

# Briefing Note

**Title:** Gambling Related Harm in Wolverhampton **Date:** 08.02.2023

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**Intended Audience:** Internal  Partner organisation  Public  Confidential

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## Purpose

To provide the Residents, Housing and Communities Scrutiny Panel with an overview of gambling related harm (GRH) in Wolverhampton.

## Background

Gambling is a legal activity for anyone aged 18+. The Gambling Act 2005 sets out how gambling is regulated, gambling defined as playing a game of chance for a prize, betting and participating in a lottery. In recent years concerns about the harms associated with gambling have increased and in October 2019, Public Health England (as formerly known) produced its 'Gambling Related Harms – Evidence Review' <sup>1</sup>report.

The report identified that 24.5 million people in England gambled (54% of the adult population, or 40% excluding the National Lottery). The National Lottery is the most common type of gambling across all age groups, except among younger people where scratch cards are more common. Furthermore, the review estimated that 0.5% of the adult population has a problem with gambling, 3.8% are gambling at at-risk levels, and 7% are affected negatively by another person's gambling.

There is a stark difference between those affected by problem gambling, who are generally from higher levels of education, employment and low levels of deprivation, compared to those affected by gambling harm who are generally from higher levels of deprivation, un-employed or lower levels of education. Gambling-related harms (GRH) are identified as the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. These harms impact people's resources, relationships and health.

Subsequently a Midlands GRH – Rapid Needs Assessment was published in June 2021 to understand the scale of the issue across the Midlands. The report reflected on insights outlined in the Evidence Review as well as incorporating a regional focus. Following the regional needs assessment, a recommendation that all local authorities undertake a needs assessment was made to better understand the scale of gambling harm prevalence within their respective area

## Detail

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<sup>1</sup> Gambling-related harms: evidence review - GOV.UK ([www.gov.uk](http://www.gov.uk))

While gambling harm is increasingly recognised as a public health issue, it is not an explicit 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).

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.

In order to aid oversight of gambling harm and subsequent responses, information will be presented below using the '10 questions' framework outlined by the Centre for Governance and Scrutiny (CfGS) in partnership with the Gambling Commission.

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

Public Health have recently undertaken a Gambling Related Harms – Rapid Needs Assessment (RNA) to understand the scale of the problem within and across Wolverhampton. The local prevalence of GRH is unknown due to a lack of data available through many support services. In most cases, GRH or any type of gambling activity is not routinely identified and where data is available, it is insignificant in number.

Is there a problem? A lack of information and data further contributes to an already unclear picture. There are fundamental gaps in data, education, awareness and governance in relation to understanding the prevalence and impact of gambling harm, which call for further exploration.

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

City of Wolverhampton Council recognised GRH as a public health issue having undertaken the RNA. As part of the council's 'Financial Wellbeing Strategy' the council recognises factors such as the economic downturn, cost of living crisis and the impact of Covid-19, alongside historically high levels of deprivation, must steer a renewed focus on debt, poverty and promoting financial wellbeing in Wolverhampton.

Furthermore, as part of the subsequent recommendations from the RNA Public Health recommend a local multi-disciplinary Gambling Harm Strategic Partnership Group (GHP) is developed to deliver and implement effective system wide responses to gambling related harms.

### **3. How does the council and its partners identify and engage with those that are most risk of gambling harms and what is being done to assist the most vulnerable?**

The most widely used measure of problem gambling in the population comes from the combined health surveys of England, Scotland and Wales. The screening tools used in these surveys are the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the Problem Gambling Severity Index (PGSI) (Appendix 1). The PGSI consists of nine items and each item is assessed on a four-point scale: never = zero, sometimes = one, most of the time = two, almost always =

three. Responses are given scores: When scores to each item are summed, a total score ranging from 0 to 27 is possible. A PGSI score of eight or more represents a problem gambler.

Where people are identified as living with gambling harm, targeted services can offer treatment and recovery support across Wolverhampton. One of which is Aquarius Gambling Support who provide Tier 2 (Extended Brief Intervention - EBI) & Tier 3 (structured) treatment to clients. Between 2019-2022 a total of 70 people accessed a form of Tier 2 and/or Tier 3 treatment, with 74% of those accessing treatment identified as male. This service is directly linked into the drug and alcohol treatment and recovery service (Recovery Near You) with Aquarius being one of the key providers.

Comparing Wolverhampton to those that accessed treatment nationally 26,411 (99.8%), Wolverhampton residents make up between 0.2 - 0.3% of people accessing treatment during 2019-2022.

There are other services available to Wolverhampton residents Gamblers Anonymous meetings at the Good Shepherd and rehabilitation services can be accessed through national support networks. Citizen's advice also offers support through debt management and advice to stop gambling.

#### **4. How does the council and it's partners raise awareness of gambling harms in the community?**

The council provide information to individuals and organisations wishing to open a gambling premises in the city as well as the use of Fixed Odds Betting Terminals (FOTB) as part of its licensing agreement. Aquarius Gambling Services promote their services via their website and within Recovery Near You. Information is available via NHS platforms for support and self-aid tips related to gambling activities for both individuals and affected others, all currently promoted via their own websites and social media platforms as well as designated settings in which support is delivered locally.

Furthermore, as part of the RNA recommendations we aim to develop a systematic gambling strategy with partners to prevent harm from arising in the first place, and equally, where it does ensure individuals, families, and communities have access to the right treatment and support at the right time. A key priority will be to increase awareness of available support and pathways to access.

#### **5. How does the council tackle gambling harm through its licensing policy?**

The City of Wolverhampton Council is a designated Licensing Authority under the Gambling Act 2005. The Licensing Authority is responsible for considering and determining applications for premises licences which offer gambling facilities within Wolverhampton.

The Licensing Authority regulates gambling by ensuring compliance with the Act. The Act contains three licensing objectives which guide the way that the Licensing Authority performs its functions and the way that gambling operators carry on their activities. They are:

- (a) preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime

(b) ensuring that gambling is conducted in a fair and open way

(c) protecting children and other vulnerable persons from being harmed or exploited by gambling

The Gambling Commission is responsible for issuing operating licences to gambling operators who are deemed suitable and competent to provide facilities for gambling. As a requirement of these operating licences, gambling operators must ensure that they comply with and meet the requirements of the License Conditions and Codes of Practice (LCCP).

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

A dedicated Planning role is linked to the Public Health team and focuses on the wider determinants of health and the use of planning.

Wolverhampton led on the development of the first Black Country-wide planning policies for the Black Country Plan and ensured gambling harm was recognised. Following joint working on the Black Country Plan, Wolverhampton are exploring how planning policies in the new Local Plan can support a whole systems approach by restricting gambling outlets. Given the recent decision to produce a Wolverhampton Local Plan, this review is in progress.

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

As part of the council approach to normalising potentially harmful gambling activities and products for staff within the council, there is a designated Occupational Health support package delivered by TP Health. TP Health focuses on protecting the physical and mental wellbeing of all staff with available support including:

- Access to early intervention advice and support from qualified Occupational Health, Mental Health Practitioners and Rehabilitation Specialists
- A new and improved online web portal for managers who wish to refer staff to Occupational Health
- An online web portal for all staff that will allow them to view their own Occupational Health case history and reports
- Staff pre-placement screening and Fitness to Work Medical.

## **8. How is the council supporting and working with relevant public, private and civic actors in the area towards integrating gambling harm treatment services?**

To support and develop connections and working relationships with partners, the development of a GRH steering group is key. Working together will improve understanding of prevalence of GRH and aid the development of robust data collection processes across community settings. Additionally, the prevalence of GRH has been explored through the City Lifestyle Survey and Children and Young People through the Health-Related Behaviour Survey (HRBS).

## **9. How is gambling harm recognised in the councils wider commitment to reducing health inequalities and an equitable post covid recovery?**

The council has developed a 'Financial Wellbeing Strategy' which outlines its aims for supporting the cost-of-living crisis as well as our understanding of the impact of Covid 19, with further learning, emerging over the coming weeks and months helping to shape and develop the implementation of this strategy.

There is an increasing number of residents presenting increased requests for financial support. Work is being undertaken to review income and expenditure which indicates there is evidence to suggest an increased level of low-level online gambling on websites such as Paddy Power, BET365 and lottery/competition sites, subsequently having a significant impact on household income and the ability to meet basic needs, hence requiring crisis support from the council and its partners.

## **10. How can the council learn lessons from the actions taken by other authorities on tackling harms or from tackling other public health issues?**

### **Screening council housing tenants for gambling related harm**

Birmingham City Council are leading a two-year project (commenced December 2021) to identify how tenants of council housing with GRH can be better supported and offered treatment. The project will involve characterising what harmful gambling looks like in Birmingham and how individuals with GRH harm are currently identified and referred for treatment. The second part of the project will involve a survey of approximately 60,000 tenants in Birmingham, and finally a sub sample of those identified as having GRH will be followed up for 12-18 months to see how they are supported with GRH, and the impact of those interventions.

The hypothesis is that if tenants of council housing with GRH, (or significant others who have been affected) are identified early on and provided with appropriate support and treatment, then this could prevent tenancy loss and avoid people losing their homes. The results will lead to the development of a suitable toolkit for Birmingham City Council, which could potentially be rolled out in other cities.

### **Derbyshire Gambling Support service**

The Gambling Support Service, which was a project funded by GambleAware and based at a local Citizens Advice office in South Derbyshire. The service delivered county-wide training to frontline staff and the Public Health team at Derbyshire County Council (DCC). As part of the training, the GambleAware Screening Tool (GAST) was explored, alongside brief interventions and pathways for local and national support.

This included: a direct referral to a specialist partner, which at the time was Aquarius, or signposting to the National Gambling Helpline operated by Gamcare. Teams at DCC who received the training included locality workers, Adult Social Care workers, Live Life Better Derbyshire Health Improvement Advisers, and assessors for the Derbyshire Discretionary Fund. Unfortunately, this project ceased in May 2021 due to funding issues.

## **Appendix 1: Problem Gambling Severity Index**

Figure 1 – Items of the Problem Gambling Severity Index

1	Have you ever bet more than you can afford to lose?
2	Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
3	Have you gone back another day to try to win back the money you lost?
4	Have you borrowed money or sold anything to get money to gamble?
5	Have you felt that you might have a problem with gambling?
6	Have people criticised you're betting or told you that you had a gambling problem, whether or not you thoughts it was true?
7	Have you felt guilty about the way you gamble or what happens when you gamble?
8	Has your gambling caused you any health problems, including stress or anxiety?
9	Has gambling caused financial problems for you or your household?

Figure 2 – Scoring system - PGSI

Score	Description
0 – Non problem gambler	
1-2 Low risk gambler	Gamblers who experience a low level of problems with few or no identified negative consequences
3-7 Moderate risk gambler	Gamblers who experience a moderate level of problems leading to some negative consequences
8+ Problem gambler	Gamblers who gamble with negative consequences and a possible loss of control

## Appendix 2: Gambling Related Harm – Plan on a page

### Addressing and identifying Gambling Related Harm (GRH)

