

10 questions to ask if you are scrutinising gambling harm

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About this publication

This publication is part of a [Centre for Governance and Scrutiny](#) (CfGS) project in partnership with the [Gambling Commission](#) to raise awareness and increase the involvement of elected members in overview and scrutiny roles, in tackling gambling harm.

The production of this guide has been informed by a series of gambling harm scrutiny inquiry days held with personnel from local authorities.

This also forms part of our wider “10 questions” series, which lays out key issues on which local scrutineers (members sitting on scrutiny committees and the officers who support them) can pose questions to those with decision-making responsibility.

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Introduction

What is gambling harm?

Gambling can be an ordinary pastime for many people, but it is associated with addiction and harmful outcomes for others. In recent years, gambling harm is a topic that has been at the forefront of many Media news items.

During this time there have been attempts to change legislation, policy and practice. Some change initiated by the Gambling Commission, as the Regulator, some by the gambling industry, and some by pressure groups.

At the national level there has been significant inquiry work completed on the issue of gambling harm, including a review of the 2005 Gambling Act:

- The [House of Lords Special Inquiry Committee](#) on the social and economic impact of the gambling industry.
- The [All Party Parliamentary Group on Gambling Related Harm](#)

Although many policy decisions regarding gambling are made at a national level in the UK, there are clear opportunities to act at local and regional levels to prevent the negative impacts of gambling on individuals, families and communities.

There is no explicit definition of Gambling Harm. However, the Gambling Commission¹ describes gambling harm as the negative impact that participation in gambling might have on an individual, family or communities. Gambling harm can manifest in multiple ways, for example, increased anxiety and depression, spending more than can be afforded, poor performance at school or work, relationship breakdown, criminal behaviour and at worse, suicide.

Research² has shown that gambling has higher negative associations among the heaviest gamblers. Heavy gambling is associated with higher financial distress, higher future unemployment, lower financial inclusion and planning. Heavy gambling is also associated with negative lifestyle, health, wellbeing, and leisure outcomes³.

Gambling harm is considered a public health issue as policy makers and academics increasingly recognise its health harming potential for individuals, communities and for society as a whole.

Public health issues require different partners working together on the same priorities through a whole system response, or place-based approach with a focus on preventing and reducing negative impact on health and wellbeing. Other public health issues, such as obesity or alcohol and drug addiction, are relatively high profile and well resourced. The comparable harm caused by gambling disorder has not received the same attention as other health related behaviours. The harm caused by this disorder is only now beginning to be recognised.

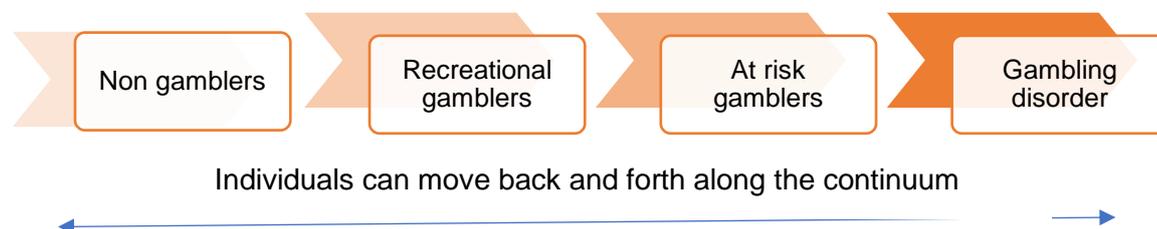
While many individuals gamble without issue, some individuals will experience negative consequences as a result of their gambling behaviour.

¹ [Gambling-related Harm - House of Lords Library \(parliament.uk\)](#)

² [The association between gambling and financial, social and health outcomes in big financial data | Nature Human Behaviour](#)

³ [ibid](#)

Gambling behaviour encompasses a broad range of activities, ranging from participating in the National Lottery to participation in casino games, slot machines, and online betting. Gambling behaviours occur along a continuum,⁴ with possible harms dependent on the level of involvement.



Not only does gambling harm impact individuals' physical and mental health, relationships, housing, and finances; gambling also impacts a range of other people who are connected to those who gamble. This might include families, colleagues, and wider local communities. For every gambler who experiences harm, between six to ten others may be affected, with a particular impact on the immediate family.

Gambling is often described as a 'hidden harm' and in its most extreme form it is recognised as a behavioural addiction by the World Health Organisation (WHO) in the [International Classification of Diseases](#).

Gambling disorder is an umbrella term that captures those who have a diagnosable gambling addiction as well as those experiencing elevated levels of harm due to their gambling behaviour. A professional diagnosis is required and involves several behaviours to confirm diagnosis.

At risk gamblers refers to people who are at higher risk of experiencing negative effects due to their gambling behaviour, but they are not classified as those with a gambling disorder. Anyone who gambles is at risk of harm, but evidence suggests that gambling disorder and gambling related harms have a disproportionate impact among already vulnerable groups.

Vulnerable groups include children and young people, people with disabilities, older people, certain minority ethnic groups, the unemployed, homeless people, people with financially constrained circumstances and those living in deprived areas. These groups might not be able to meet their basic needs and might need specific assistance. The elevated impact of gambling harm among vulnerable groups, some of whom might already be experiencing multiple deprivation, further exacerbates inequality.

Key facts

- Research from 2020 suggested that there were an estimated 395,000 people with a gambling disorder in Great Britain, of which 55,000 are aged 11-16⁵
- There are an estimated 1.8 million at-risk gamblers in Great Britain, who therefore may be experiencing some negative consequences.⁶
- Recent research estimates that 7% of the population identify as being affected by someone else's gambling⁷

⁴ [Is There a Continuum of Behavioural Dependence in Problem Gambling? Evidence from 15 Years of Australian Prevalence Research | SpringerLink](#)

⁵ [Gambling regulation: problem gambling and protecting vulnerable people - National Audit Office \(NAO\) Press release](#)

⁶ *ibid*

⁷ [gambling-treatment-and-support.pdf \(begambleaware.org\)](#)

- Those with gambling disorder are 15 times more likely to have suicidal thoughts or try to take their own life.⁸
- Licensed gambling has grown by 57% (£4.1 billion) in real terms over the past decade⁹.
- Industry statistics reported in May 2021 highlight that the total gross gambling yield (GGY) was £5.9bn (April- September 2020)¹⁰

The impact of COVID-19

The COVID-19 pandemic significantly altered the gambling landscape and accelerated existing changes by shifting activity online. This was due, in part, to the lockdown restrictions on people's movements, the cancellation of major sporting events and the closure of commercial venues. Industry statistics show that between March 2019 and March 2020, the overall number of gambling premises decreased by 665 (-6.2%) from 10,793 to 10,128, a 6.2% decrease from the previous period¹¹. This is a continuing trend.

Many experts are now examining the impact of the pandemic upon gambling behaviours, alongside the increased marketing, availability and accessibility of gambling products, the use of multiple products, the time spent gambling and the elevated risk of harms.

Many councils are increasingly concerned about the prevalence of gambling related harm in their communities. The pandemic lockdown restrictions pushed gambling further into the online sphere has also given rise to increased concern around the vulnerability of those experiencing gambling addiction, those at risk, and those in recovery. The growing issue of gambling harms can also be considered within the wider commitment to reducing health inequalities and to promoting an equitable post-Covid recovery.

What can councils do about gambling harm?

Both COVID-19 and the increasing prevalence of mental and physical health issues for many populations demonstrates the need for places and communities to become more resilient. Gambling harm is an issue for every local authority in the UK, both from the perspective of authorities' wellbeing and community leadership role, and their regulatory responsibilities.

While gambling harm is increasingly recognised as a public health issue, it is not a public health responsibility for local authorities. However, all councils have a duty to promote the health and wellbeing of the population, and councils that are licensing authorities have a statutory role, under the [Gambling Act 2005](#), in the licensing and regulation of gambling premises (non-remote gambling). Councils do not have any regulatory responsibilities in relation to remote gambling (typically conducted online or by phone).

All councils have opportunities to prevent gambling harm and support people harmed by gambling across a broad spectrum of local services. Because of the wide range of risk factors, preventing gambling harm involves councils working with relevant partners, such as the NHS, the voluntary sector, mental health services, homelessness and housing services.

An approach to tackling gambling harm which limits councils to thinking and acting only on their conventional duties and responsibilities will not take advantage of these partnership opportunities – and is likely to be ineffective. Guidance produced by the Local Government Association and Public

⁸ [Frontiers | Suicide Attempt in Patients with Gambling Disorder—Associations With Comorbidity Including Substance Use Disorders | Psychiatry \(frontiersin.org\)](#)

⁹ [Gambling regulation: problem gambling and protecting vulnerable people - Public Accounts Committee - House of Commons \(parliament.uk\)](#)

¹⁰ [Industry Statistics - May 2021 - Gambling Commission](#)

¹¹ [Industry Statistics November 2021.pdf \(ctfassets.net\)](#)

Health England advocate a whole council approach to tackling gambling-related harm¹².

What can scrutiny do about gambling harm?

Scrutiny, as an important part of the local democratic framework, is an ideal way to bring people and organisations together with elected members as community representatives to influence better approaches and outcomes in local areas and hold democratic leaders accountable for their actions in this space.

Scrutiny can play an active role in querying assumptions about the understanding of gambling harm locally. Scrutiny is in a unique position to review local policy development and delivery, as well as providing influential oversight on local actions and outcomes on gambling harm, for example: prevention and education; treatment and support; and integration.

Using their powers to look at any issue that affects people living in local areas, scrutiny members can add value to councils' licencing and public health roles and influence the effectiveness of integrated approaches by involving a range of stakeholders to understand and tackle gambling harms, for example impacts on families and relationships, finances, employment and health.

Gambling policy and regulation

Responsibility for gambling policy and the overall regulatory framework has been held by the [Department for Digital, Culture, Media, and Sport \(DCMS\)](#) since 2007. It introduces legislative changes where necessary, sets licence fees and has an objective to ensure commercial gambling is socially responsible.

The [Gambling Act 2005](#) sets out the law on gambling in Great Britain. The Act has three licensing objectives:

1. To prevent gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime.
2. To ensure gambling is conducted in a fair and open way.
3. To protect children and other vulnerable persons from being harmed or exploited by gambling.

The advice contained within the Act is that local authorities should 'aim to permit' licenses so long as applications are reasonably consistent with these three licensing objectives. The Gambling Commission regulates gambling in partnership with local authorities. While the Commission licenses operators at the national level, local authorities license and inspect local gambling premises such as betting shops and arcades. All licensing authorities are required to review their Gambling Statement of Principles (Gambling Policy) every three years under the Act.

In the 17 years since the Act was implemented, there have been significant changes in gambling behaviours and marketing. The gambling industry is larger and more accessible than it has ever been, this growth is mostly due to a significant increase in online and mobile gambling. The regulatory environment is also changing, becoming more focused on risk. As such, policy is becoming more directed at understanding and mitigating gambling harm, rather than focusing on gambling disorder alone.

¹² [Tackling gambling related harm a whole council approach \(local.gov.uk\)](#)

From late 2020 until March 2021, the Government conducted a review of the Gambling Act 2005¹³. The aim of the review was to set out conclusions and any proposals for reform in a white paper which is due to be published this year.

How to use these questions

This guide sets out 10 key questions that scrutineers can use to better understand and seek oversight on gambling harm in their localities.

The guide suggests several questions that scrutiny committees can consider asking decision-makers, partners and other stakeholders to make sure that local plans and strategies for tackling gambling harm are effective.

The questions might not be relevant for all areas, for example there might be different approaches between urban and rural areas, between areas with different demographic profiles and between areas that are at different stages in understanding and tackling the issue of gambling harm locally.

Our 10 questions are not just questions that might want to be asked in a formal committee environment, they can also be asked as scrutineers prepare for an inquiry day, or while carrying out task and finish style work. The questions are therefore largely exploratory in nature. They are designed to invite further supplementary questions which will depend on local circumstances.

Most importantly, the questions will help scrutiny committees to gain understanding and maintain general oversight on the issue of gambling harm – even if they do not carry out formal work; informal questioning might help to reassure policy makers that the scale of the problem is understood, and action is being undertaken. This assurance can be used to support local authority scrutiny work programming processes and helps to build an understanding of gambling harm and its impacts into wider work.

More detail on ways of working that scrutiny can adopt in carrying out its work can be found in “[The good scrutiny guide](#)” (CfGS, 2019).

CfGS has also published a [gambling harm case study collection](#) presenting some approaches local authorities have already taken through scrutiny.

¹³ [Review of the Gambling Act 2005 Terms of Reference and Call for Evidence - GOV.UK \(www.gov.uk\)](#)

1. How well does the council understand the scale of gambling harm locally, and the impact on communities and council spend?

Suggested supplementary questions:

- What data is available on gambling harm locally, and what further research needs to be undertaken to fill any gaps?
- Is data available by age, ethnicity, gender, postcode, occupation, education qualifications or earnings?
- What does the council, its partners and other stakeholders consider are the underlying issues driving gambling harm?
- How does the council and frontline service staff screen for gambling harm as part of the assessment process?
- What information will help better decision-making, or to communicate the scale of the issue more effectively?
- What is the council's approach for gathering and analysing existing research and expertise?
- How can the council establish a benchmark for this data so that evaluation of the effectiveness tackling gambling harm can take place?

Understanding the scale of gambling harm in local areas, or how it is contributing to demand for local services can be a challenge for councils. This is partly because gambling harm is often hidden with few visible signs to make it apparent. Gambling disorder is often connected with social stigma and therefore not openly discussed or admitted to.

Compared to other public health issues, many processes are not in place to enable councils and their partners to screen for gambling harm to build up an evidence base about the prevalence and nature of gambling harm in the local area. These factors all contribute to a low level of understanding, which in turn makes it more difficult to raise awareness of gambling harm and provide support to those affected.

Local authorities and the wider public health community would benefit if more locally available data was collected on factors such as local gambling spend and the prevalence of gambling harms. GambleAware publishes maps indicating the severity of gambling harms and demand for gambling treatment services across the country at local authority and ward-level.¹⁴ However, this data is not intended to produce an accurate figure for each locality, but rather to give estimates to provide a sense of how prevalence is spread across the country in relative terms.

Scrutiny members are well placed to query and test the current understanding of gambling harm in the local area. Questioning the evidence base on local harmful gambling, the impact of problem gambling on individuals, families and communities, and the cost of this to the council (and potentially other public services) can provide significant value in the shaping of current and future policy. One key area for scrutiny to explore is identifying if the council's own services screen for gambling harm as part of their assessment processes - especially in relation to services that support vulnerable groups – and how that information is used.

¹⁴ [GambleAware GB Maps | BeGambleAware](#)

Case Study: Devon County Council

Although **Devon County Council** is not a licensing authority or responsible for the direct oversight of gambling establishments, councillors had expressed concern about the impacts of gambling in their communities and were keen to explore its wider societal and economic consequences.

The Corporate Infrastructure and Regulatory Services Scrutiny Committee asked for Public Health to report on the issue - the report outlined that Devon's seasonal tourism; high house prices and low wages has caused pockets of deprivation putting certain groups at risk to gambling harms. Following this a scrutiny review was undertaken¹⁵. This review reflected the importance of the issue from a public health perspective and resulted in outcomes aimed at a greater understanding of the problem by collaborating on insight and intelligence with partners. Recommendations included:

- recording the instances of people encountering council services who identify as having a gambling problem.
- sharing information to enable the creation of area maps which highlight areas of concern to inform planning or resource allocation.

2. How does the council recognise gambling harm as a public health issue and take a whole-system approach to tackling it?

Suggested supplementary questions:

- Is there a local gambling harms strategy or plan, with specific actions to raise awareness and facilitate prevention?
- How is the approach to tackling gambling harm aligned in council policies, plans and strategies?
- How will responsibility and accountability for action on gambling harm be managed?
- Is there a clear plan on how staff from all departments are involved in helping the council tackle gambling harm?
- Is there an outline for how cross-party working will be organised and how it will feed into the process, to make action on gambling harm long-term?
- Does the council have a cabinet lead or committed governance process driving your council's response to gambling harm?
- Does the council's JSNA (Joint Strategic Needs Assessment) reflect data available on gambling harm?
- How prominent is the issue of gambling harm in your JSNA? Is it presented in a way that is useful to other local agencies?

Many councils are concerned about gambling harm, although the current financial environment places constraints on gambling being prioritised among existing issues. Due to the lack of locally available data previously mentioned, it is difficult for councils to identify the communities within their

¹⁵ [Appendix 1: Terms of reference template \(devon.gov.uk\)](#)

population who are most at risk of harm, develop effective prevention policy and strategies, and make the case for prioritising action.

Although gambling harm is considered a public health issue, it is not a public health responsibility (unlike smoking cessation initiatives, alcohol and drug misuse services, sexual health services and interventions to tackle obesity). Tackling harmful gambling has been mentioned as an action in the NHS Long-Term Plan ¹⁶ and while local authorities do not have a specific duty to provide treatment for gambling harm, the wider community and health impacts of harmful gambling means that responsibility lies with the whole council.

It is likely that council services will regularly encounter people who experience harm from gambling. These include in the following services:

- Children's services and adult social care, where problem gambling may be a contributory factor to family breakdown or domestic abuse.
- Drug and alcohol treatment services, given high rates of co-morbidity between these addictions and gambling addiction.
- Housing services, given that problem gambling can be a contributory factor in rent arrears.
- Homelessness services, given the high prevalence of problem gambling among the homeless population.
- Financial inclusion services, given that problem gambling can be a contributory factor in financial problems.

Scrutiny can add value by challenging the council on how it is taking responsibility for gambling harm across its various service areas and asking if it is being positioned as a public health issue.

Public health issues require a whole-systems approach to prevent harm and provide effective support. This whole systems approach includes tackling gambling harms as a council commitment at all levels by including it in strategic plans, with meaningful outcome measures, and communicating this to partners.

A whole-systems, or place-based, approach also involves the need for collaboration not only across departments and portfolio areas within the council but also across other local services such as primary care and those in the third sector to identify the need and actions for prevention and treatment. Identifying an organisational lead on harmful gambling at member or officer level can help drive work on raising the profile of the issue and developing a whole-systems approach to gambling harm.

Case Study: Bradford Metropolitan District Council

In 2019 **Bradford's** Corporate Overview and Scrutiny Committee recommended forming a cross-departmental organisational plan involving key partners from public health, children's care and adult social care focusing specifically on potential populations that could be deemed to be at risk of gambling harm. Scrutiny also recommended organising a cross-sector group conference to examine the issue of harmful gambling in the Bradford district and to explore local solutions¹⁷.

Scrutiny can ask how the approach to tackling gambling harm is being embedded and aligned across council policies, plans and strategies. This includes: the Council Plan, the Statement of

¹⁶ [NHS Long Term Plan v1.2 August 2019](#)

¹⁷ [Bradford Council - Agenda item - GAMBLING IN THE BRADFORD DISTRICT \(moderngov.co.uk\)](#)

Principles, the Local Plan, the Community Safety Plan, the Suicide Prevention Strategy, the Homelessness Reduction and Rough Sleeper Strategy, the Financial Inclusion Strategy, the Domestic Violence Strategy, the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA).

Joint Strategic Needs Assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being, and social care services within local authority areas. The JSNA process helps identify current and future needs, leading to agreed priorities to improve outcomes and reduce health inequalities.

Case Study: Wakefield Council

In 2018 **Wakefield's** Overview and Scrutiny Management Board established a working group to understand the risks gambling poses to the district, particularly to vulnerable groups and young people and to identify what measures were available to the council to mitigate these risks.¹⁸

The JSNA for Wakefield¹⁹ now clearly highlights harmful gambling as one lifestyle factor that negatively impacts the health and well-being needs of residents. The JSNA outlines the local data on gambling and the challenges it poses for the area to inform local groups, organisations, and commissioners of the local context.

3. How does the council, and its partners, identify and engage with those who are most at risk from gambling harm, and what is being done to assist the most vulnerable?

Suggested supplementary questions:

- Which groups or individuals are likely to be most at risk from gambling harm?
- What are the key issues for these different at-risk groups arising from the data?
- How does the council involve those affected by gambling harm in the process of developing this evidence base?
- Is the council prioritising actions to address the driving causes behind harmful gambling?
- How are the most vulnerable groups able to influence the council's policies on reducing gambling harm?
- How does the council engage experts by experience to review and co-produce local gambling harm strategies?

Under the terms of the [Gambling Act 2005](#), children and vulnerable people are singled out for special regulatory attention. However, identifying who is vulnerable and the reasons why, needs to be subject to further inquiry. There are likely to be multiple and complex risk factors for harm, and several cross-cutting themes, such as social isolation and dependency on others, which help explain why some groups are vulnerable to harm.

¹⁸ [4-APPENDIX 1 Terms of Reference.pdf \(wakefield.gov.uk\)](#)

¹⁹ [Gambling \(wakefieldjsna.co.uk\)](#)

Scrutiny is well placed to test whether the council, and its partners, have understood these risk factors, how they interrelate, and the implications for different groups.

Case Study: Westminster City Council and Manchester City Council:

In 2015 **Westminster and Manchester City Councils** commissioned research to explore the concept of area vulnerability to gambling related harm²⁰. The research involved identifying which groups in society are vulnerable to gambling related harm. Whilst not all individuals with certain characteristics will experience harm, data suggested they might have elevated risk of harm, and thus be more vulnerable.

The research found evidence to support suggestions that the following groups are potentially more vulnerable to gambling harm: young people, those with substance abuse, excessive alcohol consumption, poorer mental health, those living in deprived areas, from certain ethnic groups, those with low IQs, those with certain personality traits and those who are unemployed.

For both local authorities the research used a wide range of datasets to map at the lowest possible geographic scale where risk of gambling harm may be greatest, based on the types of people who live in each area and the types of services offered which might attract vulnerable people to those locations.

People with lived experience of gambling-related harms are critical to understanding and raising awareness of the issues, identifying research priorities, informing policy, and in the designing of harm minimisation programmes. Through the involvement of experts by experience, as with other public health issues, the underlying causes of harmful gambling can be better understood. Prevention and support initiatives can then be better designed.

Scrutiny can ask how those most at-risk from gambling harm, or those who have been affected by gambling harm, have been involved in refining and developing actions to be taken. Listening and understanding the experiences of those affected can also ensure that scrutiny reviews take account of local voices and perspectives – placing those at risk at the centre of a review.

Case Study: Greater Manchester Combined Authority:

In **Greater Manchester Combined Authority**, the Gambling Harm Reduction Programme is working in partnership with [GamFam](#) and [GamLEARN](#) to ensure that the voices of those with lived experience are central to their strategy, to help reduce gambling related harm in Greater Manchester.²¹ This strategy involves producing resources and engagement tools that communicate insights from those with lived experience. This allows these tools to be used to raise awareness and to inform action.

²⁰ [Gambling research | Westminster City Council](#)

²¹ [Involving local people and communities - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](#)

4. How does the council, and its partners, raise awareness of gambling harm in the community?

Suggested supplementary questions:

- How is the council promoting programmes aimed at raising awareness of gambling harm?
- How can the council seek to influence schools to enhance the quality of gambling harm education?
- Which local services provide resources on gambling harm? How can this be communicated and disseminated further?
- Is the information produced on gambling harm available in a variety of formats, languages, and in locations where those who are considered at-risk are likely to be?
- How is the council embedding gambling harm awareness training into frontline staff training?

Raising awareness of the negative consequences of harmful gambling and particular interventions for different at-risk groups are vital. Scrutiny can add value by testing the current initiatives in place and by encouraging the council, and its partners to increase awareness raising through its various services and communication activities.

One opportunity for awareness raising is to increase education of gambling and its potential harms among young people. For example, a public awareness campaign could include a guide to gambling harm for parents and school pupils, alongside the inclusion of content on gambling harms, resilience, and well-being in educational programmes. There is also a role for general awareness-raising of gambling harms locally with residents; including tackling the stigma associated with it.

Case Study: Leicester City Council:

In **Leicester City Council**, a Scrutiny Review on the Impact of Gambling on Vulnerable Communities the Executive recognised that the report provided a valuable evidence resource on the effects of gambling in Leicester and can be used to promote the council's position on tackling gambling harm.

Other awareness raising impacts of the scrutiny report included recommendations leading to the council's Education and Children's Services Department supporting an education programme for secondary schools around gambling as part of the PSHE and Citizenship curriculum.²²

Several council services, that problem gamblers might access, are likely to be general services which offer support for some of the harms or health conditions which have been linked to gambling, for example, alcohol services and debt services, however these services might not deal with gambling-specific support. It is often due to low awareness of the issue, among staff, that councils do not have the relevant tools and knowledge in place to enable screening for harmful gambling.

²² [\(Public Pack\)Agenda Document for Neighbourhood Services and Community Involvement Scrutiny Commission, 22/03/2017 17:30 \(leicester.gov.uk\)](#)

Training on the early detection of gambling harms can be beneficial for council staff who encounter groups that are at-risk. These groups include people who are experiencing problems with housing, poverty, or domestic abuse, as well as people with mental health problems or alcohol and substance misuse issues.

Case Study; Leeds City Council:

In 2016 **Leeds City Council** commissioned research on the prevalence of gambling in the city. The research identified a lack of awareness among council staff and partner organisations about the issue of harmful gambling, and a need for staff in a range of services to be more familiar with the issue.

As a result of the research, Leeds City Council has instituted a programme of training for frontline staff, as well as a series of strategic briefings both internally and externally²³.

Building on this work, council officers from Children's Services, Public Health and the Financial Inclusion Team are working with Leeds Community Gambling Service and the [Young Gamblers and Gamers Trust \(YGAM\)](#) to develop a communications campaign and to raise awareness of the issue with young people²⁴.

5. How does the council tackle gambling harm through its licencing policy?

Suggested supplementary questions:

- Does the council's Statement of Principles reflect local needs, priorities, and aspirations to prevent and reduce gambling harms, framed in the context of the wider strategic priorities of the council?
- Has the council developed a LAP (Local Area Profile) highlighting areas of higher risk of gambling harm to inform the development of its approach to licencing gambling premises?
- Has the council mapped gambling premises in the local area against Indices of Multiple Deprivation?
- Is a focus on public health incorporated into the council's Statement of Principles?
- How can the council give communities a greater say in the licensing process for gambling premises?
- Has the council clearly set out its expectations of operator local risk assessments?
- Has the council developed and shared with operators its approach to compliance and enforcement?

Licensing authorities have a statutory role to regulate local gambling premises and can use a range of tools to support the prevention of gambling harm. Under the Gambling Act 2005, licensing authorities are required to develop, consult on, and publish a 'Statement of Principles' (also known as their gambling policy) every three years that sets out the principles they propose to apply in

²³ [Problem-Gambling-Report.pdf \(leeds.gov.uk\)](#)

²⁴ [Corporate report template for committee and officer decisions \(leeds.gov.uk\)](#)

exercising their functions. This policy also sets out the expectations of gambling businesses to be used when undertaking compliance visits.

Licencing teams can also help tackle gambling harms through mapping to understand local risk – developing a Local Area Profile (LAP) to sit alongside the gambling policy can identify parts of the local area where there may be a greater or specific risks of gambling harm.

LAPs should help the local authority to understand the cumulative impact of harm from gambling on the community and what risks this might pose to the licensing objectives, in particular “to protect children and other vulnerable persons from being harmed or exploited by gambling”.

Scrutiny can ask how the council’s approach to licencing gambling premises incorporates an understanding of at-risk communities, its objectives, and its expectations for operators in reducing gambling harms. Scrutiny can also highlight the importance of establishing an evidence base, knowing the characteristics of the local area and what impact a premises could have on those vulnerable to harm.

Case Studies: Tower Hamlets Council and Gateshead Council

In **Tower Hamlets** the council has adopted a gambling policy which restricts opening of new gambling premises near schools, hospitals, resident homes for the elderly and near any venues where a [Gamblers Anonymous](#) meeting is held.

It states it will take the local area profile into account and will pay particular attention to applications where the proximity of the premises to vulnerable groups is likely to present a risk to the third licencing objective of consumer protection²⁵

In **Gateshead** the Communities and Place Overview and Scrutiny Committee was asked to consider the responses to the consultation on the draft Gambling Statement of Principles for 2019 – 2022 and how the draft policy should be amended²⁶.

Examples of scrutiny’s comments included:

- Recommending wider consultation with partners and the community on the draft gambling policy and establishing robust mechanisms to ensure a continuing dialogue with those who may wish to comment on gambling.
- Recommending premises have a specific training programme for staff to ensure that they can identify children and other vulnerable people, and take appropriate action to ensure they are not able to access the premises.

6. How does the council tackle gambling harm through its planning policy?

Suggested supplementary questions:

²⁵ [Appendix One Gambling Policy 2016-19v6 \(towerhamlets.gov.uk\)](#)

²⁶ [OSC Report 29 October 2018.pdf \(gateshead.gov.uk\)](#)

- Does the council's Local Plan include policies relating to gambling premises?
- Has the council considered developing a cumulative impact policy to prevent any further clustering of local licensed gambling premises?
- Does the council have a robust evidence base to include restrictions on new applications for betting shops?
- Has the council ensured that licensing and planning policies share a common approach to new premises for gambling?
- Is the council providing enough accessible and affordable recreational activities as an alternative to gambling within communities?

Planning can have significant influence over the wellbeing of residents, in achieving inclusive and safe places, and enabling healthy lifestyles - as recognised in the [National Planning Policy Framework](#) (paragraph 92c)²⁷

There is very strong evidence available to demonstrate that through the clustering of gambling premises in areas of greater deprivation, the built environment can lead to increased risk of gambling harms²⁸. Betting shops and adult gaming centres can have negative impacts where there are high concentrations of these uses - this particularly relates to the impacts on vitality and viability, character, function and amenity of retail areas; and also, the impact upon health and wellbeing, including increasing levels of harmful gambling.

To refuse new planning applications, councils need to have valid planning grounds linking to the council's local planning policy and development plan. As with licensing statements, planning decisions are stronger if they are linked back to evidence-based criteria explicitly set out in Local Plans.

There are several supplementary planning documents (SPDs) and information notes which add more detailed guidance to policies in councils' Local Plan. The council can use accompanying SPDs to set out guidance on how the development of uses with the potential to cause harm to health and wellbeing should be controlled within a local area – this can include the consideration of gambling premises.

Scrutiny can seek to better understand how the objectives of the council's planning policy might align with wider council actions on tackling gambling harm. For example, exploring if senior officers responsible for planning and licencing need to meet to consider the consequences of licensing and planning policies on each other, or testing if there is evidence to suggest that the location of gambling premises might have an impact on vulnerable people.

Case Study: Islington Council

In 2020 **Islington's** Local Plan²⁹ included a policy to address the challenges identified in the borough associated with obesity and harmful gambling. The policy was designed to avoid concentrations of fast food and gambling premises, which can increase adverse impacts, and to help achieve the delivery of healthy places.

Policy R8 in the Local Plan aims to limit any negative impacts associated with clustering, specifically by applying quantitative restrictions on betting shops in certain areas. The council was able to do this by providing a strong evidence base and looking at the impact

²⁷ [8. Promoting healthy and safe communities - National Planning Policy Framework - Guidance - GOV.UK \(www.gov.uk\)](#)

²⁸ [Geography of gambling premises \(bristol.ac.uk\)](#)

²⁹ [20200212sd22retailleisureandservicescultureandvisitoraccommodationtopicpaper.pdf \(islington.gov.uk\)](#)

that clustering of certain types of businesses has on its vulnerable residents and viability of town centres.

7. How has the council reviewed its own actions in promoting or normalising potentially harmful gambling activities and products?

Suggested supplementary questions:

- How is the council working with local businesses and organisations to encourage limiting the exposure to gambling advertising for young and vulnerable people?
- Does the council, or its partners, advertise products or brands that promote or normalise potentially harmful gambling activity?
- How does the council engage and provide support to its own staff who may be at risk of or experiencing gambling related harm?

Local authorities are central to reducing the impacts of gambling harm through better decisions in considering how gambling products are promoted and advertised in the local area.

As a precautionary principle the volume, concentration and content of gambling advertising children, young people and vulnerable groups are exposed to should be reduced. There is potential for the council to engage with local businesses and organisations to limit this kind of exposure to gambling advertising, for example at local sporting premises and events.

The council could, by maximising existing mechanisms and resources, undertake promotional activity to promote safe gambling and reduce harm in the community. The council itself should also consider if it advertises products or brands that promote or normalise potentially harmful gambling activity on council owned platforms or premises.

Councils could introduce policies on advertising across settings over which they have control. This would ensure that public advertising spaces are only used to promote healthy products and habits. Where council's do not control the setting, but have some financial stake, they could seek to influence Contracts. Any loss of income resulting from this could arguably be offset by health and social benefits to the local community.

Scrutiny can investigate if the council, or its partners, advertise harmful gambling activities or products on publicly owned sites, and test if the promotional messages on these sites align with council priorities and commitments to residents.

by [BeGambleAware](#) and the NHS, but also with the wider network of organisations who encounter people who might have gambling disorder, for instance the police, social care and the probation service.

Case Study: Stockton-on-Tees Council

In **Stockton-on-Tees** a 2018 scrutiny review on gambling by the Adult Social Care and Health Select Committee³² found that there were a range of advice and support organisations already in place, however there was a lack of awareness on gambling, screening for gambling harm, and limited cross referral pathways. As part of their review scrutiny recommended that:

- Awareness of gambling-related harms, and available treatment and support organisations, be promoted within the council and NHS partners.
- The council, NHS partners and the VCS, further develop referral pathways to gambling treatment providers where appropriate.

9. How is gambling harm recognised in the council's wider commitment to reducing inequalities and an equitable post-covid recovery?

Suggested supplementary questions:

- What role is the council playing in including gambling harm within its commitments to reduce health inequalities?
- How has the scale of gambling harm locally been impacted as a result of the COVID-19 pandemic?
- How will an understanding of the impacts of gambling harm be incorporated within the council's general approach to equalities in the future?

In many local areas gambling harm has become an issue of increasing concern during the pandemic. COVID-19 has increased national awareness of health inequalities and the need for a public health response; therefore, it is essential that the role of gambling harms is considered in plans to address these. Implementing strategies and interventions that will improve the resilience of vulnerable people and communities – especially where these groups might incorporate those with protected characteristics under the [Equality Act 2010](#).

Evidence suggests that the distribution of gambling-related harm can be unequal and reflects health inequalities as some groups (for example, those living in more deprived areas and those facing economic uncertainty) display greater risk of harm from engagement in gambling³³. Interventions that rely on individuals to use their personal resources to address significant public health issues are also least likely to be effective, and more likely to deepen inequities.

The impacts of the pandemic on gambling activity and behaviour is part of an ongoing trend in the gambling industry. There has been a steady decline in the number of betting shops

³² [EIT Review of Mental Health Services Final Report \(stockton.gov.uk\)](#)

³³ [Gambling and public health: we need policy action to prevent harm | The BMJ](#)

In recent years and the closure of premises which happened during the pandemic will likely exacerbate this further. It will be important to now look at which premises remain post- pandemic and where these are in relation to vulnerable groups.

A growing challenge following a decline in the number of betting shops is the increase in online gambling - which goes beyond the local authority licencing role and is very difficult to monitor. Reports received by the Gambling Commission displayed an increase in online activity around slots, poker, casino gaming and virtual sports, following the cancellation of most live sport and the closure of all land-based gambling premises during the pandemic. The growth in online gambling has been accompanied by trends demonstrating significant increases in gambling amongst those who were already most engaged alongside increases in the duration of online gambling sessions.³⁴

Scrutiny can challenge the council about how it factors in gambling harms into the wider determinants of health and health outcomes, and by considering available local data scrutiny can test pre-pandemic assumptions with emerging trends. Scrutiny can also proactively contact the Director of Public Health as part of their annual work programme planning process, to understand which areas of local health outcomes are especially affected by inequality and how gambling harm interrelates to these.

10. How can the council learn lessons from the actions taken locally to tackle other public health issues?

Suggested supplementary questions:

- Does the council have a clear picture of “what works” with tackling other public health issues locally?
- How does the council collaborate and share learning on public health issues with the voluntary and community sector or NHS bodies?
- What lessons about engaging with patients and vulnerable people can be learned from other public health issues?
- What lessons around partnership working has the council learned from other public health issues?
- How could progress in tackling gambling harm link to other improved outcomes in other public health issues?
- How can the council secure additional funds or pool resources to take forward actions on tackling gambling harm in a financially constrained environment?

As with any public health issue, reducing harm is often complex and involves a ‘whole systems’ approach. To inform the approach that councils can take with tackling gambling harms, there is value in scrutiny looking at how other public health issues have been addressed locally.

There is an opportunity to draw on local approaches to mental health and drug and alcohol treatment services or suicide prevention services in co-designing integrated, inclusive, patient-centred services that meet the needs and aspirations of local people and their families experiencing gambling harms. Councils can consider the transferrable learning from other commodities with the potential to harm such as alcohol and tobacco, in using health intelligence for advocacy to influence media and policy debates.

³⁴ [Gambling business data on gambling during Covid-19 March 2022 \(published May 2022\) - Gambling Commission](#)

Scrutiny can identify good practice and evidence-based approaches that councils have taken with other public health issues to consider its application to gambling harms.

Scrutiny can assess how councils develop a commissioning approach with the voluntary and community sector to tackle other public health issues.

Scrutiny also offers the opportunity to assess some of the wider, more holistic aspects of gambling harms and share learning with other local authority functions in areas such as education, housing, social care and public health.

Previous scrutiny:

- Has the topic of gambling harm been explored by scrutiny – or by scrutiny in neighbouring councils – recently?
- Did this take a narrow or broad focus?
- What were the findings, recommendations, and planned actions?
- What changes and improvements have been made?

Further Information and Support:

- [BeGamble Aware](#): Provides, guidance, information and support for the public and professionals.
- [GamAnon UK](#): Gam-Anon is a fellowship of men and women who are husbands, wives, partners, relatives or close friends of someone with a gambling problem.
- [Gamcare](#): The leading UK provider of free information, advice and support for anyone harmed by gambling.
- [The Gambling Commission](#): The regulator for most types of gambling in the United Kingdom.

Useful Data and Reports:

- [Office for National Statistics](#): Provides a range of gambling related information
- [Statistica](#) : Provides gambling- related statistics.