADPH Y&H, and featured speakers from the NHS Northern Gambling Clinic, OHID, and Gambling with Lives. The aim of the session was twofold: to inform local providers of services about the issues relating to gambling harms, and to gather evidence for the ADPH Y&H regional gambling harms funded programme which focuses on prevention, earlier identification and harm reduction. In addition to facilitators, 18 participants joined the webinar, representing: public health; substance misuse commissioning and provider services; children's services; employment support; Prevention and Early Help (social care); police violence reduction; policy; domestic violence services; libraries; Credit Union; elected members. As a result of this webinar, more people requested to join the GHR partnership. Insight from the workshop included:

- Training is needed to upskill front-line practitioners in many different settings to have conversations about gambling
- The Making Every Contact Count approach would be a useful tool to adapt
- Resources and materials should be available in settings to make service users feel able to raise the topic if they want to do so
- Any interventions must be sensitive to cultural diversity in Bradford, to ensure that all communities are able to access messaging and interventions
- Social attitudes which normalise gambling and minimise harms should be challenged in messaging and reframed to reduce stigma
- Planning regulations to restrict gambling premises should be explored
- Partners should lobby national government where possible for appropriate national policy on gambling advertising and regulations.
- Wider challenges were discussed, such as the need to improve people's life opportunities generally, so that people do not view gambling as a route to improve their lives.

3.38 The results of this workshop are also being used to inform the regional OHID-led gambling harms reduction actions, which Bradford Public Health are closely involved with.

3.39 *Work with the CCG and/or clinical representatives to disseminate training and information to front line primary care and social care workforces*

3.40 As independent training is not yet available, the GHR partnership is promoting where we can, and highlighting areas for development to the system. In parallel, any opportunities are being shared widely. For example, a webinar by NHS NGS in December was promoted by Bradford Gambling Harms Reduction partnership across CBMDC, NHS, and the VCS.

3.41 In addition, a new post has been created for a clinical lead for alcohol, drug, and gambling harm reduction within Public Health and the Bradford Health and Care Partnership. The purpose of the post is to “Provide clinical leadership, innovation and expertise in commissioning, best practice and reducing harms relating to alcohol, drug and gambling, to achieve agreed clinical outcomes and service quality, increase patient choice and improve positive patient experiences.”. They will be expected to work closely with the GHR partnership, and to act as the main point of contact with clinical colleagues.

4 Planning Considerations

4.1 In 2022 the Committee recommended that Public Health meet with colleagues from the Planning, Licencing and Legal departments to explore potential mechanisms using planning to reduce gambling risk. In addition to this, Public Health have investigated approaches in other local authorities, such as Supplementary Planning Guidance for cumulative impact. Currently there is no evidence to suggest what might be an effective policy in the UK.

4.2 Bradford’s planning department have advised that Supplementary Planning Guidance is unlikely to strengthen the council’s ability to refuse planning permission for gambling, betting or gaming establishments on the grounds of overconcentration or Public Health impact. Refusal can be already given under current policy and guidance when harm as a result of the proposed premises is likely to be significant. We are still in the process of exploring additional potential options to strengthen our current arrangements.

4.3 In July, a planning application was received for an Adult Gaming Centre in Bradford City centre. The GHR partnership made a joint representation to the Planning department to refuse the application on Public Health grounds, given the large footfall to the area and proximity to parks, shopping centres, schools, drug and alcohol services, gambling harms services, and the Council’s own welfare services. In addition, the proposed premises are in a location with a large concentration of other gambling-related premises. The Planning department were able to use this as

evidence to support a refusal of planning permission.

- 4.4 A separate application in another area of the District was given permission as it was from a company relocating from a nearby street, therefore no net gain of premises was being proposed.

5 BACKGROUND

5.1 Evidence reviews: gambling-related harms

- 5.2 In September 2021 Public Health England (PHE; now Office for Health Improvement and Disparities: OHID) published a comprehensive evidence review of gambling-related harms in England. Gambling-related harms in the analysis included financial (such as bankruptcy and employment issues), relationship and family issues, and health harms, including suicide.
- 5.3 The review shows that people at risk of gambling harms are concentrated in areas of higher deprivation, such as the North of England, and may already be experiencing greater health inequalities. The review found a clear link between higher levels of alcohol consumption and harmful gambling, with only 35.4% of non-drinkers participating in gambling compared to 74.4% of those consuming over 50 units of alcohol (equivalent to 16 pints of beer or large glasses of wine) per week. Alcohol use in children and young people was also found to be a risk factor for subsequent harmful gambling.
- 5.4 The review also highlights the link between gambling and mental health issues. The report found that gambling can increase the likelihood of some people thinking about, attempting or dying from suicide. Evidence suggests that people with gambling problems are at least twice as likely to die from suicide compared to the general population.
- 5.5 The PHE review also included the most comprehensive estimate of the economic burden of gambling on society to date, revealing that the harms associated with gambling cost at least £1.27 billion in 2019 to 2020 in England alone. This analysis includes the first estimate of the economic cost of suicide (£619.2 million) and provides an updated cost of homelessness associated with harmful gambling (£62.8 million).

5.6 Risk factors

- 5.7 It is well evidenced that gambling harms are not equally distributed throughout society. Although people from more affluent and less vulnerable groups are more likely to gamble, those who are already vulnerable and at risk of poor health are more at risk of gambling-related harms, further exacerbating existing inequalities. The groups for whom there is the strongest evidence for vulnerability to gambling harms in adults include:

- men
- those aged 16 to 44 years old
- people living in an area of higher deprivation
- people drinking alcohol at higher risk levels
- those participating in seven or more gambling activities

5.8 For children and young people, risk factors for harmful gambling include:

- substance use (alcohol, tobacco, cannabis, other illegal drugs)
- being male
- experiencing depression
- exhibiting impulsivity (a trait)
- number of gambling activities participated in
- already experiencing levels of problem gambling severity
- participating in anti-social behaviour
- violence
- poor academic performance
- having peers who gamble

6 National Statistics

6.1 Two screening tools for gambling harms are commonly used. The DSM-IV is a screening instrument initially created as a diagnostic tool for clinicians concerned about a patient. This was adapted as a population screening tool and identified gamblers exceeding a threshold of harm.

6.2 The PGSI is a tool developed for population surveys, and in addition to “*problem gamblers*”, also identified those who are deemed to be “*at risk*” from gambling, dividing the respondents into four categories:

- Gamblers who gamble with no negative consequences (termed “no risk”)
- Gamblers who experience a low level of problems with few or no identified negative consequences (termed “low risk”)
- Gamblers who experience a moderate level of problems leading to some negative consequences (termed “moderate risk”)
- Gambling with negative consequences and a possible loss of control (termed “problem gamblers”)

6.3 Gambling is common in England, with over half the adult population estimated to engage in gambling of some sort each year. The coronavirus pandemic drastically impacted the gambling industry across the globe. During the period April 2021 to March 2022, the industry generated a Gross Gambling Yield (the sum of money paid by customers to the industry minus the sum paid out in winnings) of 14.1 billion British pounds. This was a 10.9% increase compared to the previous year’s data. However, it was 0.8% lower than the figure for April 2019 to March 2020. Conversely, the GGY of the online betting, bingo, and casino gambling industry in Great Britain decreased by 6.2% from 2020/21 to 2021/22, to £6.4 billion. Compared to 2019/20, however, this represented a 12.4% increase.

6.4 Data to June 2022 for the Gambling Commission found that 43% of all people aged

16 and over had gambled in the four weeks preceding the survey. This was slightly higher for men than women, at 44% compared to 42%. People aged 45-64 years were the most likely to have gambled in the preceding four weeks. Interestingly, this age group were also the group with the largest increase in online gambling over the course of the covid pandemic, although National Lottery betting accounted for much of this increase. In-person betting remained below pre-pandemic levels for all groups except those aged 16-24 years. Of those gambling in the preceding four weeks, one in five were gambling two or more times per week. The majority (35%) gambled more than once a month but less than one a week, and 29% gambled once per week.

- 6.5 The Gambling Commission also asked people about symptoms of gambling harms. The survey estimated a fall compared to the previous 12 months in “problem gambling” prevalence, from an overall 0.4% of the population to 0.2% of the population (one in 50 people). This was higher for men (0.3%) than for women (0.1%), and was lower than in 2021 for all age categories apart from those aged 16 to 24 years. For this age group, the rate of “problem gambling” had risen from 0.4% in 2021 to 0.8% (one in 125 people) in 2022.
- 6.6 A greater number of people are considered to be “at risk” from gambling, meaning that they are likely to be experiencing a lower level of gambling harms. The Gambling Commission found that the proportion of people at moderate risk of harm had risen slightly overall, from 0.7% of the whole population to 1%. However, there were stark and statistically significant increases in this category for women, where the proportion has risen from 0.6% to 1.2% of the population; and for those aged 16-24 years, where the proportion has risen from 0.6% to 3.1% - now accounting for more than three in every 100 people in this age group in the country.
- 6.7 Rates of “low risk” gambling had fallen between 2021 and 2022 almost across the board.
- 6.8 A more detailed breakdown and discussion of gambling can be found in the Health Survey for England (HSE), which periodically includes a question module on gambling. Modules on gambling were included in the 2018 survey and in the 2022 survey. Unfortunately, the 2022 data are not released until Summer 2023, so 2018 data are presented here.
- 6.9 In the HSE, of those in full-time employment or training, 62% had engaged in any gambling or betting activity in the last year, while 50% of retired people, 41% of unemployed people, 39% of other economically inactive people, and 28% of those in full-time education had gambled using any activity. The rates of gambling among different levels of deprivation were similar, at 53% of the least deprived compared to 51% of the most deprived.
- 6.10 The Survey also estimated the prevalence of “problem” gambling, showing that men had a risk of “problem” gambling of more than double that of women, at 8 in 1,000 men who had gambled within the past year compared to 3 in 1,000 women. A greater number of people are considered to be “at risk” of harms as a result of gambling, at 6.7% of all those gambling. The risk differs significantly by gambling activity. For example, only 6% of those taking part in national lottery draws are

considered to be at-risk and 0.9% are “problem” gamblers, compared to almost 1 in 4 (23.1%) of those gambling online at-risk and 4.2% “problem” gamblers, and over 1 in 3 (36.3%) of those betting on machines inside bookmakers at-risk and 12.7% “problem” gamblers (many people engage in multiple different gambling activities).

- 6.11 In contrast to data showing that those in stable employment are more likely to gamble than those who are unemployed, of those who had engaged in gambling or betting, people aged 16-24, those from minority ethnic groups, people who were unemployed and those in routine and manual employment, were most likely to disclose activity defined as “problem” gambling. This demonstrates that although people from less vulnerable groups are more likely to engage in gambling, those at highest risk of harm are those from the most vulnerable communities. This entrenches and further widens existing health and financial inequalities.
- 6.12 All these measures are likely to underestimate both the extent of gambling and the resulting harms, due to biases in how people remember and report their experiences of gambling.

6.13 Local data

- 6.14 In the HSE, 2018, gambling participation in the last 12 months in the Yorkshire and Humber was 60.8%; with 3.6% defined as at-risk gamblers and 0.7% as problem gamblers.
- 6.15 There is little available local data on the prevalence of gambling and gambling-related harms. National estimates are available from the Health Survey for England (HSE), and from the Gambling Commission’s quarterly surveys. Applying these National level data to local areas gives an estimate of the number of people who gamble, and who are defined as “problem” gamblers through the surveys (table 2). As a snapshot, the HSE is more appropriate as it considers gambling activity over 12 months, rather than over the past four weeks as collected by the Gambling Commission. Data from 2018 are included in the modelled data below as the 2021 survey will be released in Summer 2023.

Table 2: Modelled estimates of number of people gambling, at-risk (low risk or moderate risk), and with problem gambling in Bradford (based on 2018 data)

Data source	Gambling activity	Problem gambling	At risk (low or moderate risk) gambling	Total problem/ at risk
Health Survey for England	222,700 (gambling within the previous 12 months)	1,600	15,000	16,600

Data sources: Health survey for England, 2018 – age and sex breakdown available for activity and problem gambling, overall prevalence only for at-risk gambling (<https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018/health-survey-for-england-2018-supplementary-analysis-on-gambling>)

6.16 From these estimates we can see that approximately 16,600 people in Bradford are likely have a diagnosable level of harm related to gambling. However, we know that survey data underestimates gambling and in particular, harms resulting from gambling. In addition, it should be noted that the rates of gambling and related problems may not be the same in Bradford as in the rest of the country, therefore estimates should be viewed with caution. In particular, research in Leeds shows that:

“Rates [of gambling and problem gambling] are higher across Britain for those living in more northern areas (and London), major urban areas, urban areas which are more densely populated, English Metropolitan boroughs, London boroughs, those living in wards classified as industrial, traditional manufacturing, prosperous and multi-cultural.”

6.17 The researchers estimated that Leeds, and similar areas, were likely to have twice the rate of “problem” gamblers compared to England estimates. Conversely, the rates of “at risk” gambling in Leeds and similar areas were similar to the England average. The modelled estimates above are therefore highly likely to underestimate the number of “problem” gamblers in Bradford.

6.18 For young people the picture is even more worrying. Although gambling is illegal for those aged under 18, a 2022 survey for the Gambling Commission found that 31% of all 11-16 year-olds had spent their own money on gambling in the past 12 months. Furthermore, 0.9% of all 11-16 year-olds were classed as “problem” gamblers, and a further 2.4% as at-risk gamblers. This is not directly comparable with previous years as the survey methodology has changed.

6.19 In Bradford, this equates to 442 children estimated to be problem gamblers, and 1,179 children estimated to be at risk of gambling harm. Three in ten (28%) young people had seen family members they live with gamble, with 7% of those saying that it had resulted in arguments or tension at home. Although most (78%) young people who spent their own money gambling in the last 12 months did so because they regard it as a fun thing to do, only one in five (21%) said that gambling makes them feel happy. A larger number (29%) thought that it did not make them happy and a further 29% were unsure.

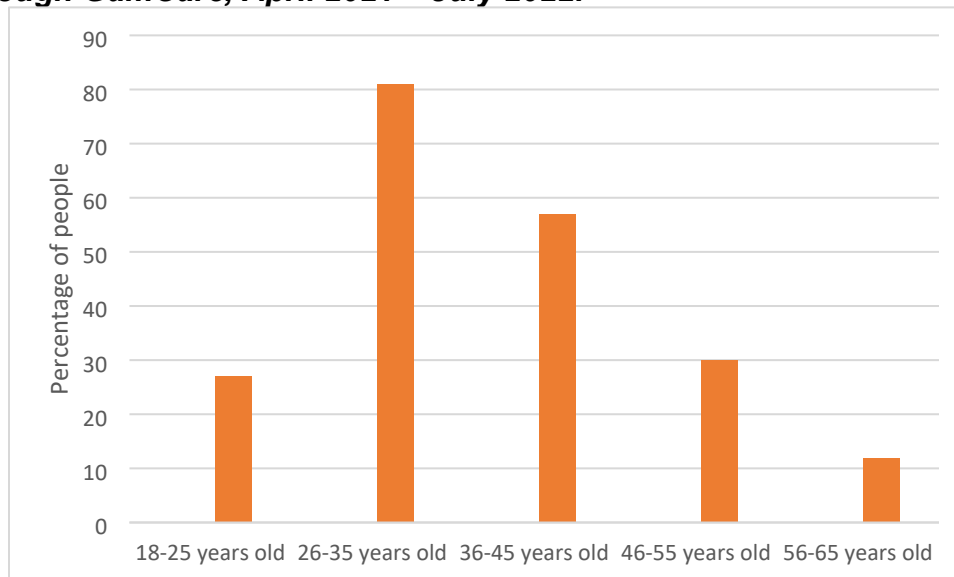
6.20 It is estimated that around 7% of the population of Great Britain are negatively affected by someone else’s gambling, with the most severe impacts felt by the immediate family of people experiencing problem gambling. This suggests that up to 38,000 Bradford residents could be at risk of gambling related harm as a result of a friend or loved one’s gambling.

7 Access to GamCare treatment and helpline in Bradford

7.1 Between April 2021 and July 2022, a total of 88 people from Bradford accessed treatment for gambling harms through Krysallis (the local GamCare provider), and 122 people called the helpline. Of these, the majority accessing treatment (67%) and calling the helpline (65%) were men, and the largest age category for both was

26 to 35 years.

Figure 2: Age distribution of people accessing treatment and helpline for gambling harms through GamCare, April 2021 – July 2022.



7.2 The majority of people accessing treatment and/or the helpline had no debt. Of those with debt, the most common amount was less than £5,000.

7.3 Many of those seeking treatment for gambling harms engaged in more than one gambling activity. Online gambling accounted for just under half (49.1%) of gambling activity among those seeking treatment in April 2021-July 2022 and 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. For those accessing treatment, online casinos were the most commonly used online venue, with 37.2% saying they used 'online casino slots' and 12.4% saying they used 'online casino table games'.

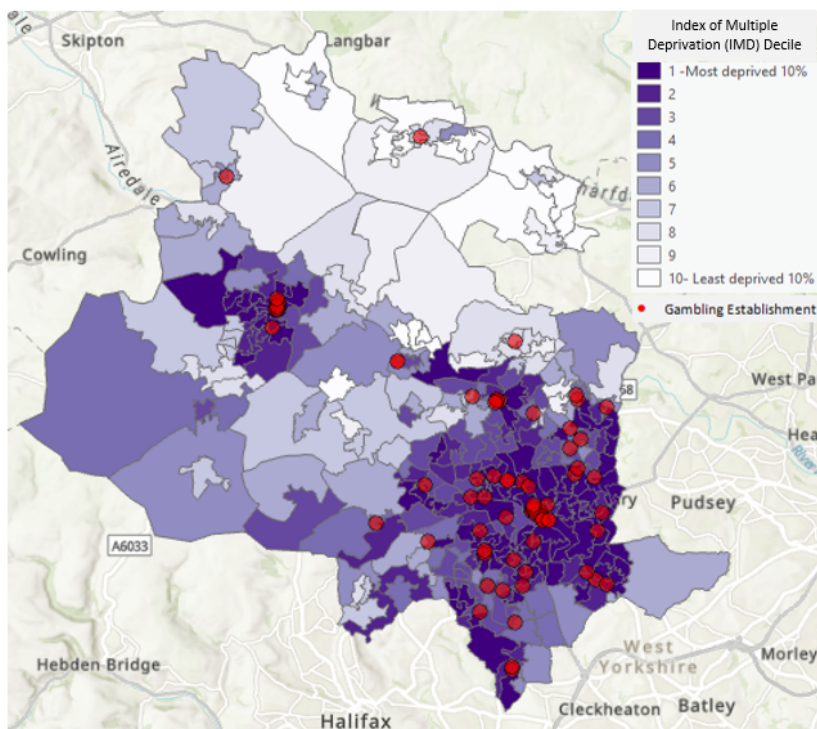
7.4 The most commonly cited impacts among those contacting GamCare for both services were:

- Financial difficulties
- Anxiety/ stress
- Depression/ low mood
- Family/ relationship difficulties
- Feeling isolated/ lonely
- History of or current suicidality
- Diagnosed mental health problems
- Sleep disturbance
- Undiagnosed mental health problems
- General Health
- Work difficulties

7.5 Gambling Premises in Bradford

- 7.6 Currently, Bradford is home to 477 premises with a gambling licence. Of these, 56 are dedicated gambling venues, 328 are pubs and hotels, and 93 are social clubs and similar premises.
- 7.7 This is a decrease compared to the same figures last year, when there was a total of 531 premises with a gambling licence, of which 65 were dedicated gambling venues, 402 were pubs and hotels, and 64 were social clubs and similar premises.
- 7.8 As seen in figure 1 below, the licenced gambling premises in Bradford are concentrated in the areas of highest deprivation, with many clustering in the urban centres of Bradford and Keighley, and others surrounding Bradford city centre. As we know from the evidence, those most vulnerable to harms as a result of gambling include those living in more deprived areas, unemployed people, and people from BAME groups, making the locations of gambling promises more concerning.
- 7.9 This picture is reflected across the country, with recent research showing that gambling premises are more common in the more deprived towns and cities in England. Furthermore, many of these premises are within areas frequented by children and young people, making gambling visible and normalising it among children.

Figure 3: location of premises with a gambling licence and level of deprivation in Bradford



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7.10 Treatment options for gambling-related harm

- 7.11 Treatment and support for people with gambling-related harm exist, and are available to people worried about their own gambling, or worried about a friend or loved one.
- 7.12 The NHS Northern Gambling Service provides specialist addiction therapy for gambling in the north of England. The service is based in Leeds but also offers remote, virtual consultations. It is free to access, and referrals can be from any professional, self-referral from individuals concerned about their gambling, or friends and family concerned about someone else's gambling. The service was established around 3 years ago, and aims to see people within 14 days of referral. Members of the public can contact the service at referral.ngs@nhs.net or on 0300 300 1490.
- 7.13 GamCare offers free information, support and counselling for people who have problems with gambling in the UK. It runs the National Gambling Helpline (0808 8020 133) and also offers face-to-face counselling. The helpline is free and open 24 hours a day, 7 days a week. In Bradford, face to face GamCare support is provided locally by Krysallis.
- 7.14 There are a number of options for people wishing to self-exclude from either online or on-street gambling venues, and people can self-exclude from multiple venues at once via dedicated systems. In addition, some banks allow customers to freeze any gambling transactions. Details can be found on the Bradford Council website: <https://www.bradford.gov.uk/health/health-advice-and-support/gambling/>

8 FINANCIAL & RESOURCE APPRAISAL

- 8.1 The delivery of the gambling cross departmental action plan falls with the current budget of each department. There are no financial implications arising from the progress update.

9 RISK MANAGEMENT AND GOVERNANCE ISSUES

- 9.1 No significant risks are anticipated as arising out of the implementation of the proposed recommendations.

10 LEGAL APPRAISAL

- 10.1 There are no direct legal implications arising from this report. The Gambling Act 2005 (the Act) consolidated and updated previous gambling legislation, creating a framework for three different types of gambling: gaming, betting and lotteries. Gambling can take the form of non-remote gambling, which takes place in a gambling premises, and remote gambling, which is typically undertaken by phone or online. Councils do not have any regulatory responsibilities in relation to remote

gambling.

- 10.2 Under section 349 of the Act, licensing authorities are required to prepare a statement of principles that they propose to apply in relation to their regulatory responsibilities in gambling. Statements of principles typically run for a period of three years. There is nothing to prevent an authority from updating its statement more frequently if it wishes to, but the three yearly cycle must still be followed.

11 OTHER IMPLICATIONS

11.1 EQUALITY & DIVERSITY

- 11.2 As described in the report, gambling is an issue which is likely to widen inequalities as it has a greater impact on people who are already vulnerable for a number of reasons. The action plan described above is therefore expected to reduce inequalities, and therefore have a positive impact.

11.3 SUSTAINABILITY IMPLICATIONS

- 11.4 There are no anticipated implications for sustainability arising from this report.

11.5 GREENHOUSE GAS EMISSIONS IMPACTS

- 11.6 There are no anticipated implications for greenhouse gas emissions arising from this report.

11.7 COMMUNITY SAFETY IMPLICATIONS

- 11.8 Community safety has been highlighted as a potential risk arising from problem/harmful gambling. As such, it is anticipated that the actions proposed in the report should have a positive effect on community safety.

11.9 HUMAN RIGHTS ACT

- 11.10 There are no anticipated implications for the human rights act arising from this report.

11.11 TRADE UNION

- 11.12 There are no anticipated implications for Trade Unions arising from this report.

11.13 WARD IMPLICATIONS

11.14 No one particular ward is likely to have any significantly increased impact as a result of this report. However, wards with higher levels of deprivation and/ or gambling premises may benefit more than others from a reduction in gambling-related harms.

11.15 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

11.16 As a group known to be vulnerable to gambling harms, children and young people are specifically considered in this report, and included in the proposed action plan. The work proposes to safeguard children and young people from gambling harms (both direct and indirect as a result of gambling behaviour in people close to them) through a combination of:

- evidence-gathering;
- provision of resources to educate children, young people, teachers and parents on the harms of gambling and what to do if they have worries;
- training for health and social care professionals, including the Children's Social Care and Youth Service workforces
- Stronger identification and treatment pathways for adults experiencing problem gambling and gambling-related harms

11.17 In order to ensure that the needs and views of children and young people, particularly those of Looked After Children, are centred, the Gambling Action Plan Working Group has representatives of children's services as part of its core membership.

11.18 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

11.19 There are no anticipated data protection or information security matters arising from this report.

12 NOT FOR PUBLICATION DOCUMENTS

12.1 None

13 OPTIONS

13.1 The committee notes the contents of the report and recognises the work done so far. The committee approves the proposed next steps as set out

13.2 The committee gives feedback to inform further development of the Council's plans

14 RECOMMENDATIONS

- 14.1 The Committee are asked to note contents of the report. The views and feedback of the Committee on the existing work and proposals are requested.

15 APPENDICES

- 15.1 None

12. BACKGROUND DOCUMENTS

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