

GAMBLING- RELATED HARMS IN SUNDERLAND

PREPARED FOR

**Sunderland
City Council**

EXECUTIVE SUMMARY



Gambling is a sensitive social issue. This report is to help Sunderland City Council understand the impacts of gambling experienced in Sunderland and how future policy, support and communications can address these harms.

Sunderland City Council (SCC) commissioned Urban Foresight to conduct in-depth research into gambling-related harms and associated stigma.

This report is based on a combination of desk research, focus groups and interviews. 62 participants took part, including people with lived experience of gambling, people close to them (affected others), and organisations ranging from support services to gambling operators.

Existing evidence on gambling at a national level shows:

- ‘Gambling-related harm’ means the negative impacts from gambling on the health and wellbeing of individuals, families, and communities.
 - There is a spectrum of gambling behaviour, from social gambling, through to harmful gambling.
 - There are a range of gambling risk factors, including physical and mental health, deprivation, and age.
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This report shows that Sunderland has many aspects of gambling in common with national evidence, but with some additional nuances:

- Risk factors in Sunderland include access to money – such as taxi drivers having access to cash or students having new loans – peer pressure and using gambling as a coping mechanism.

- Harms in Sunderland include financial harms, mental health impacts, and effects on relationships. People experience significant internal stigma as a result of gambling.

- Gambling support services are well-regarded in Sunderland. There are many committed local organisations. However, there is low awareness among their potential users, and within other public services such as healthcare.

- There is mistrust of some national organisations, and a sense that national policy also needs to support efforts in Sunderland to address harms.

Five user personas of gamblers in Sunderland were developed. These can be used as a template of typical audiences for future policy, support services and communications.

12 recommendations were developed on the basis of this research. 'Must do' recommendations are:

- For SCC to improve access to available support services through better signposting
 - Better connect organisations working on gambling harm to support services to work more efficiently
 - Add gambling to the agenda in health and social care spaces to raise awareness of gambling-related harms
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INTRODUCTION

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INTRODUCTION

Sunderland City Council commissioned Urban Foresight to conduct in-depth research into gambling-related harms and associated stigma. This report summarises the findings of this research and proposes a set of recommendations.

Project aims

Sunderland City Council conducted a Health Needs Assessment in 2023 to gain an understanding of people's experiences of gambling-related harms and stigma in the city¹. The Council then commissioned Urban Foresight to build upon this work and expand knowledge of these issues, using an in-depth desk-based review and thorough stakeholder engagement.

The project had four aims:

- 1/ Developing a better understanding as to the extent of gambling-related harm in Sunderland, including prevalence and the impact on affected others
- 2/ Increasing the understanding of stigma relating to gambling-related harm
- 3/ Identifying further local needs and gaps to enable effective targeting of future funding allocations
- 4/ Contributing to the evidence base to inform future commissioning decisions

In addressing these aims, an insights report was developed with initial recommendations, based on identified local needs/gaps.

The findings of the insights report were sense checked during a stakeholder workshop involving representatives from Sunderland City Council, the North East Council on Addictions (NECA) and regional representatives of the Office for Health Improvement and Disparities (OHID). This report represents the outcomes and recommendations discussed during this workshop and finalised shortly thereafter.

¹ Sunderland City Council (2023) [Gambling related harms in Sunderland: Health needs assessment](#)

Policy context

At a national level, the UK Government has implemented several measures to strengthen gambling regulations. For example, as of 2019, online gambling platforms were required to verify customer age before allowing funds to be deposited, building upon 2018 regulations requiring identity verification.

Recent steps have also been taken to regulate the most popular and accepted form of gambling, with the National Lottery's minimum age for entry raised to 18 in 2021. Other steps to further regulate gambling behaviours include the ban of credit cards for gambling purposes by the Gambling Commission in 2020.

In 2023, the UK Government published a white paper titled 'High Stakes: Gambling reform for the digital age'², to address the challenges around outdated national policy related to gambling. The paper outlines plans to reform gambling regulations through a review of the Gambling Act of 2005, with a focus on increased restrictions for online, instant access forms of gambling.

Following these reviews, the messaging around gambling risks has become clearer and steps have been taken to protect those who are most vulnerable, including consultation on a statutory gambling operator levy to fund treatment services and research³.

There is, however, some criticism over delays to reform gambling legislation, with campaigners calling for faster action to restrict advertising and sponsorship, introduce tougher affordability checks and for more resources to tackle gambling-related harms⁴.

All of this sits in a context of increasing public awareness: research from GambleAware⁵ shows widespread public support for increased gambling regulation and a need for further public participation in consultations^{6,7}.

² UK Government (2023) [High stakes: gambling reform for the digital age](#)

³ GamCare (2023) [Explainer: The Statutory Levy](#)

⁴ The Guardian (2023) [Gambling addicts will die because of delay to reforms, government warned](#)

⁵ GambleAware is an independent charity funded by voluntary donations from the gambling industry

⁶ iGB (2024) [GambleAware research suggests support for affordability checks](#)

⁷ Gamblin Commission (2024) [Consultations](#)

Improving the lives of those experiencing gambling-related harms and stigma

Perceptions of gambling have undergone a significant transformation, shifting from historical associations with criminality or anti-social behaviour to recognition as a substantial public health concern. This change is rooted in an enhanced understanding of the effects of gambling on both individuals and society⁸.

This evolving viewpoint positions gambling as a health-related issue, advocating for an approach centred on prevention, early intervention and treatment to effectively mitigate associated harms and establish support for affected individuals⁹.

The NHS Long Term Plan, published in 2019¹⁰, for example, pledged to expand the number of regional gambling services and clinics. The first national clinic opened in 2008. 15 regional services are now open – a doubling of the total since the start of 2023¹¹.

Despite national level policy, there are clear gaps in local and regional level prevention and support for those experiencing gambling-related harms. Sunderland City Council can fill this gap locally, building on national level momentum and support to develop more targeted local gambling interventions.

⁸ UK Parliament (2021) [Public Health England: Gambling-related harms review](#)

⁹ UK Government (2021) [Landmark report reveals harms associated with gambling estimated to cost society at least £1.27 billion a year](#)

¹⁰ NHS (2019) [The NHS Long Term Plan](#)

¹¹ NHE (2024) [Landmark NHS gambling clinic opens](#)

METHODOLOGY

METHODOLOGY



Image: Erik Mclean / Unsplash

METHODOLOGY

This report is based on a mixed-methods approach. Desk-based research and stakeholder engagement with qualitative and quantitative evidence were used to develop an in-depth understanding of the impacts of gambling-related harms and stigma in Sunderland.

Reviews of secondary data

A comprehensive review of various desk-based resources was conducted. This included an in-depth review of existing gambling research, policy documents, best practice reviews of other local approaches, as well as secondary data concerning Sunderland's demographics and national gambling statistics.

This approach also included a digital ethnography to gain insights shared online by people with lived experience, affected others and treatment providers. This included a review of platforms such as Facebook, Reddit, LinkedIn and Instagram. Information from the review of posts and comments was incorporated into the findings of this report.

The review of secondary data provided a deep understanding of the existing data and identified gaps in the literature, which informed the engagement approach and questions used in the project.

Collection of primary data from stakeholders

A multi-method approach was used to ensure a range of stakeholders were engaged. Methods used include interviews, surveys, focus groups, community engagement and a series of workshops.

A total of nine groups were engaged through these methods, with 62 participants involved in the research including:

- **People with lived experience of gambling** – interviews and surveys were used to engage three individuals with lived-experience of gambling and gambling-related harms in Sunderland.
- **Affected others** – through focus groups, interviews and surveys a total of 18 affected others shared how they are impacted by the gambling of a person close to them.

- **Gambling support providers** – four individuals with decades of experience providing specialist addiction support participated in this study through interviews and workshops.
- **Wider support services** – interviews and focus groups were held with 17 people working in housing, financial and mental health support services to understand their experiences helping people with lived experience of gambling and the gambling-related harms they have witnessed. They also played a key role in reviewing and corroborating initial findings at a workshop held in March 2024.
- **Government and affiliated bodies** – four individuals working in local government and civil service were engaged through workshops, providing insight into recent research, policy and useful Public Health interventions which could be adapted to support those experiencing gambling-related harms.
- **Those working in the gambling industry** – brief interviews at gambling establishments were held with four people to gain an understanding of who their clients are, the impacts of gambling from their perspective and how they support clients.
- **Local employers** – two local employers were contacted and shared surveys with their employees.
- **Students** – five local students were engaged through interviews and focus groups to explore their attitudes to gambling and experiences of gambling-related harms.
- **General public** – Sunderland city centre was visited on 26th January and five people shared their views of people who gamble and their personal experiences of gambling (where relevant).

GAMBLING IN THE UNITED KINGDOM

GAMBLING IN THE UNITED KINGDOM



Image: Pardeep Bhakar / Unsplash

GAMBLING IN THE UNITED KINGDOM

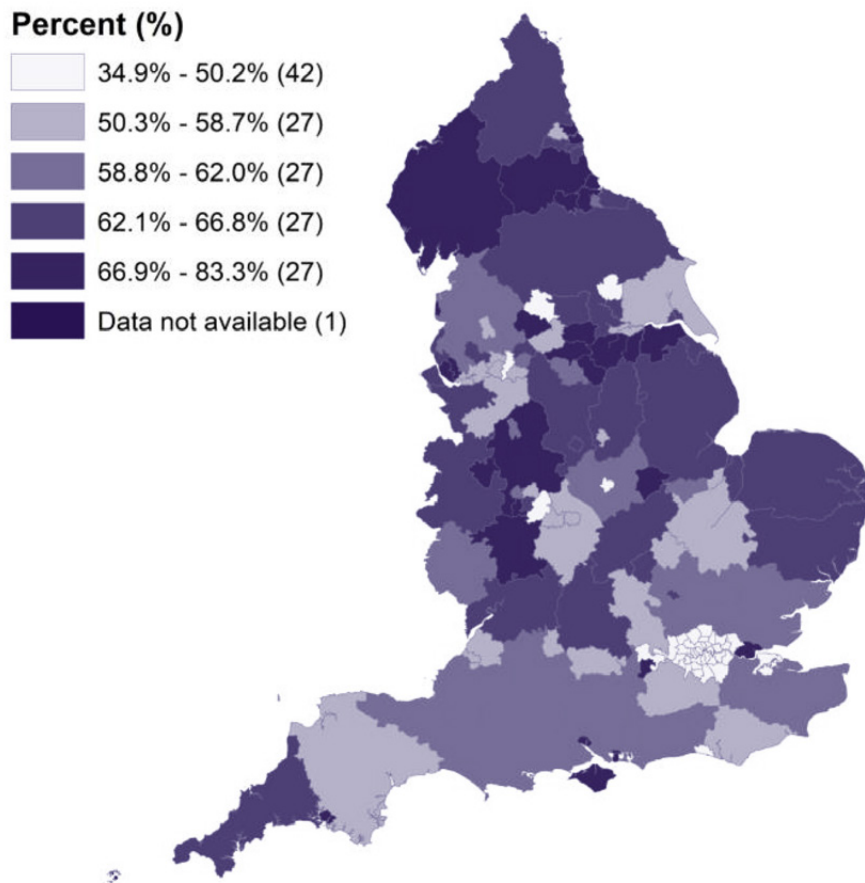
A significant proportion of the UK population participate in some form of gambling

Gambling encompasses a broad range of activities, spanning betting, gaming and playing lotteries. Other activities such as cryptocurrency trading and arcade prize games all involve elements of chance and risk similar to gambling, where individuals invest with uncertain outcomes.

According to data from the Gambling Commission, 44% of UK residents participated in gambling activities at least once in the year leading up to March 2023, with the average person spending £141 annually or £2.70 weekly on betting and gaming. The total gross gambling yield in Great Britain reached £15.1 billion between 2022 and 2023, including both online and in person gambling¹².

While gambling is popular across the UK, rates of engagement vary by region, with the North East having the highest percentage of overall participation in gambling.

Figure 1: Overall gambling participation in England by region (2012-2018)¹³



¹² Gambling Commission (2023) [Industry statistics](#)

¹³ Public Health England (2021) [Gambling-related harms evidence review: Quantitative analysis of gambling involvement and gambling-related harms among the general population in England](#)

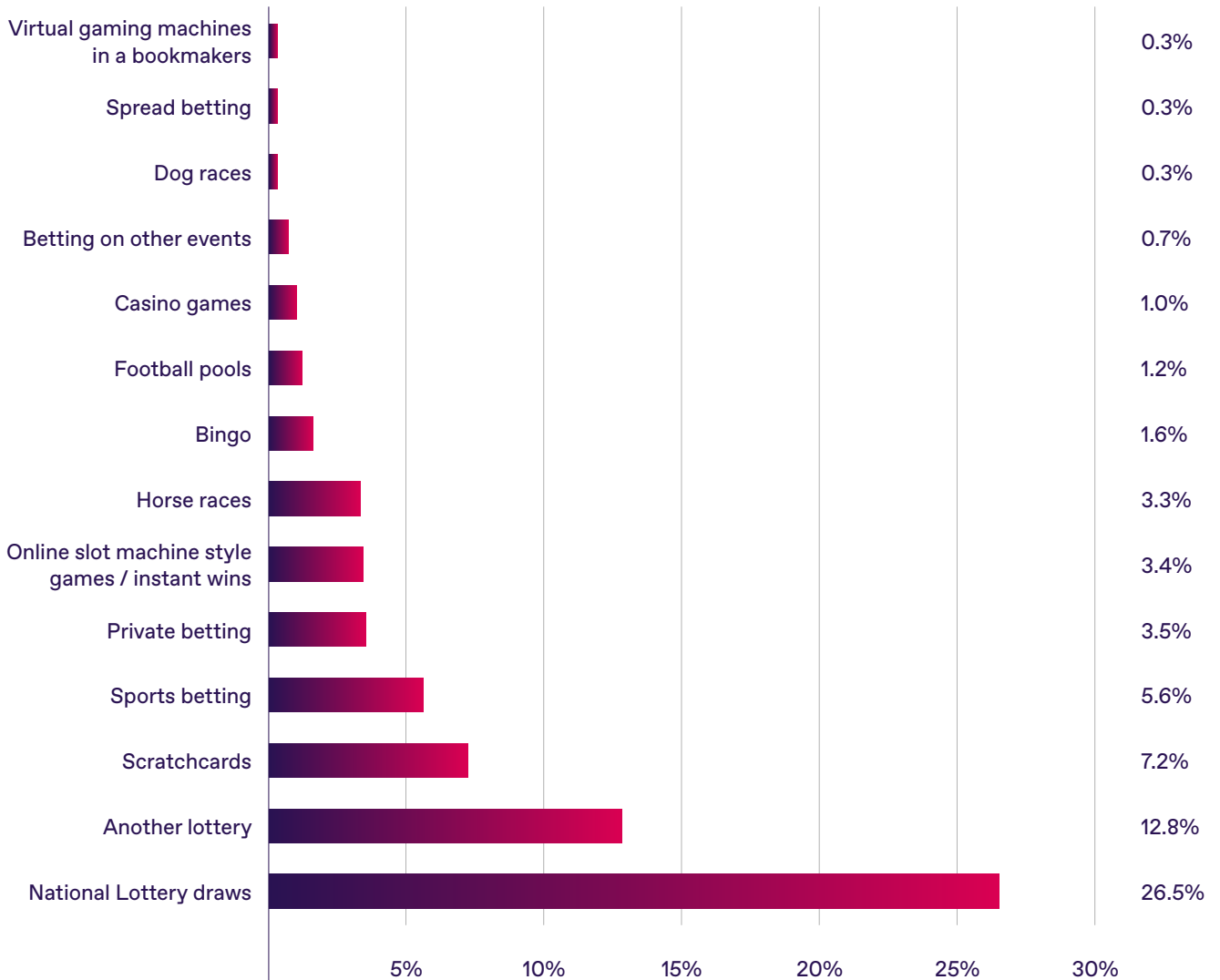
Understanding forms of gambling

Gambling in the UK is mostly associated with lotteries, scratch cards and sports betting, but other forms of gambling including bingo and casino games continue to be popular.

In a survey of over 4,000 people who had gambled within the previous four weeks, national lottery draws emerged as the most popular form of gambling. Figure 2 shows the percentage of gamblers who participated in each type.

Figure 2: The most popular forms of gambling in Great Britain from 2019-2023¹⁴

Most popular forms of gambling in Great Britain from 2019-2023



¹⁴ Statista (2021) [Gambling participation by activity Great Britain](#)

In addition to these formally accepted forms of gambling, young people also take part in behaviour with similar dynamics to gambling – such as buying digital items online, particularly through video games. Of the 93% of children who play video games, up to 40% opened ‘loot boxes’ which provide digital items to the user on a chance basis¹⁵.

If these chance games were included in the statistics presented in figure 2, it is likely this category would be one of the largest, as engagement with these games is a widely accepted behaviour among young people. As a result, the UK Government is considering laws to further regulate this sector.

→ **Recent years have seen a dramatic shift in the way people gamble, and online gambling is now the largest sector in the UK gambling industry, generating a gross yield of £5.7bn and comprising approximately 40% of the overall market¹⁶.**

Gambling online is also more accessible than ever before: most people accessing some form of online gambling including sports betting and online casino games use a mobile phone.

Online gamblers hold an average of three accounts, but a significant proportion of younger gamblers hold more¹⁷.

¹⁵ BBC News (2021) [Loot boxes linked to problem gambling in new research](#)

¹⁶ Gambling commission (2021) [Taking a more in-depth look at online gambling](#)

¹⁷ Gambling commission (2021) [Taking a more in-depth look at online gambling](#)

Gambling-related harms

For the purposes of this research, gambling-related harms refer to ↘

The negative impacts from gambling on the health and wellbeing of individuals, families, communities and society.

The impacts of gambling are unique and the explored risk factors influence the potential impacts individuals will experience as a result of exposure to different gambling behaviours and any subsequent stigma.

It is possible for somebody to gamble for entertainment or social purposes and not experience any of the related harms. However, repeated exposure to gambling behaviour is a risk factor, predisposing those who participate to increased risk. Figure 3 shows how experiences can vary widely for those who gamble.

Figure 3: The spectrum of gambling¹⁸



The terms both ‘at-risk’ and ‘harmful’ refer to wording established by the Problem Gambling Severity Index (PGSI) and used by Sunderland City Council throughout their 2023 Gambling-related harms in Sunderland: Health Needs Assessment.

To maintain consistency while exploring existing research, these terms will be repeated throughout this section to refer to different types of gambling behaviour. Throughout the remainder of the report, alternative categories are used to reference type and frequency of gambling in line with emerging findings.

¹⁸ NECA (2024) [Gambling harm prevention training](#)

For clarity, harmful or ‘problem’ gambling refers to gambling behaviour that negatively impacts family, personal, or recreational activities and its prevalence is assessed using various screening tools, such as the PGSI.

The PGSI serves as a standardised tool to assess at-risk behaviour associated with problem gambling, assessing severity based on metrics such as financial impact, attempts to win back losses and personal feelings about gambling¹⁹.

Following a review of the existing literature on gambling-related harms, three main categories of harm emerged which have the potential to impact those engaging with at risk or unhealthy levels of gambling behaviour as defined by the PGSI. These harms are explored in figure 4.

Figure 4: Categories of gambling-related harms

Resource related harms ↘	Health related harms ↘	Relationship harms ↘
<ul style="list-style-type: none"> → Employment – absenteeism, reduced productivity, performance issues, job loss, inability to gain employment → Educational attainment – inability to focus, reduced performance, dropping out of school/university → Accumulation of debt – vulnerability in accessing money, loans/borrowing, bankruptcy → Financial insecurity, including lack of disposable income – heating, food insecurity, housing insecurity/homelessness → Criminal activity and anti-social behaviour 	<ul style="list-style-type: none"> → Physical health – substance misuse, increased blood pressure, unhealthy eating, insomnia, exhaustion → Mental health – stress, anxiety, self-harm, suicidal behaviour, low self-esteem, loneliness, social isolation, depression, trauma 	<ul style="list-style-type: none"> → Partner, family and friends – reduced trust, increase in arguments/breakdown in communication, domestic violence, separation/divorce, social isolation → Impact on children – future psychological impacts of dysfunctional parental relationships/household

Research highlights the prevalence of domestic and family violence perpetrated by individuals with problematic gambling, including physical, verbal and economic abuse and sexual coercion²⁰. Research is currently being conducted to better understand gambling-related domestic abuse in England²¹.

¹⁹ Gambling Commission (2020) [Problem gambling vs gambling-related harms](#)

²⁰ Hing, N., O’Mullan, C., Mainey, L., Greer, N. and Breen, H. (2022) [An integrative review of research on gambling and domestic and family violence: Fresh perspectives to guide future research](#)

²¹ Durham University (2024) [Supporting victims of gambling-related domestic abuse – A focus on women in social housing](#)

Types of gambling

There is conflicting evidence on whether specific types of gambling are more harmful than others, or whether other aspects such as the number of gambling formats an individual participates in (referred to as involvement) are more significant.

The Gambling Commission identifies higher risk products as quick, repetitive and chance-based games which are accessible at any time, such as online slots, casino gambling and bingo²².

A study of individuals seeking treatment at the National Problem Gambling Clinic in London found that addictive behaviours were more likely for those playing fixed-odds betting terminals and gaming machines²³. However, the study also found that there was a link between the severity of addiction experienced by these individuals and gambling involvement.

Two international examples mirror these findings:

- 1/ A study from the United States found there was a higher proportion of problem gamblers among groups participating in casino gambling, bingo and sports betting²⁴. However, this study also found level of involvement may impact the chance an individual will experience problematic gambling behaviour.
- 2/ A study from Canada found that breadth of involvement is a stronger predictor of issues with gambling than participating in a particular type of gambling. However, it also found that involvement in certain kinds of gambling, including gambling machines and casino gambling, place individuals at higher risk of harm²⁵.

Further research is needed to understand the impact of different types of gambling²⁶ and gambling involvement.

²² Gambling Commission (2020) [What are the issues – Higher risk products](#)

²³ Ronzitti S., Soldini E., Lutri V., Smith N., Clerici M. and Bowden-Jones H. (2016) [Types of gambling and levels of harm: A UK study to assess severity of presentation in a treatment-seeking population](#)

²⁴ Mazar, A., Zorn, M., Becker, N. and Volberg, R. (2020) [Gambling formats, involvement, and problem gambling: which types of gambling are more risky?](#)

²⁵ Gooding, N. and Williams, R. (2023) [Are There Riskier Types of Gambling?](#)

²⁶ Public Health England (2019) [Risk factors for gambling and harmful gambling: an umbrella review](#)

Stigma as a mental health harm

Across the identified harms, stigma exists as a common consequence. Stigma is defined as ↴

Negative belief(s) about oneself or someone else because of a distinguishing characteristic.

For example, somebody could be a victim of stigma as a result of negative beliefs about their gambling behaviour.

The ways in which stigma can influence somebody who gambles is explored in-depth throughout the following insights section, exploring the Sunderland-specific context. As a basis for this, stigma is to be considered in two distinct categories:

1. **Internal stigma:** refers to negative beliefs about oneself and their own behaviours which may then influence future actions.
2. **External stigma:** refers to the negative beliefs of others about a person's behaviour which may influence the views they have and, subsequently, their actions.

Mechanisms of coping with stigma including secrecy are linked to reduced help-seeking and increased engagement in online gambling, in an effort to avoid face-to-face interactions. To develop a holistic and inclusive approach to future commissioning decisions, stigma must be recognised as a significant barrier for individuals seeking help.

Gambling risk factors

Increased rates of gambling are associated with certain risk factors, activities and lifestyles. These risk factors can contribute to the likelihood of developing negative relationships²⁷ with gambling and encompass factors across physical and mental health, economics, education, demographics and social interactions.

Understanding the risk factors associated with gambling provides a basis for further exploration of the extent of gambling-related harm and associated stigma in Sunderland explored throughout the following sections of this report.

A summary of these risk factors is presented in the following pages with exploration of the potential impacts this can have on an individual. These risk factors were identified through a review of academic literature and government reports on gambling-related harms and consultation with gambling support providers, individuals working for wider support services and from local government and the civil service.

²⁷ The term negative relationships refers to the likelihood that an individual will develop either 'at-risk' or 'problem' gambling behaviours, which may lead to increased risk of harm to themselves or others.



Physical and mental health factors

Physical and mental health risk factors as they relate to gambling can be broken down into four distinct categories. These include:

Mental health

- Increased gambling participation is linked to scoring 4 or more on the GHQ-12 (a screening tool for mental disorders).
- Being exposed to others who gamble can have a serious impact on mental health and lead to engagement in gambling behaviours.

Physical health

- Those who gamble have a higher-than-average number of visits to the General Practitioner (GP) and experience an increased incidence of physical illnesses, such as hypertension, insomnia, migraines and other problems.
- Obese and overweight individuals tend to participate more in gambling.

Substance/alcohol consumption

- Those who have a higher weekly alcohol consumption are more likely to gamble, but this relationship is not linear, with those at extremes of consumption more at risk.

Smoking

- Those who engage in other compulsive and addictive behaviours such as smoking are more at risk of developing negative relationships with gambling.



Economic and educational factors

Employability and income

- Negative relationships with gambling are highest among the unemployed, while overall gambling participation is highest among the employed, self-employed or in training.

Education

- Participation in any gambling activity is highest among those with below degree level qualifications, followed by NVQ4, NVQ5, and degree holders.



Demographic risk factors

Age and sex

- Regular weekly gambling habits can often develop by age 20, increasingly encouraged by gambling like behaviours integrated into video games.
- Men (especially in younger age groups) are most likely to experience issues with gambling.

Ethnicity

- Asian and Asian British groups are less likely to participate in gambling in general, but more likely to experience problems with gambling.



Social risk factors

Inequality

- Gambling prevalence is greatest in the most deprived groups and activities such as bingo and scratch cards are higher in the most deprived areas.
- Individuals within historically marginalised communities have a higher chance of experiencing challenges relating to gambling.

- **Each one of the explored risk factors has a unique set of challenges in terms of reducing the risk and impact of gambling-related harms. Thus, through exploring these harms in greater depth throughout the following sections of this report, the discussed risk factors inform the basis of a bespoke and targeted approach for Sunderland City Council.**

UNDERSTANDING THE CONTEXT IN SUNDERLAND

UNDERSTANDING THE CONTEXT IN SUNDERLAND

Image: Ged Lawson / Unsplash

UNDERSTANDING THE CONTEXT IN SUNDERLAND

Sunderland has a range of unique contextual factors which will influence measures to reduce gambling-related harm. Understanding these is crucial to informing future decisions.

The North East has the highest regional prevalence of at-risk gambling in England, with approximately 4.9% of the population experiencing negative consequences as a result of gambling behaviour.

While there are limited statistics available on gambling in Sunderland, the 2023 Sunderland City Council Health Needs Assessment which informed this work estimates that there are around 1,130 ‘problem gamblers’ and 11,083 ‘at-risk gamblers’ aged 16 and above in Sunderland. Additionally, 19,194 individuals of all ages are affected by gambling related harms²⁸.

Table 1: Levels of engagement with gambling across Sunderland

Type ↘	Estimated number of individuals in Sunderland ↘
‘Problem’ gamblers	1,130 (aged 16+)
‘At-risk’ gambling	11,083 (aged 16+)
Affected others	19,194 (all ages)

As previously outlined, the terms ‘problem’ and ‘at-risk’ gambler are used to maintain consistency between previous findings and this report. Throughout the remainder of the report, alternative categories are used to reference type and frequency of gambling in line with emerging findings.

In line with the Public Health England findings explored in the 2023 Health Needs Assessment and the risk factors for gambling-harms explored throughout this report, Sunderland’s demographic composition places it at risk of the negative impacts of gambling-related harms.

As a compounding factor and in line with national trends, gambling premises across Sunderland are clustered in deprived areas, with 66% in the most deprived quintile²⁹. Additionally, online gambling accessibility is facilitated through Pay Point facilities in the city centre. In line with increased exposure to gambling premises, OHID’s national needs assessment of gambling treatment services revealed gambling to be culturally engrained across the city, but awareness of support services varied, with a predominant reliance on NECA²⁹.

²⁸ Sunderland City Council (2023) [Gambling related harms in Sunderland: Health needs assessment](#)

²⁹ Statista (2021) [Gambling participation by activity Great Britain](#)

RESEARCH FINDINGS

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Insights were gathered across four key themes, including what gambling behaviour looks like in Sunderland, what the impacts of this behaviour are, the extent to which stigma is experienced by different groups and finally exploring the support available across Sunderland. This section draws on original research with organisations and individuals, and uses quotes and case studies to explore the themes.

TRIGGER WARNING → Please note this section of the report contains references to substance misuse, violence and suicide.

Gambling behaviour in Sunderland

Evidence provided by research participants suggested the impacts of gambling are indiscriminate and that anyone can engage in gambling and go on to experience harms. Support service providers were clear there is no ‘typical client’. They also proposed it is difficult to identify what ‘problematic gambling’ is, because each individual and their circumstances are unique.

The only distinction made regarding gambling behaviour was preferences on types of gambling by gender. It was suggested men were more likely to engage in sports betting, particularly football and to a lesser extent horse racing, whereas women were more likely to play gambling games, such as bingo, both in person and online.

Gambling risk factors in Sunderland

A series of settings, behaviours and conditions were identified as facilitating gambling behaviour in the specific context of Sunderland. Contexts which can encourage gambling include:

- Access to money, for example cash-in-hand jobs like taxi driving, student loans for University students

For example, one university student with lived experience acknowledged that access to funds is critical to his gambling, as without his student loan and additional grants he does not have the means to gamble. He played the video game FIFA prior to attending university without any issues. He says his desire to buy FIFA points, which can be used to purchase packs which provide access to better players, is exacerbated by the lump sum payments he receives.

- Peer pressure, particularly amongst younger people, as gambling has become normalised and part of socialising
- Regularly playing video games with gambling-type activities embedded, such as football video game EA Sports FC, referred to as FIFA, and its 'loot boxes'
- COVID-19 pandemic and needing to stay inside for long periods of time

Support providers also highlight changes in gambling behaviour during the pandemic. They suggest that while some individuals did not gamble as they were unable to leave their houses, others switched to online gambling as they could not spend disposable income on other activities. As one individual suggests, it will take some time to fully understand the impact of COVID-19 on addictive behaviours.

Behaviours and conditions found to increase rates of gambling include:

- **Mental health conditions, such as Attention Deficit Hyperactivity Disorder (ADHD) and bipolar disorder**

Support providers highlight the difficulties neurodivergent people have with impulsivity and risk-taking behaviour and how this can make them more likely to struggle with gambling.

- **Tendency towards risky and unhealthy behaviours, such as drugs and alcohol misuse, smoking**

There were several examples in the research of substance misuse being linked with gambling behaviour, including the son of an affected other who used gambling to fund his drug addiction, and another who notes her son and his friends often gamble after a night of drinking alcohol.

- **Using gambling as a coping mechanism or release, for example from anxiety or to de-stress after a hard day at work**

Accessibility of gambling

Respondents also note the enhanced accessibility of gambling overall through applications and websites can increase people's likelihood of gambling and thereby experiencing harms. They suggest losing control of spending is more likely to occur with online gambling, as people are less conscious of their spending:

“ At the bookmakers you can see what you are spending... it's like monopoly money when you gamble online”

GAMBLING SUPPORT PROVIDER

They also linked the pervasive nature of gambling to its 'gamification', shown through the rise in popularity of online and app-based games and blurring the lines between entertainment and gambling.

User personas

What are user personas?

User personas are fictional characters that present a service user or specific group. They generally include demographic details, personality traits, behavioural information and attitudes to create narratives that demonstrate user needs or behaviours.

Rooted in design thinking, personas provide insights into service users beyond basic demographics and shape a shared language for people to better understand and empathise with those they seek to support, sell to, design services for, etc.

Personas help communicate a broad message about a problem or a service, as well as indicating people's motivations, challenges, concerns, and behaviours.

How are user personas used in health and social care?

CAPTURING CARE DISADVANTAGES FOR MARGINALISED OLDER PATIENTS

PERSONAS CASE STUDY 1 →



A 2024 study developed and tested a set of personas to reflect the lived experiences and challenges that older people experiencing disadvantage face when navigating remote and digital primary care services. It aimed to provide insights into digital disparities in community health services offering video appointments.

Using data from in-depth interviews, the study produced four personas capturing sociodemographic information, health concerns and needs, digital capabilities and challenges and frustrations experienced while accessing healthcare.

The study showcased how digital services create significant challenges for older patients with limited economic and social resources. The personas illustrated important themes including experiences of racism and discrimination, and mistrust of services and providers. The insights demonstrated through the four personas can be used to make digital primary care services more accessible and support their redesign³⁰.

³⁰ Husain, L., Finlay, T., Husain, A., Wherton, J., Hughes, G., Greenhalgh, T. (2024) [Developing user personas to capture intersecting dimensions of disadvantage in older patients who are marginalised: a qualitative study](#)

How are user personas used in health and social care?

PROMOTING VACCINATION UPTAKE

PERSONAS CASE STUDY 2 →



In a 2021 analysis, four user personas were crafted from a mixed-methods study on decision-making on HPV vaccinations for children among a diverse group of parents. These personas were developed to communicate group demographics, traits, personal aims, and belief systems:

- 1/ The Informed Altruist
- 2/ The Real Talker
- 3/ The Information Gatherer, and
- 4/ The Supporter.

The aim was to develop impactful social media messaging that caters to the varied preferences and needs of parents seeking health information on the HPV vaccine. These personas supported communication of these preferences and needs to a wider audience and helped individuals identify with specific character types³¹.

³¹ Massey, P. M., Chiang, S. C., Meredith, R., Murray, R. M., Rockett, M., Togo, E., Klassen, A. C., Manganello, J. A., Leader, A. E. (2021) [Development of Personas to Communicate Narrative-Based Information About the HPV Vaccine on Twitter](#)

Gambling user personas

Based on the findings of this research, five user personas were created. These personas represent the most common types of gambling (see appendix 1) and the risk factors which support gambling behaviour in Sunderland. They were tested and validated by gambling support providers.

These personas can be used to help a broad range of stakeholders better understand gambling behaviours and support the design of initiatives to address gambling-related harm, such as tailoring health campaign messaging and distribution channels to specific audiences.



Meet Greg ↘

A YOUNG MALE STUDENT WITH A PASSION FOR SPORT

- 20-year-old male and a local university student.
- Watches Championship and Premier league matches.
- Enjoys playing FIFA and other computer games.
- Sees gambling as part of socialising with his friends.

Greg is a 20-year-old undergraduate student at the University of Sunderland. He has a part-time job at a local McDonald's and is a fan of Sunderland Association Football Club (SAFC).

He grew up loving sport and loves to go to football games when he can. His passion for football led him to start playing FIFA at a young age.

He likes to bet on SAFC and other football games and uses apps on his phone to make bets. All his friends bet on these games and gambling has become part of hanging out with his friends. On a night out, they like to talk strategy on which bets to make and he often puts a bet on after a few pints.



Meet Kevin ↘

A FATHER OF TWO AND SUCCESSFUL MANAGER AT NISSAN

- 40-year-old male working at Nissan.
- Uses apps on his phone to make his bets as well as going to the bookmakers and the casino.
- Likes to bet on football and horse racing.
- Sees gambling as a way to manage stress.

Kevin is a 40-year-old male living in Sunderland. He is happily married with two younger children, and he works at Nissan. He loves his job working in production, but struggles working shifts.

To keep fit and healthy and as a way to see his friends, he plays in a casual Sunday football league. He also enjoys going on walks with his kids and completing DIY around the house.

Kevin sees gambling as a way to manage the stress caused by his work. He likes to bet on football and horse racing. He mostly uses apps and has been known to visit the casino after a long shift. Occasionally he will go to the bookmakers.



Meet Jimmy ↘

A MIDDLE-AGED TAXI DRIVER IN SUNDERLAND

- 52-year-old male taxi driver.
- Plays the machines at his local pub.
- Bets on the horse racing at the book makers, also visits the casino regularly.
- Uses gambling as stress relief after a busy day.

Jimmy is a 52-year-old married man with two grown up children – they finally flew the nest! He works as Taxi driver in Sunderland which gives him regular access to cash.

Jimmy has three grandchildren who live locally, and he enjoys spending time with his grandchildren. When he’s not watching bluey with them, he likes to spend time at the pub chatting with friends and enjoys watching war films and documentaries.

He sees his gambling as an end of day treat. He plays the machines at his local pub and likes to bet on the horse racing at the book makers after a busy day. Visiting the casino with his earnings is also a favoured activity of his.



Meet Marjorie ↘

A SOCIABLE WIDOWER KEEN TO KEEP HER INDEPENDENCE

- 78-year-old female
- Started playing bingo at her weekly clubs.
- Now plays online bingo and other games on her iPad.
- Enjoys the games and thinks it keeps her mind sharp.

Marjorie is a 78-year-old retired female, who lives off her pension. She is a widower with two grandchildren who live three hours away. She likes to go out for coffee 'with the girls' every few weeks and is actively involved in the U3A (University of the Third Age) and community clubs.

Marjorie enjoys spending time with her grandchildren when they come to visit and bought an iPad to maintain contact with her family. She started playing bingo at her weekly clubs and now plays online bingo and other games on her iPad. She is not particularly aware of the 'gambling' aspect of bingo and plays the games as she thinks they keep her mind 'going strong'.



Meet Tracey ↘

AN AMBITIOUS MOTHER OF THREE

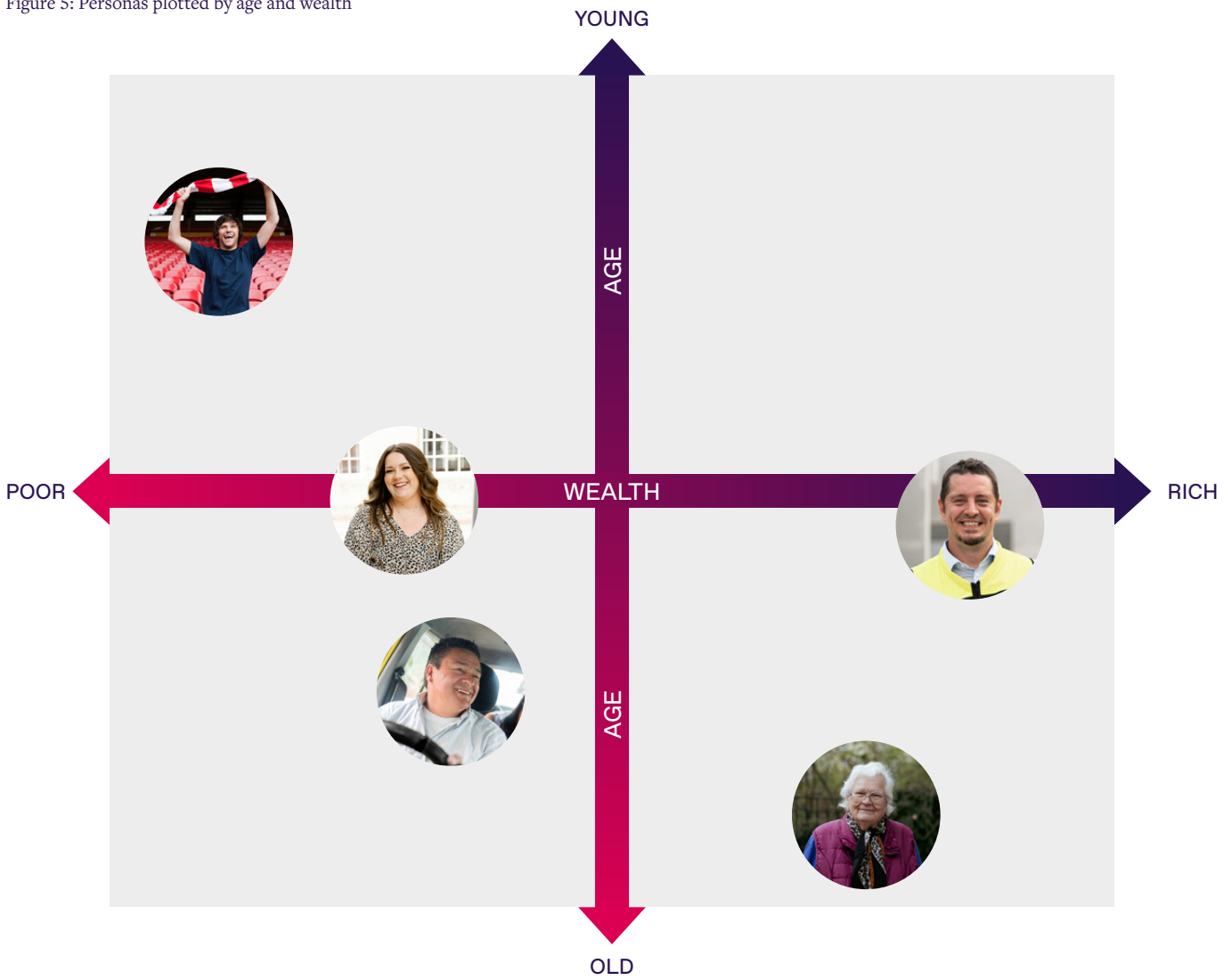
- 38-year-old female.
- Plays the lottery each week.
- Plays online bingo and other games online using her tablet.
- Occasionally meets up with her school friends for bingo.
- Sees gambling as aspirational.

Tracy is 38-year-old married mother with three children under 12. She works part-time in part-time job at ALDI and meets her friends every few weeks for coffee. Tracy's new year's resolution is to live a healthier life and she has been going to the gym with a trainer a few times a week.

She plays the lottery each week and likes to play online games including bingo on her tablet. Occasionally, she meets up with her school friends for bingo. She sees gambling as aspirational, and thinks she can give her and her family a better life if she 'wins big'.

Gambling user persona matrix

Figure 5: Personas plotted by age and wealth



Gambling-related harms in Sunderland

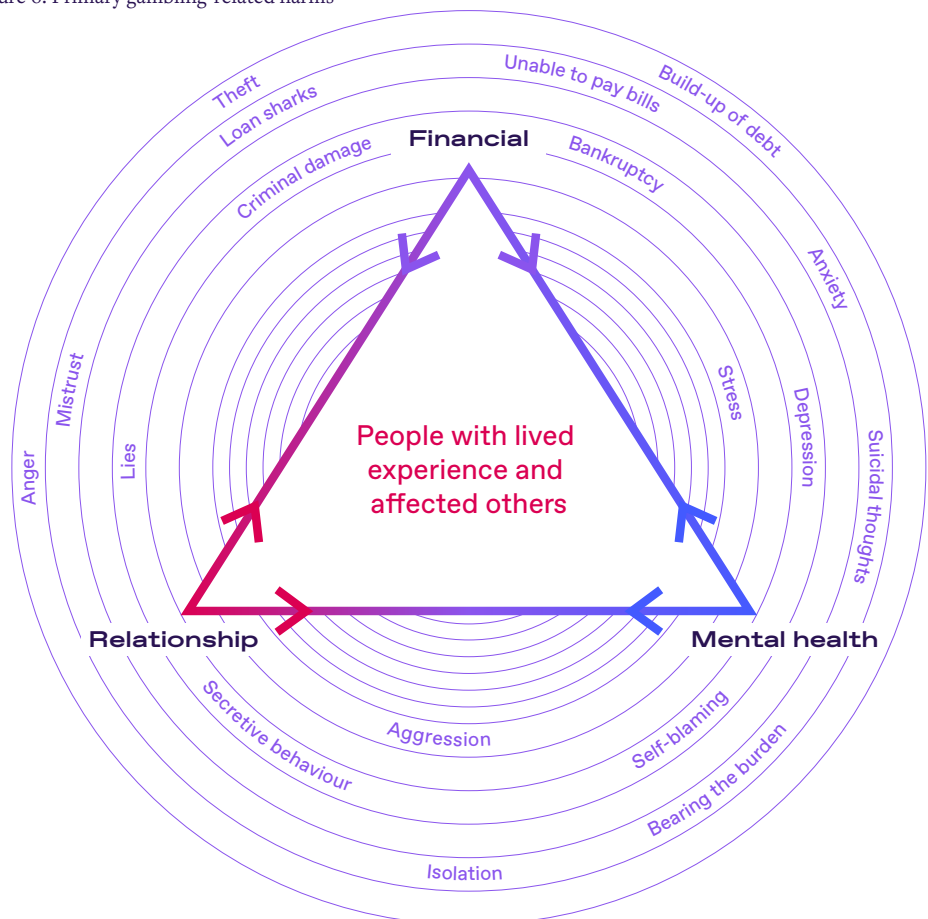
Financial, relationship and mental health harms

Three interlinking harms were highlighted as the main effects of gambling in the specific context of Sunderland. This evidence came from people with lived experience of gambling and their affected others (see appendix 1 for survey results):

- **Financial harms** – Increasing levels of debt, including use of high-interest loans and borrowing from friends and family members, and an inability to pay bills, such as rent, mortgage, council tax, heating, mobile phone, buying clothes, etc.
- **Mental health impacts** – stress and anxiety, depression, low self-esteem, social isolation, suicidal ideation and suicide attempts
- **Effects on relationships** – arguments and tension, feelings of anger and mistrust

These three core harms were identified as mutually reinforcing one another. For example, someone might be unable to pay their mortgage because of gambling debts and experience stress and anxiety and becoming distant from their partner as a result.

Figure 6: Primary gambling-related harms



Financial harms

People with lived experience and support service providers highlight the impact of gambling on financial resources and security. One individual said they are “financially crippled” by their gambling and are unable to pay their rent and other priority bills. In extreme cases, this can lead to repossession of cars and houses, having utilities switched off and homelessness.

People in significant debt have several avenues for repayment, including borrowing from friends and family, using life savings or in some cases, their children’s savings. They tend to lie to loved ones about the reason for the loan, such as replacing the heater, and their use of savings often goes unnoticed for periods of time, both of which can impact on relationships in the future. High-interest high street loans and loan sharks are alternative options for credit, which can place gamblers and their families in increasingly precarious financial situations.

Affected others acknowledge the financial pressures they feel, as they are unable to pay their bills or are faced with financially supporting a child or spouse. Parents of those with a gambling addiction are put in a difficult position when asked for money and can feel as though they are enabling the behaviour by supporting their loved one. Parents have also been known to act as guarantors for high-interest loans, placing them under financial pressure.

Mental health

People with lived experience and affected others acknowledge the anxiety and stress they live with as a consequence of gambling:

“ My brother’s gambling has had a massive effect on my parents and I... it’s something we talk about daily, a constant stress, you worry about what he’ll do next and what he is doing in the background”

AFFECTED OTHER

“ I constantly felt I was ‘up against it’... I wanted the problems to disappear”

PERSON WITH LIVED EXPERIENCE

They also note being aggressive and withdrawing:

“ I was snappy and short tempered with people because I was tired, not engaging with online friends because I’ve been playing the game, avoided everyone and everything... I didn’t have the headspace to engage with friends”

PERSON WITH LIVED EXPERIENCE

Affected others often keep their loved ones’ gambling a secret from other members of their family and friends. ‘Bearing the burden’ can take a great toll on their mental health.

As financial worries and relationships with loved ones are tested, both people with lived experience and affected others can go on to self-harm, contemplate and attempt suicide:

“ I did try and take my own life around Christmas time, due to the fallout from previous gambling and other things going on in my life”

PERSON WITH LIVED EXPERIENCE

Relationship harms

The impact on relationships are varied, but almost always negative. Affected others are often unaware of their loved ones’ gambling and the extent of the problem. The lies and secrecy surrounding gambling behaviour can lead to feelings of anger, resentment and betrayal:

“ With gambling, it’s often a massive betrayal of trust which comes from use of life savings, borrowing money from other people and lying. Trust is the hardest thing to get back.”

GAMBLING SUPPORT PROVIDER

“ We created a plan of how he’d pay it [the debt] back, none of it happened. I found out just last month he’s taken out another credit card!”

AFFECTED OTHER

This lack of transparency can be difficult for affected others to understand and process. The shock combined with the enormity of the situation they find themselves in, both financially and emotionally, affects their mental health. Their relationship with their loved one is also affected by the continual lies and deceit that often accompany gambling addiction.

There are also examples of affected others being placed in difficult situations by their loved ones, further damaging their relationship. For example, one affected other whose son uses gambling to fund his drug addiction had to make the difficult decision of having him arrested, after he came into her home in the early hours of the morning and violently destroyed their home. Another affected other has to decide whether to secretly support her son financially and lie to her husband, or ask her son to leave their family home because of his gambling behaviour.

The emotional impact of these situations, combined with the idea that they 'knew them before' can be difficult. Affected others also face the reality that they can only do so much to help the person directly impacted by gambling:

“‘You can lead a horse to water...’ and all that... he wasn’t ready to do it [recovery work], with all the will in the world you can want someone to do it, you’re completely helpless in this situation”

AFFECTED OTHER

Affected others also highlight their concerns about the impact of other people’s gambling on their children:

“It’s about educating yourself on why people think this way, I’ve been educating my kids as well. I fear for my kids turning out that way, I don’t want them to go that way!”

AFFECTED OTHER

Research suggests young people experiencing the positive and negative extremes of gambling, such as observing a big win, can lead to an increased interest later in life³². With the growth of gambling in gaming and the potential impacts of early exposure, further investment in raising awareness of gambling-related harms among children and young people is needed.

³² Gambling Commission (2021) [Exploring the gambling journeys of young people](#)

Other gambling-related harms in Sunderland

These three core harms have a ripple effect, leading people to experience other gambling-related harms, including:

- **Physical health** – high blood pressure, poor sleep, unhealthy eating
- **Employment** – inability to focus on the job, absenteeism
- **Educational attainment** – inability to focus, leaving university
- **Physical violence** – through the use of loan sharks, violent behaviour towards affected others
- **Criminal behaviour** – individuals stealing from friends and family

For example, one affected other was absent from work for four months, as she was unable to concentrate due to stress:

“ I could not concentrate on anything! It’s a downward spiral because you are trying to figure out ways out of debt while losing your job.”

AFFECTED OTHER

Another affected other spoke about the physical toll their brother’s gambling had on their parents, with their father having a minor stroke due to the stress of the situation.

Gambling-related stigma in Sunderland

Internal stigma

All respondents note people with lived experience and affected others are affected by internal stigma, caused by the intense guilt and shame they feel:

“ People are ashamed to admit if they are gambling and less likely to disclose when it becomes an issue.”

SUPPORT PROVIDER (MENTAL HEALTH)

“ [Feelings of guilt and shame] are probably a big part of why I struggle with my mental health, the implication being ‘I only have myself to blame, I did this, I have to take the burden on’”

PERSON WITH LIVED EXPERIENCE

Financial support services also suggest there is a ‘double stigma’ experienced from both gambling and the debt people are in because of their behaviour.

Consequences of internal stigma

Respondents highlight the hidden nature of gambling addiction and how compared to alcohol and substance misuse; it has few physical manifestations. Internal stigma leads to a reluctance to admit there is an issue thereby keeping it hidden. Support providers suggest stigma prevents people from seeking gambling-specific help:

“ Gambling isn’t the main reason they’re seeking support when they come in, it just comes out that they gamble”

SUPPORT PROVIDER (MENTAL HEALTH)

Support service providers working in housing, finance and mental health note that many people experiencing gambling-related harms do not openly disclose them. While some individuals will be very transparent about the source of these issues, many will not acknowledge gambling as the reason. This tends to be highlighted during reviews of bank statements or comes out through conversation.

Normalisation of gambling

Respondents also suggest the social acceptability of gambling has led some individuals to remain in denial about the impact of gambling-related harms and therefore fail to experience internal stigma:

“ Because there is that social acceptance and lack of awareness about where it’s a problem for individuals, people see it as a social thing and not impacting. We need to raise awareness of the fact it can have a negative impact and these are the harms”

GAMBLING SUPPORT PROVIDER

“ He came clean because he couldn’t pay the money back, not because he felt he had an issue – he confessed because he was desperate for money. They [my son and his friends] think of it as a game, it’s just what you do, he asks what I’m making a fuss about!”

AFFECTED OTHER

Respondents suggest the strong linkage between gambling and sport, particularly football, and the consistency of advertising has contributed to this. They compared the tobacco industry and its sponsorship of horse races and formula one in the 1960s, 70s and 80s to the way gambling operators sponsor football teams and have their names on stadiums today.

SPORTS BETTING EDUCATION PROGRAMME

CAMPAIGN
CASE STUDY →



In 2021, the Government of South Australia launched 'Here for the game', an awareness and education programme designed to protect young people from sports gambling-related harms. With the tag line 'We're here for the game. Not the gambling', the programme has partnered with a range of professional sports clubs in South Australia, including Adelaide United Football Club, Adelaide Crows (Australian football team) and the Adelaide 36ers (basketball team).

They have launched a series of campaigns including prominent athletes as ambassadors from these clubs and have a community programme to provide free education to local sports clubs. During the 2022-23 sporting season, they ran an impactful 27-week campaign across social media, receiving over 1.2 million impressions and 50,000 views on TikTok for example, and their website had 20,531 visitors³³.

This example supports the engagement of local sports teams and sports leaders to help address raise awareness of and tackle sports betting and its impact on children and young people.

³³ Government of South Australia (2021) [Here for the Game](https://adelaideunited.com.au/news/a-new-unique-campaign-tackling-sports-gambling/)

External stigma

None of the people engaged in this research said they or those they support had experienced external stigma. They focused much more on internalised feelings of shame.

They suggest there is a lack of understanding among the general public about gambling and its addictive nature. They indicate that people have not been educated about gambling-related harms and therefore do not place gambling in the same category as drugs and alcohol, leading to less stigma:

“ [Reactions to issues with gambling] People can also be a bit dismissive because they don’t understand the impacts. There’s a lack of knowledge and awareness.”

GAMBLING SUPPORT PROVIDER

This insight directly contrasts the negative comments made by the general public in Sunderland when asked what they thought about people struggling with gambling:

- “Crackhead”
- “Tramp”
- “Sad, lonely and depressed”
- “Violent men”

There were also a small number of judgemental comments from both affected others and support providers, including describing gambling as a “reckless use of resources” and calling loved ones “silly” and “impulsive”. This is likely due to feelings of frustration with those they are supporting, as relapse is highly likely with gambling addiction and was experienced by those who made these remarks.

Gambling support available in Sunderland

Engagement with support services

Support service providers note that as with any addiction, engagement with treatment and support services is dependent on an individual acknowledging they need help:

“ Some people want to stop, some don’t want to stop, some people don’t recognise there is a problem”

GAMBLING SUPPORT PROVIDER

They suggest affected others, particularly spouses, will encourage their loved ones to seek support and that it can often take a few sessions for people with lived experience to understand and identify how their gambling is impacting them and their families.

Positive assessment of available support

People with lived experience and affected others spoke highly of the available support services they engage with (see appendix 2 for more information on such services). They did not identify any gaps or areas for improvement and suggest the treatment and mental health support they receive helps them deal with the gambling-related harms they experience.

All respondents propose a person-centred approach is needed to effectively support people impacted by these harms:

“ It’s important to treat each person and their feelings on a case-by-case basis, to give them what they need rather than what you think is best. You need to give people time because they might feel embarrassed and shameful.”

PERSON WITH LIVED EXPERIENCE

This approach appears to be used by all the support services engaged in this research, through the co-creation of support plans with those seeking help. Support services also refer to other treatment organisations and community-based support, depending on the complexity of peoples’ needs.

Areas for improvement

Some support providers suggest there needs to be stronger links between gambling and wider support organisations:

“ There are pockets of organisations doing good work, but they aren’t connected.”

SUPPORT PROVIDER (FINANCE)

One organisation did note their strong relationships with other organisations were lost during the COVID-19 pandemic and that they are working to reinstate their relationships with treatment services, healthcare providers, employers and community organisations across Sunderland. Support to develop networks among these organisations will encourage further collaboration and help improve the support offering for those experiencing gambling-related harms.

Awareness of support services among those impacted by gambling

There is a lack of awareness and therefore inaccessibility regarding support services. All respondents note the difficulty people who are affected by gambling have with finding and accessing available services:

“ There is a lot of support out there, but people don’t seem to find it. People will say they don’t know where to go.”

GAMBLING SUPPORT PROVIDER

“ Apart from NECA I have had no other support in 15 years. I have been referred to NECA twice by GamCare. There might be more for the gambler themselves, perhaps not so much for the families and friends who are affected”

AFFECTED OTHER

Affected others note they have conducted extensive internet searches for support, but are unable to find help beyond NECA. Individuals with lived experience highlight GamCare and its online and phone support as the first organisation they reached out to, many of whom were then referred to NECA.

Awareness of gambling support services in healthcare settings

Affected others note the lack of awareness on available gambling support in healthcare settings. Several affected others gave examples where General Practitioners (GPs) and mental health support staff were unaware of where to refer their patients once gambling-related harms were identified. This is despite concerted efforts from support organisations to educate primary healthcare providers about the services they provide and encourage them to refer patients to them.

Respondents also identified lack of screening for gambling-related harms in these settings. Several examples have been shared of people with lived experience and affected others presenting with mental health problems as a result of issues with gambling to healthcare professionals. During assessment, no questions were asked regarding gambling behaviour. Support services note that GPs and mental health services will screen for alcohol and substance misuse, but not for problems with gambling and its effects.

INCREASING AWARENESS OF GAMBLING IN THE LOCAL SYSTEM: THE CASE OF BETSI CADWALADR

GAMBLING
SUPPORT
CASE STUDY →



RESEARCH FINDINGS

The Betsi Cadwaladr University Health Board is currently leading a place-based whole systems approach to addressing health inequalities – the Inverse Care Law Programme. A key element of the programme is bringing together systems partners from across three local care clusters to identify and build solutions to address local problems.

As part of the programme, a representative of a local gambling charity was invited to a workshop to present information about gambling harms and risk factors. The representative had lived experience of gambling harms. He engaged each of the three groups for less than an hour, reaching approximately 50 organisations.

Six months on, and the impacts from this simple engagement are extensive. Gambling had not been on the agenda for any of the organisations present previously. Now, many of them have reconsidered the ways they work, considering how gambling awareness can be built into screening conversations. A local council has also reassessed its approach to licensing slot machines.

This example demonstrates the importance of small, low-cost interventions, in this case a presentation to raise awareness, to change how local organisations think about and address gambling.

Support provided by gambling operators

There is inconsistent support provided by in-person gambling venues in Sunderland. Different operators have different safeguarding policies, and these appear to be implemented inconsistently across establishments.

For example, one operator and its staff had knowledge of their protocols to reduce gambling-related harm and appeared proactive in applying them:

- Use a nationwide Customer Relationship Management (CRM) system to record interactions with customers and note if they have self-excluded³⁴
- Managers have Key Performance Indicators on viewing this CRM system to check who has self-excluded in their area
- Staff receive regular training on how to identify individuals who may be struggling, how to record this on their CRM system and where to signpost them for support, including providing leaflets with information about GamCare
- Staff monitor customers for signs of gambling-related harms, such as lengthy spells on machines, aggressive outbursts from frustration

In contrast, employees from another operator noted only their self-exclusion system when asked about the support they provide. While this operator uses MOSES (Multi Operator Self Exclusion Scheme) to help people self-exclude from multiple bookmakers in the area, this does not apply to the online arm of their company. As such, self-exclusion recorded at an in-person establishment does not stop an individual continuing to gamble online or through their app.

Mistrust of GambleAware

Respondents had negative views of GambleAware, its overall mission and the support it provides, because of its perceived links with the gambling industry. GambleAware is an independent charity funded by voluntary donations from the gambling industry. In 2022-23 it received £46.5 million in donations, 92% of which came from the four largest gambling operators³⁵.

³⁴ Self-exclusion is a tool used by those who would like to stop gambling and restricts their access to particular types of gambling establishment or platform, for example bookmakers or online sites

³⁵ GambleAware (2023) [GambleAware receives £46.5 million in donations for 2022-23](#)

Legislative and policy changes

Respondents suggest broader legislative and policy changes are required to effectively address gambling-related harms:

- Reduce accessibility of gambling, particularly online
- Limit online and out-of-home advertising (public transport, billboards, etc.)
- Increase support for affected others
- Increased funding for specialist and 1:1 support for people with lived experience

For example, one service provider noted the difficulty in stopping gambling in an online age, where your mobile phone and therefore your access to apps, is in your pocket:

“ The pervasive nature of gambling advertising with credits and free bets in people’s inbox means there is a bread crumb trail back to gambling.”

UNIVERSITY SUPPORT PROVIDER

RECOMMENDATIONS

RECOMMENDATIONS

RECOMMENDATIONS

The research highlighted 12 specific actions that Sunderland City Council can take to better address gambling-related harm.

Implementing these recommendations will allow Sunderland City Council to better support those at risk of gambling-related harms and affected others at a local level. Those focused on education may also reduce future prevalence in the long-term.

Table 2: Proposed recommendations categorised by theme and priority

No.	Recommendation ↘	Theme ↘	Priority ↘
01/	Signpost available support	Raise awareness	MUST DO
02/	Expand networks	Improve support	MUST DO
03/	Put gambling on the agenda	Raise awareness	MUST DO
04/	Create a local public health campaign	Raise awareness	SHOULD DO
05/	Promote training for NHS staff	Improve support	SHOULD DO
06/	Support and promote education initiatives	Raise awareness	SHOULD DO
07/	Influence national discussions	Improve policy approach	SHOULD DO
08/	Encourage SAFC to support safeguarding initiative	Raise awareness	SHOULD DO
09/	Embed screening questions into local services	Improve support	SHOULD DO
10/	Develop pathways for support and raise awareness among health and social care professionals	Improve support	SHOULD DO
11/	Incorporate learnings into Statement of Principles	Improve policy approach	SHOULD DO
12/	Enforce infringements	Improve policy approach	COULD DO

SIGNPOST AVAILABLE SUPPORT

RECOMMENDATION

01

Include gambling specific information and signpost available support services through the new Links for Life platform.

What →

The new Links for Life is a digital platform connecting residents to support and community groups to improve their sense of wellbeing.

Why →

The engagement highlighted that although good support services exist, those affected by gambling-related harms are often unaware of the types of services or how to access them. They may be sceptical of national services like GambleAware.

Ensuring people can easily see the support on offer will help them access it when they need.

This will also be useful for other services (including health, Citizens Advice, etc.) to be able to see and direct people to the available services.

How →

There should be a dedicated space on Links for Life to gambling. This should refer people onto local support services, in particular, NECA.

It is also important that gambling appears on other relevant pages. As a priority, this should include:

- financial concerns
- mental health and wellbeing
- relationships.

Resources →

Negligible, part of council’s BAU.

Priority →

MUST DO

EXPAND NETWORKS

RECOMMENDATION

02

Expand networks for learning and sharing information among core support organisations to establish the Sunderland Gambling Prevention Group.

What →

A local group of organisations that work together to prevent gambling and support those affected by it.

Why →

There are a variety of highly engaged organisations working in the gambling harms space in Sunderland and the wider northeast region. These organisations are doing fantastic work, but in some cases operate in silos.

By establishing a local prevention group or network, the council will reduce the risk of duplication and support services to work more efficiently.

Such a group can also ensure Sunderland has an aligned voice in regional and national discussions.

How →

Hold regular online meetings with the organisations identified in this research and create a mailing list or online space of working (such as a Teams channel) where organisations can continue discussion.

Suggestions on members include Council practitioners/officers from relevant areas (Mental Health, Housing, etc.), NHS, University of Sunderland, Citizens Advice Bureau, Sunderland GP Alliance, members of the Suicide Prevention Partnership.

Resources →

Minimal as the council will lead the network.

Priority →

MUST DO

PUT GAMBLING ON THE AGENDA

RECOMMENDATION

03

Add gambling awareness as an agenda point on any health and social care forum meetings.

What →

Adding gambling to the agenda in health and social care spaces, targeting professionals and workers that may not have an awareness of the risks, harms and impacts.

Why →

The awareness of gambling as a harm in Sunderland is low among health and social care professionals and organisations.

This means that professionals are not considering gambling as a potential risk factor when engaging or supporting patients and users.

How →

The council should draw on its public health and adult social care teams as a minimum to engage health and care organisations and individuals.

It is also important to engage health coaches and community care providers, including third sector and voluntary organisations that may engage with harder-to-reach groups.

Resources →

Negligible.

Priority →

MUST DO

CREATE A LOCAL PUBLIC HEALTH CAMPAIGN

RECOMMENDATION

04

Create a local public health campaign to raise public awareness of gambling-related harms and support for affected others.

What →

A public health campaign highlighting gambling-related harms with a specific focus on the support available in Sunderland.

The local campaign should not seek to replicate national campaigns, but provide people with specific information about the types of available support and where to get help.

Why →

This research identified a specific need for further information on gambling-related harms and support available. Public health campaigns are a commonly used tool in wider harm-reduction initiatives.

It is not assumed that the campaign would reduce gambling-incidence, rather that it would better support those affected by gambling to recognise the harms and seek appropriate local support.

How →

As anyone can be affected by gambling, it is important the campaign has a wide reach. It is recommended that three primary mediums are targeted:

- **Traditional advertising:** Local radio is an important way to reach local people. It is also useful to use billboard advertising targeting specific areas near gambling sites and adverts on and around public transport.
- **Leaflet drop:** in GP surgeries and pharmacies, in pubs and community centres, in places of employment, at the Stadium of Light, etc.
- **Online advertising:** Social media sites such as Facebook and Instagram provide the option for low-cost, targeted adverts. People living in Sunderland, who ‘like’ any gambling or gaming sites could easily be targeted. Additionally, services such as Spotify and YouTube offer locally targeted advertising opportunities at a low cost.

It is recommended that the council’s marketing and communications team lead the campaign, drawing on important findings in this report. Figure 7 shows an example campaign aimed at affected others, including suggested visuals and content for leaflets, Spotify adverts and a Facebook post.

The user personas may be a useful way to ensure adverts are targeted towards specific groups.

Resources →

Major undertaking, requires support from the Communications team to develop and costs of advertising.

Priority →

SHOULD DO

A SUGGESTED GAMBLING HARMS AWARENESS CAMPAIGN FOR SUNDERLAND

Figure 7: An example campaign aimed at affected others

Leaflets

Spotify adverts

Facebook posts

Sunderland, UK
4d · 🌐

Scratch cards. Bingo. Online games... gambling can look innocent to those on the outside. But for those living with it, or close to it, the harms of gambling can be all too real.

Do you know someone struggling with gambling?

You can't make them stop but there is support available for them, and for you!

Head to neca.co.uk for a range of support.

neca.co.uk #GamblingHarms

👍 208 187 comments 8 shares

👍 Like 💬 Comment ➦ Share

RECOMMENDATIONS

PROMOTE TRAINING FOR NHS STAFF

RECOMMENDATION

05

When available, promote the NHS gambling harms safeguarding training module among healthcare professionals.

What →

The NHS are developing a safeguarding training module on gambling harms. This should be promoted widely to relevant healthcare professionals when available.

Why →

Training modules are a useful way to upskill healthcare staff about topics that they may not have received training/education about or where there is new approaches and practices.

While useful, developing bespoke training for healthcare professionals is a difficult task. Using existing resources should therefore always be a priority.

Healthcare professionals can claim continuous professional development hours through completing NHS-approved modules. This means it is within their interests to engage in training. The council has the ability to shape local priorities.

How →

The council should draw on its existing connections with NHS staff via the Integrated Care Board.

Demonstrating the council’s commitment to upskilling the health sector to recognise and support gambling harms is important to encourage uptake.

The council could also leverage organisations in other ways, such as attaching incentives to organisations and individuals that take the training module. Incentives could take the form of monetary contributions. While controversial, the council has previously offered GPs small incentives for referring people to healthy weight services (£10 per referral).

Resources →

Minimal, can be incorporated into existing engagement with NHS services.

Priority →

SHOULD DO

SUPPORT AND PROMOTE EDUCATION INITIATIVES

RECOMMENDATION

06

Support and encourage education initiatives in schools such as the Gambling Education Quality Mark.

What →

Supporting schools and other education services to integrate awareness of gambling risks and harms into their work in order to engage children and young people.

Why →

Both the increasing gamblification of life and gamification of gambling mean that young people are at a higher risk of encountering gambling than ever before.

Ensuring young people understand the harms of gambling is an important step to help them be better aware of the risks. It is a preventative approach that will have longer-term benefits.

Young people may also be affected by gambling of adults in their lives. Ensuring they are given information about relevant support is important as a safeguarding tool.

Using existing tools such as the [Gambling Education Quality Mark](#) is useful to ensure high quality and consistent approaches.

How →

There is a need to engage with schools across Sunderland, both staff and students.

Developing, or promoting an existing easy-to-use toolkit that can be rolled out to schools is important. The Gambling Education Quality Mark is a ready-made approach that can be easily distributed.

It is also important that gambling is added to the agenda when engaging with schools.

A co-designed youth-led approach should be used here, including the development of gambling awareness advocates to support existing work in schools.

Resources →

Minimal, can be incorporated into existing pathways of communication with schools.

Priority →

SHOULD DO

INFLUENCE NATIONAL DISCUSSIONS

RECOMMENDATION

07

Engage with and inform national discussions, highlighting where the local evidence base has broader implications.

What →

Where possible, the council should engage with and inform national debates in order to shape wider approaches and policies to gambling.

Why →

Some of the issues that have been highlighted in Sunderland cannot be effectively addressed on a local level.

To truly tackle gambling there is a need for change and a clear strategic and policy direction on the national level.

How →

There are three areas of importance on a national scale that the council should try to influence:

- the amount of gambling advertising – makes it normal, positions gambling as really fun
- the ‘gamblification’ of everyday life, where gambling-like activities are embedded into spaces that are not naturally gambling-related. A clear example is online gaming (particularly mobile games such as Candy Crush), but it also happens in retail both online and traditional.
- the gamification of gambling, where gambling spaces are designed to look and feel like games.
- legislation around young people and gambling, particularly in relation to the design of games.

Resources →

Minimal, part of council’s BAU.

Priority →

SHOULD DO

ENCOURAGE SAFC TO SUPPORT SAFEGUARDING INITIATIVES

RECOMMENDATION



Work with Sunderland Association Football Club (SAFC) and encourage them to support and champion safeguarding initiatives.

What →

Work with SAFC and their community engagement organisation the Foundation of Light to promote and encourage them to support safeguarding initiatives and change the message around gambling.

Why →

SAFC is one of the most visible organisations in Sunderland. Given the close association between watching football and gambling behaviours identified in this research, it is important to leverage connections with the organisation to reach a wide diversity of Sunderland residents.

SAFC via the Foundation of Light also has a wide influence in schools and settings for young people.

How →

There are various ways to encourage SAFC to change its practices. The council has existing links that can be leveraged; however, it is recognised this will be a difficult undertaking.

- Connecting SAFC and the Foundation of Light to gambling organisations such as NECA so they can learn best practice.
- Sharing case studies such as ‘Here for the Game not the gambling’.
- Work with the Foundation of Light to support (and champion) safeguarding initiatives.
- Encourage the development of a campaign on the impacts of gambling featuring prominent local football players.
- Connect national organisations such as the Football Supporters’ Association that has ran successful campaigns such as [‘Bet Regret’](#).
- Encourage SAFC to end any existing partnerships with gambling companies and back the [Big Step Campaign](#).

It must be noted that SAFC have already been visited by the Big Step Campaign and fans have started a petition. SAFC seem not to be willing, particularly where there may be a risk of a loss of funds.

Resources →

Depends on the strength of existing connections. Likely to require sustained engagement.

Priority →

SHOULD DO

EMBED SCREENING QUESTIONS INTO LOCAL SERVICES

RECOMMENDATION



Encourage services to embed gambling screening and discussions into their engagement with users.

What →

Including additional screening questions into standard engagement tools and equipping service providers to discuss gambling concerns with patients/ clients/ users.

Why →

The research has shown that those experiencing and affected by gambling-related harms may not recognise or admit their issues. They often reach out to services (whether health, Citizens Advice, social care, or community-based services) for reasons that seem (and may be) unrelated.

The research has also shown that gambling-related harms may lead to or from other issues such as mental ill-health, financial concerns, and even physical health issues.

In the case of related addictions such as nicotine and alcohol, asking people about potential risk factors has proven to be an effective tool to support people to identify their own issues.

Where service providers know where to refer people or how to handle sensitive conversations, people are more likely to access support.

How →

There are various services where this would be useful.

- mental health services, including NHS, third sector and private settings, with a focus on crisis services
- social prescribers, health coaches and other linking workers
- adult and children’s social care services
- GPs and other frontline health services
- Citizens Advice Bureau

In some cases, some staff members may already be aware of gambling harms and bringing this into their individual practice. There is opportunity to learn from these staff, and, where appropriate encourage them to become advocates for this approach.

Resources →

Minimal, incorporate into council’s existing engagement with services.

Priority →

SHOULD DO

DEVELOP PATHWAYS FOR SUPPORT AND RAISE AWARENESS AMONG HEALTH AND SOCIAL CARE PROFESSIONALS

RECOMMENDATION

10

Establish referral routes from healthcare settings to gambling support services and ensure those working in health and social care settings are aware of these pathways.

What →

Setting out clear referral pathways from health and social care settings to gambling support services and highlighting these pathways to health and social care professionals.

Why →

Once health and social care professionals and organisations have identified individuals affected by gambling-related harms, they need to have clear referral routes to gambling support services for them.

This will help embed gambling screening in health and social care settings and ensure patients and service users receive appropriate support in a timely manner.

This will also bolster the relationships between gambling support services and these settings. The research identified some support services have struggled to re-establish these connections following the COVID-19 pandemic.

How →

The council should build upon the momentum developed in its work to introduce screening tools into local services (recommendation 9) and engage similar groups.

There may already be some established referral pathways for specific services. Time should be taken to learn more about how these work and if there are opportunities to apply them in other settings.

Resources →

Minimal, incorporate into council’s existing engagement with services.

Priority →

SHOULD DO

INCORPORATE LEARNINGS INTO STATEMENT OF PRINCIPLES

RECOMMENDATION

11

Incorporate learnings from this research into the upcoming Statement of Principles review.

What →

The Statement of Principles outline which rules the Council proposes to apply when exercising its functions in the Gambling Act 2005.

Public consultation in the summer of 2024 will inform the Statement of Principles review. The Principles will be republished in January 2025.

Why →

The Statement of Principles review provides an important opportunity to be involved in wider stakeholder consultation on gambling and gain a deeper understanding of the principles the Licensing team will follow for the next three years.

How →

Public Health Practitioners will engage with the consultation process and make recommendations based on the feedback from stakeholders and the current evidence base on gambling-related harms.

Resources →

Minimal, part of council’s BAU.

Priority →

SHOULD DO

ENFORCE INFRINGEMENTS

RECOMMENDATION

12

Enforce infringements e.g., implementation of self-exclusion schemes.

What →

The council currently has a variety of policies that gambling providers must adhere to, such as self-exclusion rules. There is scope to increase enforcement around infringements.

Why →

The evidence on the effectiveness of schemes such as self-exclusion is limited. However, the research highlighted that there are significant differences in the approaches of different companies to following rules and processes.

Increasing enforcement, or at least increasing the visibility of enforcers may make smaller or non-dedicated gambling operations (i.e. pubs with slot machines) reconsider if the benefits of hosting gambling outweighs the risks or annoyance of enforcement.

How →

Increasing the focus on enforcement and/or increasing the visibility of enforcement officers in gambling spaces across Sunderland.

Resources →

Significant cost and time resources.

Priority →

COULD DO

APPENDICES

APPENDICES

APPENDIX 1

Survey results on the most popular types of gambling and the impact of gambling-related harms

Figure 8: Survey results on the most popular types of gambling among those with lived experience

Which type(s) of gambling do / did you participate in? Select all that apply

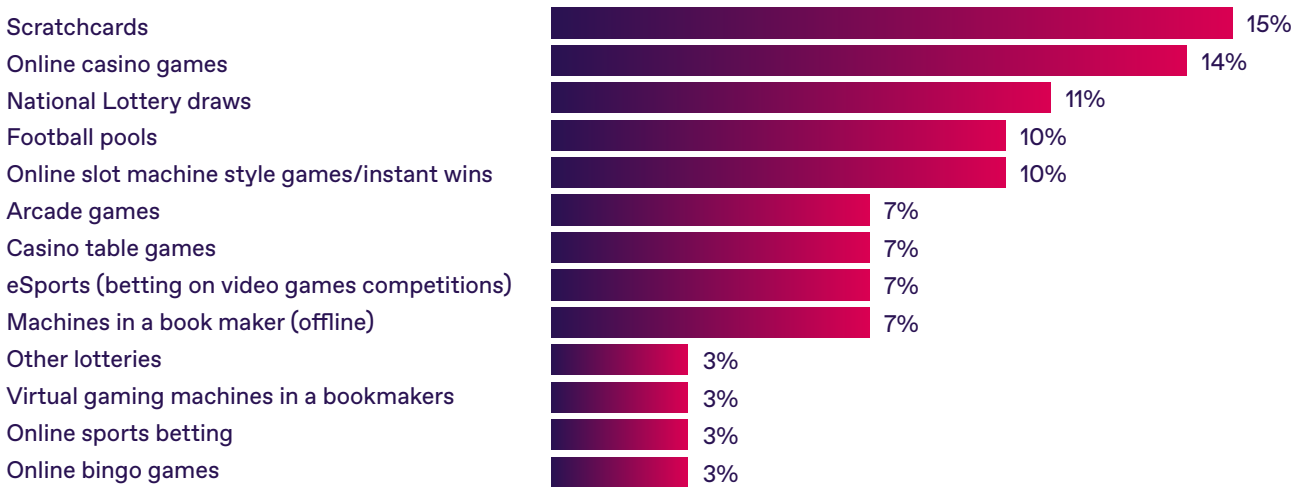


Figure 9: Affected others ranking of the impact of gambling-related harms

Here is a list of the potential impacts of gambling. Based on your experience, please assign a value of 1–5 to each, where 5 is most impactful and 1 is least impactful. For any which are not relevant to you, please select N/A

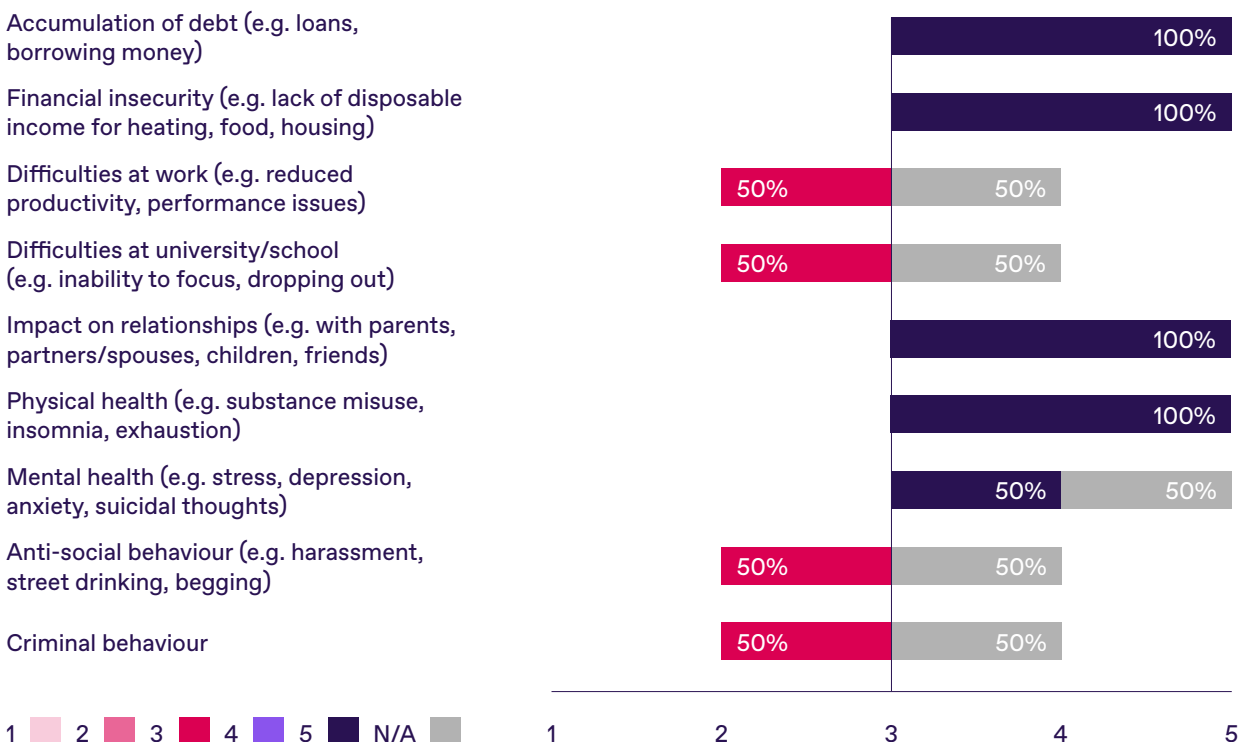
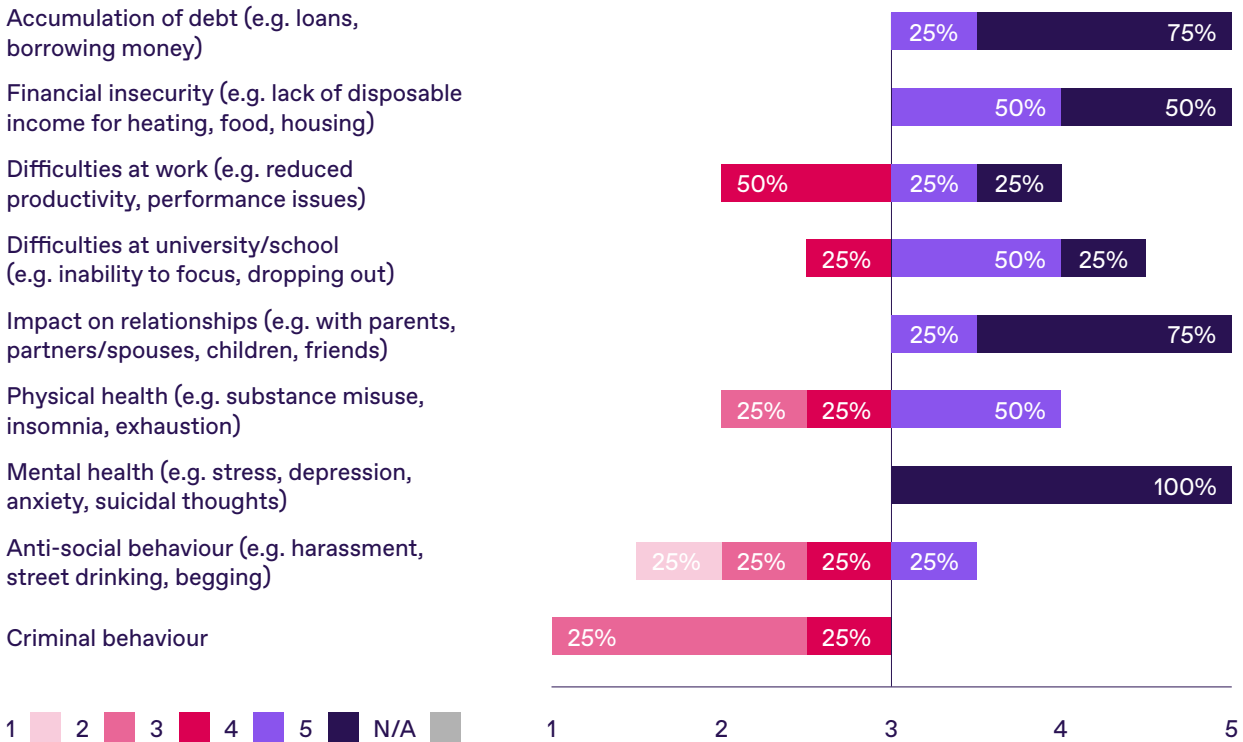


Figure 10: Treatment providers and support services ranking of the impact of gambling-related harms

Here is a list of the potential impacts of gambling. Based on your experience working with your clients, please assign a value of 1-5 to each, where 5 is most impactful on their life and 1 is least impactful. For any which are not relevant, please select N/A



APPENDIX 2

Through this research, support services helping those affected by gambling were identified (see table 3).

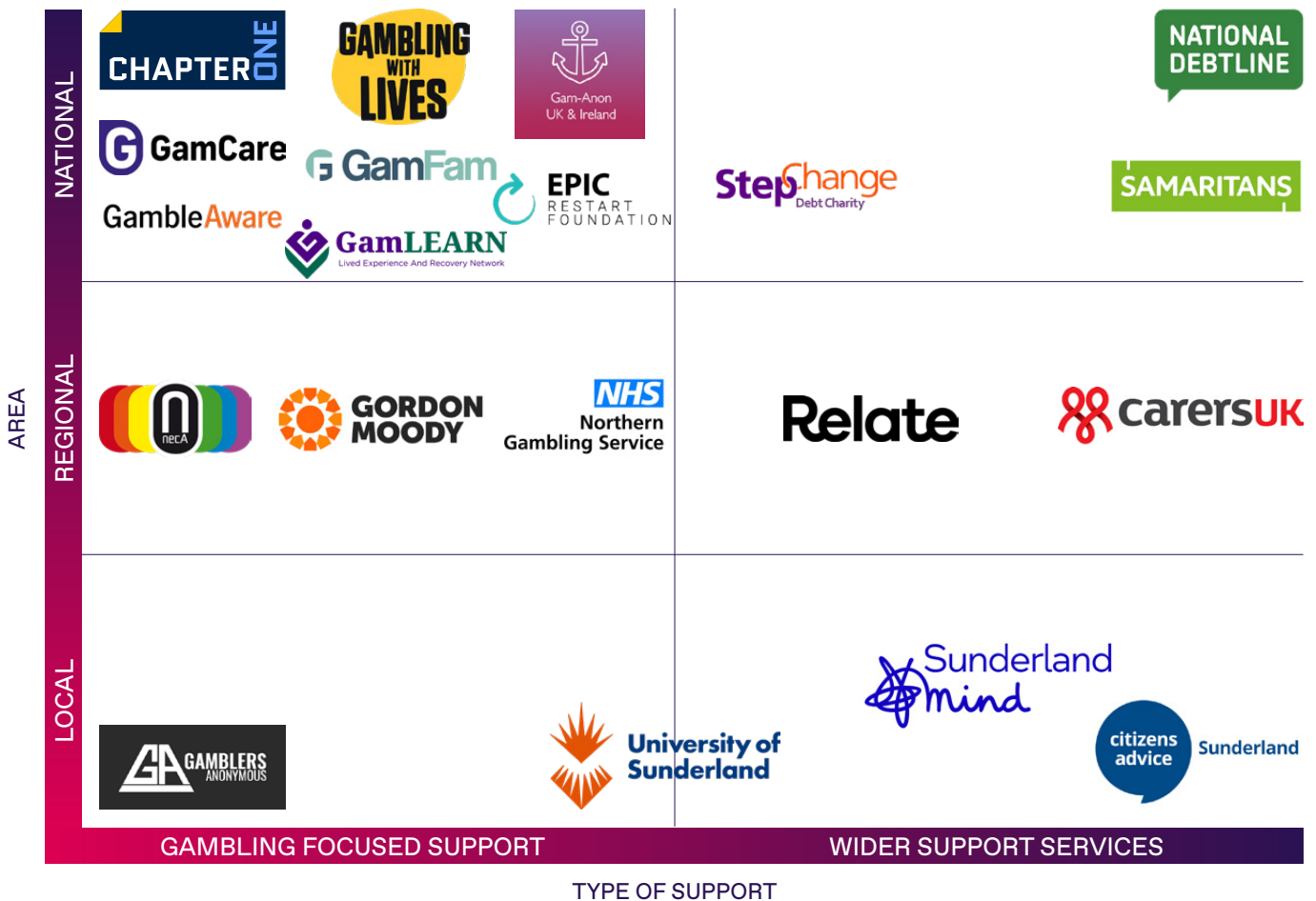
The geographical location and focus of these services varies (see figure 11). Some are based in Sunderland, some have local branches in the area while others are national services available online. The support provided ranges from gambling-specific provision, mostly addiction focused, to targeting gambling-related harms, such as debt advice.

Table 3: Identified support services

Organisation ↘	Support provided ↘
Carers UK	Advice and support for anyone providing care.
Chapter One	An information hub developed by Gambling with Lives and the Greater Manchester Combined Authority, aimed at helping people to better understand gambling-related harm.
Citizens Advice	Provision of advice on a range of issues including debt, housing, benefits, and consumer rights.
EPIC Restart Foundation	Provision of support after gambling harm through restoring confidence and self-belief.
Gam-Anon UK & Ireland	Support for partners, friends, and family members impacted by gambling (affected others).
GambleAware	Strategic commissioner of gambling harm education, prevention, early intervention, and treatment.
Gamblers Anonymous	Group support following a 12-step programme.
Gambling with Lives	Originally set up by families bereaved by gambling-related suicide, the charity raises awareness of the impact of gambling and campaigns for change.
GamCare	Provides support for those experiencing gambling-related harms including running a 24/7 helpline, online live chat, WhatsApp chat, online message board and chatrooms.
GamFam	A charity which runs programmes to support people impacted by gambling (gamblers, their parents and family).
GamLEARN	Free support and empowerment services for those with experiences of gambling-related harm.
Gordon Moody	Provision of therapies and interventions at residential treatment centres, recovery housing, etc. for those most severely affected by gambling.
National Debtline	Provision of advice on money and debt problems from expert debt advisers.

Organisation ↘	Support provided ↘
NECA	Provision of support for individuals impacted by gambling-related harms and substance misuse.
NHS Northern Gambling Service	Specialised support and therapy for those addicted to gambling.
Relate	Relationship and familial advice and counselling services.
Samaritans	Provision of emotional support for individuals at risk of suicide.
StepChange	Provision of tailored debt advice and money guidance.
Sunderland Mind	Provision of support groups and counselling for individuals, carers and families struggling with anxiety and depression.
University of Sunderland Student Support teams	Provision of a range of wellbeing and financial services for students.

Figure 11: Support services matrix





Cover image: Chris Andrawes / Unsplash

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