

DECISION-MAKER:	REDUCING GAMBLING-RELATED HARMS IN SOUTHAMPTON - SCRUTINY INQUIRY PANEL
SUBJECT:	SECONDARY PREVENTION
DATE OF DECISION:	13 FEBRUARY 2025
REPORT OF:	SCRUTINY MANAGER

<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
In accordance with the Inquiry Plan, at the fourth meeting of the inquiry the Panel will be considering the importance of early identification of those who have recently started to engage in at-risk gambling behaviour to prevent escalation of (and ideally reduce) any early-stage gambling-related harms.
The focus will be on:
<ul style="list-style-type: none"> Identifying and supporting those experiencing gambling-related harms Improved data collection

RECOMMENDATIONS:
(i) The Panel is recommended to consider the comments made by the invited guests and use the information provided as evidence in the review.

REASONS FOR REPORT RECOMMENDATIONS
1. To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the review process.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED
2. None

DETAIL (Including consultation carried out)
3. At the 16 January 2025 meeting of the inquiry the Panel were informed of the contribution licensing and planning teams could have on reducing harmful gambling in Southampton. However, as it has been outlined at previous meetings of the inquiry, many council and wider public and voluntary sector services will be

	<p>coming into contact with people experiencing or impacted by harmful gambling, these include:</p> <ul style="list-style-type: none"> • Homelessness services, given the high prevalence of gambling harms among the homeless population. • Wider housing services, given that gambling harms can be a contributory factor in rent arrears. • Financial inclusion services, including Citizen’s Advice, given that harmful gambling can be a contributory factor in financial problems. • Children’s services and adult social care, where harmful gambling may be a contributory factor to family breakdown or domestic abuse. • Criminal justice services, reflecting the link between gambling and crime. • Drug and alcohol treatment services, given high rates of co-morbidity between these addictions and gambling harms. • NHS services, due to the relationship between harmful gambling and mental and physical health. 								
4.	<p>There are steps that councils and partner organisations can take to help identify residents experiencing gambling-related harms, and affected others, and assist and encourage them to access the support that is available.</p>								
5.	<p>The joint LGA and Public Health England publication – ‘Tackling Gambling Related Harm: A whole council approach’ published in 2018, indicates that council’s should:</p> <ul style="list-style-type: none"> • Ensure that frontline staff are provided with training on harmful gambling so they recognise potential cases. • Help local residents access support by signposting to gambling support services. • Seek to work with local partners and build links with support organisations to help develop specific local referral pathways and ensure these can be accessed from across the full range of local services. • Capture data about it, to help understand the extent of harmful gambling, impacts and costs associated with it. 								
6.	<p>This was reinforced by Professor Heather Wardle who, during her presentation to the Panel in December 2024, recommended the following actions be taken at a local level whilst a more comprehensive and commonly-held Prevention Strategy was developed:</p> <div style="display: flex; align-items: flex-start;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); background-color: #0056b3; color: white; padding: 5px; font-weight: bold; margin-right: 10px;">Immediate actions</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #0056b3; color: white; padding: 10px; text-align: center; font-weight: bold;">Training for frontline staff</td> <td style="padding: 10px;"> <ul style="list-style-type: none"> • 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 </td> </tr> <tr> <td style="background-color: #0056b3; color: white; padding: 10px; text-align: center; font-weight: bold;">Awareness raising</td> <td style="padding: 10px;"> <ul style="list-style-type: none"> • 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. </td> </tr> <tr> <td style="background-color: #0056b3; color: white; padding: 10px; text-align: center; font-weight: bold;">Embed research</td> <td style="padding: 10px;"> <ul style="list-style-type: none"> • 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 </td> </tr> <tr> <td style="background-color: #0056b3; color: white; padding: 10px; text-align: center; font-weight: bold;">Improve data infrastructure</td> <td style="padding: 10px;"> <ul style="list-style-type: none"> • 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. 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Practice presented to the Inquiry Panel	
7.	At earlier meetings of the inquiry the Panel have also been provided with examples of local areas that are implementing the actions recommended above to Identify and support those experiencing gambling-related harms and to improve data collection.
	London Borough of Haringey
8	<p>Marlene D'Aguiar, Health in All Policies Strategic Lead at Haringey Council, outlined the bespoke training that had been provided on gambling harms to organisations across the London Borough.</p> <ul style="list-style-type: none"> • The Council Leader and Lead Members were the first to be trained followed by the Councillors • 244 Staff trained across Haringey Council, GP Federation, wider primary care teams and voluntary and community sectors. There is a rolling programme of training delivered by GamCare and supported by the Council's Learning & Development team.
9.	<p>Marlene's presentation included post-training feedback provided:</p> <ul style="list-style-type: none"> ❖ <i>If families are struggling with paying bills, meeting basic needs, I understand that maybe gambling the issue and I can ask and make a referral.</i> ❖ <i>... helpful while working with the young children to understand if the problems are connected with gambling.</i> ❖ <i>will inform Young People of the dangers with gambling and signpost to available support.</i>
10.	30% of the estimated £100m funding to be received from the statutory levy on gambling operators that was announced in November 2024 will go towards investment in prevention, which could include measures such as national public health campaigns and training for frontline staff. ¹
	Chapter One
11.	Ellie Caddick, Senior Communications and Engagement Manager at Greater Manchester Combined Authority (GMCA), introduced the Panel to Chapter One, the partnership between GMCA and Gambling with Lives to pilot an integrated treatment and support pathway in Greater Manchester.
12.	Chapter One offers free training to professionals, in person or online to provide them with the tools and information they need to provide the right support to people experiencing gambling-related harms. GMCA have also created an employee support policy which helps workplaces to embed best practice for gambling harms to support their colleagues.
	Islington – Betknowmore UK
13.	Betknowmore UK delivered a WorkSafe session to Islington Council staff members from across departments to better equip them in having conversations around gambling harms and awareness around the topic.

¹ [Statutory levy and online slot stake limits to be introduced to tackle gambling harm - GOV.UK](#)

14.	Betknowmore have been holding sessions at Access Islington Hubs. These centres offer local people the opportunity to access early intervention and prevention services that support their needs.												
15.	At the time of the December 2024 presentation to the Inquiry Panel, Betknowmore UK had held 18 Hub sessions and facilitated 348 brief interventions. Betknowmore UK is now widening its engagement with Islington Council services in addition to attending Hub sessions.												
16.	<p>Betknowmore UK identified the impact the work with Islington has had so far:</p> <p>The Impact</p> <table border="1" data-bbox="287 604 1412 1227"> <thead> <tr> <th data-bbox="287 604 566 694">Training and consultancy</th> <th data-bbox="571 604 850 694">Screening and assessment</th> <th data-bbox="855 604 1134 694">Support and treatment</th> <th data-bbox="1139 604 1412 694">Organisational support</th> </tr> </thead> <tbody> <tr> <td data-bbox="287 701 566 963">Awareness of issues and have clear understanding of their impact</td> <td data-bbox="571 701 850 963">Collation of evidence and harm indicators</td> <td data-bbox="855 701 1134 963">Improved health and wellbeing of residents</td> <td data-bbox="1139 701 1412 963">Clear pathways to support for residents and staff</td> </tr> <tr> <td data-bbox="287 969 566 1227">Acquire tools and knowledge to address gambling harms</td> <td data-bbox="571 969 850 1227">True fiscal cost of hidden harms emerge</td> <td data-bbox="855 969 1134 1227">Reduction in associated co-morbid issues</td> <td data-bbox="1139 969 1412 1227">Robust risk management and accountability</td> </tr> </tbody> </table>	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
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Sector Specific Support													
Criminal justice system													
17.	In 2018 GamCare and Beacon Counselling Trust undertook a pilot with the criminal justice system in Cheshire in which 250 individuals across the wider criminal justice system were trained to use the Lie/Bet screening tool. 760 individual screenings subsequently took place, with 99 positive results recorded; 29 of these people chose to receive an intervention from problem gambling treatment services.												
18.	As part of the pilot, Cheshire police began to screen people for gambling issues at the point of arrest. The police force already screen people for drug or alcohol issues and when questions about gambling were added, 13 per cent of those arrested confirmed that they had a gambling issue –thirteen times higher than the national average - Gambling Related Harms Screening & Diversion Pathway Centre for Justice Innovation .												
Adult Social Care													
19.	King’s College London have produced a guide and study on the questions local authorities should ask surrounding gambling in adult social care settings and have been providing free training for Adult Social Care Staff. Developing a question to identify gambling harms to individuals or affected others and piloting it in three local authorities King's College London												

	NICE Guidelines - Healthcare professionals and social care practitioners in all settings, including the criminal justice system
20.	Southampton's Gambling Harms Needs Assessment references the NICE (National Institute for Health and Care Excellence) draft guidance on identifying, assessing and managing harmful gambling. On 28 th January 2025 NICE published the final guidelines - Gambling-related harms: identification, assessment and management .
21.	The guideline covers identifying, assessing and treating gambling-related harms. This includes people aged 18 and over who are experiencing gambling that harms, and people of any age affected by someone close to them who is experiencing gambling that harms.
22.	The NICE guidelines have been produced for: <ul style="list-style-type: none"> • Commissioners and providers of gambling treatment and gambling support services • Healthcare professionals and social care practitioners in all settings, including the criminal justice system • People who experience gambling-related harms or who use gambling treatment and gambling support services, their families and affected others.
23.	The guidelines on 'Case identification, initial support, referral and assessment' (1.1) are particularly relevant to identifying and supporting those experiencing gambling-related harms. The remaining guidelines will be pertinent to the 6 March meeting of the Panel.
	Identifying and supporting those experiencing gambling-related harms in Southampton
24.	The Scrutiny Manager contacted various service leads at Southampton City Council and the Safe City Partnership Manager to help ascertain if frontline services in Southampton, including Children's Social Care, Adult Social Care, Housing, Homelessness and Welfare Rights: <ul style="list-style-type: none"> • Undertake screening to help identify those experiencing gambling-related harms and affected others • Provide training to staff on gambling harms • Collect gambling harms data • Signpost to support services. The responses provided will be presented at the meeting.
	Invited guests
25.	To discuss approaches that could be utilised to help identify and support those experiencing gambling-related harms, and to improve data collection, the following guests have been invited to the fourth meeting of the inquiry: <ul style="list-style-type: none"> • Simone Arratoonian – Health and Wellbeing Programme Manager, North East and Yorkshire Region at the Office for Health Improvement and Disparities (OHID), Department of Health and Social Care In September 2021, a 3-year programme to prevent and reduce gambling-related harm in the Yorkshire and Humber region commenced following a

	<p>successful bid for funding to the Gambling Commission². This programme of focused and evaluated activity is led by Yorkshire & Humber OHID on behalf of the Yorkshire & Humber Association of Directors of Public Health (Y&H ADPH). Simone is the Programme Manager of the programme to prevent and reduce gambling related harms in the region.</p> <p>Simone has been invited to inform the Panel about Yorkshire & Humber's:</p> <ul style="list-style-type: none"> ○ Updated Public Health Framework for Preventing and Reducing Gambling Harms ○ Approach to Make Every Contact Count ○ Efforts to raise awareness of signs/symptoms of harmful gambling ○ Efforts to raise awareness of gambling support ○ Promoting workplace initiatives ○ Approach to improving data collection and analysis of harmful gambling. <ul style="list-style-type: none"> ● Dr Halima Sacranie & Professor Andy Lymer – Dr Sacranie is Director of Housing Research at the Centre for the New Midlands and Prof Lymer is Professor of Taxation and Personal Finance and Director of the Centre for Personal Financial Wellbeing at Aston University. <p>Dr Sacranie and Prof Lymer will be outlining the Centre for Personal Financial Wellbeing project with Birmingham City Council to understand the links between gambling harm and tenancy insecurity and the development of intervention strategies to prevent tenancy loss as a result.</p> <ul style="list-style-type: none"> ● Kirsty Rowlinson & Teresa Hadwick – Chief Officer, Citizens Advice Southampton and Accredited Debt Caseworker <p>Citizens Advice is a key point of contact for Southampton residents seeking advice, particularly regarding debt. Kirsty and Teresa have been invited to inform the Panel about the extent to which harmful gambling is raised as an issue with Citizens Advice and the support provided by Citizens Advice to identify and signpost those experiencing gambling-related harms.</p> <ul style="list-style-type: none"> ● Maria Byrne and Jonathan Maunder – Maria is the Service Lead for Housing Needs and Welfare Support and Jonathan is the Senior Homeless Prevention Officer who manages the Welfare Rights Service at the City Council. <p>Maria and Jonathan will provide a very brief overview of the work undertaken by the Housing Needs and Welfare Rights Service to identify and support those experience gambling-related harms.</p>
26.	<p>The invited guests will take questions from the Panel relating to the evidence provided. Subject to agreement from the presenters, copies of any presentations will be made available to the Panel and will be published on the Inquiry Panel's pages on the Council website: Browse meetings - Scrutiny Inquiry Panel - Reducing Gambling-Related Harms in Southampton Southampton City Council</p>

² ADPH Yorkshire and Humber have received funding in the form of a regulatory settlement from a UK gambling operator to support this programme of work. Regulatory settlement funds are payment in lieu of a financial penalty the Gambling Commission might otherwise impose for breach of a licence condition. The project remit was approved by the Gambling Commission with no involvement of the UK gambling operator. There has been no industry involvement in any part of this research or the related programme.

RESOURCE IMPLICATIONS	
<u>Capital/Revenue/Property/Other</u>	
27.	Resources to support the scrutiny review will come from existing budgets.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
28.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
29.	None
RISK MANAGEMENT IMPLICATIONS	
30.	None
POLICY FRAMEWORK IMPLICATIONS	
31.	None
KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	None
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential
1.	Gambling Related Harms in Southampton Needs Assessment - Gambling-related harms - https://data.southampton.gov.uk/health/health-behaviours/gambling-related-harms/
2.	' Tackling Gambling Related Harm: A whole council approach ' – LGA / Public Health England
3.	NICE Guidelines - Gambling-related harms: identification, assessment and management