

# Equality, Diversity, Cohesion and Integration Screening

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

<b>Directorate:</b> Citizens and Communities	<b>Service area:</b> Entertainment Licensing
<b>Lead person:</b> Susan Holden	<b>Contact number:</b> 0113 378 5331

**1. Title:**

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Is this a:

**Strategy / Policy**

**Service / Function**

**Other**

**If other, please specify**

**2. Please provide a brief description of what you are screening**

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Under Section 349 of the Gambling Act 2005 the Licensing Authority is required to prepare a statement of principles that they propose to apply in exercising their functions under this Act. This process is to be repeated every three years from 31<sup>st</sup> January 2007.

The consultation process is laid out clearly in the Gambling Act 2005, the Gambling Act 2005 (Licensing Authority Policy Statement) (England and Wales) Regulations 2006 and the Guidance to Licensing Authorities issued by the Gambling Commission ([www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk)).

### 3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?		X
Have there been or likely to be any public concerns about the policy or proposal?	X	
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing equality of opportunity</li> <li>• Fostering good relations</li> </ul>		X

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

### 4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

• **How have you considered equality, diversity, cohesion and integration?** (think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The council is aware of the difficulty in defining the term “vulnerable person”. In most recent literature, it is not a term that is used, with the term “adults at risk of abuse or neglect” or “adults at risk” being the preferred terms.

The Gambling Commission, in its Guidance to Local Authorities, does not seek to offer a definition for the term “vulnerable people” but will, for regulatory purposes assume that this group includes people:

“who gamble more than they want to, people who gamble beyond their means, elderly persons, and people who may not be able to make informed or balanced decisions about gambling due to a mental impairment, or because of the influence of alcohol or drugs.”

The Care Act 2014 imposes a requirement on a local authority to “make enquiries if it has reasonable cause to suspect that an adult in its area, whether or not ordinarily resident there, has needs for care and support, is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it”.

The local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom. “Abuse” includes financial abuse; and for that purpose “financial abuse” includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property, and having money or other property misused.

The Department of Health document “No Secrets” from 2000 offers a definition of a vulnerable adult as a person:

“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.”

In 2016, Leeds City Council commissioned Leeds Beckett University to undertake research into Problem Gambling in Leeds (*Problem Gambling in Leeds; Kenyon, Ormerod, Parsons and Wardle, 2016*). This research looked specifically at identifying groups of the society that could be considered vulnerable to problem gambling:

**Young people** – rates of problem gambling among young people who gamble are higher than older adults and youth gambling behaviours are consistent with the harm paradox, whereby these age groups are less likely to gamble generally but those that do are more likely to experience difficulties with their behaviour (Wardle, 2015).

**Minority ethnic groups** – There is consistent evidence that those from Asian or Black backgrounds are more vulnerable to gambling problems and there is clear evidence of the harm paradox (Wardle, 2015).

**Unemployed and constrained economic circumstance** – the generally those of lower income are less likely to gamble but those that do spend a higher proportion of their income on gambling. This is highlighted as a concern given the lesser ability of lower income households to protect themselves from financial instability (Brown et al, 2011).

There is evidence that those in debt and those using money lenders and/or pawnbrokers are more likely to be problem or at risk gamblers (Meltzer et al, 2012). The relationship between constrained economic circumstances and gambling problems is likely to be complex and multi-faceted. It may be mediated by other economic opportunities and personal feelings about how well off you are compared with others. Despite this complexity, there is a consistent body of evidence showing that for whatever reason, those who are unemployed and who gamble are more likely to experience adverse outcomes from their gambling than those in paid employment.

**Area deprivation** – There are a number of British surveys that have consistently shown that those living in more deprived areas are more likely to experience problems with their gambling behaviour. This was despite having roughly the similar levels of past year gambling participation to those who live in less deprived areas.

Wardle (2015) looked at the distribution of machines and licensed betting offices and argues that there was clear and consistent evidence of a spatial skew, whereby high density machine zones or areas with licensed betting offices are more deprived than others. Recent research has shown that among gamblers who held loyalty cards, rates of problem gambling (28%) were higher among those who lived within 400 metres of a concentration of betting offices than those who did not (22%) (Astbury & Wardle, 2016).

**Homeless** – The rates of problem gambling are higher among those who are homeless than those who are not. Although studies are small, they show that there is a significant relationship with gambling preceding homelessness. Little is known about why rates of problem gambling among homeless population groups is higher than the general population but given associations with other mental health conditions, homeless people should be considered a vulnerable group.

**Mental ill health** – There is a strong association between mental ill health and problem gambling. Associations were found between problem gambling and general anxiety disorder, phobia, obsessive compulsive disorder, panic disorders, eating disorders, probably psychosis, attention deficit hyperactivity disorder, post-traumatic stress disorder, harmful and hazardous levels of alcohol consumption and drug addiction. Overall three quarters of problems gamblers seeking treatment also experience co-morbid mental health disorders.

Being a problem or at risk gambler is associated with later onset of major depressive disorder, alcohol use and dependence, drug use and experience of any mental disorder. Illegal drug use and experience of any mental disorder is also associated with the subsequent onset of at risk and problem gambling. These findings seem to confirm that the conclusion that the relationship between problem gambling and mental ill health may be cyclical.

**Substance abuse/misuse** – The evidence base relating to the relationship between substance abuse/misuse and experience of problem gambling broadly measures that of mental ill health. Evidence from British based surveys has shown that rates of problem gambling were higher among those with alcohol dependence (3.4%) or drug dependence (4.4%) than the general population (0.74%) (Wardle, 2015). A systemic review of those seeking treatment for gambling problems showed that 15% also experience alcohol dependence and 7% have other substance abuse disorders (Dowling et al, 2015). There is strong evidence that alcohol and substance misuse are associated with problem gambling. As with other mental health conditions, these conditions can co-occur at the same time.

**Personality traits/cognitive distortions** – There is a strong body of evidence highlighting the relationship between various personality traits, such as cognitive distortions or impulsivity, with problem gambling. Cognitive distortions, such as erroneous perceptions of gambling and illusion of control are well established risk factors for problem gambling (Johansson et al, 2009). However little research has been conducted to explore the complex interaction of personality

traits with other factors and their combined influence on the experience of broader gambling harms. Certain personality traits and/or cognitive distortions are just one potential aspect of vulnerability which is likely to be affected by a range of other factors.

**Problem gamblers seeking treatment** – Because this group is in the process of attempting to recover from gambling problems they should be treated as a vulnerable group in their own right (Wardle, 2015).

Problem gambling can affect anyone at any time. Whilst rates of problem gambling among all adults in Britain tend to be less than 1% (1.4% in large metropolitan areas such as Leeds), there are some groups that are more likely to experience problems. These groups could all be considered vulnerable to gambling problems. Leeds City Council already works with many of these groups however operators should consider these groups in their Local Risk Assessments, especially in relation to identifying the people in these groups, and mitigating harm experienced by them.

Vulnerable people, especially the elderly, people with disabilities, people who are ill can be considered at protected characteristics and have been forefront when reviewing the policy.

- **Key findings**

**(think about** any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

The impact on vulnerable people specifically relates to gambling premises which are embedded within the community such as betting shops and adult gaming centres. Betting shops in particular are plentiful and on every high street. They also have fixed odds betting terminals which are considered to be highly addictive gaming machines, offering casino style games. The increase in the availability of these machines is of concern nationally. Additional requirements under the Gambling Commission's Licence Conditions and Codes of Practice (LCCP) seek to address risks to vulnerable people.

- **Actions**

**(think about** how you will promote positive impact and remove/ reduce negative impact)

This is the fifth review of the Gambling Act 2005 Statement of Licensing Policy. At this review the council does not seek to remove any of the protections included in other versions of the policy. It does seek to include additional requirements on licence applicants to consider their local area when making their application and for all existing gambling premises to undertake a similar review. These measures are included in paragraph 13.10, on page 17 of the policy, onwards. The new policy provides more detail on groups that may be considered vulnerable, especially to problem gambling. This work came from research commissioned by the Council from Leeds Beckett University.

**5. If you are **not** already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment.****

Date to scope and plan your impact assessment:

Date to complete your impact assessment

Lead person for your impact assessment  
(Include name and job title)

**6. Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening

<b>Name</b>	<b>Job title</b>	<b>Date</b>
Nicola Raper	Section Head Entertainment Licensing	1 <sup>st</sup> May 2018
<b>Date screening completed</b>		1 <sup>st</sup> May 2018

**7. Publishing**

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk) for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent: