

Tackling gambling related harm

A whole council approach

Foreword

There is increasing awareness about harmful gambling and its impact on families and local communities, as well as the individuals directly harmed by it. The prevalence of high stakes betting machines on high streets; the significant increase in gambling advertising since the introduction of the Gambling Act over a decade ago; and the rise in online gambling have all contributed to societal concern about gambling in the UK and the harm that can be associated with it.

The recent Government announcement that it proposes to reduce maximum stakes on Fixed Odds Betting Terminal (FOBT) machines to £2 is extremely welcome news, with the LGA and others having long argued that the £100 stake was too high. But it is just one step among many more that need to be taken to prevent and address harmful gambling.

Harmful gambling is increasingly cited as a public health issue which requires a broad response; that is to say, traditional approaches that focus on single interventions do not tend to work at a population level. Harmful gambling is a complex problem with a large number of different but often interlinked factors - no single measure is likely to be effective on its own in addressing it.

Consequently, many organisations have a part to play in addressing the issue of harmful gambling, not least the gambling industry itself. There are several ways in which councils can try to support those individuals and families who are experiencing harm from gambling without taking on responsibility for treatment. This is in addition to their statutory licensing responsibility to try to prevent local gambling premises causing harm through gambling.

For example, councils will be coming into contact with people impacted by problem gambling through a range of services, including housing and homelessness, financial inclusion, children's services and addiction services. Yet few, if any, councils have data on where problem gambling has been a contributory or additional factor in these cases, and we are only just starting to take full advantage of the support that is currently available for problem gambling through the third sector-led treatment system.

Having the support of elected members and the chief executive in changing our understanding of harmful gambling and its impacts is vital. It sends a clear signal that addressing problem gambling is a priority not just for public health and licensing but for the whole council and its wider stakeholders, thereby facilitating cooperation across departments and with local communities and partners.

We have therefore developed this document to provide an overview of problem gambling, and how councils can begin to try to help local residents who are impacted by it. From our work on two of the LGA's policy boards, we know that this is an issue of concern to councillor colleagues up and down the country. We hope you find it useful in understanding how councils can strengthen their work in this area.

Councillor Izzi Seccombe OBE

Chairman, LGA Community Wellbeing Board

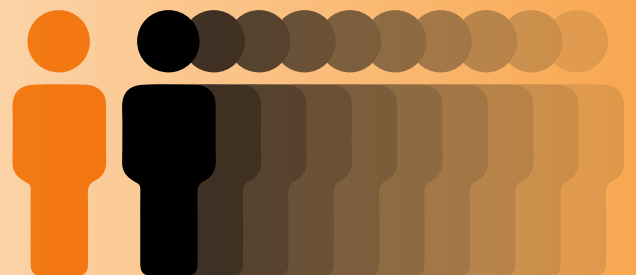
Councillor Simon Blackburn

Chair, LGA Safer and Stronger Communities Board

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There is increasing awareness about harmful gambling and its impact on families and local communities, as well as the individuals directly harmed by it.



6 to 10 PEOPLE
are directly affected by a single problem gambler

Executive summary

Harmful gambling is defined as any type of repetitive gambling that disrupts or damages personal, family or recreational pursuits. It can have many and varied impact, including on an individual's physical and mental health, relationships, housing and finances, and affect a wide range of people, such as families, colleagues and wider local communities.

Evidence suggests that certain groups are more vulnerable to problem gambling including children and young people, people with mental health issues, certain minority ethnic groups, the unemployed, homeless people, those with low intellectual functioning, people with financially constrained circumstances and those living in deprived areas.

Research, education and treatment of harmful gambling is overseen by the Gambling Commission, Responsible Gambling Strategy Board and GambleAware, funded by voluntary donations from the gambling industry. The national network of support for people experiencing harmful gambling is based upon the provision of cognitive-based therapy; residential and psychiatric support is also available for those with more complex problems.

Councils are not responsible for providing treatment for harmful gambling, but there is a range of ways in which different services can seek to support local residents and families who are affected by it.

District and unitary (licensing) authorities have a statutory role regulating local gambling premises and various tools to try to prevent gambling related harm occurring in premises: developing maps highlighting locally specific gambling risks; preparing local licensing

policies setting out expectations of gambling businesses, and undertaking compliance visits to assess whether they are meeting these expectations. Planning teams may also be able to play a role in relation to local gambling premises.

Beyond licensing and planning teams, many council service areas will be coming into contact with people experiencing or impacted by harmful gambling, including children's, family and adult services, treatment services, homelessness and wider housing services and financial inclusion services.

Councils should ensure that frontline staff are provided with training on harmful gambling so they recognise potential cases: there is a significant opportunity for these staff to help local residents access support by signposting to the national treatment network via the National Gambling Helpline. Councils can also seek to work with local partners and build links with support organisations to help develop specific local referral pathways and ensure these can be accessed from across the full range of local services. As frontline awareness and identification of harmful gambling develops, councils should ensure they capture data about it, to help understand the extent of harmful gambling, impacts and costs associated with it.

Public health teams can play a role in ensuring that this data, and related data on groups at particular risk of harmful gambling, is collected and shared. They can also work with local partners and through Health and Wellbeing Boards and Clinical Commissioning Groups, to develop a coherent approach to harmful gambling, including focused preventative work.

“Councils should ensure that frontline staff are provided with training on harmful gambling so they recognise potential cases and there is a significant opportunity for them to help.”



56% of people in England gambled in **2016**



6.6% of gamblers (**3.6%** of people overall) were at low or moderate risk of developing problems with their gambling



6% of gamblers have ever self excluded



0.7% of people are problem gamblers

Understanding harmful gambling

There is comparatively little research and literature relating to problem gambling and gambling related harm, although this has begun to change in recent years. This section provides a summary of the definitions and recent research.

Definitions and prevalence

Gambling behaviours occur along a continuum, with possible harms and benefits¹ present dependent on level of involvement. Harmful gambling² is defined as any type of repetitive gambling that disrupts or damages personal, family or recreational pursuits. In its most extreme form, gambling is recognised as an addiction by the American Psychiatric Association (APA), as well as by the World Health Organization (WHO) in the International Classification of Diseases.³⁴ At risk gamblers refers to people who are at higher risk of experiencing negative effects due to their gambling behaviour but who are not classified as problem gamblers.

Gambling related harm is a broad concept that impacts a wide range of people including families, colleagues and those within the wider community who may not have been involved in gambling themselves.

Harms may include financial hardship, relationship breakdown, domestic violence, mental health problems and suicidal thoughts.

The most recent Health Survey statistics for England found that 56 per cent of the population in England have spent money on at least one gambling activity in the past year.⁵ The Health Survey statistics also indicate that in 2016, 0.7 per cent of people in England (approximately 300,000 people) identified as problem gamblers, with 3.6 per cent (approximately 1,610,000 people - 6.6% of gamblers) at low or moderate risk based on their gambling. Due to limitations in how this data is collated, it is likely these estimates are conservative, and may not capture some vulnerable population groups such as homeless people and students. Recent research by Leeds Beckett University for Leeds City Council⁶ has concluded that gambling behaviour and problem gambling are not equally distributed across England and that certain areas experience higher rates of problem gambling (see page 24-25).

1 Forrest, D. An Economic and Social Review of Gambling in Great Britain
<https://infohub.gambleaware.org/wp-content/uploads/2016/02/816-2437-1-PB.pdf>

2 Harmful gambling is also referred to as problem gambling, compulsive gambling, irresponsible gambling, gambling disorder or pathological gambling. It 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.

3 <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>

4 <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1041487064>

5 www.gamblingcommission.gov.uk/PDF/survey-data/England-Health-Survey-Findings-2016.pdf

6 www.leeds.gov.uk/docs/Problem%20Gambling%20Report.pdf

Groups at risk of problem gambling

In 2015-6, Geofutures' Gambling and Place Research Hub undertook research⁷ for Westminster and Manchester City Councils to explore the concept of area vulnerability to gambling related harm.

The first phase of the research involved a detailed literature review aimed at identifying which groups in society are vulnerable to gambling related harm. The research found evidence to support suggestions that the following groups are more vulnerable:

- children, adolescents and young adults (including students)
- people with mental health issues, including those experiencing substance abuse issues (problem gambling is often 'co-morbid' with these substance addictions⁸)
- individuals from certain minority ethnic groups, such as Asian/Asian British, Black/Black British and Chinese/other ethnicity
- the unemployed
- the homeless
- those with low intellectual functioning
- problem gamblers seeking treatment
- people with financially constrained circumstances
- those living in deprived areas.

Using this list as a basis, Geofutures collected local level data to show where people with these characteristics might be. This was combined into a single risk index and mapping tool identifying local hotspots at greater risk of gambling related harm.⁹

The National Centre for Social Research's report Gambling behaviour in Great Britain in 2015¹⁰ includes further analysis of at risk and problem gambling, in particular highlighting significantly higher rates among men compared to women.

Impact of problem gambling

The impact of problem gambling extends beyond individual gamblers themselves. A recent investigation published by Citizens Advice reported research suggesting that for every problem gambler there are on average between six to ten additional people who are directly affected by it.¹¹ The potential impact can extend from those closest to the problem gambler (such as families and colleagues), whose physical, mental and emotional health and wellbeing may be severely affected, and in some cases impact across local communities (for example, where problem gambling is associated with crime or homelessness) and society as a whole (in terms of the costs that may be created by problem gambling).

7 www.geofutures.com/research-2/gambling-related-harm-how-local-space-shapes-our-understanding-of-risk/

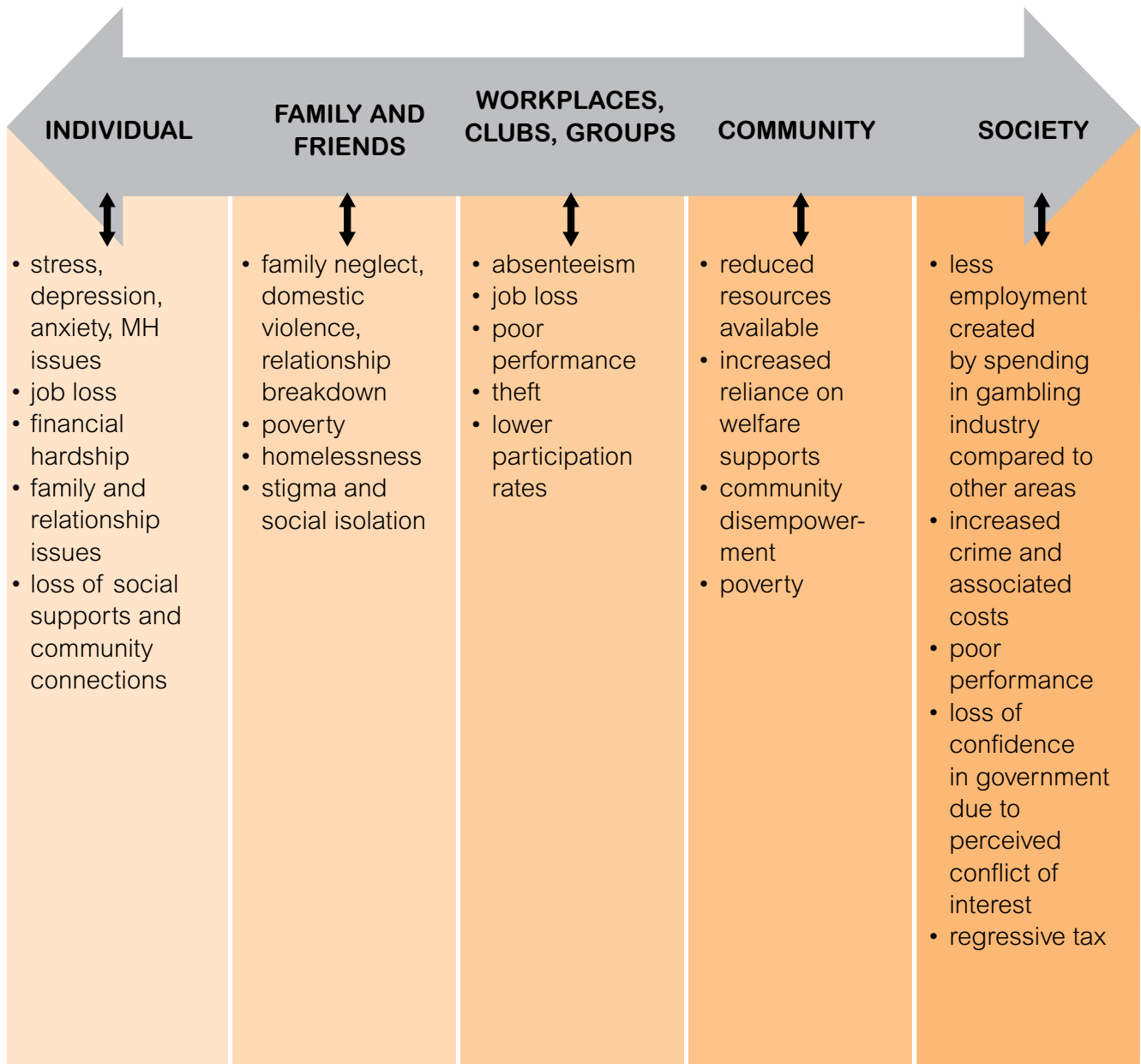
8 See page 4: www.gamblingcommission.gov.uk/PDF/Gambling-related-harm-as-a-public-health-issue.pdf or the 2012 Health Survey for England

9 www.westminster.gov.uk/gambling-research

10 www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2015.pdf

11 See page 8: www.citizensadvice.org.uk/about-us/policy/policy-research-topics/consumer-policy-research/consumer-policy-research/out-of-luck-an-exploration-of-the-causes-and-impacts-of-problem-gambling/

Levels of Harm from Problem Gambling



Source: Health promotion resource guide for problem gambling prevention in Melbourne North¹²

¹² www.nehc.org.au/wp-content/uploads/2018/01/Health-Promotion-Resource-Guide-for-Problem-Gambling-Prevention-in-Melbourns-North.pdf

Individuals experiencing harm from gambling, or their families or carers, rarely present to health or social care services with problem gambling as their presenting condition, and it can manifest in a range of different ways, including physical and mental health problems, relationship breakdowns as well as social care and financial issues.

These can include:

Health	Relationship	Social and financial resources
<ul style="list-style-type: none"> • unexplained joint / muscle pains • heart palpitations • breathing difficulties • sleep disturbances/ insomnia • Increased blood pressure • headaches • anxiety / depression • narcissistic presentations • self harm and suicidality • confusion • substance misuse • feelings of stigma/shame 	<ul style="list-style-type: none"> • domestic violence/ abuse • relationship difficulties and breakdown • loss of trust • loneliness • Social isolation • neglect / abandonment • anti-social behaviour 	<ul style="list-style-type: none"> • poor concentration • money/debts • housing issues • work / school problems • reduced productivity • criminality • use of food banks

Research commissioned from the Institute for Public Policy Research in 2016¹³ estimated that the cost to government associated with people who are problem gamblers in Britain was between £260 million – £1.16 billion (based on problem gambling rates ranging from 0.4 to 1.1 per cent of the adult population). This was based on six identified specific costs covering primary and secondary health costs, hospital inpatient services, welfare and employment costs, housing costs and criminal justice costs.

The report highlighted an urgent need to fill gaps in the available evidence base on the impact of problem gambling. Many of the costs associated with problem gambling may go unrecognised since problem gamblers will present with other issues rather than a gambling addiction. At the council level, there is a clear need to develop a much greater understanding of the scale and nature of gambling and the harms and costs that are directly associated with this. This is explored in more detail in later sections of this document.

13 www.ippr.org/publications/cards-on-the-table

Harmful gambling – framework for prevention and support

National approach to responsible gambling

There is a tripartite arrangement for the research, education and treatment (RET) of harmful gambling between the Gambling Commission¹⁴, the Responsible Gambling Strategy Board (RGSB)¹⁵ and GambleAware¹⁶, as seen in the diagram below. Policy responsibility for harmful gambling rests with the Department for Digital, Culture, Media and Sport (DCMS) at government level.

The Gambling Commission is an independent non-departmental public body sponsored by DCMS, that was set up under the Gambling Act 2005 to regulate commercial gambling in Great Britain in partnership with licensing authorities. Its work is funded by fees set by DCMS and paid by the organisations and individuals they license, and, in respect of National Lottery functions, by a grant from the National Lottery Distribution Fund. The Commission's strategic objectives for 2018-21 include preventing harm to consumers and the public.¹⁷

The RGSB is an independent body comprising members with expertise in issues including gambling research, public health, psychology and medicine and education, as well as in the gambling industry and gambling regulation. The RGSB's objective is to minimise gambling related harm. It develops the National Responsible Gambling Strategy for Britain and provides independent advice to the Gambling Commission and

Government on issues including priorities for research, education and treatment. While the RGSB sets the strategy for responsible gambling, others are responsible for implementing it.

GambleAware is an independent charity¹⁸ tasked with commissioning research, education and a national treatment service to help minimise gambling-related harm in Great Britain, in line with the national responsible gambling strategy.

The Gambling Act applies the 'polluter pays' principle, and GambleAware is funded by voluntary donations from the gambling industry. All gambling operators are required by the conditions of their licence to make a donation towards research, education and treatment (RET) and this is enforced by the Gambling Commission, but the amount they donate is ultimately up to them.¹⁹ The LGA, GambleAware itself and others have argued that this voluntary system should be replaced by a mandatory levy, and the Government has warned the industry that the existing legislation which provides for such a levy will be invoked if the voluntary system fails to deliver sufficient funding.

Currently the majority of research, treatment and education around harmful gambling undertaken in Great Britain is commissioned by GambleAware, although there are instances where gambling companies support initiatives directly such as in Leeds (see page 24) and other stakeholders are now beginning to engage with harmful gambling.

¹⁴ www.gamblingcommission.gov.uk/home.aspx

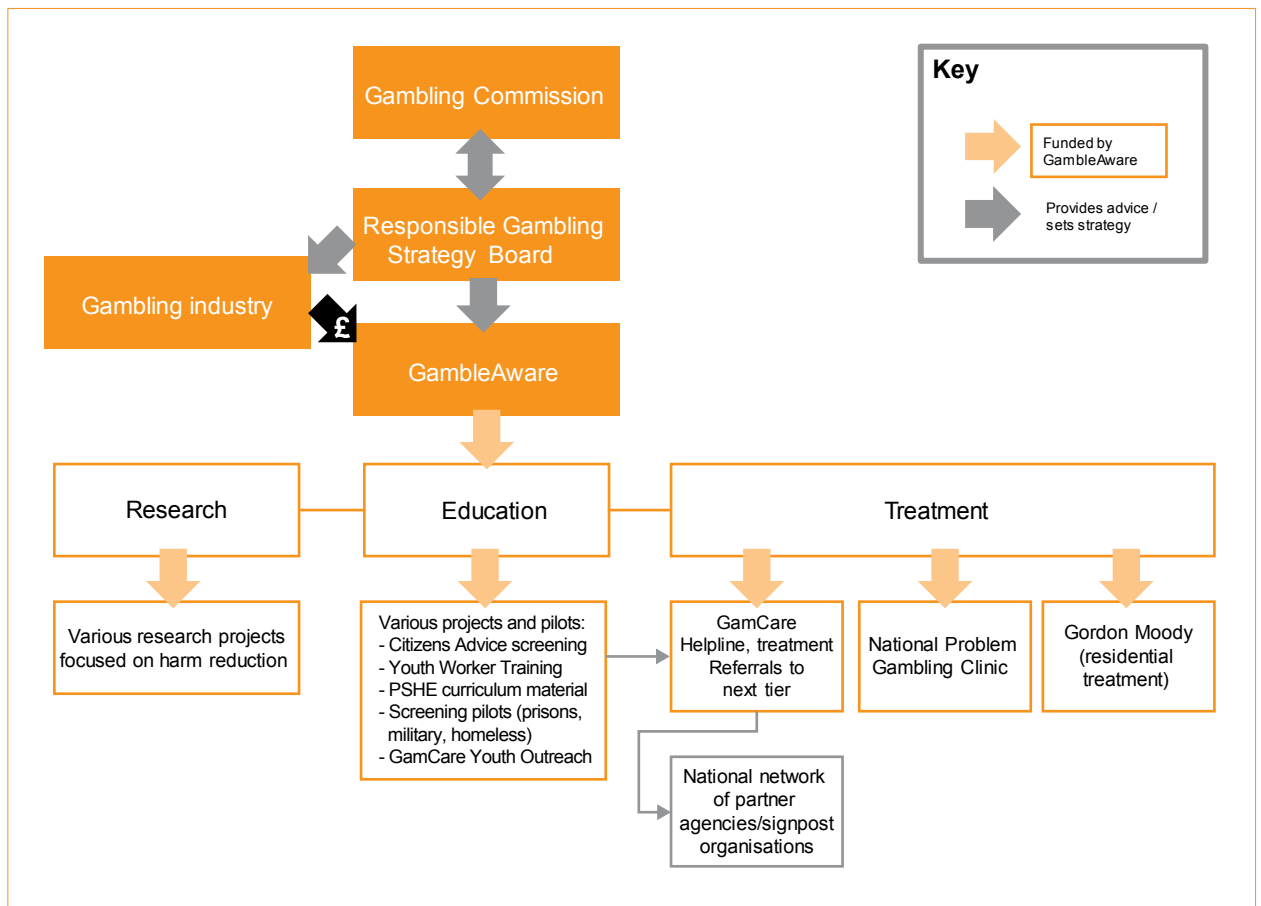
¹⁵ www.rgsb.org.uk/About-us/Governance/Statement-of-intent.pdf

¹⁶ <http://about.GambleAware.org> (formerly the Responsible Gambling Trust).

¹⁷ www.gamblingcommission.gov.uk/PDF/Strategy-2018-2021.pdf

¹⁸ Observers from DCMS, the Gambling Commission and RGSB attend all meetings of GambleAware's Board. In recent years, GambleAware has sought to strengthen its independence from the gambling industry.

¹⁹ There is a suggested donation of 0.1 per cent of profits.



Research

GambleAware awards grants to support research pilots and evaluations that explore gambling practices and gambling related harm, with a view to developing interventions and informing policy and regulation that can help to prevent harm from occurring. Recent areas of focus include harm minimisation measures for online gambling, the impact of gambling advertising on vulnerable groups, and the effects of marketing and advertising on children.

Compared with other topics, however, there is a dearth of high quality research evidence on gambling related harms. There are some positive signs that this is now changing, with several universities and the National Institute for Health Research²⁰ now undertaking research in this field.

20 www.nihr.ac.uk/funding-and-support/funding-opportunities/1804-interventions-to-prevent-or-reduce-gambling-related-harm/7750?diaryentryid=29288

One particular piece of research that may be of most relevance to councils was an exploration of cognitive distortions in homeless gamblers undertaken by the University of Lincoln to develop both a screen to aid in identification and recognition of gambling problems and a brief cognitive intervention to minimise the gambling-related harm experienced by this population. The tools developed are for use by homelessness practitioners.²¹

Education

GambleAware is currently leading a two-year safer gambling advertising campaign and working with social media companies to develop guidance for social media users looking to set preferences that will reduce their exposure to online gambling advertising. It also commissions education campaigns and works with other organisations to tackle harmful gambling.

21 <https://about.gambleaware.org/media/1716/gambling-and-homelessness-developing-an-information-sheet-screening-tool-and-resource-sheet.pdf>

Some of the recent education programmes they have funded include:

- **Teacher and youth worker gambling toolkit** – GambleAware has partnered with Fast Forward, a youth education charity, to develop a toolkit about youth gambling and problem gambling, designed to help practitioners who work with young people to design and deliver prevention activities.²²
- **PSHE lesson materials** – GambleAware and Demos have partnered together to pilot an intervention in secondary schools across England and Wales with pupils aged 14-15. Lessons were designed by Demos, the PSHE Association, The Mentor Foundation UK (Mentor UK), the National Problem Gambling Clinic and a range of independent teachers/advisers to build up the resilience of teenagers to the risks related to gambling.²³

GamCare is an independent charity responsible for providing the first level of support for people identified as having gambling issues, as well as for their partners, family and friends. Alongside the treatment services GamCare provides (detailed below), they also work to provide training to frontline organisations who in the course of their work may come into contact with problem gamblers or those directly affected by it, including youth-facing professionals, housing workers, people working in the criminal justice system and for sports clubs and organisations. GamCare is also engaged in outreach programmes working directly with young people to build critical thinking and resilience around issues relating to gambling.

Treatment

Almost half of GambleAware's funding is spent on treatment. GambleAware's national network of support provides predominantly cognitive-based therapy with residential and psychiatric support available for more complex presentations.

The charity expects its network of treatment services to reach just 4 per cent of problem gamblers and affected others, and is keen to explore innovative approaches with local authorities to ensure that those who need its help are aware of how to access services. It has warned the industry that if demand for treatment services rises, then gambling operators will be expected to provide whatever additional funding is needed.

The National Gambling Helpline is the primary entry point into GambleAware's national treatment service network, and many people can be helped through brief interventions offered by the Helpline's advisers. The next level of treatment services are commissioned through three organisations; GamCare, the National Problem Gambling Clinic and Gordon Moody Association.

GamCare is an independent charity responsible for providing the first level of support for people identified as having gambling issues. GamCare runs the National Gambling Helpline, which deals with more than 30,000 calls each year and provides one to one information, advice and emotional support to callers. Where needed, extended support via call backs can be offered by helpline advisers.

Support is provided online through individual or group sessions, using cognitive behavioural therapy and motivational interviewing principles²⁴ and the charity also moderates an online forum and chatroom where users can talk about issues relating to problem gambling. GamCare also offers individual face-to-face counselling for those who need more sustained support, both directly and through its network of partner organisations.

GamCare are a key point of contact for local authorities interested in exploring problem gambling and comprehensive information is also available on their website,²⁵ which would be a useful starting point for local authorities exploring this issue.

²² <http://fastforward.org.uk/gamblingtoolkit/>

²³ www.demos.co.uk/wp-content/uploads/2018/03/Gambling-Education-Teaching-Resource-Booklet-1.pdf

²⁴ www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/

²⁵ www.gamcare.org.uk/about-us/who-we-are/our-partner-network

The National Problem Gambling Clinic in London²⁶ providing psychiatric treatment for harmful gamblers aged 16 and over with complex needs. These may include having previous unsuccessful structured psychological support for problem gambling, co-occurring mental health problems, substance misuse, serious physical health difficulties or concerns about risk of harm to self or others. Services include individual psychological support in the form of cognitive behavioural therapy and psychodynamic psychotherapy, behavioural couples' therapy, support groups and medication.²⁷

The Gordon Moody Association²⁸ is a charity providing residential treatment services at two locations in the South of England. For men, the residential treatment programme begins with an initial two week assessment followed by 12 weeks of treatment and all clients live at the centre full time for the duration of their stay. For women, a new service combines two short term residential retreats with 12 weekly therapy sessions delivered either online or face to face. They also run an international online support and advice service for problem gamblers through the Gambling Therapy website.²⁹

As problem gamblers are generally referred into the second-tier services (National Problem Gambling Clinic and Gordon Moody Association) from earlier levels of intervention, it is unlikely that councils would need to establish direct contact with these services although individuals themselves can seek to self-refer to any of these services.

Alongside the treatment support funded through GambleAware, other charities also provide support to people experiencing issues with harmful gambling and those around them, some of which are listed below.

The **Citizens Advice Bureau** helps people resolve legal, financial and other problems by providing free information and advice.³⁰ GambleAware recently commissioned Newport Citizen's Advice to undertake a pilot of training across Citizen's Advice services. The pilot focused on providing training to Citizen's Advice staff, so that they are aware of issues connected to problem gambling and able to screen for it, and developed a toolkit³¹ on supporting clients affected by gambling related harm. GambleAware are now working with Citizens Advice to extend this pilot nationally and will contact local authorities when their local service offers this support.

Gamblers Anonymous³² runs local support groups for people with gambling addictions and advocates the same 12-step approach to recovery as Alcoholics Anonymous. Gamblers Anonymous also offers help and support via their website, including a forum, chat room and literature. Anyone who is seeking help for gambling addiction is able to attend meetings.

Gam-Anon³³ is an organisation dedicated to supporting the husbands, wives, partners, relatives or close friends of someone with a gambling problem who have also been affected by the problem. Like Gamblers Anonymous, meetings are held throughout the country, with online support also available.

Betknowmore UK³⁴ are a London based organisation working to raise awareness and deliver support services for harmful gamblers and those around them. The support services are currently only available in London.

Samaritans³⁵ provides confidential emotional support to those in need of support or feeling suicidal, those worried about someone and those bereaved by suicide. They can be contacted by phone, email or in person at one of their branches across the country.

26 Part of the Central and North London NHS Foundation Trust.

27 www.cnwl.nhs.uk/cnwl-national-problem-gambling-clinic/refer/

28 www.gordonmoody.org.uk/

29 www.gamblingtherapy.org/en

30 www.citizensadvice.org.uk

31 www.citizensadvice.org.uk/Global/Public/Education%20resources/Financial%20capability/Resource%20toolkits/Gambling%20toolkit%20v1.0.pdf

32 www.gamblersanonymous.org.uk/#Literature

33 www.gamanon.org.uk

34 www.betknowmoreuk.org

35 www.samaritans.org/about-us

List of gambling treatment helplines and contact details

National Gambling Helpline

www.gamcare.org.uk/support-and-counselling/frontline-services/netline

Telephone: 0808 8020 133

Gamblers Anonymous

www.gamblersanonymous.org.uk

GamAnon

www.gamanon.org.uk

Email: contact@gamanon.org.uk

Telephone: 08700 50 88 80

Gordon Moody Association

Email: help@gordonmoody.org.uk

Telephone: 01384 241292

National Problem Gambling Clinic

Email: gambling.cnwl@nhs.net

Telephone: 020 7381 7722

How councils' regulatory tools can help tackle gambling-related harm

All councils have a role to play in relation to harmful gambling. For example, upper tier authorities may become involved through their public health teams, and different council services at both tiers of local government should have awareness of the issue of harmful gambling and potential interaction with their work. However, licensing authorities (district and unitary councils) also have a statutory role in regulating premises based gambling licensing.

Remote (online) gambling and non-remote gambling

Councils' statutory role in gambling licensing applies to gambling in premises, referred to as non-remote gambling. Remote gambling is the legal term for gambling undertaken other than in a premises, typically over the internet and therefore more commonly known as online gambling. This is regulated by the Gambling Commission.

With the wide availability of smartphone usage, online gambling is an increasing part of the overall gambling market. Gambling Commission statistics for the year ending December 2017 indicate that 51 per cent of gamblers gamble using mobile phones and tablets, an increase of 8 per cent on the previous year.³⁶

There is concern about the impact of online gambling in increasing the availability of gambling. While non-remote gambling is effectively restricted by hours of opening, someone with a smartphone or other access to the internet is able to gamble at any hour of the day. There are also specific

36 www.gamblingcommission.gov.uk/news-action-and-statistics/Statistics-and-research/Levels-of-participation-and-problem-gambling/Gambling-participation-and-problem-gambling.aspx

challenges associated with applying under-age checks and self-exclusion measures to online gambling. GAMSTOP is a resource that has therefore been developed to help people restrict their online gambling.³⁷

Councils' regulatory role applies only to non-remote gambling. However subsequent sections of this document focusing on the steps that can be taken to support those experiencing harm from gambling apply equally to harmful gambling issues linked to premises based or online gambling (or for many problem gamblers, a combination of both).

Licensing authority functions

The LGA has provided a comprehensive guide to councils' gambling licensing functions in our councillor handbook on gambling licensing³⁸; further guidance is also available in the Gambling Commission's Guidance to Licensing Authorities.³⁹ This document provides a summary specific to harmful gambling; further resources are listed at the end of this document on page 27.

As with alcohol licensing, licensing authorities are:

- required to develop an overarching statement of principles (referred to as the statement of policy) setting out how they will approach gambling regulation in their areas

37 www.gamstop.co.uk/about

38 www.local.gov.uk/sites/default/files/documents/10.18%20Gambling%20regulation%20councillor%20handbook_v06_WEB_1.pdf

39 www.gamblingcommission.gov.uk/for-licensing-authorities/GLA/Guidance-to-licensing-authorities.aspx

- responsible for issuing gambling premises licences, monitoring compliance with the terms of these licences and the wider Gambling Act, and taking enforcement action if necessary
- required to have regard to the Gambling Act's licensing objectives, one of which is protecting children and other people from being harmed or exploited by gambling.

Licensing statement of policy, local area profile and risk assessments

The statement of policy and local area profile are intended to help prevent gambling related harm occurring. They provide an opportunity to set out the local approach to gambling regulation, expectations of gambling operators and specific local circumstances. Local area profiles should be separate to the policy itself, so that they can be easily updated. A consultation process is required to update statements of policy, which are legally required to be updated every three years.⁴⁰⁴¹

The local area profile should identify different parts of the local area where there may be greater or specific risks of gambling related harm, whether because of the people likely to be in that area (for example, where there is a treatment centre or hostel); the other types of businesses in the area (for example, in an area with a vibrant night time economy, or where there are already multiple gambling premises), or because of the characteristics of an area (for example, if there are pre-existing issues with anti-social behaviour or crime).

Authorities can draw on some of the existing research highlighted in the first section of this document to identify specific at risk groups, coupled with their local knowledge of relevant issues and premises. This can help identify additional measures or protections that may need to be applied in those areas, for example specific licence conditions or a presumption that it may be harder to get a licence if it is felt that there is a greater risk to the licensing objectives in certain areas.

40 Licensing authorities are required to update their statements of policy by January 2019

41 Local Area Profiles are not a mandatory requirement, but the Gambling Commission and LGA encourage all licensing authorities to produce one.

To help develop their statements of policy, authorities should consult widely and with those who may have an insight or relevant data on any local risks or issues, including:

- organisations working with people who are problem gamblers, such as Gamcare and family support groups
- advocacy organisations, such as the Citizen's Advice Bureau
- homelessness and housing services / associations
- local public and mental health teams and safeguarding boards
- local businesses
- other tiers of local government, if applicable.

Licensing authorities may draw on GamCare data about the number of national helpline calls received from a specific area, or about the numbers of people treated in certain areas. However, as support services may be accessed anonymously these are unlikely to be fully comprehensive: the number of people seeking treatment locally may reflect awareness of its availability and the current map of local providers rather than the actual level of local need.

Given the limitations on data about problem gambling, GambleAware has commissioned a Treatment Needs Assessment, which may provide better assumptions on which to estimate local needs when it reports by the end of 2018.

Some licensing authorities have used mapping tools to help inform their local area profiles. As set out above, Westminster and Manchester City Councils undertook work to develop local risk maps for their areas⁴² using national and local data to identify hotspot areas at particular risk of gambling related harm. A number of other authorities including Warrington, Shropshire, Brighton and Hove and Barking and Dagenham councils have since replicated the approach themselves.⁴³

42 www.geofutures.com/research-2/gambling-related-harm-how-local-space-shapes-our-understanding-of-risk/

The methodology and maps are also available at: www.westminster.gov.uk/gambling-research

43 Ref page 5: www.gamblingcommission.gov.uk/PDF/LA-bulletin/Licensing-authority-bulletin-January-2018.pdf

Authorities should also use their statements of policy to identify what they expect gambling operators to do to uphold the licensing objectives. Gambling businesses are required to undertake risk assessments for each of their premises. These must take the statement of policy into account, so it is important that authorities use their policies to set clear guidelines for operators.⁴⁴

Risk assessments are not required to be shared with licensing authorities (unless a business is applying for a new premises licence or to vary an existing one) but authorities can ask to receive copies of them, and can also require that they are kept on the relevant premises. This is a good way to check that the assessments are locally tailored and owned by premises managers rather than being a tick box exercise undertaken by regional or head office.

Working with gambling businesses

Gambling operators must comply with the Gambling Commission's licensing conditions and codes of practice (LCCP).⁴⁵ The social responsibility code requires them to have and put into effect policies and procedures to promote socially responsible gambling and these should reduce the risk of and seek to identify problem gambling. Licensing authorities should ensure that businesses are meeting these obligations and encourage them to strengthen their approaches to social responsibility.

The requirements on gambling premises under the social responsibility code are based upon key areas:

- **Provision of information on gambling responsibly** – for example, the availability of time or monetary limits for players and information on where to get help and advice about gambling.

44 Ref pages 2-3:
www.gamblingcommission.gov.uk/PDF/LA-bulletin/Licensing-authority-bulletin-January-2018.pdf

45 www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/LCCP/Licence-conditions-and-codes-of-practice.aspx

- **Customer interaction** – licensees are required to have policies and procedures in place governing customer interaction where there are concerns that a customer is displaying signs of problem gambling. These will include staff training and the types of behaviour that may trigger an intervention or where staff may consider refusing services to customers.
- **Layout of premises** – operators must ensure that the layout of a gambling premises supports the effective supervision of the premises.
- **Self-exclusion**⁴⁶ – licensees must have procedures for self-exclusion that ensure that individuals who wish to self-exclude from gambling are prevented from participating in gambling. Self-exclusion schemes are now required to operate on a multi-operator basis, meaning that an individual who self-excludes from one operator should be able to self-exclude from all operators offering the same type of gambling in the same locality. Trade bodies for different sectors of the gambling industry have led on the development of multi-operator self-exclusion arrangements for each sector.

Alongside the mandatory requirements, many sections of the industry have developed their own voluntary codes to promote responsible gambling, which local premises may also implement. GamCare also work with operators to provide certification⁴⁷ for 'best in class' player protection policies and practices and also provides training courses for industry on issues including identifying customers who may have an issue with gambling and communicating social responsibility messages to all customers, as well as more in depth training around customer interaction.⁴⁸

46 Whereby an individual opts to self-exclude from a gambling premises

47 www.gamcare.org.uk/training-and-certification/gamcare-certification-0

48 www.gamcare.org.uk/training-and-certification/identification-and-intervention-training

Licensing authorities can work proactively with local businesses to support them with their obligations in this area or to encourage them to adopt best-in-class measures, for example by making this a requirement through the statement of policy or specific premises licensing conditions.

Additionally, a number of licensing authorities have worked with local gambling premises to develop Betwatch or other partnership / code of practice schemes. The Gambling Commission have developed a toolkit to support local areas in developing Betwatch approaches.⁴⁹ These are likely to have a wider focus than harmful gambling, for example they may focus on reducing any anti-social behaviour associated with local premises, but can provide a useful forum for engaging with the industry and understanding any specific local work on harmful gambling.

Compliance and enforcement work

Licensing authorities should use their compliance and enforcement work to help ensure that local gambling premises are fulfilling their social responsibility requirements. Statements of policy must set out how authorities will exercise their inspection functions, including inspection activity (and what pre-planned visits will cover) and dealing with non-compliance by premises. There are a number of issues in relation to harmful gambling which authorities may wish to review during pre-planned or proactive compliance visits:

- details of training policies and training undertaken by staff
- records of refusals to serve or admit on age grounds
- the premises' approach to managing self-exclusion, how the premises fulfils the requirement to participate in multi-operator schemes and numbers of people currently self-excluded
- involvement or impact of any work in local

49 www.gamblingcommission.gov.uk/PDF/Betwatch-toolkit.pdf

gambling such as Betwatch schemes

- confirming that appropriate signage and information is in place.

Template assessment forms have been developed to support licensing authorities with their inspection visits.⁵⁰

The Gambling Commission publishes statistics of licensing authority activity⁵¹ in this area. With some returns showing limited or no compliance and inspection work by authorities, it is encouraging them to be more active, for example through additional compliance visits or test purchasing operations.

Many councils already operate their own under age test purchasing through trading standards and licensing teams, particularly in response to complaints or intelligence. Larger operators are now responsible for conducting or taking part in under-age testing and sharing these results with the Gambling Commission. Licensing authorities may choose to ask for copies of test purchasing results as part of their local risk assessment expectations and use this evidence to help target their own activity in this area. Authorities should have a plan in place for dealing with test purchase failures, for example, requiring a premises to undertake certain measures to address this and undergo a follow-up test within a specified amount of time. A second failure would be expected to lead to enforcement action.

What councils can do:

- Ensure there is an up to date local area profile and statement of licensing policy in place for the local area.
- Set out best practice expectations of local gambling operators and risk assessment processes.
- Use compliance visits and enforcement tools appropriately.
- Consider under age sales testing and

50 www.llepbizgateway.co.uk/gambling-act-2005/

51 www.gamblingcommission.gov.uk/news-action-and-statistics/Statistics-and-research/Statistics/Licensing-authority-statistics.aspx

local partnership schemes such as Betwatch.

- Encourage local gambling businesses to apply for Gamcare certification⁵² for best in class player protection policies and undertake the Gamcare training courses.

Location of premises and the planning authority role

Many local authorities have been extremely frustrated at their inability to prevent the development of clusters of gambling premises, specifically betting shops, in their areas. This became a particular issue following the economic downturn of 2008, which saw betting shops relocating into vacant town centre premises. A particular concern has been the associated concentration of FOBTs in these clusters. Research undertaken by Geofutures for GambleAware has shown that clusters of premises and machines have typically been located in more deprived areas: 'areas close to betting shops tend towards higher levels of crime events, resident deprivation, unemployment, and ethnic diversity...players overall tend to live in neighbourhoods with higher levels of resident unemployment, multiple deprivation and economic inactivity.'⁵³

Neither the planning or licensing frameworks have provided clear options for refusing new or additional gambling premises. The Gambling Act includes a statutory aim to permit licensing which has made it difficult to refuse new licence applications. However in 2015 Westminster City Council drew on the work they were doing in developing local area profiling when considering a new premises application.

With the support of and evidence from a large number of residents the council was able to refuse an application for a new betting premises licence in an area with multiple existing premises where the local characteristics had led the authority to identify it as a location with a high risk to those who were vulnerable of harm from gambling. That profiling and evidence also led to the successful review of an existing betting shop in an area that was identified as posing a risk to those who were vulnerable and being a focal point for potential criminal activity.

There have been similar challenges in using the planning system to limit the opening of gambling premises. A number of councils previously sought to use Article 4 directions to remove permitted development rights to convert other types of premises into betting shops without the need for planning permission. However, changes to the planning system in 2015⁵⁴ effectively introduced this approach across all areas. As a result of the change, betting shops in England are now classed as sui generis (a use that does not fall within any use class). This means that any new betting shop must apply for full planning permission. The only exception to this relates to a new betting shop tenant moving into a unit formerly used (as its last known use) as a betting shop. In this circumstance, the new tenant would be able to operate under the previous user's planning use class.

This means that planning authorities now have some powers to manage the opening of new or additional betting shops in their areas. If an authority wished to refuse a new application for planning permission it would still need to do so by reference to its local plan and associated evidence base. Local Plans need to be approved through examination by the national Planning Inspectorate, and councils would need a robust evidence base to include restrictions on betting shops.

52 www.gamcare.org.uk/training-and-certification/gamcare-certification-0

53 http://infohub.gambleaware.org/wp-content/uploads/2015/08/b2gamingmachines_finalreport_20150218.pdf

54 The Town and Country Planning (Use Classes) (Amendment) (England) Order 2015

Newham Council recently received Planning Inspectorate approval for a pioneering cumulative impact approach in their local plan⁵⁵ which introduces limits to numbers of betting shops (and fast food outlets), ensuring they are separated from each other in the street scene. This new policy prevents new betting shops from locating in areas where there are already three units of the same use within a 400 metre radius (typically a five minute walk) and seeks to achieve a benchmark of 67 per cent of leisure uses in town centres being 'quality leisure' (ie, excluding betting shops and takeaways).

It remains to be seen what impact the Government's proposed reduction of maximum FOBT stakes will have on the presence of betting shops on high streets once it is introduced. There will be a need to monitor how the change impacts the overall market for non-remote gambling and the implications for numbers of different gambling premises, not just betting shops. Depending on this, councils may wish to reflect any changes in trends in their local plans.

What councils can do:

- Update local plans to include planning policies relating to betting shops.
- Consider whether and how planning policies relating other gambling premises should be included within local plans.

⁵⁵ www.newham.gov.uk/Documents/Environment%20and%20planning/EB01.%20Evidence%20Base%20-%20Cumulative%20Impact%20V2.pdf

The role of public health

Harmful gambling is a health inequality and social justice issue that needs to be addressed through partnership between public health and other council teams using national rules and regulations to their full advantage. It is increasingly recognised as a public health issue, with the Responsible Gambling Strategy Board in particular emphasising the need for a public health response.

The LGA and Public Health England are clear that a public health response does not equate to local public health funded services having a responsibility for providing treatment for problem gamblers. Councils are not currently funded to provide support for problem gamblers under the terms of the transfer of responsibility to local government in 2013, and are not part of the treatment framework outlined in section two of this document.

However, both local government and health services can do more to ensure that people experiencing harms from gambling are identified – whether through primary or secondary care, or through council services - and signposted to support and treatment.

It is clear that public health teams can play a strategic role in relation to harmful gambling, and should consider the overlaps between problem gambling and other local public health issues, given the high levels of co-morbidity with mental health problems and the negative financial, health and relationship impacts of harmful gambling on problem gamblers and those around them.

A number of local authorities have undertaken a full strategic needs assessment in relation to gambling. Using public health and spatial mapping tools (such as the Geofutures approach adopted by a number of authorities) it is possible to identify physical areas of vulnerability.

Local public health teams can also engage with the issue by identifying and promoting local pathways of care to existing treatment provision and support for harmful gamblers and their families – and raising awareness of the issue.

It is important to increase public health teams literacy around problem gambling so they can support services to recognise the signs of problem gambling, assess and signpost to appropriate support. GambleAware has commissioned The Royal Society for Public Health to develop e-learning tools to support all those working with members of the public to understand better and respond to gambling-related harms.

The Gambling Commission has produced a briefing note on the issues where it believes public health can play a role, including the development of statements of licensing policy (considered in the previous section) and working with local health professionals to increase awareness of the issue.⁵⁶

⁵⁶ www.gamblingcommission.gov.uk/PDF/Gambling-related-harm-as-a-public-health-issue.pdf

Sheffield problem gambling service audit 2017-18⁵⁷

Sheffield City Council's public health team undertook a mapping exercise to understand how equipped the city's services are to identify, treat and refer problem gamblers. A survey was sent to community based organisations and service providers, asking whether they had received information or training on problem gambling, screened for problem gambling, offered treatment services or knew where to refer problem gamblers to.

Only one of 31 responding organisations had received information or training in the last year. While a handful reported that they asked questions about gambling as part of routine assessment and care planning, only one organisation used validated screening tools for assessment. Around half of respondents replied that they knew to refer problem gamblers, but there was limited awareness of the local GamCare commissioned provider services (compared with greater awareness of Gamblers Anonymous and Gamcare itself) and therefore a risk that those identified may have been inappropriately referred.

Harmful gambling and suicide prevention

Each and every suicide that takes place is a tragedy. On average in England 13 people take their own lives every day. This affects their families, their friends and people they work and live with. For every death, another six to 60 people are thought to be affected directly. Relationships break down, careers suffer and mental health worsens.

Councils have been active on suicide prevention work in recent years, through the development of mandatory local suicide action plans and their work with health and wellbeing boards. Many have also formed multi-agency suicide prevention partnerships, incorporating health bodies, the voluntary sector, criminal justice system and those affected by suicide.

Suicide audits – led by public health teams – have also been taking place. They have identified the context in which suicides occur, the local groups most at risk and how the picture has been changing over time. Alongside data from the Office for National Statistics and Public Health England, local data on individual suicides has also been gathered from coroners' reports, while health, social care and employment data has provided vital information about risk factors.

Studies have suggested that 49% of people struggling with gambling disorder have suicidal thoughts. However, data on the cause of death in cases of suicide is not recorded centrally with a level of granularity that would list gambling as a factor, and there is therefore a lack of clarity about of the number of suicides each year where gambling is involved.

Although there is limited data and research available on this issue, public health teams should consider the potential links between their work on suicide prevention and harmful gambling.

⁵⁷ www.yhphnetwork.co.uk/media/1590/problem-gambling-audit-2017-8-findings-sheffield-city-council.pdf

What councils can do:

- Contribute data and insight to the development of local area profiles to support licensing statements of policy.⁵⁸
- Ensure public health teams are aware of harmful gambling and can support services to screen, assess and signpost to appropriate support.
- Identify local organisations providing treatment and support, to assist signposting.
- Identify appropriate referral pathways.
- Work through the Health and Wellbeing Board to develop a coherent approach to problem gambling, include focused prevention work with potential high-risk groups.
- Clinical Commissioning Groups should be encouraged to raise awareness of harmful gambling amongst primary care professionals and work with local authorities to signpost to local and national support services.
- Mental health service providers should consider how they can best identify harmful gambling and provide access to specialist support, particularly for young people presenting through child and adolescent mental health services (CAMHS).

⁵⁸ Local health profiles may be useful:
www.gov.uk/government/statistics/2017-health-profiles

A council wide approach to identifying people impacted by harmful gambling

As stated previously, there are steps that councils can take to help identify local problem gamblers (and those close to them) and assist and encourage them to access the support that is available from other organisations.

It is clear that a range of different council services will be interacting with problem gamblers, or people who are negatively impacted by it. These include:

- Drug and alcohol treatment services, given high rates of co-morbidity between these addictions and gambling addiction.
- Homelessness services, given the high prevalence of problem gambling among the homeless population.⁵⁹
- Wider housing services, given that problem gambling can be a contributory factor in rent arrears.
- Financial inclusion services, given that problem gambling can be a contributory factor in financial problems.
- Children's services and adult social care, where problem gambling may be a contributory factor to family breakdown or domestic abuse.

However, it is clear that few, if any, councils have an understanding of the scale of harmful gambling in their areas or how it is contributing to demand for local services. This is partly because harmful gambling is often hidden, connected with social embarrassment and therefore not admitted to with few visible signs to make it obvious.

⁵⁹ GambleAware published a recent report on gambling and homelessness - http://infohub.gambleaware.org/wp-content/uploads/2018/04/Sharman_Gambling_Homelessness2018-Final-Report.pdf

It is also because the tools and knowledge are currently not in place to enable councils and their partners to screen for harmful gambling, often due to low awareness of the issue. These factors mean that many people experiencing problem gambling are not accessing support, as highlighted by the gap between the estimated number of problem gamblers and those receiving treatment.

Problem gambling in Leeds – research report and follow up

In 2016, Leeds City Council commissioned Leeds Beckett University to conduct a study⁶⁰ of the prevalence of problem gambling in the city, using funding from a social inclusion fund established alongside the grant of a premises licence for a large casino in the city centre. The subsequent work was led within the council by the financial inclusion team, which since 2014 had been working to support the council's priority of tackling poverty and reducing inequality. The research by Leeds Beckett University demonstrated a clear link between harmful gambling and the council's priority to tackle poverty, as well as with the priorities in the council's health and wellbeing strategy.

The research identified that rates of problem gambling in Leeds are double the national average, with around 10,000 problem gamblers in the city and a further 30,000 at risk. The researchers estimated that problem gambling rates in Leeds (and similar more urban and densely populated areas across London, the north and other metropolitan borough areas) are, at 1.8 per cent, broadly twice the national average.

⁶⁰ www.leeds.gov.uk/docs/Problem%20Gambling%20Report.pdf

Rates of at risk gambling were more consistent with the national average, at 5-6 per cent. Overall, the research found that around 7-8 per cent of people in Leeds were found to be either problem or at risk gamblers, compared with a national average of 5-6 per cent.⁶¹

In the context of above average rates of problem gambling, there was a comparative lack of treatment support available, with just a single counsellor and a lack of awareness of the resource.

The research identified a lack of awareness among council staff and partner organisations about the issue of problem gambling, and a need for staff in a range of services to be more familiar with the issue, including customer contact, libraries, housing, schools, welfare and advice agencies, children's centres and public health.

As a result of the research, Leeds has begun a programme of training for frontline staff, as well as a series of strategic briefings both internally and externally. The council also sought to raise awareness of the issue through a marketing campaign throughout the city (www.talkgamblingleeds.org.uk).

As Leeds council's work demonstrated, there are some straightforward steps that councils can take to understand the scale of problem gambling in their areas, and to start signposting people to the help they need.

Identifying an organisational lead/s on harmful gambling

Councils may find it helpful to identify an organisational lead on harmful gambling at member or officer level to drive work on developing a council-wide approach to gambling related harm. This role may naturally fit with public health teams, although council licensing and financial inclusion teams have played a leading role in some places.

61 www.leeds.gov.uk/docs/Problem%20Gambling%20Report.pdf

Links to support organisations

An important early step is to establish contact with national and local organisations providing support to problem gamblers, and their families to understand the extent of provision and appropriate referrals within the local area. GamCare is an obvious first point of contact and reference point for understanding provision in the local area. Similarly, links to local Gamblers Anonymous and GamAnon groups may be helpful. However, there may also be other local charities working with problem gamblers, for example Betknowmore⁶² in north London, which public health teams or local third sector organisations are likely to be aware of.

Working with local partners

Councils should also think about how they could take forward this work in conjunction with key local partners such as the police, health services, housing associations, faith and community groups and others. There is a growing awareness of harmful gambling as an issue and the steps identified here will apply equally to other public sector organisations.

Training for front line services – screening and signposting

A clear piece of learning from Leeds' work was the need to provide training for frontline staff who may be coming into contact with problem gamblers or people directly impacted by it, such as children's and family services or housing services. For some staff (particularly in partner organisations) it may be appropriate to provide training in some of the formal screening tools that are available, for example, the Problem Gambling Severity Index or Lie/Bet.^{63 64}

62 www.betknowmoreuk.org

63 Ref page 5 www.gamblingcommission.gov.uk/PDF/survey-data/England-Health-Survey-Findings-2016.pdf and <http://infohub.gambleaware.org/document/the-lie-bet-questionnaire-for-screening-pathological-gamblers/>

64 GambleAware have also recently developed the GAST tool, which has recently been piloted.

The key outcome of this should be that relevant frontline staff are aware of the issue and clear about what to do if they identify someone who has a gambling problem. Putting in place effective mechanisms to signpost or refer people to relevant support agencies will be a crucial part of this. As frontline staff begin to identify and refer people with gambling issues, or those affected by them, data on this should be collected and used to support local licensing statements.

GamCare offer a range of paid-for training sessions⁶⁵ which councils can access, including a problem gambling awareness course and a session on identification and brief advice for problem gambling.

Cheshire criminal justice pilot scheme⁶⁶

GamCare and Beacon Counselling Trust undertook a pilot with the criminal justice system in Cheshire in which 250 individuals across the wider criminal justice system were trained to use the Lie/Bet screening tool. 760 individual screenings subsequently took place, with 99 positive results recorded; 29 of these people chose to receive an intervention from problem gambling treatment services.

As part of the pilot, Cheshire police began to screen people for gambling issues at the point of arrest. The police force already screen people for drug or alcohol issues and when questions about gambling were added, 13 per cent of those arrested confirmed that they had a gambling issue –thirteen times higher than the national average.

Improving and collecting data

As processes for screening and signposting problem gamblers become embedded, it is important that councils and their partners build up the evidence base about the prevalence and nature of harmful gambling in the local area. Developing a better understanding of local harmful gambling, the impact of problem gambling on individuals, families and communities, and the cost of this to the public purse and local taxpayers will be extremely helpful, for example in terms of the licensing statement of policy and local joint strategic needs assessment. It will also help to provide evidence about any regulatory changes which may be required to help prevent and address problem gambling.

What councils can do:

- Consider designating an organisational lead for harmful gambling issues.
- Awareness raising and training for relevant frontline staff and partner organisations.
- Develop relationships with local treatment organisations.
- Implement screening processes and strengthen data collection.

⁶⁵ www.gamcare.org.uk/sites/default/files/file_attach/GamCare%20Local%20Authorities%20Brochure%202018%20%28web%29.pdf

⁶⁶ www.gamcare.org.uk/news/gamcare-partner-pilots-problem-gambling-screening-cheshire-police

Other resources and research

Gambling Commission public health and safeguarding toolkit

www.gamblingcommission.gov.uk/for-licensing-authorities/Licensing-authority-toolkit/Public-health-and-Safeguarding-toolkit.aspx

Gambling Commission public health briefing

www.gamblingcommission.gov.uk/PDF/Gambling-related-harm-as-a-public-health-issue.pdf

GambleAware Brief Intervention Guide

<http://infohub.gambleaware.org/resources/>

GamCare local authority resource guide

www.gamcare.org.uk/local-authority-services

Institute of Public Policy Research paper on costs of problem gambling

www.ippr.org/publications/cards-on-the-table

Leeds City Council research into local problem gambling

www.leeds.gov.uk/docs/Problem%20Gambling%20Report.pdf

Yorkshire and Humber problem gambling masterclass

www.yhphnetwork.co.uk/links-and-resources/problem-gambling-knowledge-exchange/problem-gambling-masterclass-260118/

Citizen's Advice toolkit

www.citizensadvice.org.uk/Global/Public/Education%20resources/Financial%20capability/Resource%20toolkits/Gambling%20toolkit%20v1.0.pdf

Responsible Gambling Strategy Board – problem gambling as a public health issue briefing paper

www.rgsb.org.uk/PDF/Gambling-related-harm-as-a-public-health-issue-December-2016.pdf

Chief Medical Officer for Wales Annual Report 2016/2017 'Gambling with our health'

<http://gov.wales/docs/phhs/publications/cmo-report2017en.pdf>

Young Gamblers Education Trust

www.ygam.org/

Demos - A Teaching Resource To Promote Resilience

<http://infohub.gambleaware.org/wp-content/uploads/2018/03/Gambling-Education-Teaching-Resource-Booklet.pdf>

<http://infohub.gambleaware.org/wp-content/uploads/2018/03/FINAL-Gambling-education-slides.pdf>

The Fast Forward Gambling Education Toolkit

<http://fastforward.org.uk/gamblingtoolkit/>

National Centre for Social Research - gambling behaviour in Great Britain 2015

www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2015.pdf

Local suicide prevention planning: A practice resource

www.nspa.org.uk/wp-content/uploads/2016/10/PHE_LA_guidance-NB241016.pdf



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