

GAMBLING HARMS NEEDS ASSESSMENT 2019 [2024 RAPID REFRESH]



Original author: Matt Greensmith (Public Health Consultant), 2019

Updates: Des Cooper (Public Health Intelligence Manager), 2024

Background / Context

This rapid needs assessment refresh updates the previous version completed in 2019, with the aim of updating and addressing the knowledge gap around Gambling Related Harms in Hull.

This includes updates to:

- Data on estimated prevalence of gambling related harms to adults and children and young people from local surveys
- Update on the regional and national context
- Mapping of gambling premises in the city

A further update will be produced later in 2024-25 with updates including on the forthcoming NICE guidance, Government white paper and recommendations / progress against existing recommendations.

About the Gambling Harms Needs Assessment (2019)

The 2019 needs assessment process informs the development of a local response to addressing gambling related harm in Hull. In order to identify priority actions we must first assess the evidence of gambling harm in Hull and look at the services that support people affected by problem gambling and gambling harms.

Empirical data to measure problem gambling prevalence is not routinely available in Hull or in other localities in the UK and despite an increasing awareness of problem gambling, national workstreams to measure and address gambling harms are still emerging - as is the evidence base on the most effective local approaches to tackling the issue.

This summary report considers current national and local policy, data, published evidence and testimony from local stakeholders around observations of gambling harms in Hull.

It will recommend priority actions and outline areas where we may improve support and work to prevent and minimise harm from problem gambling in Hull.

Process

To inform this needs assessment:

- A review of published literature was undertaken around gambling harms and at risk populations
- A scoping exercise was undertaken to identify potential stakeholders and objectives for the needs assessment
- A review of existing data sources was undertaken
- We learnt from harm minimisation approaches adopted in other localities
- We undertook a programme of stakeholder engagement with relevant services organisations and teams in Hull that work with people affected by gambling harms.
- We collaborated with other local authorities in the region through the Yorkshire and Humber Problem Gambling Working Group

Stakeholder engagement

- A range of different stakeholders informed the original needs assessment work. They have been asked their views on 3 key areas:
- Observation of gambling harms amongst service users
- Whether they have collected local data on service users affected by gambling harms
- Knowledge of local support services for gambling harms.

The stakeholder engagement has taken place through various methods: one to one meetings, phone conversations, attending team meetings, email contact and attendance at regional working groups.

A limitation of the work has been a lack of contact with people who gamble in Hull.

Stakeholders included: Hull City Council Public Health Team, The Hull Citizens Advice Bureau, Tenancy Sustainment Team, Headspace Operational Group, Children & Young Peoples Services, Fraud Team, Hull University, Tigers Trust, East Riding County FA, Hull Domestic

OFFICIAL

Violence Partnership, Public Protection Team, Hull Clinical Commissioning Group, Krysallis (Gamcare treatment provider), The Gambling Commission, The Big Deal Project.

Language

The term “problem gambler” can imply that an individual is solely responsible for their gambling. This underplays the risky and harmful nature of gambling products. However, “problem gambler” is widely used in diagnostic screening and prevalence studies which have informed this needs assessment. Wherever possible, ‘gambling harms’ or ‘experiencing gambling harms’ are used as more accepted terms.

National Context

In recent years there has been a growing consensus on the need to move beyond a narrow pathological classification of problem gambling and an appreciation of the need to look at the wider harms associated with gambling. There is advocacy for a 'Public Health' approach which assesses the wider societal benefits and harms of gambling.

The 2005 Gambling Act has enabled wide promotion of gambling. Children and young people are exposed to gambling brands through a range of channels such as football sponsorship and online advertising. There are also growing concerns about the wider impacts of gambling at a time when growing numbers of online gambling products are developed for smartphone users. In the last 4 weeks, 32% of the adult population have gambled with 18% of adults gambling online¹.

The Local Government Association published the guidance document, Tackling Gambling Related Harm - 'A whole council approach' ²which describes actions that Local Government can take to address Gambling Harms.

In January 2018 a letter to Directors of Public Health from the Gambling Commission, the Local Government Association and the Gambling Commission highlighted the requirement to review local statements of gambling policy with a recommendation to undertake an assessment of gambling in localities.

A briefing paper from the Gambling Commission in 2018 – 'Gambling related harm as a public health issue' set out the Gambling Commission's position on why gambling-related harm should be considered as a public health issue, and made recommendations for how this agenda could be advanced at a local level.

The National Institute for Health Research has commissioned a complementary review of the effectiveness of policies and interventions for reducing gambling-related harm, which will form part of a forthcoming Public Health England report on gambling harms in England

¹ Gambling Commission. (2019b). Gambling participation in 2018: behaviour, awareness and attitudes Annual report. (February), pp.3–53.

² - Local Government Association and Public Health England. (2018). Tackling gambling related harm A whole council approach

OFFICIAL

The Faculty of Public Health Gambling Position Statement of 2018³ made a suite of recommendations for National and Local action to address gambling harms.³

A review of the Gambling Act 2005 has been underway since 2020 and a White Paper was published in April 2023, particularly aimed at modernising the existing Act to reflect the growth in online gambling. A summary of the aims are below.

“Our aim in the Review has been to assess the best available evidence to ensure that our goals can be delivered in the digital age, and that we have the balance of regulation right between protecting people from the potentially life-ruining effects of gambling-related harm while respecting the freedom of adults to engage in a legitimate leisure activity. We need to ensure that our regulatory and legislative frameworks continue to deliver on the three foundational principles of the 2005 Act: children and vulnerable people should be protected, the sector should be fair and open, and gambling should be crime free” (source: [High stakes: gambling reform for the digital age - GOV.UK](https://www.gov.uk/government/consultations/high-stakes-gambling-reform-for-the-digital-age) (www.gov.uk))

NICE guidance on ‘Harmful gambling: identification, assessment and management’ is due for publication in May 2024 [<https://www.nice.org.uk/guidance/indevelopment/gid-ng10210>]

This covers the identification, assessment and treatment of people who may be harmed by gambling. This includes:

- people over 18 years who are experiencing harmful gambling
- people of any age who are experiencing gambling-related harms because of the gambling of someone close to them.

It includes advice on improving access to treatment and help for families and affected others

³ - Faculty of Public Health. (2018). Faculty of Public Health Gambling Policy Statement. New England Journal of Medicine (NEJM/MMS). [Online]. Available at: doi:10.1056/nejm196207122670214.

Regional Context

In September 2021, a 3-year programme to prevent and reduce gambling-related harms commenced following a successful bid for funding to the Gambling Commission. This programme of focused and evaluated activity is led by Yorkshire and Humber region of the Office of Health Improvement and Disparities (OHID) on behalf of Yorkshire and Humber Association of Directors of Public Health (ADPH).

Y&H ADPH Gambling-Related Harm Funded Programme 2021-24

- **Lived experience insight (July/August 2022):** This work (led by Mustard Market Research) spoke to those with lived experience of gambling harms to understand what influences gambling, how gambling risk is perceived, and where people might go if they need help. The sample included men who gamble frequently under the age of 44 (due to increased risk of harm in that group) and people affected by someone else's gambling. Findings can be found in [this animation](#).
- **Reviewing gambling information and support resources - 'mapping review' (April 2023):** A review of online gambling harms sources of information and support took place to identify areas of best practice. A write up of the findings including suggested recommendations for improvement can be found in this [report](#).
- **Multimedia marketing campaign ('Gambling Understood') and evaluation (September 2023 - ongoing):** This campaign began in September 2023, and continues until January 2024. The 2-phase campaign is aimed mainly at men under 34 who gamble, but is relevant to wider audiences and anyone experiencing gambling harms. The first phase of the campaign (Burst 1) explored the influences to gamble and the risks of gambling products with an aim to encourage discussion and help decrease the stigma and shame associated with harm. The second phase (Burst 2, which commenced on 11th December 2023) focuses on how gambling can affect anyone and encourages people to seek further advice and support via links to key support services. The University of Nottingham are evaluating the campaign to assess changes in gambling risk perception and intention to seek help and support.
- **Development of a gambling harms training package (ongoing):** A training programme is in development which has been informed by a regional [assessment of training needs](#) (a survey circulated to the region in June 2023). These online sessions aim to increase awareness and understanding of gambling-related harms and guide staff to have sensitive conversations and signpost, or refer to support. Working with our local authority partners and services across the region, this will be available to key frontline staff in communities who may encounter people affected. Delivery of the pilot will begin in early 2024, and following assessment of training outcomes, should lead to further rollout.

Public Health Framework For Gambling Related Harm Reduction

This framework has been developed by public health professionals working within Local Authorities in 2019 and is due to be updated in 2024-25. The aim has been:

- To reduce the exposure of vulnerable people and groups to gambling products
- To reduce consumption of gambling products
- To reduce gambling related harm to individuals, families, and communities



<https://www.yhphnetwork.co.uk/media/72676/public-health-framework-for-gambling-related-harm-reduction-sept-2019.pdf>

Regulatory Context

The regulatory context is relevant when considering approaches to reducing gambling harms. The Gambling Act of 2005 is regarded as a significant moment in gambling in the UK, enabling wider promotion of gambling as a socially acceptable leisure activity⁴ and the establishment of the Gambling Commission; a non-governmental body created to regulate all commercial gambling activity and advertisement by gambling operators in Great Britain⁵. The Gambling Commission licenses, influences and oversees all gambling activity in the UK and is funded by fees from gambling companies set by the Department for Culture Media and Sport. Gambling regulation is undertaken in partnership with Local Authorities who license premises for gambling operators.

In exercising their functions under the Gambling Act 2005, licensing authorities must have regard to the following licensing objectives:

crime prevention, ensuring fairness, protecting children and other vulnerable persons from being harmed or exploited by gambling

Hull City Council will be updating its Statement of Licensing Policy for gambling later in 2024. The current policy can be found here [Gambling Act 2005 - Statement of Principles 2022 -2024 \(hull.gov.uk\)](#)

In April 2019 the Gambling Commission launched a 3 Year National Strategy to Reduce Gambling Harms with two areas of focus (i) Prevention and Education – making significant progress towards a clear public health prevention plan which includes the right mix of interventions (ii) Treatment and Support – delivering truly national treatment and support options that meet the needs of users.

The strategy follows a briefing paper for Local Authorities and Public Health providers from the Gambling Commission⁶ published in February 2018 setting out the rationale for Gambling Harm to be considered a Public Health Issue.

⁴ Parke, A. et al. (2014). Responsible marketing and advertising in gambling: A critical review. The journal of gambling business and economics, 8 (3), pp.21–35.

⁵ Gambling Commission. (2019a). Gambling Commission: What we do. [Online]. Available at: <https://www.gamblingcommission.gov.uk/about/Who-we-are-and-what-we-do/Who-we-are-and-what-we-do.aspx> [Accessed 27 March 2019].

⁶ Gambling Commission. (2018a). Gambling related harm as a public-health issue

Gambling Harms

Gambling is a popular activity in the UK and many people are able to gamble without experiencing harm. For a minority of people, gambling becomes problematic and harmful both for the individual and those that surround them. It has been suggested that gambling behaviour can be considered to be on a continuum ranging from no gambling, through social and recreational gambling to disordered, problem gambling⁸. Disordered gambling is categorised within the Diagnostic and Statistical Manual of Mental Disorders⁹ and recognised in the International Classification of Diseases (World Health Organization, 1992)⁷. Screening tools can identify problem gambling, the DSM-IV screening instrument and the Problem Gambling Severity Index (PGSI) Tool are most widely used.

The gambling industry has been grouped with tobacco, alcohol and the sugar sweetened beverage industry as an Unhealthy Commodity Industry (UCI)⁸. These industries develop and market unhealthy products that increase the burden of non-communicable diseases. Gambling is also similar to drinking alcohol and smoking tobacco in that there has been debate as to whether any safe level of some forms of gambling exists.⁹

The harm from gambling has become a serious and worsening public health problem in the UK and is found at the individual, social (family and friends) and community levels.

Since the liberalisation of gambling laws in 2005, there has been an emphasis by successive UK Governments to work with, and encourage, the gambling industry to facilitate 'responsible gambling' as a way to minimise harm rather than introduce further legislation.¹⁰

⁷ World Health Organization. (1992). The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. Geneva

⁸ Cassidy, R. et al. (2017). 'Nothing can be done until everything is done': the use of complexity arguments by food, beverage, alcohol and gambling industries. *Journal of Epidemiology and Community Health*, p.jech-2017-209710. [Online]. Available at: doi:10.1136/jech-2017-209710

⁹ Gainsbury, S. M. et al. (2015). How risky is Internet gambling? A comparison of subgroups of Internet gamblers based on problem gambling status. *New Media and Society*. [Online]. Available at: doi:10.1177/1461444813518185.

¹⁰ Wardle, H. et al. (2019). Gambling and public health: we need policy action to prevent harm. *BMJ*, p.l1807. [Online]. Available at: doi:10.1136/bmj.l1807.

OFFICIAL

Gambling-related harms are the negative impacts from gambling on the health and wellbeing of individuals, families, communities, and societies. Gambling harms may be a result of a person's own gambling or the gambling of others around them e.g. parents, family, friends or other people in their networks. At a population level, there are many people experiencing small amounts of harm from gambling, and a small number of people who experience high levels of harm from gambling¹¹

Not all gambling exposes people to the same risk of harm. Some forms of gambling such as Fixed Odds betting Terminals are associated with higher levels of harm, however individuals experiencing severe harm from gambling often gamble using multiple products and channels.¹²

Children are heavily impacted both financially and emotionally by a family member gambling. This can lead to a number of feelings for children which are hard to manage, including anger, guilt, helplessness, shame and feeling neglected. The effects of gambling addiction can lead to Adverse Childhood Experiences (ACEs) these are defined as stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence), with a lasting impact beyond childhood¹³.

Gambling Harms - Framework for Action definitions (Gambling Commission)

Resources - Problem gambling generates financial instability, undermines productivity in the workplace, leads to the accumulation of debt and, in more severe cases, bankruptcy and engagement in criminal activity.

Relationships, - Harms include disruption or erosion of partnerships, familial relationships and friendships, including emotional and social isolation from family, friends and communities.

Health - Harms relate to physical ill-health, psychological distress *(such as feelings of shame, stigma and guilt), mental health problems (including anxiety and depression) and, in some cases, suicidal behaviour

¹¹ - Faculty of Public Health. (2018). Faculty of Public Health Gambling Policy Statement. New England Journal of Medicine (NEJM/MMS). [Online]. Available at: doi:10.1056/nejm196207122670214.

¹² Conolly, A. et al. (2015). Gambling behaviour in Great Britain in 2015 Evidence from England, Scotland and Wales. [Online]. Available at: www.natcen.ac.uk.

¹³ - Faculty of Public Health. (2018). Faculty of Public Health Gambling Policy Statement. New England Journal of Medicine (NEJM/MMS). [Online]. Available at: doi:10.1056/nejm196207122670214

OFFICIAL

Violence and Domestic violence are associated with problem gambling, with further elevation of risk when substance misuse and mental illness co-morbidities are factors also affecting individuals¹⁴. A Canadian study¹⁵ on domestic violence and problem gambling reported that 62.9 % of problem gamblers in the study were involved in incidents of intimate partner violence, as both perpetrators (59.6%) and victims (59.7%).

People living in areas of deprivation are more likely to experience gambling related harm. Lower income households spend a higher proportion of their income on gambling¹⁶. In Hull (and England), there are greater numbers of gambling premises in more deprived communities.

¹⁴ Roberts, A. et al. (2016). Gambling and violence in a nationally representative sample of UK men. *Addiction*, 111 (12), pp.2196–2207. [Online]. Available at: doi:10.1111/add.13522 [Accessed 24 March 2019].

¹⁵ Korman, L. M. et al. (2008). Problem gambling and intimate partner violence. *Journal of Gambling Studies*. [Online]. Available at: doi:10.1007/s10899-007-9077-1

¹⁶ Williams, R. J., Rehm, J. and Stevens, R. M. G. (2011). The Social and Economic Impacts of Gambling. [Online]. Available at: <http://opus.uleth.ca/handle/10133/1286> [Accessed 23 May 2019].

Gambling Harms Prevalence Data

Based on recent national research and surveys, of which each one has different methodologies, we can estimate the numbers of people likely to be experiencing gambling harms in Hull. Leeds Beckett University have proposed that Northern Industrial Cities have higher rates of problem gambling. Estimates have been displayed using the Leeds Beckett model too¹⁷.

If we apply these prevalence estimates to the Hull population, we see that problem gambling affects significant numbers of people with thousands more at risk of developing problem gambling behaviours. We can estimate the number of people to be currently problem gambling to be somewhere between 645 and 3,871.

Source	Period	Estimate	Hull Population Aged 16 and over (2022 ONS Mid-Year Estimates)= 215050)
Health Survey for England (16+) [Health Survey for England, 2021 - GOV.UK (www.gov.uk)]	2021	At risk/problem gambling: 2.8% Problem gambling: 0.3%	At risk / problem gambling: 6,021 Problem gambling: 645
Gambling Commission (16+) [Gambling Commission publishes latest combined Health Survey]	2016 (new data due July 2024)	Problem gambling: 0.7%	Problem gambling: 1,505
Leeds Beckett University research paper (16+) [University research underpins gambling consultation Leeds Beckett University]	2016	Problem Gambling 1.8% At Risk Gambling 5-6% people Problem and At-Risk Gambling: 7-8%	Problem gambling: 3,871 At risk gambling: 10,753 – 12,903 Combined: 14,623 – 16,774

¹⁷ Kenyon, A. et al. (2016). Problem Gambling in Leeds Research Report for Leeds City Council. [Online]. Available at: [https://www.leeds.gov.uk/docs/Problem Gambling Report.pdf](https://www.leeds.gov.uk/docs/Problem%20Gambling%20Report.pdf)

OFFICIAL

Hull's Adult Health and Wellbeing Survey (2019) which surveyed around 4,000 residents aged 16 and over, found the following:

- two-thirds of adults in Hull gambled, with around 44% gambling every month including almost three in ten who gamble every week.
- People who did gamble were asked how frequently they had lied to people important to them about how much they had gambled, felt the need to bet more and more money, and bet more than they could afford to lose.
- One in a hundred survey responders had undertaken one or more of these three problem gambling behaviours weekly (equating to 1,950 adults across Hull), and a further 0.6% undertook one or more of these behaviours monthly (1,200 adults).
- Men aged 16-24 years were the least likely to gamble monthly (34.0%), but they had the highest percentage of them who displayed problem behaviours (4.3% of all men aged 16-24 years which was 9.7% of all those who gambled monthly). Similarly, of those who did gamble monthly, people who were not working due to long-term illness and disability also had a relatively high percentage who displayed problem gambling behaviours weekly or monthly with 8.4% doing so. The percentage was also above 7% for men aged 25-44 years.
- With two-thirds of adults gambling, and almost one third doing so each week, the potential for gambling-related harm is high. The actual level of gambling-related harm is unknown for Hull. However, it is estimated that more than 14,000 adults in Hull have experienced some problems related to gambling including 8,800 adults who state they have undertaken some of these problem gambling behaviours within the last year (including 3,150 adults who have stated that this happens weekly or monthly)

More can be found at [Gambling Among Adults \(hulljsna.com\)](http://hulljsna.com)

Gambling Operations in Hull

Gambling activity can be broadly categorised as either remote (online) or non-remote gambling. Local Authority Licensing relates to non-remote gambling in licensed premises such as Betting Offices, Casinos, Bingo and Adult Gaming Centres. All of the betting offices in Hull are operated by national corporations with one exception. None of the corporate gambling operators have their administrative headquarters in Hull.

Remote Gambling

Most forms of gambling are also available as online products –licensed and regulated by the Gambling Commission.

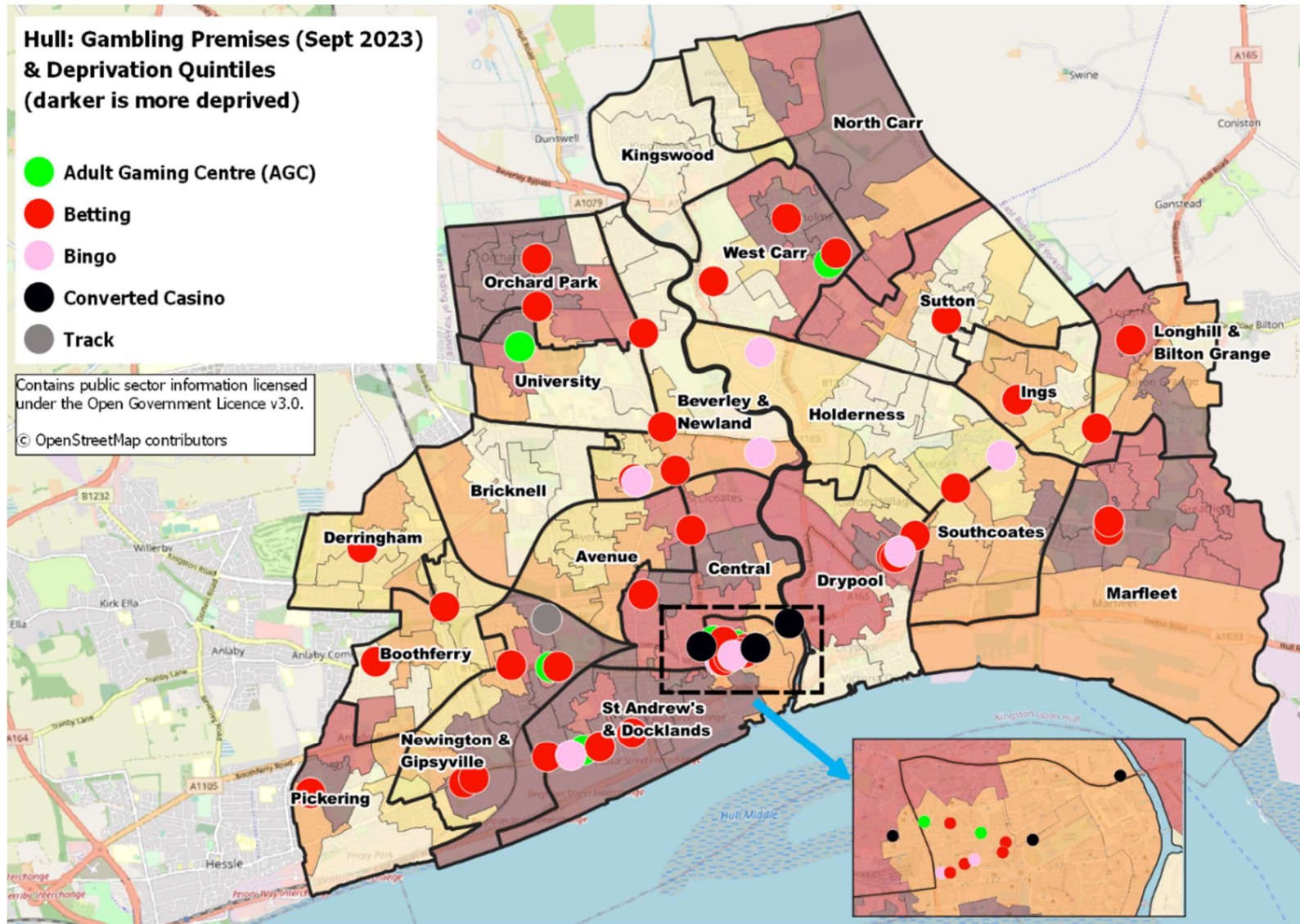
Remote gambling has increased gambling opportunities in the UK because of 24-hour availability of gambling platforms on mobile phones, tablets and home computers. Online gambling has becoming increasingly popular with rapid growth in recent years. In a review of the online gambling market in 2018, the Gambling Commission reported that 34% of the UK gambling market yield is generated online, with continued growth expected. Almost every form of gambling is available on smartphone screens or home technology enabling 24-hour access to uninterrupted play with ‘rapidly determined outcomes’¹⁸

Non-Remote Gambling

In total there are currently 63 gambling premises in the city with a clustering of premises in the city centre. Six of Hulls 21 wards do not have any premises located within them. The most deprived ward in the city (St Andrews and Docklands) has the greatest number of gambling premises (16).

¹⁸ - Gainsbury, S. M. et al. (2015). How risky is Internet gambling? A comparison of subgroups of Internet gamblers based on problem gambling status. New Media and Society. [Online]. Available at: doi:10.1177/1461444813518185

Gambling Premises Mapped to Local IMD 2019 Deprivation Quintiles



OFFICIAL

Gambling premises as a rate per 1000 population and deprivation rank

Ward	IMD2019 Rank (1 = highest deprivation)	Population (Census 2021)	Rate per 1,000 ward population	Total Gambling Premises
St Andrew's & Docklands	1	16,684	0.96	16
Beverley & Newland	17	15,649	0.51	8
Drypool	11	12,051	0.50	6
Central	4	10,859	0.37	4
Newington & Gipsyville	5	17,029	0.35	6
West Carr	8	12,527	0.32	4
Holderness	20	12,007	0.25	3
Orchard Park	2	16,072	0.25	4
Marfleet	3	13,730	0.22	3
Ings	14	9,309	0.21	2
Boothferry	18	11,833	0.17	2
Longhill & Bilton Grange	7	12,859	0.16	2
Pickering	10	8,427	0.12	1
Derringham	16	11,760	0.09	1
Sutton	15	13,397	0.07	1
North Carr	6	14,853	0.00	0
Southcoates	9	15,061	0.00	0
University	12	11,800	0.00	0
Avenue	13	12,708	0.00	0
Bricknell	19	8,495	0.00	0
Kingswood	21	9,901	0.00	0
Total		267,011	0.24	63

At Risk Groups

'At Risk' gambling generally refers to people who are experiencing some difficulties with their gambling behaviour but are not considered to be problem gamblers. Gambling activity occurs in adults of all ages, problem and at-risk gambling behaviour also occurs in all age groups.

The risk of developing problem gambling is not evenly distributed within the UK population. People who gamble more frequently in many different forms are more likely to be problem gamblers¹⁹ and elevated risk of gambling is associated with low income and high deprivation²⁰.

A variety of risk factors have been identified in the development of problem gambling behaviour including demographic variables.

Young men, particularly those who gamble online have elevated risk²¹ Gambling problems often cluster with mental health and other health related problems.²²

Children and young people have an increased risk when gambling starts at a younger age and when problem gambling exists within the household.²³

Young people are also often able to circumvent age restrictions to gamble online. It has also been noted that the distinction between gambling and video gaming is becoming harder to distinguish in some video games and children are commonly thought to be more susceptible and vulnerable in terms of developing a gambling problem.²⁴

¹⁹ Wardle, H. et al. (2011). Defining the online gambler and patterns of behaviour integration: Evidence from the British Gambling Prevalence Survey 2010. *International Gambling Studies*. [Online]. Available at: doi:10.1080/14459795.2011.628684

²⁰ - Canale, N. et al. (2017). Income Inequality and Adolescent Gambling Severity: Findings from a Large-Scale Italian Representative Survey. *Frontiers in psychology*, 8, p.1318. [Online]. Available at: doi:10.3389/fpsyg.2017.01318 [Accessed 23 May 2019].

²¹ Gainsbury, S. M. et al. (2015). How risky is Internet gambling? A comparison of subgroups of Internet gamblers based on problem gambling status. *New Media and Society*. [Online]. Available at: doi:10.1177/1461444813518185

²² Goodyear-Smith, F. et al. (2006). Primary care patients reporting concerns about their gambling frequently have other co-occurring lifestyle and mental health issues. *BMC Family Practice*. [Online]. Available at: doi:10.1186/1471-2296-7-25

²³ Williams, R. J., Rehm, J. and Stevens, R. M. G. (2011). The Social and Economic Impacts of Gambling. [Online]. Available at: <http://opus.uleth.ca/handle/10133/1286> [Accessed 23 May 2019].

²⁴ - Griffiths, M. D. and Parke, J. (2010). Adolescent gambling on the internet: a review. *International journal of adolescent medicine and health*

Women tend to gamble online rather than in licensed premises²⁵ and more women can now be considered to be vulnerable to problem gambling because of an increase in online gambling activity.

Vulnerable Groups

A scoping review of at-risk groups²⁶ identified strong evidence for the following groups as having increased risk of gambling harm:

Young people, including students.	Those with substance abuse/misuse issues
Those from minority ethnic groups	Problem gamblers seeking treatment (because of the potential for relapse)
Those who are unemployed.	Those with financial difficulties/debt
Those living in deprived areas	Those who are homeless.
Those with a low IQ or learning difficulties.	Immigrants
Those with poorer mental health (and/or certain mental health conditions)	Prisoners/probation

Gambling problems often cluster with other health related problems, primary care patients that report concerns about their gambling often have other mental health co-morbidities.²⁷

²⁵ Castrén, S., Heiskanen, M. and Salonen, A. H. (2018). Trends in gambling participation and gambling severity among Finnish men and women: cross-sectional population surveys in 2007, 2010 and 2015. *BMJ open*, 8 (8), p.e022129. [Online]. Available at: doi:10.1136/bmjopen-2018-022129 [Accessed 23 May 2019].

²⁶ Wardle, H. (2015). Exploring area-based vulnerability to gambling-related harm : Who is vulnerable ? Findings from a quick scoping review. (July).

²⁷ Goodyear-Smith, F. et al. (2006). Primary care patients reporting concerns about their gambling frequently have other co-occurring lifestyle and mental health issues. *BMC Family Practice*. [Online]. Available at: doi:10.1186/1471-2296-7-25

Gambling and Young People in Hull

We know little about gambling amongst young people in Hull, with no locally routinely collected data on problem gambling prevalence. It is unlikely that Hull is significantly different to other areas of the country in gambling activity amongst young people.

Questions on gambling were included in Hull's 2024 Children and Young People Health and Wellbeing Survey (ages 11-16). Preliminary results show that, based on around 3,650 responses, that 1 in 5 pupils stating that they had asked parents to place a bet for them, 1 in 10 pupils have placed a bet online and 1 in 6 have purchased a scratchcard / lottery ticket.

Gambling activity amongst 11–16-year-olds in Hull (2024 Hull Health and Wellbeing Survey)

Asked parents to place a bet for them	21%
Placed a bet online	11%
Played gambling games online	13%
Purchased lottery tickets / scratchcards	16%

Childhood and adolescence is a key stage of development. Gambling harms are likely to impact future potential as well as having impacts in the shorter term. Children and young people are also financially and emotionally dependent on others. This means that as well as their own gambling, the gambling of others, especially parents, has the potential to cause harm²⁸. Despite the rising prevalence of problem gambling behaviours amongst young people in the UK there are no nationally mandated education programmes for education in schools. This is in stark contrast to school education programmes targeting smoking, alcohol and sexual health in the UK. School based education interventions can be effective, with evidence that teenage pregnancy, smoking and bullying can all be effectively addressed through multicomponent school programmes.²⁹

²⁸ Blake, M. et al. (2019). Measuring gambling-related harms among children and young people. (April)

²⁹ Shackleton, N. et al. (2016). School-Based Interventions Going Beyond Health Education to Promote Adolescent Health: Systematic Review of Reviews. *Journal of Adolescent Health*, 58 (4), pp.382–396. [Online]. Available at: doi:10.1016/J.JADOHEALTH.2015.12.017 [Accessed 30 March 2019].

Gambling Harm in Hull

Evidence suggests that suicide risk is elevated amongst people with gambling problems with a risk 15 times higher across the whole population and 19 times higher in men aged 20-49³⁰. Problem gambling appears to have affected at least 2 people in Hull that have committed suicide since 2017-2019.

There are also examples of people with problem gambling behaviour being investigated for fraud in relation to direct payments in Hull. There have been at least two cases with expenditure on gambling obtained through direct payments of over £10,000.

The Fraud investigation team regularly observe transactions to and from gambling companies when analysing bank statements in fraud investigations.

Frontline services in the city such as Citizens Advice, the Domestic Abuse Partnership and Tenancy Sustainment also report observations of problem gambling having serious detrimental effects on individuals and families.

³⁰ Wardle, H. et al. (2011). Defining the online gambler and patterns of behaviour integration: Evidence from the British Gambling Prevalence Survey 2010. International Gambling Studies. [Online]. Available at: doi:10.1080/14459795.2011.628684

Gambling Harm in Hull – National Gamcare Helpline data 2015-2018

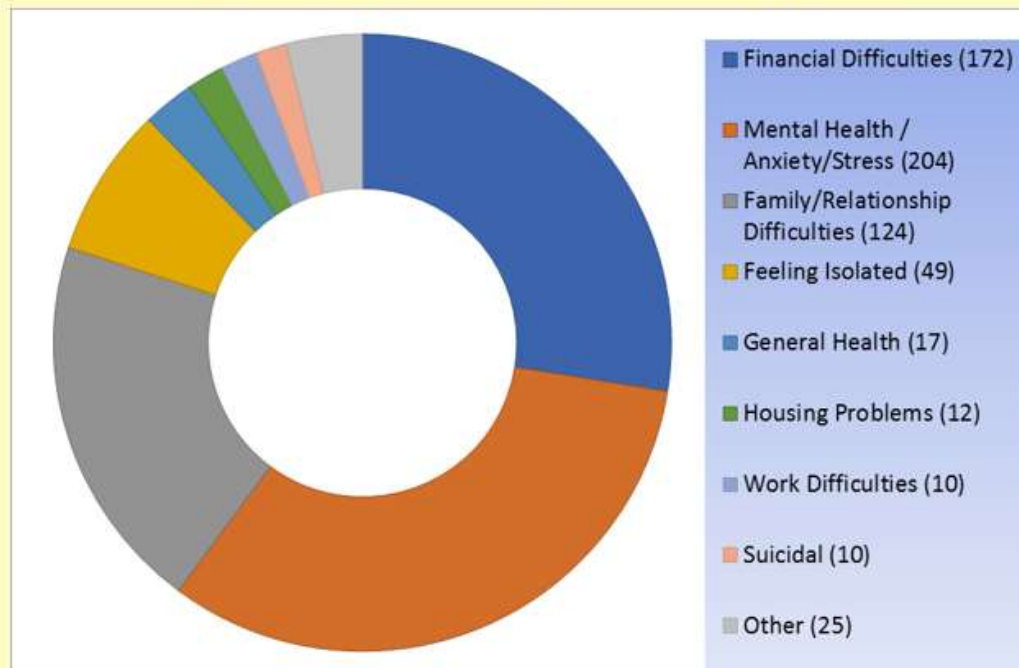
Individuals that have gambling problems often present to services with debt problems. This may well be the first time that local services have come into contact with the individual. **No services in Hull routinely collect data on gambling prevalence** so local changes in problem gambling activity cannot be measured locally. Some evidence of harm can be found when analysing caller data made available by the National Gambling Helpline.

Some people from Hull do seek support with their gambling behaviour and the national gambling helpline has provided data to Hull City Council relating to the number of people in Hull that have accessed support from the National Gambling Helpline. Analysis of the caller data provides limited evidence of self reported harm. The table below displays the harms reported by callers.

It is important to recognise that Gamcare services are considered to support only a fraction of the problem gambling population. However, analysing the data is useful, providing insight into who is calling for support and the types of issues people in Hull report facing.

Key points from helpline data

- 225 people in Hull called the helpline over the 3 year period.
- 30 % of Hull Gamcare Helpline callers between 2015 – 18 were female.
- Almost 50% of callers were under 35.
- The most common issues impacting individuals were :
 Mental Health
 Financial Difficulties
 Family and Relationship Difficulties



Observations from Services

Services in Hull work with people affected by problem gambling and observe the wider societal harms it can bring to individuals and families. Services may identify these harms in manifestations of debt, poor mental health, housing instability or domestic violence as described here by staff in frontline services in Hull. As part of the original needs assessment in 2019, engagement work was undertaken with these staff to gain insight on how gambling harms impact on people and families in our community. In their own words, comments from staff working in Hull have been grouped into themes that emerged during the engagement process.

Addictive behaviours

*“When we get clients with debt problems and they have an issue with gambling, our starting point is that we ask them if they need help for the **addiction** and check if they are connected to any organisations that can help them.”*

*“My client used to be a drug user, she stopped the drugs and started on the scratch cards because she believed she wasn’t spending as much money on scratch cards as she used to on drugs. This has now gone from scratch cards to online gambling..... She is a very addictive person so it goes from an **addiction**”*

*“Debt advice is often no use to clients who have a gambling **addiction**. Until they are managing their addiction it’s difficult to help them – as an adviser I’m not as big an influence on the client compared to their next “fix”. This applies to any addict, whether they’re addicted to alcohol, drugs or gambling.”*

Social isolation, loneliness and disengagement

*“I worked with a parent of two who was working as an assistant manager in a professional job, recently separated from the mother of his children because of his gambling. He had mental health issues and says he gambles online because he is **lonely**; he doesn’t want to speak to his family and doesn’t feel like socialising. He has over £3000 in rent arrears and has some council tax arrears.”*

*“I worked with a 26 year old who committed **suicide** last year..... He disclosed that he had a gambling problem as part of the assessment process for referral to the tenancy sustainment team..... He had other debts such as utilities and no longer had a gas supply. Along with his gambling he also had **substance misuse** and **mental health issues** but had **disengaged** with mental health services over time. He was referred to a range of different services such as the local Gamcare counselling service, the CAB, substance misuse services and mental health services but did not engage with any of them.”*

*“I had a client who lived on his own in a council property in receipt of a state pension, occupational pension and also in receipt of industrial injuries payments. He also had hoarding behaviours, I remember he had 5 microwaves. He also suffered from **low mood** and was **socially isolated**..... He acknowledged his gambling was a problem and has discussed self-exclusion from betting offices but is reluctant to accept offers of professional support and has refused*

to be referred to mental health services. Standing order and direct debt payments have helped him pay his utilities and I supported him to attend a local ex-serviceman club and other community groups to help with his isolation.”

Online Gambling and Women

*“Over the last several years there’s been a noticeable shift in that now **there’s more female gamblers than there used to be**. It’s not just about men going into the bookies anymore, I’ve seen women whereas now I run up huge debts online using several credit cards. These women have never been in a betting shop in their lives but I’ve seen women who have maxed four credit cards spending £20k online without having to leave the house.”*

*“We’ve noticed a definite increase in debt clients who have got into debt due to gambling. The way people gamble has also shifted, previously it was mostly males getting into debt gambling in betting shops, but now the trend is changing and **we’re seeing women getting hooked on online bingo sites**. It doesn’t mean the issue has lessened with regards to men but we’re just seeing more women having issues now as well.”*

*“I worked with a single mum with four children that played online bingo and used online bingo to try and get some money for Christmas. She lost her remaining money and her parents had to run her finances after that point, paying bills and buying Christmas gifts for the children. She has also attempted to self-exclude (from gambling premises). The gambling **created tension within the family** and the grandmother said that her daughter ‘doing this again’ made her own mental health problems worse”*

“I had a case once, a lady who worked for the Council, recently split from her husband, going through a divorce and had health issues. She was brought in to sign up for a property and she brought in her bank statements and she had blanked out all of the bingo transactions for online gambling, but I could see on the back they were for online gambling, about £400 per week and she was

Damaged Personal Relationships

*“I discovered a client had a gambling problem back in 2014 via bank statements, which showed a lot of online gambling. This was discussed with her and I referred her to Citizens Advice Bureau who helped her get a full bankruptcy because she owed so much money; she is also ex-army and was able to get her fees paid. In 2019 she was referred again as she owed £4,000 in rent, she was very honest and advised she was gambling again, running up various debts. She was moving in the right direction, went to CAB.... but she had a falling out with her mum.... she has **pushed all her family away** again, non payment of rents and she is starting to make excuses not to see me again.”*

*“Mine was a perpetrator (of domestic violence) who was gambling, it came out when we were doing direct work and we was looking at the power of control wheel and the financial abuse, the gambling, was brought up in that. It was really problematic in terms of him **taking his 3 children’s electronics and he sold the washing machine** at one point. She got herself into a lot of debt replacing things from Bright House which he would go and sell again. She was in a complete cycle of having to replace the items needed for the household because of his gambling. She has now ended the relationship and to my knowledge he still **continues in the cycle with his family and friends**”*

*“The **son** is a drug user as well as a gambler, he would turn up at the house demanding money, being really abusive, march her to the cash machine for money. He has taken various items out of the house, broken into the house and taken items. The neighbour rang her once to tell her he was walking down the street with her fridge. Not sure if this was related to the substance misuse or the gambling but was into both. She is in debt and has a doorstep loan. She has moved now into temporary accommodation but now has everything to replace. As the **mother**, she **takes all the responsibility** and blame and perceives herself as a crap mum.”*

Problem Gambling within abusive relationships

*“The (domestic violence) perpetrator was a gambler; they lost their house over it and moved in with his brother, due to him gambling all the time. When she tried to address the issue he got annoyed and she said if she spoke to his friends they wouldn’t believe her because of his profession. He presented very well at work and wouldn’t believe he gambled. A lot of the time it was fuelled by **alcohol** especially if he lost he would drink more. He was gambling in the betting shops but she didn’t know what he was gambling on or how much. Most of his wage would go on that and she would have to hide her card in order to pay bills.”*

*“He (the perpetrator) used to like going to the betting shop. The scenario was the day before the benefits came through, if there was 2,3,4 pounds left he would go and make her go to the betting shop and bet on a long shot, if she didn’t bring a slip back the **domestic abuse** was really intense, so she had to put the bet on knowing she would lose some money so they had no money, but if she didn’t provide the proof that she had placed the bet the level of abuse was really dramatic.*

*He had that **control** and it was almost quite twisted, it was like that final bit of money he can just throw away, it was almost a ritual that you must lose that last bit of money. He was really into gambling, he used to make her do that final walk to lose that last few pounds, she had to bet on that particular horse. He gambled constantly but she had to lose that last bit of money, it was a strange ritual. The whole emotion of that journey she said was awful as **they needed rent, milk and essentials**, tea for when her son came home from school but then she might as well have just put it down the drain.”*

Gambling Services and Support

Treatment

Treatment services are funded nationally through a 'polluter pays' voluntary funding model, administered by Gambleaware, a charity that operates closely with the Gambling Commission.

There is a single national specialist clinic in London, with a specialist Northern Problem Gambling Clinic in Leeds and Sheffield

[NECA](#) are a Gamcare funded regional provider.

Support

[GamCare](#): offer a range of services and resources –. They include:

- National Gamcare Helpline
- Online recovery courses.
- Access to GAMBAN software – online gambling blocking

[BigDeal](#): Young people of any age can speak to the 'Bigdeal' helpline and net line and use information on

Gamblers Anonymous: two meetings a week in Hull at Wellington House on Beverley Road

Key learning from the Needs Assessment

Through this needs assessment work the following themes have emerged:

- People affected by problem gambling are being supported by services in Hull for some of the harms associated with problem gambling such as debt, housing instability, social isolation, and mental health issues.
- Problem gambling is often co-morbid with other issues such as poor mental health, social isolation, housing problems and debt. A range of services will often be involved in providing support.
- Routine regularly collected data to quantify local problem gambling prevalence for local service planning is currently unavailable. The prevalence of problem gambling in Hull can only be estimated. This prevents understanding of changes over time. There is a complementary national workstream looking to develop a gambling measurement framework, but this is not yet available.
- Knowledge of local specialist services that can support people with mental health issues is low amongst frontline staff. This includes awareness of the new Northern Problem Gambling Clinic which will be available to provide specialist services to eligible people in Hull following referral.
- Some staff are aware of problem gambling as an issue but are not specifically trained to identify and support problem gambling. Few services ask specific questions to identify problem gambling or systematically record its identification.
- Common with other local authorities, schools do not routinely raise awareness of gambling harms amongst children and young people.
- Gambling operators have responsibilities to safeguard vulnerable people from gambling harms and support those that wish to self-exclude from gambling premises to do so. A future focus on operator compliance with safeguarding responsibilities would provide assurance to Hull City Council as a licensing authority.

Recommended Actions

Training Staff

Frontline services would benefit from training around gambling harms, to aid identification and support for people adversely affected by gambling in Hull. Fortuitously, Calderdale Citizens Advice Bureau has been commissioned to deliver gambling harms training to frontline staff in Local Authorities in Yorkshire and the Humber and their partner agencies and this training should be scheduled and promoted to all relevant staff.

2019 Progress Update - Six training sessions have been scheduled for dates in November and December 2019. Registrations are ongoing.

Awareness Raising for Gambling Harms amongst Children and Young People.

Make education sessions available to children and young people through schools and relevant community associations.

There is currently a Gamcare funded 'Big Deal' pilot project being established in Hull. The pilot should be promoted to schools and academies in the city whilst funding is available. Sustainable education options in the longer term should be given consideration if the trajectory of increasing problem gambling behaviour amongst young people continues.

2019 Progress Update – Big Deal Project engaging with schools and community organisations. Funded until April 2020 (potentially into 2021).

Measure Problem Gambling Prevalence Locally

Problem Gambling 'screening questions' have been included in the Health and Wellbeing Survey 2019. This data will inform service planning and if collected periodically will enable problem gambling prevalence to be more accurately estimated in Hull to better understand the distribution of gambling and problem gambling amongst the population.

2019 Progress update - Data collected on Hull population gambling activity in recent health survey. Analysis will enable exploration of associations between gambling and age, gender, deprivation, income and mental health within Hull and inform further action planning. The School Survey planned for Autumn 2020 will include questions around gambling behaviours and gambling related harms.

OFFICIAL

Measure Problem Gambling Prevalence Locally

Survey children and young people about their gambling behaviours in the school survey. Qualitative research has been undertaken nationally to develop appropriate survey questions.

2019 Progress update - The School Survey planned for Autumn 2020 will include questions around gambling behaviours and gambling related harms.

Increase awareness of local treatment services

Document specialist problem gambling support services and referral routes and raise awareness of these specialist services available to the local population.

2019 Progress update - Specialist problem gambling services documented and service information available on GP portal (PIP) and Hull 'Connect to Support'.

Consider how local pathways can be established to Northern Problem Gambling Clinic which is scheduled to become operational in Leeds in late 2019.

2019 Progress update - Public Health are working with Hull CCG through the planning and commissioning committee to ensure service referral pathways enable appropriate referrals from Hull to the Northern Specialist Gambling Clinic.

Assure compliance with safeguarding responsibilities of gambling operators

Consider levers available through licensing policy and compliance processes to gain assurance of effective safeguarding and self-exclusion processes amongst licensed gambling operators in the city.