

# Scrutiny Inquiry Panel - Reducing Gambling-Related Harms in Southampton

Thursday, 19th December, 2024  
at 5.30 pm

## **PLEASE NOTE TIME OF MEETING**

Council Chamber - Civic Centre

This meeting is open to the public

### **Members**

Councillor Cooper (Chair)  
Councillor Greenhalgh  
Councillor Percival  
Councillor Powell-Vaughan  
Councillor Webb (Vice-Chair)

### **Contacts**

Mark Pirnie  
Emily Goodwin

## ADDITIONAL INFORMATION AND PRESENTATIONS

### 7 **A WHOLE-PLACE APPROACH TO REDUCING GAMBLING RELATED HARMS** (Pages 1 - 46)

Report of the Scrutiny Manager informing the Panel that, in accordance with the inquiry plan, the focus of the second meeting of the inquiry will be on adopting a whole-place approach to reducing gambling related harms in Southampton.

Presentations given at the meeting from:

- Professor Heather Wardle – Professor of Gambling Research and Policy at Glasgow University
- Alice Beadle – Public Health Specialist: Gambling Harms in the North East
- Matt Smith – Director of External Affairs at Betknowmore UK

Date Not Specified

Service Director, Legal & Governance



University  
of Glasgow

# Gambling harms – a whole system based approach to preventing harms

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Heather Wardle

WORLD  
CHANGING  
GLASGOW

Agenda Item 7

# Disclosures

- **Disclosures:** HW served as independent advisors to UK government on gambling policy (2015-20). HW is co-chair of the Lancet Public Health Commission on gambling. Funded via National Institute of Health Research, UKRI, local and central government, including The Gambling Commission (incl regulatory settlement funding)
- Does not collaborate with industry or those who collaborate with industry.

# The Lancet Public Health Commission on gambling

*To make recommendations about actions to ensure that  
gambling is **provided** and **regulated** in the public interest –  
protecting the public from harm*

Pages

Gambling is not an ordinary commodity: it is health harming for some

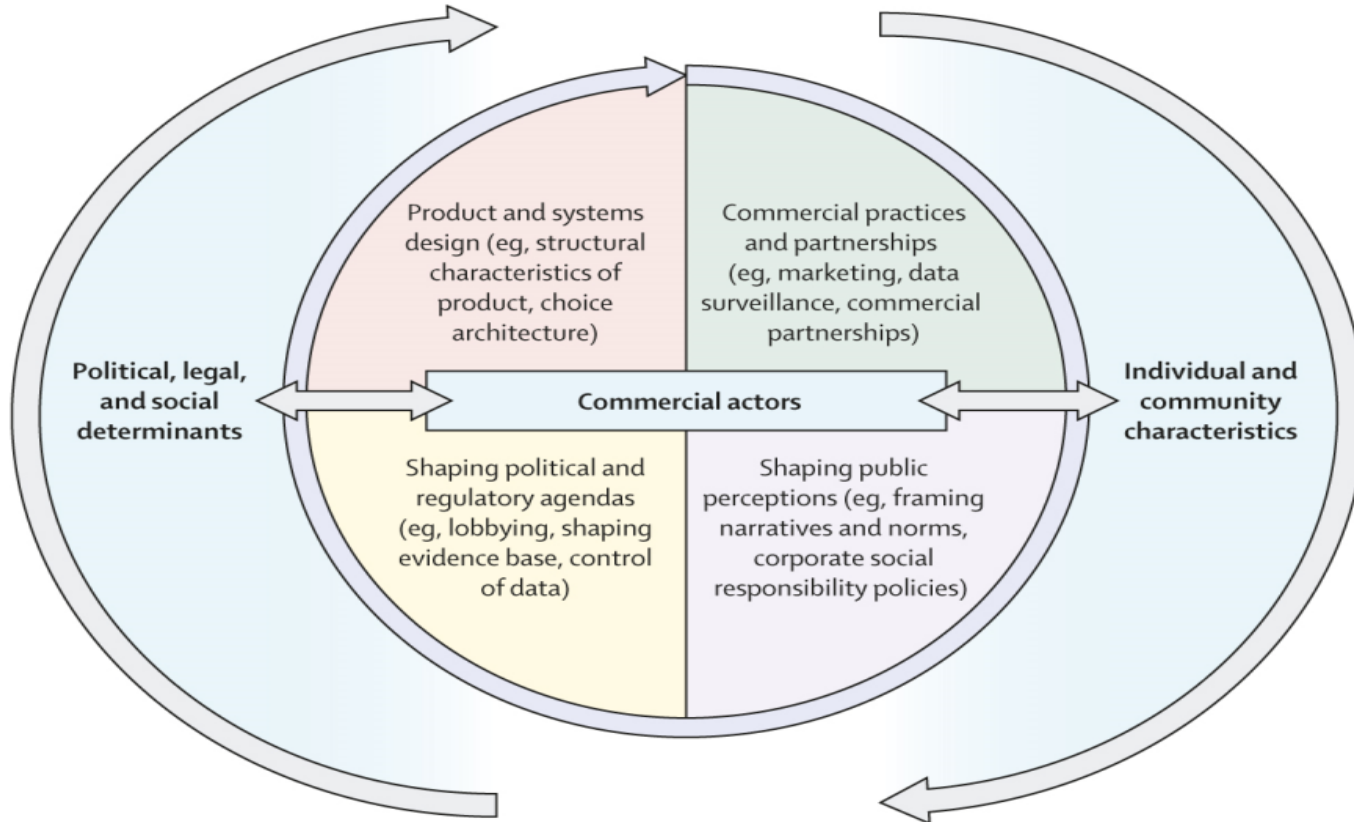
Harms more wide ranging than previously acknowledged (global rates of PG c. 1.4%; but up to 1 in 6 for certain products).

Gambling has potential to exacerbate inequalities

Determinants of behaviour shaped by powerful corporate and political powers

# Determinants of gambling and gambling harms

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## Drivers

Underestimation of harms

Page 5  
Political support/complicity

Dominant "leisure/ordinary" framing

Growth imperative for industry



## Outcomes

Global expansion and business practices

Super charging of products (incl new products)

Super charging of processes (esp digital turn)

Inadequate regulatory responses/models

Limitations on scale and scope of prevention efforts

# Implications for prevention

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“How you define something governs what you do about it”

(Korn & Shaffer, 1999)

Needs a whole-systems approach to reduce harm

Need different regulatory approaches

Need global co-operation



# Why a whole-systems approach?

- 16.1 Significantly reduce violence and related deaths
- 16.2 Reduce illicit financial and arms flows, reduce organised crime
- 16.3 Reduce corruption and bribery in all forms
- 16.4 Develop accountable and transparent institutions
- 16.D Strengthen national institutions to prevent violence, terrorism, and crime

Gambling can be associated with organised crime and those harmed might perpetrate crime; in low-income and middle-income countries, opaque governance and regulation undermines trust in institutions; potential impact on integrity of sports



- 1.2 Reduce at least by half the proportion of men, women, and children of all ages living in poverty in all its dimensions
- Gambling is associated with severe financial destitution and bankruptcy among those harmed

- 10.1 Advance and sustain income growth of bottom 40% of the population
- 10.2 Empower and promote social, economic, and political inclusion for all
- 10.3 Adopt fiscal, wage, and social protection policies to achieve greater equality

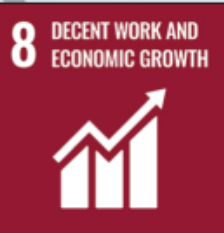
Gambling is regressive, with revenues disproportionately generated from those most socially and economically disadvantaged



- 3.4 Reduce premature mortality, promote health and wellbeing
  - 3.5 Strengthen prevention for substance abuse
  - 3.D Strengthen capacity for global health risks
- Gambling disorder or problematic gambling is associated with suicidality and poor mental health and wellbeing, and is related, as both cause and consequence, to other substance use and misuse

- 8.6 Substantially reduce the proportion of youth not in education, employment, or training

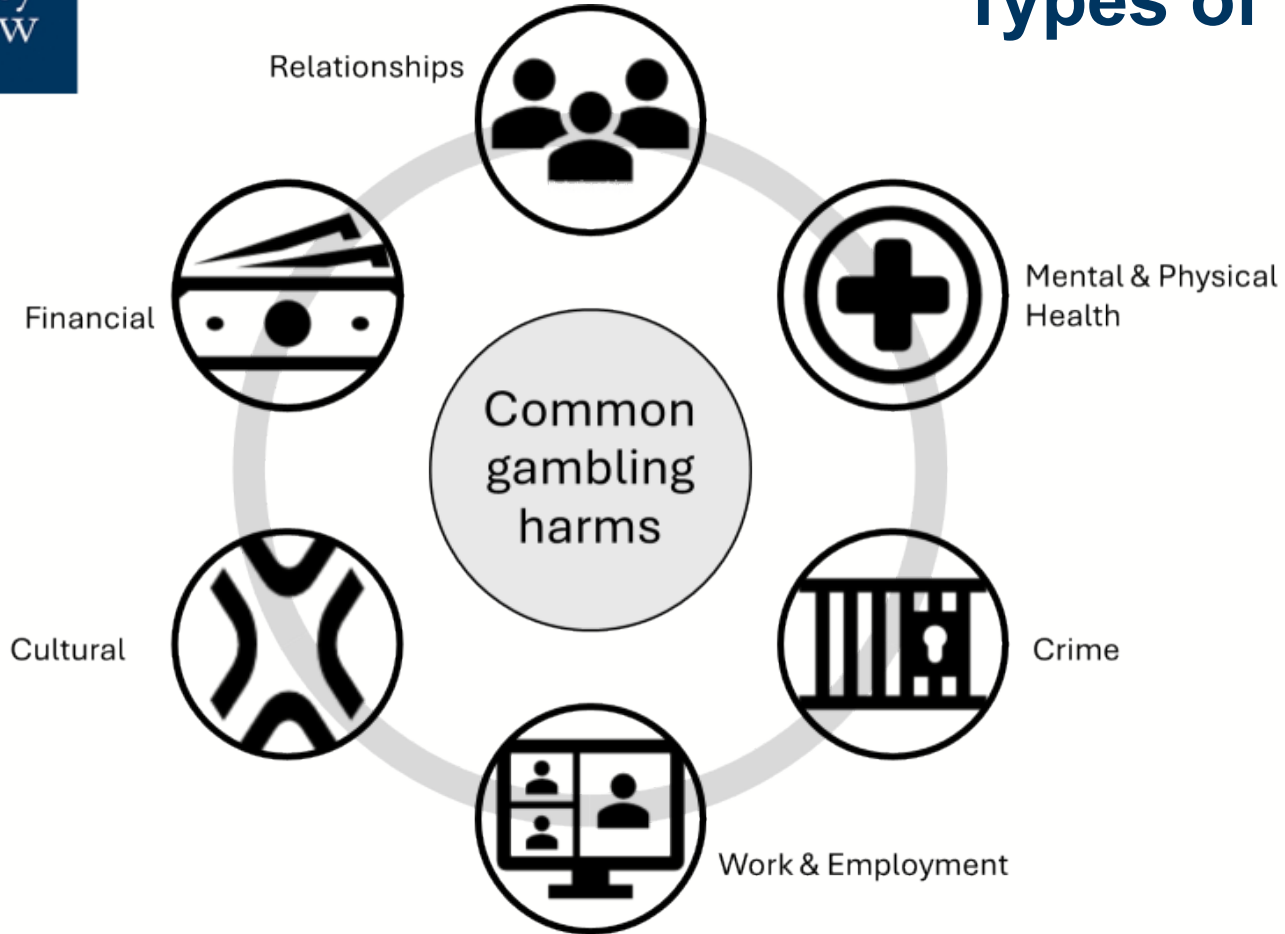
Gambling is associated with poor educational outcomes in children and young adults, and is associated with unemployment, leading to legacy effects for this population



- 5.2 Eliminate all forms of violence against all women and girls in public and private spheres
- Gambling disorder or problematic gambling is associated with intimate partner violence



# Types of harms



# Higher risk groups

Demographics	Socio-economic	Poor judgement/ impairment	Other
Youth	Unemployed	Low educational attainment	Poor mental health
Older people	Low income	Low IQ	Substance abuse/misuse
Women	Deprived areas	Under influence alcohol/drugs	
Ethnic groups	Financial difficulties/debt	Learning disabilities	
	Homeless	Personality traits	
	Migrants		
	Prisoners/ probation		

Source: Wardle, H (2015) *Exploring area based vulnerability to harms: who is vulnerable?*



## The challenge

Effective prevention  
requires:

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Strong range of upstream  
interventions focusing on  
commercial practices

Restrictions on products and how  
products are promoted

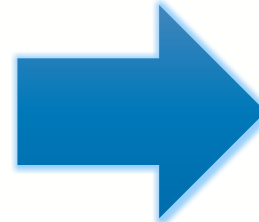
Clear focus on primary objective of  
protecting health

The White paper  
contains:

Limited upstream interventions;  
greater focus on industry-led  
prevention

Limited restrictions on products and  
their promotion

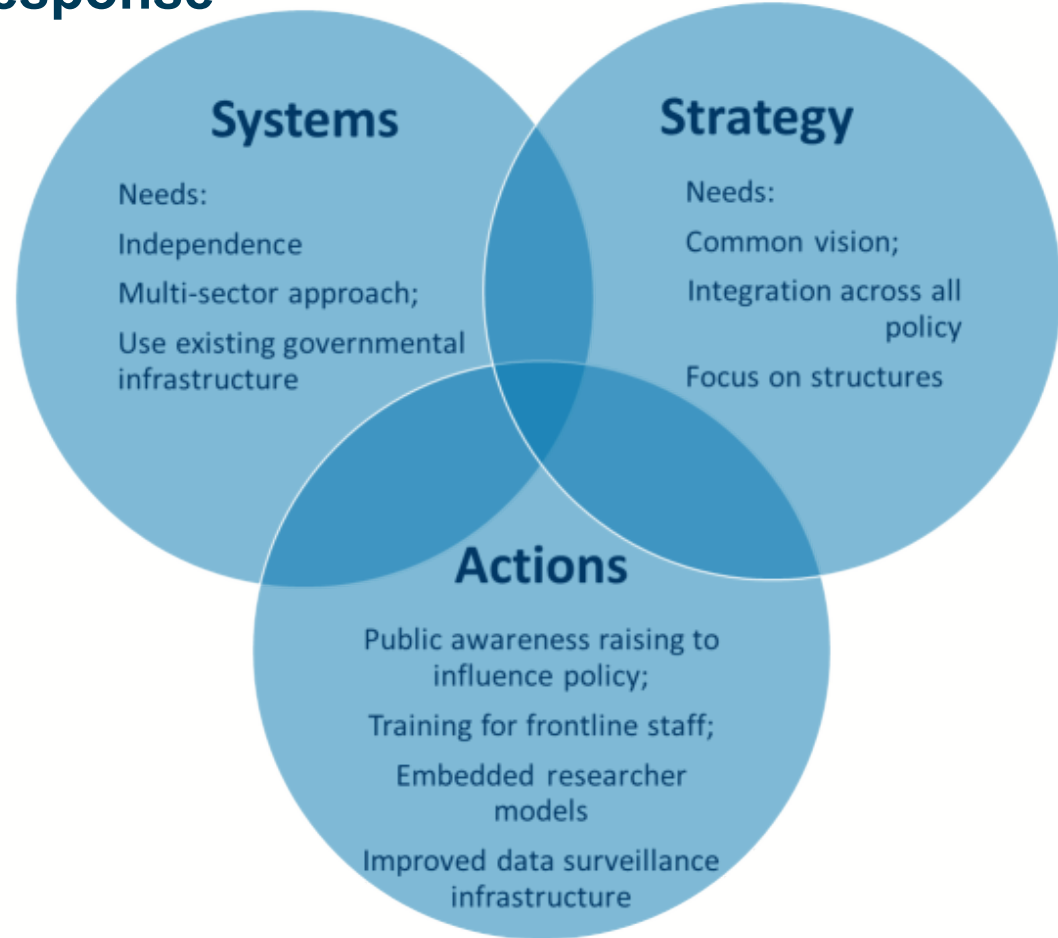
Dual focus on protecting the  
vulnerable and aiming to permit and  
grow the industry



**An unresolved tension:**  
A prevention strategy to  
mitigate harms will lack  
efficacy if the underlying  
political basis and  
legislative framing does  
not support the  
implementation of  
measures most likely to  
be effective. This tension  
limits what the Levy can  
reasonably expect to  
achieve with respect to  
prevention.

## The pragmatic response

There was widespread recognition that the current policy environment is not optimal for a fully realised public health prevention strategy. However, it was also recognised that there is an opportunity to start building towards this ambition, using the Levy to implement stronger, robust and independent systems and to start work in some priority actions areas whilst a more comprehensive and commonly-held Prevention Strategy was developed. The features of the systems proposed and the priority actions can be implemented now. In turn, they may generate impetus for political and policy change over the medium to longer term.



# Primary recommendations: Systems

## Ensure Independence

- Prevention strategy and its implementation needs to be designed and delivered by those with experience and competence in this area.
- Industry and those affiliated with industry should have no role in the development of the prevention strategy
- Prevention, policy and research needs to be insulated from industry influence.

## Integrate multi-sectoral approach

- Health and social care professionals, third sector, researchers and all tiers of government need to be active in an effective prevention system
- At local levels, Local Authorities have experience and competence for multi-sector working both within local government and working with local community partners
- There are examples of effective regional multi-sectoral partnerships; though recognitions that all LA do not operate at the same pace.

## Use existing governmental infrastructure

- There are existing governmental infrastructure and processes for the delivery of prevention activity in public health. Gambling should be integrated **within** these systems. This includes; local and regional activity organized through the Public Health grant (funds could give a ring-fenced supplement to the PH grant in priority geographical areas (see Smoking Cessation funds); or have opportunities for regional consortium bids drawing on models such as the Health Action Zones) and/or national activity led by organisations with competence for prevention delivery (i.e., DHSC/OHID, Public Health Wales, Public Health Scotland; recognizing that systems differ across Scotland and Wales to England) and partnership working with NIHR and other research councils to integrate research, prevention development and evaluation.
- Concerns that significant proportion of levy could be swallowed by costs of setting up new bureaucracy.

# Primary recommendations – Immediate Actions

## Training for frontline staff

- Mobilise large network of existing frontline health and social care and range of other professionals (i.e. criminal justice etc) who intersect with the public by training them to identify and intervene to prevent gambling harm.
- Engage independent third sector, local government and researchers to develop and/or scale existing gambling harm prevention training packages.
- Have national co-operation and oversight to ensure consistency of key messages

## Awareness raising

- Increase knowledge and understanding of gambling harms and how they are generated among the public through wide-ranging and co-ordinated awareness raising initiatives.
- This is a longterm route to more substantial change – build public support for legislative level prevention measures, increasing political will.

## Embed research

- A reflexive and dynamic relationship between prevention activity and research is needed, with fast feedback loop where evidence generated as prevention is implemented.
- Embed researchers ‘at the coal face’ to work with health and care professionals, treatment providers and service managers to rapidly develop evidence and practice that supports gambling harm prevention. Draw on existing models for doing this, such as the NIHR School of Public Health model

## Improve data infrastructure

- Better data and data infrastructure is needed to drive evidence-based prevention. This includes developing systems for monitoring and surveillance of gambling across a range of functions. Should look to examples for alcohol and drug reporting to emulate. Levy funding could start to develop this system.
- Access to industry data, without compromising independence, needs to be prioritised.
- Coroners should uniformly implement a mechanism for recording gambling involvement in suicides.

# Primary recommendations – Strategy

## Vision

- Prevention strategies work best when there is unity of vision and purpose.
- Vision needs to be clearly articulated and co-developed by a multi-sector, independent, community which is invested in gambling harm prevention.
- There needs to be common goal so that everyone involved in the system knows they are working towards.
- This strategy needs to be underpinned with clear understanding on how different activities contribute to strategy delivery with clear articulation of the short term, medium term and longer-term outcomes that mark progress towards success.
- Fora for developing this community are important e.g. through cross-sector knowledge exchange conferences

## Govn owned

- Government ownership of strategy by departments with competence for health, with co-ordinated working with devolved governments to achieve common ambitions

## Integrated provision

- Gambling prevention should be integrated across all relevant policies at local and national levels. Gambling should not be siloed but built into working practices of a wide range of professional specialists.
- A gambling harm prevention strategy needs to integrate horizontally – across sectors – and vertically – from national to local – with bi-directional flows of information and resource.
- Potential model: regional tobacco control managers who monitor locally but also have systems of national level data reporting.

## Wider determinants

- A gambling harms prevention strategy needs to be aligned with efforts to address wider determinants of health e.g. poverty, precarious employment, other forms of harmful consumption.





## Immaturity of existing system: what actions are needed now to build better systems and strategies going forward?

### Immediate actions

- Training of professionals on gambling harms
- Awareness campaigns for gambling harms and how industry works
- Local area action (equivalent to Health Action Zones or Scottish/Welsh equivalents) to start to build practice and knowledge
- Embedded researchers models to improve the quality and quantum of evidence and insight
- Invest in building community of civil society engagement
- Prioritise getting better data e.g. mandatory coroner reporting; greater access to and scrutiny of industry datasets

leading to

### Longer term ambitions

- Increase awareness among professionals which builds support and requirements for joined up data monitoring systems
- Increase public awareness generates impetus for policy action, where prevention is in parliament
- Evidence from local area action supports widespread roll out and embedding gambling prevention with resource dedicated to producing this
- Civil society organisations act as conduit for knowledge translation and focus for accountability (see models such as Action on Smoking and Health, Alcohol Health Alliance).
- Improved surveillance data builds case and evidence for greater action

part of strategy to:

# Concluding remarks

- Instituting effective prevention may require wholesale reframing of the way gambling is considered
- Needs systems-based approach, and recognition of taking action across the whole system; a multi-sectoral approach
- Regional and local-level co-ordinated action is possible and possible to make in-roads in the immediate term



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# North East Gambling Harms Programme

19<sup>th</sup> December 2024

# Gambling Harms in the North East



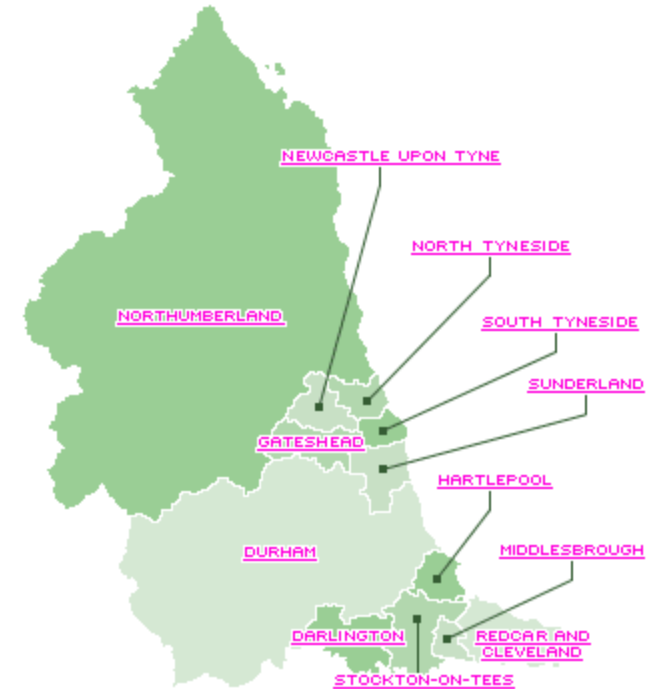
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In England it is estimated that **3.8%** of the population are classified as **gambling at elevated risks**.

In the North East, it is estimated that **4.9%** of the population (aged 16+) are **at-risk gamblers**, where they experience some level of negative consequences due to gambling.

This is the **highest regional estimated prevalence of at-risk gambling** in England.

(OHID, 2023)



# Gambling Related Harms



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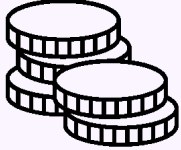
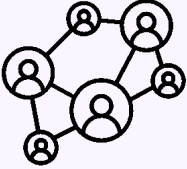
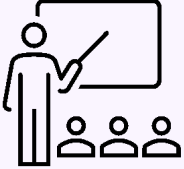

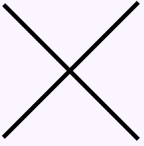
Gambling harms are any negative consequence or side effect experienced as a result of gambling.

(Greater Manchester Combined Authority, 2022)

Gambling related harms are not only felt by the person who gambles but also affected others such as family and friends.



# The scope of harms

					
<b>Mental Health and Wellbeing</b>	<b>Financial</b>	<b>Relationships</b>	<b>Education and employment</b>	<b>Cultural</b>	<b>Crime and anti-social behaviour</b>

For many, gambling related harms leave a legacy and may be experienced for many years after the event (Langham, et al., 2016).

# Context



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In 2022, ADPH NE were awarded £750,000 of funding from the Gambling Commission's Regulatory Settlements Fund.

The funding is hosted by Middlesbrough Council and has been used to develop and implement a 3-year regional gambling-related harms programme.

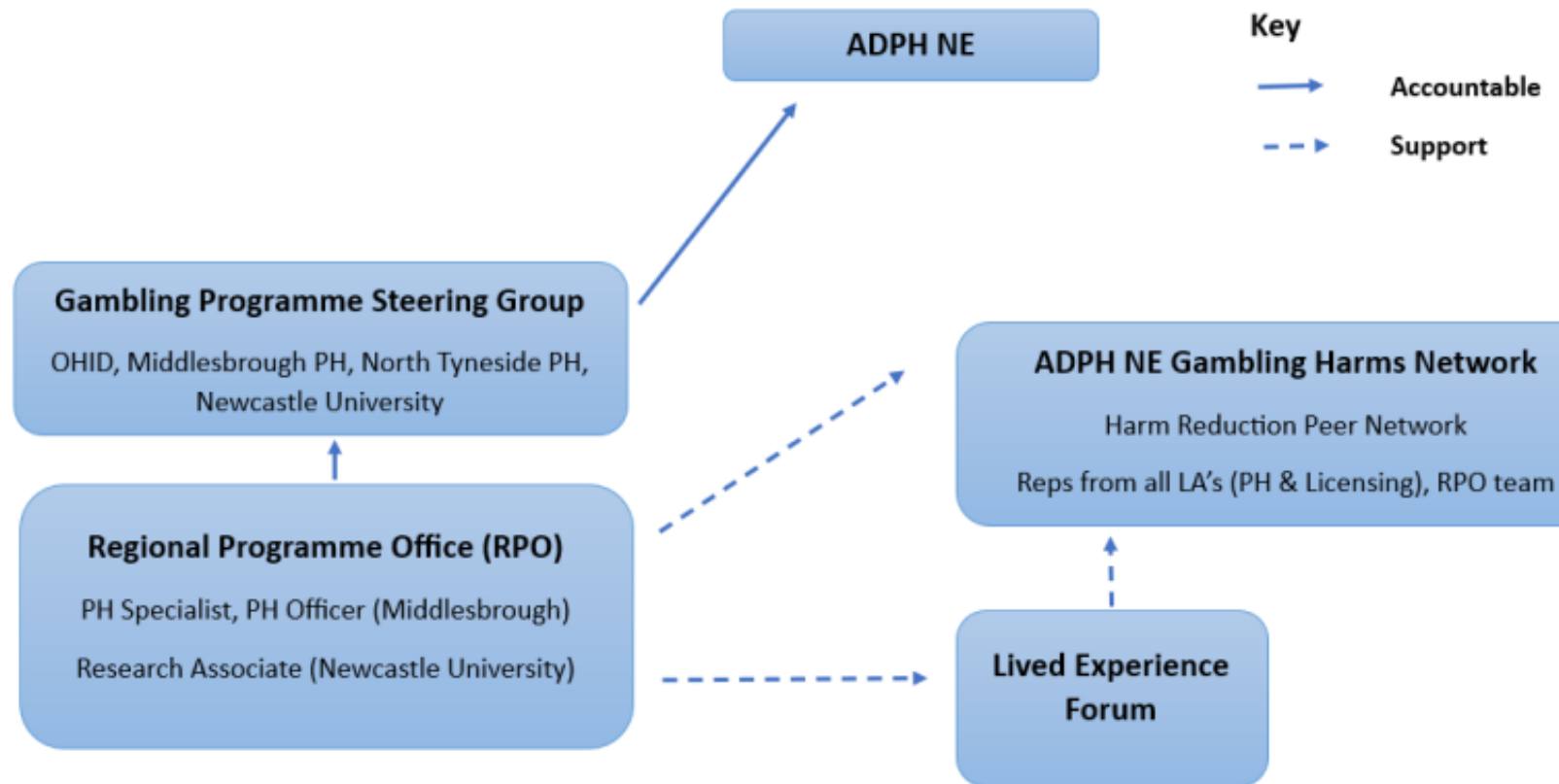
Over the last year, the 'Regional Office for Gambling Harms' has worked to provide strategic direction, leadership, support to local authorities and produce resources to support ADPH NE's approach to gambling related harms.

# Whole Systems Approach



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Stakeholders include:

- Public Health Colleagues
- Academia
- University wellbeing services
- Planning and Licensing Colleagues
- Financial inclusion Colleagues
- VCSE Organisations
- Treatment and support providers in the NE
- MECC NE



# Embedding a Whole Systems Approach



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## **Establishing the regional ADPH NE gambling harms network**

- One Local Authority Gambling Harms Lead from each of the 12 L.A's
- Meet on a quarterly basis virtually
- Network has become a peer support space for collaboration and sharing ideas

## **Establishing a Lived Experience Forum**

- People from across the NE who have direct experience of gambling harms or are an affected other and would like to help shape the public health approach that we are working to embed across the North East
- Meet quarterly on a virtual basis and members of this forum are involved in other project groups too
- Forum has become a place for new ideas and feedback on resources and pilots to be shared

# Embedding a Whole Systems Approach



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## **Local steering groups being established**

- Made up of multiple L.A departments and wider stakeholders, who meet quarterly
- Work together to create an action plan that can be achieved collaboratively

## **Project groups established for developing resources, piloting prevention and intervention work**

- Working with those with lived experience of gambling harms, treatment and support providers locally, to ensure our outputs are as impactful as possible

**Working together in a whole systems approach has really helped drive forward progress and will hopefully secure long-lasting impact beyond the Programme.**

# The North East Approach



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Support and  
Partnerships

Advocacy

Media,  
communications  
and education

Treatment

Data, research  
and evaluation

Licensing

Protecting Young  
People

Lived Experience

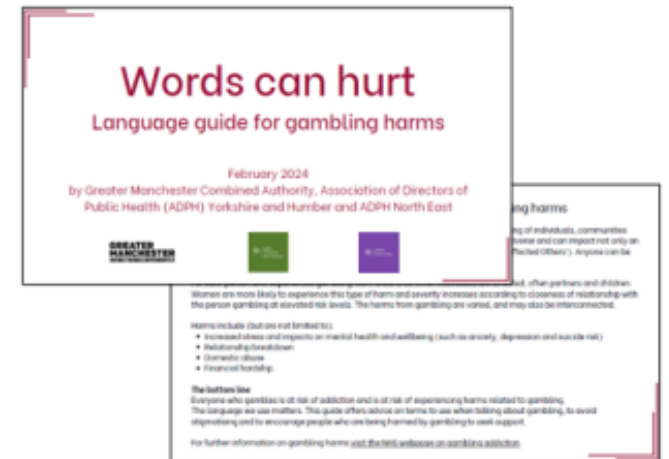
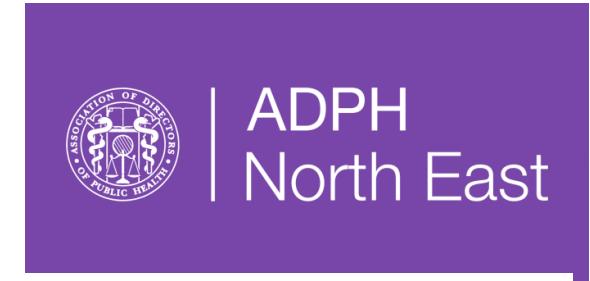
# Progress

## Support and Partnerships

- Work to respond to support requests from LA partners and build relationships with wider stakeholders, such as charitable organisations, the NHS Gambling Clinics and Community Treatment providers in NE.
- Publication of [How to Guide](#) resources for support and training on GH in LA.
- Providing public health expertise to local steering groups.
- Supporting local CPH activities such as needs assessments and

## Advocacy

- Facilitated the NE's response to 4 DCMS & Gambling Commission consultations, with many LA responses.
- Co-facilitated '[Words Can Hurt](#)' webinar promoting the use of person-centred language in gambling harms
- Participated in focus groups for University projects ([PRoGRAM-A](#), [Words Matter](#)) and DCMS focus groups.

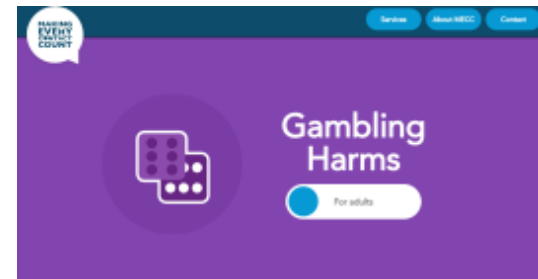


# Progress



## Media, Communications and Education

- Provided expertise in reviewing the [MECC Gambling Harms](#) page
- Publication of bi-monthly Programme [newsletter](#), showcasing local pieces of work, signposting to local treatment support and promoting CPD Opportunities.



## Treatment

- Facilitated NE engagement with the OHID national treatment needs assessment.
- Promotion of all regional treatment providers through newsletter and MECC website.
- Development of MECC Gambling Harms module to share understanding of how to have a conversation about gambling harms.



# Progress



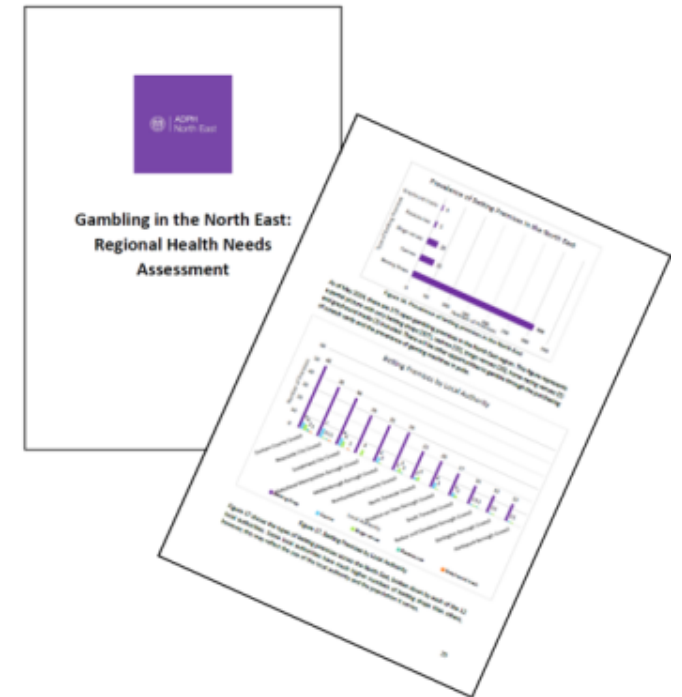
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## Data, Research and Evaluation

- Successful development of a research arm to regional programme.
- Regional Gambling HNA published
- Research projects beginning - 'Drug and Alcohol worker's experiences with patients experiencing gambling harms'

## Licensing

- Advocated for the inclusion of public health licensing objective in the national consultation response.
- Support LA requests with updating their statement of licensing policy.



# Progress



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## Protecting Young People

- Advocated for the greatest protections to be granted to young people (25 and under) in gambling settings via consultations.
- Engaged with colleagues internationally regarding youth education / prevention programmes.
- Developing Quality Assessing Training resource.

## Lived Experience

- Lived Experience Forum has been established with representation from across the NE.
- L.E.F designed to be accessible by local leads to support place-based work.
- The L.E.F have contributed towards the Regional Health Needs Assessment and continue to contribute to regional pieces of work, such as MECC module.

How to Quality Assess Gambling Harms Training and Content

Gambling harms are the negative impacts from gambling on the health and wellbeing of individuals, families, communities and society. The purpose of this tool is to help you quality assess gambling harms training and content that may be taking place within your local authority. This may be in the form of a standalone module or as part of an existing course for example. The factors to think about and questions to ask yourself are listed below to help you to make a quality assessment. Health based judgement on whether training programmes or resources should be endorsed within your local authority.

Factors to think about	Explanation	Questions to ask yourself	How to check this
Is the training relevant to your local authority?	Does the training address the specific harms and needs of your local authority? Consider an additional, or the specific training, that is relevant to your local authority. For example, the training should address the needs of young people, or those with mental health issues, or those with a history of gambling.	Does the training address the specific harms and needs of your local authority? Consider an additional, or the specific training, that is relevant to your local authority. For example, the training should address the needs of young people, or those with mental health issues, or those with a history of gambling.	Check the training content against the specific harms and needs of your local authority. Consider the needs of young people, or those with mental health issues, or those with a history of gambling.
Is the training evidence based?	Does the training content include evidence based information? Consider the quality of the evidence used in the training. Is it up to date? Is it from a reputable source? Is it peer reviewed? Is it based on the latest research?	Does the training content include evidence based information? Consider the quality of the evidence used in the training. Is it up to date? Is it from a reputable source? Is it peer reviewed? Is it based on the latest research?	Check the training content against the latest research and evidence based information. Consider the quality of the evidence used in the training. Is it up to date? Is it from a reputable source? Is it peer reviewed? Is it based on the latest research?
Is the training accessible?	Does the training content include information on how to access the training? Consider the format of the training. Is it available online? Is it available in multiple languages? Is it available in multiple formats? Is it available in multiple locations?	Does the training content include information on how to access the training? Consider the format of the training. Is it available online? Is it available in multiple languages? Is it available in multiple formats? Is it available in multiple locations?	Check the training content against the needs of your local authority. Consider the format of the training. Is it available online? Is it available in multiple languages? Is it available in multiple formats? Is it available in multiple locations?



# First steps you could take in your local authority



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- Conduct a health needs assessment
- Collaborate with colleagues across your local authority and ask some baselining questions
- Update your website to signpost clearly to gambling harms support services
- Create a steering group for gambling harms in your local authority
- Build your Action Plan
- Engage with those with lived experience of gambling harms
- Potentially look to form a regional network with other local authorities



# Local Authority How to Guide



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## Reducing Gambling Harms in your Local Authority

Here are some recommendations of how to begin or continue working to reduce gambling harms in your local authority.

### Begin your Health Needs Assessment on Gambling Harms

Understanding the extent of gambling harms in your local authority will help to inform the interventions and prevention work that needs to take place. The first step to take is to conduct a health needs assessment for gambling harm. Data can help to illustrate the levels of harm and the need for intervention within your local authority. There are various data collection opportunities that you can think about. Consider engaging with the local community treatment provider and NHS provider for treatment data by postcode.

Access the Local Authority How to Guide [here](#)

- Covers some tips on how to begin working on this agenda in a Local Authority setting.
- Tips on gathering data and intelligence on gambling harms
- Departments within L.A's that you could collaborate with
- Guidance on updating your website and support pathway information
- Building an action plan and forming a steering group locally

Globally, there are some great examples of best practice in relation to tackling gambling harms from a local authority perspective. You can find some examples in our [Academic Evidence: Gambling Related Harms slide deck](#).



# Potential Quick Wins

- 1. Seek to update websites and documents to non-stigmatising language, removing 'problem gambling'
- 2. Engage with local treatment providers and the NHS to look at direct referral pathways that you could embed internally
- 3. Host a 'lunch and learn' within your local authority to provide some basic knowledge of gambling harms
- 4. Engage with resources that have been developed in other areas to kick-start progress
- 5. Update your MECC website or equivalent with support and treatment services available in your L.A
- 6. Ensure gambling harms are mentioned in your Statement of Licensing Policy when this is next updated

# Upcoming work in the North East



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MECC Gambling  
Harms Training  
module

Development of two  
short films on how to  
have a conversation  
about G.H

Testing and  
embedding a  
screening question  
into services

Finalising a regional  
gambling harms  
survey

Esports, Gambling  
and Gaming Toolkit  
for parents and  
teachers

Potential North East  
communications  
campaign



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# Thank you for listening, any questions?

If you would like to contact me with further questions:  
[alice\\_beadle@middlesbrough.gov.uk](mailto:alice_beadle@middlesbrough.gov.uk)



# Working Together to Address Gambling Harms

**Matt Smith**, Director of External Affairs at Betknowmore UK and Expert by Experience

**Southampton Gambling Harms Inquiry**  
19th December 2024

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Appendix 4

Agenda Item 7

## What we want to achieve

Betknowmore UK has an ambitious strategy for sustainable growth, achieved through evolving strategic planning and learning, diversity of income streams and strong partnerships with organisations with shared values.

## Our Vision

We want people to be empowered, to live the life they want to lead.

## Our Mission

We aim to achieve our Vision by making it our Mission to:

**‘Provide support and training services that prevent and address personal and societal harms caused by gambling.’**



We believe in **providing support** to empower and build hope



We believe in recognising & understanding **diverse & under-represented communities**



We believe in creating connections through **lived experience**



We believe in carrying out our activities with **honesty and integrity**

## Our Services

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Our Peer Aid service ensures individuals harmed by gambling receive support from trained Peer Supporters, who themselves have fully recovered from gambling harms and addiction.



New Beginnings is a peer support service for women directly harmed by gambling and affected others, offering support in one-to-one and group environments.



Our Gambling Outreach and Living Support (GOALS) service, works within local communities to enhance resilience to gambling harms.

## Gambling harms impact on a wide range of local priorities:



### Licensing

Licensing issues and enforcement costs linked to gambling harms and social responsibility failures



### Community Safety

Domestic violence, criminal activity and crime committed at gambling premises



### Public Health

Alcohol and substance misuse, poor mental and physical health



### Housing

Debt from gambling harms, rent arrears, homelessness



### Children's Services

Family breakdown, impact on education, safeguarding concerns, domestic violence



### Adult Social Services

Unemployment, isolation, suicidal ideation, domestic violence



## The Issue

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Training and consultancy	Screening and assessment	Support and treatment	Organisational support
Lack of awareness and understanding of gambling harms and their impact	Lack of data and localised screening creating a 'gap' in stakeholder knowledge	Residents experiencing gambling harms impacting their mental, physical and emotional wellbeing	Employers unable to facilitate workplace that manages risk from gambling
Gambling impacting multiple areas including in-person, online and emerging digital communities	Gambling remains a 'hidden' fiscal harm impacting multiple complex issues that may seem unrelated	Residents and stakeholders are not accessing support and treatment for their specific gambling harms	Limited internal policies and processes leading to lack of workplace welfare and safeguarding support

## The Solutions

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Training and consultancy	Screening and assessment	Support and treatment	Organisational support
Bespoke training and consultancy quality assured by City & Guilds	Screening tool questions co-produced by academics and local authority	Bespoke support services such as drop-ins, community outreach and single sex interventions	Strategic planning days to inform integration into public health and social care
Informed by 'lived experience' and sector leading experts	Residents onboarded to support and treatment pathway as quickly as possible	Brief intervention resources and awareness packs for all residents and stakeholders	Quality assured training and workplace resources for all employers and employees

## GOALS

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Hub Sessions

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Brief Interventions

Betknowmore UK delivered a WorkSafe session to Islington staff members from across departments to better equip them in having conversations around gambling harms and awareness around the topic.

# Access Islington Hubs



- Based on learning from **We Are Islington** – our **early intervention and prevention service** developed to provide **wrap around support and services** to some of our most vulnerable residents during the pandemic.
- In July 2023, we launched our **Central Hub at 222 Upper Street**, followed by our **South Hub in Finsbury Library**.
- We have fostered strong **connections** with **multiple services**, enabling **effective referrals** and **community relationship-building**.
- Our Northern Hub **launched** on 18 September 2024.

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Working with colleagues across the Council and our **health and voluntary and community partners** to provide comprehensive support for challenges including **employment**, **financial** issues, **food** security, **housing**, **family** matters, **wellbeing**, and **community** safety.



**ISLINGTON**  
For a more equal future

A **valued community resource** where local people can **access early intervention** and **prevention services** that **support** their needs.

- We cannot do this alone and work closely with VCS partners to enable residents to access support.
- Estimated 10k residents struggling with gambling harm in total population of 230k.
- It's a 'hidden' addiction.
- We were missing support – we have support for drug and alcohol addiction.
- Betknowmore UK team work alongside our own team in Central and will be in North from November.

## Early Intervention and Prevention Support

Implement and enhance early intervention and prevention support programs to address community needs proactively.

## Partnership Working with VCS, and Health

Foster strong partnerships with Voluntary and Community Sector (VCS) networks and Health Partners.

## Main Front Door for Council / Community Support

Position the service as the primary entry point for accessing council and community support services.

## Evidence-Based Outcome-Led Support approaches

Enhance the capability to deliver practical and outcome-led support through evidence-based approaches.

## Our Demand

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- Connection sessions are in-depth conversations – talking to residents about their struggles and challenges.
- Key issues are unsurprisingly money and wellbeing – two of the four main issues associated with gambling harm.
- Both teams cross refer – making introductions both formally and informally.
- Betknowmore UK have a regular presence – residents can have an informal chat.

## The Impact

Training and consultancy	Screening and assessment	Support and treatment	Organisational support
Awareness of issues and have clear understanding of their impact	Collation of evidence and harm indicators	Improved health and wellbeing of residents	Clear pathways to support for residents and staff
Acquire tools and knowledge to address gambling harms	True fiscal cost of hidden harms emerge	Reduction in associated co-morbid issues	Robust risk management and accountability

- Support the drafting of local needs assessments
- Work with your local NGSN provider
- A system that can provide rapid support and treatment
- Experience of providing wrap around support

## **Matt Smith**

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