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This is the response to the Call for Evidence from Leeds City Council, licensing authority for the Leeds district. It was prepared in conjunction with Financial Inclusion and Public Health and ratified by the Licensing Committee as the response of Leeds City Council to this Call for Evidence.

Online protections - players and products

Q7: What evidence is there from behavioural science or other fields that the protections which operators must already offer, such as player-set spend limits, could be made more effective in preventing harm?

Building on the findings from the 2018-19 My Health My School survey work, council officers from Children's Services, Public Health and the Financial Inclusion Team are working with GamCare and the Young Gamblers and Gamers Education Trust (YGAM) to develop over the next year a communications campaign and a training programme to raise awareness of the issue.

The campaign and training is being developed through engagement with young people, to help understand and discuss their views on gambling and gaming, what activities they perceive as harmless or harmful, gambling advertising and regulation, and methods of promoting help and support services. The targeted age range for this work has been 11-18 years old.

Young people made suggestions in the focus groups and survey about player protection whilst gaming. They would like to see more warnings relating to time and money spent, spending limits, PIN authorisation, and tighter age verification.

Advertising, sponsorship and branding

Q15: Is there any additional evidence in this area the government should consider, including in relation to particularly vulnerable groups?

When licensed premises wish to advertise to local communities, a risk assessment with the Licensing Authority should be undertaken.

Due to conditions the Council was able to set as part of granting the licence to its Large Casino in Leeds, a mapping tool was developed to assist its large casino with their marketing campaigns. The casino wanted to advertise on bus shelters across the city but needed to ensure the most deprived areas and vulnerable client groups were not targeted.

In organising this mapping tool, the council created a list of potential areas that would be accessed by vulnerable groups and have asked the casino operators to consider not advertising their establishment on bus shelters that are located within 100m of these sites. On trying to agree a suitable distance, the council established the 100m distance from desktop research which revealed advertising site owners such as JC Decaux have a policy not to run gambling adverts within 50m of a school and operators such as Ladbrokes have a policy not to advertise within 100m of a school. However there is no consistent or standard distance to adhere to.

In order to protect those most vulnerable or susceptible to gambling related harm Leeds City Council took the following themes and mapped them for the casino operator to take into consideration:

- Under 18s - In order for the casino to not target their marketing campaigns to those under 18, all Universities, schools, colleges and early years centres were mapped across Leeds.
- Deprivation Areas – using the latest Index of Multiple Deprivation (IMD) measures. Leeds City Council highlighted on the map the most deprived areas on the map. The Council also highlighted areas with the highest Jobseeker Allowance Rates and asked the casino to be aware of vulnerable groups within these areas.
- Vulnerable groups - The council defined vulnerable groups as those who access supported accommodation and Food banks. The groups include:
 - homeless
 - young people
 - offenders
 - those with mental health conditions
 - those recovering from drug and alcohol addictions
 - older people
 - immigrants and/or people from certain minority ethnic groups

Data on the locations of vulnerable groups is highly sensitive and cannot be mapped. Therefore bus shelters that were located within 100 metres of such locations were highlighted instead. The Casino was then advised to avoid bus shelters that were labelled as ‘Restriction Zone Bus Shelters’.

Alongside using this method for where not to promote gambling activity, the Council developed a local campaign, Beat the Odds to promote awareness of local support services and to reduce the stigma for people experiencing gambling related harm. Digital and printed campaign material has been developed to allow targeting of vulnerable groups highlighted in the Leeds Beckett’s research via social media campaigns, community radio advertising as well as being visible on bus shelters, billboards in low income areas and public venues such as community hubs, libraries GP surgeries and health centres.

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As part of this work the Council has undertaken focus groups and surveys with young people living in Leeds. The focus group involved 11 young people and the survey was completed by 130 young people. The headlines were:

- 88% of young people who responded to the online survey had seen gambling adverts and/or sponsorship.
- Out of the young people who said they had seen adverts, 67% saw them on TV (followed by YouTube, social media and billboards/posters)
- 29% of young people said there is too much advertising, 32% said it’s OK and the rest either did not know or had not seen any adverts and/or sponsorship.
- One focus group, with 5 participants, asked a question about “banning gambling adverts”. Overall young people did not agree that gambling adverts should be banned but they did agree that much more should be done to regulate them.

- **9% of young people said adverts had prompted them to take part in gambling when they were not planning to.**

The Council has facilitated five focus groups with the Chinese, Bangladeshi and Indian communities in Leeds and found that:

- Gambling is seen as a quick way to make money and men in particular enjoy the thrill. Casinos (or betting shops) are a 'culturally acceptable' meeting point for those working unsocial hours e.g. in hospitality industry, taxi drivers.
- In each focus group there was someone who had either been affected by problematic gambling themselves or knew someone in their community who had suffered gambling-related harms, in particular debt/financial hardship, domestic violence, and relationship breakdown.
- The Fever FM Radio mini campaign, which primarily aimed to engage the Pakistani community in Leeds, also confirmed hidden harms suffered by members of the community.
- The focus group with Bangladeshi women highlighted that publicity stunts such as free spins when you sign up to online companies are enticing young people to gamble. Betting on sports matches, particularly cricket is common in the community.
- Participants agreed they were less likely to come forward for support or treatment (compared to White British people) due to stigma and cultural barriers.

This strengthens the case for less advertising and promotion aimed at these communities and/or in areas where a higher concentration of low income, ethnic minority communities reside.

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Gambling Commission's powers and resources

Q24: Is there any additional evidence in this area the government should consider?

The GamCare Young Person Support Service has been in operation since September 2020 but as a national service the numbers for Leeds are very small, however the Government should investigate evidence from this support service.

Age limits and verification

Q29: What evidence is there on the effectiveness of current measures to prevent illegal underage gambling in land based venues and online?

The Leeds My Health, My School survey asks about young people's experience within the last 12 months on a range of topics from drugs and alcohol to social and emotional health and wellbeing. The 2019 survey included questions specifically about gambling behaviour. These questions were answered by 6,940 secondary school pupils across Leeds, in years 7, 9 & 11 (aged 11 to 15) and by 632 post 16 students in years 12 and 13.

The survey found that children have access to:

- The use/sales of scratch cards (12%) and Lotto tickets (7%) and some children (2%) are accessing scratch cards daily.
- Bingo (19.6%)
- Fruit/slot machines (15%) with 1.7% had used one every day (11-16), rising by age group to 2.3% (Year 9) and 3.3% (Year 11).

In 2019, the Gambling Commission completed a review of pubs in England and Wales which showed that 84% of them were failing to prevent under 18-year-olds from playing Category C gaming machines, also

known as fruit machines. The British Beer and Pub Association and UK Hospitality subsequently sent out guidance to their members but we still expect the lack of age verification to be widespread across Leeds, especially since our My Health My School survey found that more than 15% of secondary school pupils had used them in the last 12 months.

Q30: Is there evidence of best practice, for instance from other jurisdictions, in how to prevent illegal underage gambling?

In order to minimise risk to vulnerable groups and prevent underage gambling, Leeds City Council has been successful in implementing conditions upon new licensing applications in the city. These conditions have included:

- Restrictions to opening and closing times.
- Licence holders should be required to work with local authority and treatment partners in training their staff so that gambling harm prevention can be emphasised.
- Apply single manning operation restrictions (no lone working) due to concerns over timely age verification, safety of staff, supervision, ability to comply with company policies on problem gambling, and the ability to provide brief interventions.
- Use of security to minimise risk of disturbances including CCTV, physical security presence at the venue and whether security staff are SIA registered.
- Outline the amount and content of gambling harms support advertising that should be in the premises, including advertising of local treatment support.
- Specify the level of detail that should be collected in the incident log, including interventions made by staff to support customers who are gambling problematically. Define how often this information should be shared with the local authority.

The Gambling Act should include a public health objective. This would legislate the need to consider evidence relating to gambling harms as part of a Gambling Licensing decision. This could also require that density of venues and proximity to vulnerable groups should be considerations in licensing decisions.

Recent experience from Leeds, Tameside and London suggests that there is an increase in the number of adult gaming centres, countering the downward trend in the number of bookmakers following FOBT legislation changes. There is little specific reference to adult gaming centres in the current Gambling Act, but they should be emphasised in a new version.

Q31: What, if any, evidence is there on the number of 16 and 17 year olds participating in society lotteries?

The Leeds My Health, My School survey asks about young people's experience within the last 12 months on a range of topics from drugs and alcohol to social and emotional health and wellbeing. The 2019 survey included questions specifically about gambling behaviour. These questions were answered by 6,940 secondary school pupils across Leeds, in years 7, 9 & 11 (aged 11 to 15) and by 632 post 16 students in years 12 and 13. In summary the results reveal:

- 24% of secondary aged pupils in Leeds (NB 11-16 year olds, not 16/17 as stated in the question) had taken part in gambling activity in the last 12 months. In comparison to other addiction subjects, 13% of secondary pupils had smoked a cigarette, 7% had tried illegal drugs and 51% had tried alcohol.
- Of the secondary aged pupils that had gambled; 65% did so with their parent/carer's knowledge. 20% had gambled without their parent/carer's knowledge

- The most common form of gambling amongst secondary aged pupils was via gaming or skin betting, with 21% of pupils taking part in this activity on a regular basis. Bingo was the second most popular form of gambling with almost 20% of pupils taking part throughout the last 12 months. Betting on sporting events was the third most popular form of gambling amongst pupils, with 19% taking part.
- 32% post 16 pupils surveyed had taken part in gambling activity in the last 12 months. In comparison to other addiction subjects, 43% had smoked a cigarette, 24% had tried illegal drugs 80% had tried alcohol.
- Of the post 16 students that had gambled in the last 12 months, almost 70% did so with their parent/carer being aware; 20% did so without their parent/carer being aware.
- **The most common form of gambling for the post 16 year groups is national lottery scratch cards. Almost 24% of post 16 year groups have gambled through purchasing scratch cards. This could be attributed to this year group being legally able to purchase scratch cards and lottery tickets.** Placing a private bet with friends was the second most popular form of gambling amongst this age group with 18% taking part and betting on sporting events was the third most popular form of gambling with 17% taking part. NB. We did not include 'society lotteries' in the categories of answers that they could choose from so we do not have specific Leeds data on this.

This licensing authority sees children's exposure to small society lotteries, for example through raffle tickets in books bags to support school PTAs, as low risk. Children are exposed to gambling through mobile phone games being advertised on television, using their parents mobile phones and tablets, sports advertising, loot boxes etc.

Q38: Is there any additional evidence in this area the government should consider?

Problem gambling is gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits. "At risk" generally refers to people who are experiencing some difficulties with their gambling behaviour but are not considered to be problem gamblers.

The latest national data from 2019 suggests 0.5% of adults in England identified as problem gamblers and 3.5% were at risk of developing problems with their gambling. The national Young People and Gambling Survey from 2019 revealed that 11% of 11-16 year olds had gambled and 1.7% were problem gamblers.

In 2016, Leeds City Council commissioned Leeds Beckett University to conduct a study into the prevalence of problem gambling in Leeds. The research estimated that in Leeds and cities like Leeds that the prevalence is likely to be around double the national rate due to factors such as the demographic make-up and number of licensed premises.

The study revealed for Leeds that there are approximately 10,000 problem gamblers (1.8% of the adult population) and a further 30,000 people (5/6% of adult population) who may be at risk of harm from gambling.

The research also highlighted that whilst problem gambling can affect anyone at any time, there are certain groups are more vulnerable to gambling related harm;

- Young people (including students)
- Adults living in constrained economic circumstances
- Certain minority ethnic groups
- Homeless people
- Those living in areas of greatest deprivation
- Adults with mental health issues
- People with poorer intellectual functioning and learning disabilities
- Those who have been through the criminal justice process
- Immigrants

Land based gambling

Q39: What, if any, changes in the rules on land based gambling would support the government's objectives as set out in the document? Please provide evidence to support this position, for instance how changes have worked in other countries.

Gambling is highly regulated, with the Gambling Commission and local authorities able to enforce licensing conditions. However the current practice of the Gambling Commission working with the gambling industry to self-police age verification undermines the work local authorities undertake.

The Council recently sought to control a new bingo operation which appeared to be an exploitation of the gaming machine allowances. However the Gambling Commission had previously approved the bingo variant being proposed which effectively removed the decision from the local authority to refuse the application, and advised the Council to grant with conditions.

The Council would welcome more control, such as the ability to control numbers in a given area, for example in the same way as cumulative impact areas work for the Licensing Act 2003. This would prevent the proliferation of any single type of gambling premises in an area – such as betting shops, AGCs or bingo halls, which not only have an impact on the local high street but also seem to accumulate in deprived areas.

The Council would also welcome the ability to incorporate local conditions and requirements into the Statement of Licensing Policy to control matters such as single staffing, window displays, visibility of gaming and gambling machines, etc. to promote the protection of children and vulnerable people.

Q42: What is the evidence that the new types of casino created by the 2005 Act meet (or could meet) their objectives for the sector; supporting economic regeneration, tourism and growth while reducing risks of harm?

The industry should be encouraged to better engage at the local level. Local area risk profiles and assessments, when conducted properly, have the benefit of focussing the gaming industry on the potential risks of their activities on the local area. However, in order to take this from recognition to action, the industry should be encouraged to better engage with the local authority and local partners to actively address any negative impact their operations may be causing.

In Leeds, as part of the legal requirements which went alongside the granting of a large casino licence, a number of measures were stipulated to ensure that continued monitoring, management and mitigation of any social or health impact of the large casino. One of these measures includes establishing a Responsible Gambling Forum, led by the operator (with an independent Chair) and including a range of local partners including the local authority, health practitioners, support and advice organisations, the Police and faith representatives, although will not include any other industry representatives.

Ideally there should be an obligation for this type of forum to be set up in local areas with operators from all sectors of the gaming industry. This would facilitate increased understanding of the issue of problem gambling and gambling related harm, and also better understanding amongst local agencies of the measures being undertaken by the industry to mitigate harm.

In addition the licensing agreement includes a responsibility on the operator to donate an annual sum to Leeds City Council, which the Council used to establish a Social Inclusion Fund (SIF). The SIF is used for projects to alleviate poverty and financial inclusion and on projects to mitigate problem gambling.

This fund enabled the Council to commission the Leeds Becketts research study to understand the prevalence of problem gambling in Leeds and cities like Leeds. The research in turn provided the local evidence for a Leeds marketing campaign - Beat the Odds. This is a local campaign which regularly aims to raise awareness of available support as well as reducing the stigma associated with talking about problem gambling.

Q43: Is there evidence on whether licensing and local authorities have enough powers to fulfil their responsibilities in respect of premises licenses?

Future changes to the Gambling Act should give local authorities more autonomy to protect their communities from further gambling harms relating to new venues opening in their areas. One way of doing this would be to remove the “aim to permit” requirement in the Act. This requirement is often quoted at licensing hearings by operators and their agents as a strong reason why committees are required to grant the premises licence. As such it is difficult to refuse such applications despite strong local evidence of the potential harm to vulnerable people.

Q44: Is there evidence that we should moderately increase the threshold at which local authorities need to individually authorise the number of category D and C gaming machines in alcohol licensed premises?

In 2019, the Gambling Commission completed a review of pubs in England and Wales which showed that 84% of them were failing to prevent under 18-year-olds from playing Category C gaming machines, also known as fruit machines. The British Beer and Pub Association and UK Hospitality subsequently sent out guidance to their members but we still expect the lack of age verification to be widespread across Leeds, especially since our My Health My School survey found that more than 15% of secondary school pupils had used them in the last 12 months.

Q45: Is there any additional evidence in this area the government should consider?

Much of the narrative around the proposed changes to the Gambling Act relates to the regulation of online gambling. However, it is important not to forget how changes to the Act could help strengthen local authorities’ decision-making powers over new venue licence applications, allowing them to better protect vulnerable communities from gambling harms.

Recent experience from Licensing Committees at Leeds, Tameside and London suggests, that there is an increase in the number of adult gaming centres and bingo premises, which provide a large number of gaming machines on the high street, countering the downward trend in the number of bookmakers following FOBT legislation changes. There is little specific reference to adult gaming centres in the current Gambling Act, but they should be emphasised in a new version.

Despite the difficulty in challenging a new licence application, it is still possible to have an impact on how a new venue operates if the licence is approved. Future changes to the Gambling Act should give local authorities more autonomy to protect their communities from further gambling harms relating to new venues opening in their areas.

Instead of concentrating on a style of operation (betting shop, adult gaming centre, bingo premises) the licensing regime could concentrate on activity – gaming machines, betting, bingo, with licensing authorities able to remove/reduce licensable activities in vulnerable areas. An example of this is a recent application for a bingo premises licence which inferred that a new bingo hall would be opening on a deprived high street. The traditional bingo hall operation would be welcomed in this area as a supervised social outlet. However the premises was to be a double shop unit providing 38 gaming machines as well as electronic bingo which is a solitary form of gaming, rather than the traditional bingo live caller style operation. This is a completely different type of activity, and it was not possible under the current legislation to control the number of machines offered or the type of bingo variant on offer.

Applicant’s legal teams make strong arguments that under no circumstances can applications be rejected on “moral grounds”. Residents engaging with the licensing process can appear to be objecting on moral grounds if they use phrases such as “we don’t want another gambling premises in our area”, which under the ‘moral rule’, can’t be considered. Future legislation should allow the concerns of residents about new gambling premises to be more effectively considered, particularly if residents highlight that new establishments may negatively impact their wellbeing or harm their local community.

The council would strongly recommend that the Gambling Act should include a public health objective. This would legislate the need to consider evidence relating to gambling harms as part of a gambling licensing decision; currently not required. This could also require that density of venues and proximity to vulnerable groups in the local area should be considerations in licensing decisions as this would have direct impact on the promotion of public health and wellbeing in the area.

Although it is a requirement of the Gambling Commission’s Licensing Conditions and Codes of Practice (LCCP) attached to Operators Licences that all premises licence application should be accompanied by a local area risk assessment, it doesn’t allow the licensing authority to make locality based decisions. The Act should be strengthened to allow licensing authorities to consider locality based data when making licensing decisions, such as deprivation, looked after children, educational attainment, Audit-C scoring, alcohol related crime, people in treatment services etc, which could be based on a lower super output area data. Lower Layer Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. An LSOA is a designated area in which 1500 people live. In Leeds Public Health have produced and maintain a licensing matrix which ranks LSOAs (lower level super output area) against each other across 16 data sets which are related to alcohol related harm such as deprivation, looked after children, educational attainment, Audit-C scoring, alcohol related crime, people in treatment services etc. By entering the relevant postcode the matrix displays its ranking against licensing related data sets. This allows responsible authorities and the licensing authority to establish the problems being experienced in the area and the areas which are vulnerable to alcohol related harm. This same data matrix has been used to establish whether an area has a high number of vulnerable adults and children in relation to an application for a gambling premises licence. Although this is a powerful tool for establishing areas of concern, the Gambling Act’s requirement to ‘aim to permit’ gambling undermines the control licensing authorities have on the location of gambling premises.

Contact details

Entertainment Licensing
Leeds City Council
Civic Hall
Leeds LS1 1UR

Phone: 0113 378 5029
Website: www.leeds.gov.uk/licensing
Email: entertainment.licensing@leeds.gov.uk