LEICESTER CITY GAMBLING-RELATED HARM STRATEGY 2026-2030

Taking a public health approach to prevent and reduce gambling-related harm in Leicester

Contents

Acknowledgements **2**
Language **2**
Foreword **2**
Executive summary **3**
1. Introduction **5**
1.1 Gambling-related harm 5
1.2 Gambling and health 5
1.3 Drivers of gambling-related harm 6
2. The case for a local gambling harms strategy **7**
2.1 Gambling-related harm in Leicester 7
2.2 The case for change 8
3. Strategy development **9**
3.1 Our vision 9
3.2 Our aim 9
3.3 Our principles 9
3.4 Our approach 9
3.5 Our strategic themes 10
4. Awareness Raising, Training and Education **11**
4.1 Where are we now? 11
4.2 Where do we want to be and how will we get there? 12
5. Support Pathways **14**
5.1 Where are we now? 14
5.2 Where do we want to be and how will we get there? 15
6. Licensing and Regulation **16**
6.1 Where are we now? 16
6.2 Where do we want to be and how will we get there? 18
7. How will we know we are there? **20**
7.1 Delivery and governance 20
7.2 Evaluation 20
8. Logic model **21**
9. References **28**
10. Appendices **30**

Acknowledgements

We wish to thank all our strategic partners and people with lived experience who have contributed to the development of this strategy.

If you or someone you know is affected by gambling, please know that there is help available. A short list of some professional services and peer support groups can be found in the Appendices.

Language

The language used when discussing gambling harms matters. Terms such as 'problem gambler' and 'gambling addict' can be stigmatising to individuals and families and can be a barrier to people seeking help and support. Using these terms supports the gambling industry-favourable narratives that the people who are experiencing gambling harms are the 'problem', rather than recognising that they are experiencing the harmful effects of the addictive products and harmful practices of the gambling industry.

Instead, we will use 'person-first' terms such as 'a person experiencing gambling harms' or 'a person living with gambling addiction'', which can help to reduce the risk of stigma and blame. These terms will be used throughout the strategy, with the exception to this being when citing data that uses alternative terms.

'Words can hurt' is a language guide for gambling harms created by the Greater Manchester Combined Authority, in collaboration with the Association of Directors of Public Health Yorkshire and Humber and the Association of Directors of Public Health North East. The guide was created to combat the 'individual responsibility' narrative used by the gambling industry and frames harm from a population health approach. This guide has been used to inform the language used throughout the strategy.

Foreword

TO BE ADDED

Executive Summary

This is the first gambling-related harm strategy in Leicester City and outlines our plans to prevent and reduce the harms associated with gambling in Leicester. Gambling-related harm is an under-recognised and stigmatised public health problem. The harms that gambling causes are wide ranging and can affect anyone, including broken relationships, loss of employment and mental health problems. Over 1.8 million people in Great Britain are being harmed by gambling, a figure which does not capture the many millions of significant others, families and friends that are also adversely impacted by gambling.

This strategy follows a recent health needs assessment which drew on literature and data sources to better understand the populations affected by gambling harms in Leicester. There is a lack of complete, precise and reliable local information on the extent to which Leicester residents are being harmed by gambling, but we know that there are individuals and communities in our city who are experiencing a multitude of gambling-related harms including homelessness, criminal convictions and increased risk of suicide. We have drawn on the findings and recommendations from that report, as well as wider guidance and learning from others, to inform this strategy.

Three strategic themes have been identified, which reflect key opportunities to prevent and reduce gambling-related harm:

1. **Awareness Raising, Training and Education**: This theme focuses on increasing the awareness of gambling harms and support available by ensuring there is appropriate local training and education, as well as strengthening the local evidence-base.
2. **Support Pathways**: This theme focuses on working as a system to establish and improve local support and recovery pathways for those affected by gambling.
3. **Licensing and Regulation**: This theme focuses on the regulation of access to gambling products through licensed premises and the promotion of gambling products.

Leicester City Gambling-Related Harm Strategy 2025-2030

Our vision:

Leicester city will be a place where people are protected from gambling harm and can access and receive support according to their diverse needs.

1. Introduction

1.1 Gambling-related harm

Gambling describes an activity where a person risks a loss for a possible gain in an activity of uncertain outcome. This includes casino games, sports betting, bingo, scratch cards and lotteries, and features of gambling are present in popular console gaming and cryptocurrency.

Gambling can inflict significant and long-lasting harm to individuals, families, and communities (1,2). Gambling-related harm collectively describes the various adverse consequences of gambling. Beyond the dangers of financial loss and financial ruin, the harms can include loss of employment, broken relationships, health effects and crime-related impacts (1). Gambling can also increase the risk of suicidality and domestic violence. These adverse effects are often felt not just by the person gambling, but also by significant others, families and friends, collectively known as "affected others". The latest data published by the Gambling Commission found that 2.7% of the population in Great Britain have experienced adverse consequences from gambling (and this figure does not capture affected others) (3). This equates to over 1.8 million people in Great Britain who are being directly harmed by gambling.

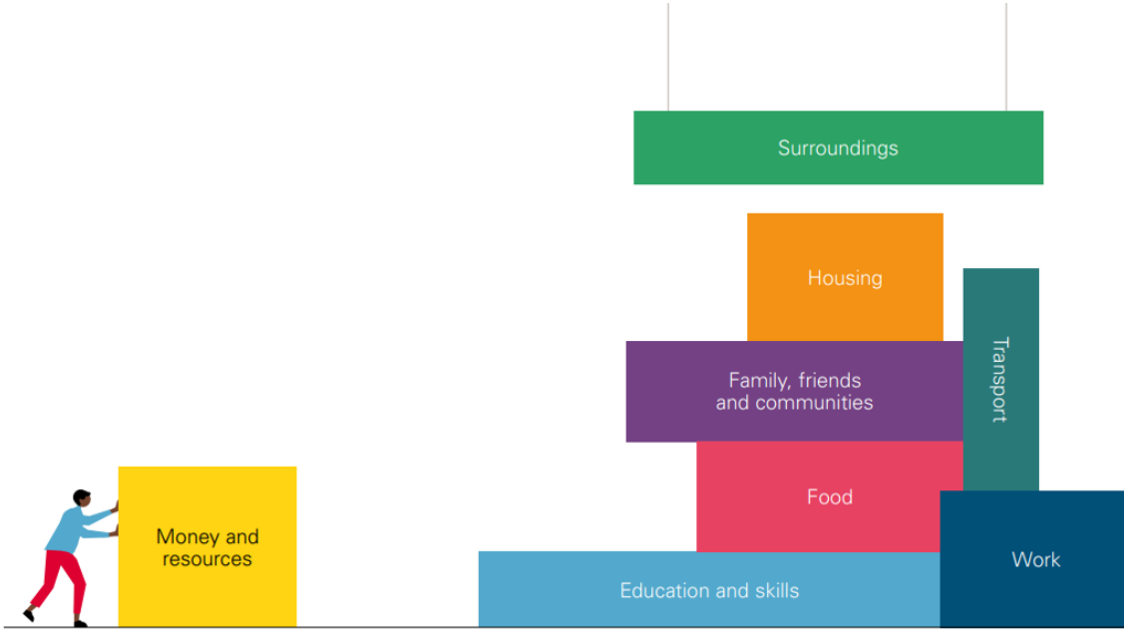
The harms caused by gambling are complex with many different and often interlinked factors. These harms are now widely recognised as a public health issue, which requires a broad population-level response to reduce exposure to gambling, prevent harms, and support those who are experiencing harm.

1.2 Gambling and health

Gambling harm is strongly connected to health and wellbeing. There is an association between gambling at all levels of harm and increased substance use and alcohol consumption, which are recognised causes of preventable morbidity and premature mortality (2). Evidence demonstrates that there can be substantial harms to mental health including guilt, shame, loss of self-esteem, loneliness and sleep problems, as well as increased risk of anxiety and depression (2). 'Gambling disorder' is a recognised mental health condition characterised by persistent and recurrent gambling behaviour leading to substantial harms (4). Deaths by suicide are significantly higher among those being harmed by gambling, with a recent study indicating that this could be a 15-fold higher risk than the general population (5). It is estimated that there are between 117 and 496 gambling-related suicides per year in England (2).

As well as the direct impacts that gambling can have on health, it can also influence the wider building blocks of our lives which shape and influence health over time. To have a society where everybody can thrive, we need all the right building blocks in place: stable jobs, good pay, quality housing and good education (Figure 1) (6). The adverse effects of gambling, such as cultural harms (negative experiences such as loss of identity, social isolation and shame relating to cultural expectations and roles), criminal and anti-social behaviour harms, relationship harms, and employment and educational harm, can contribute to many of these blocks being missing.

Figure 1: The building blocks of health (6)



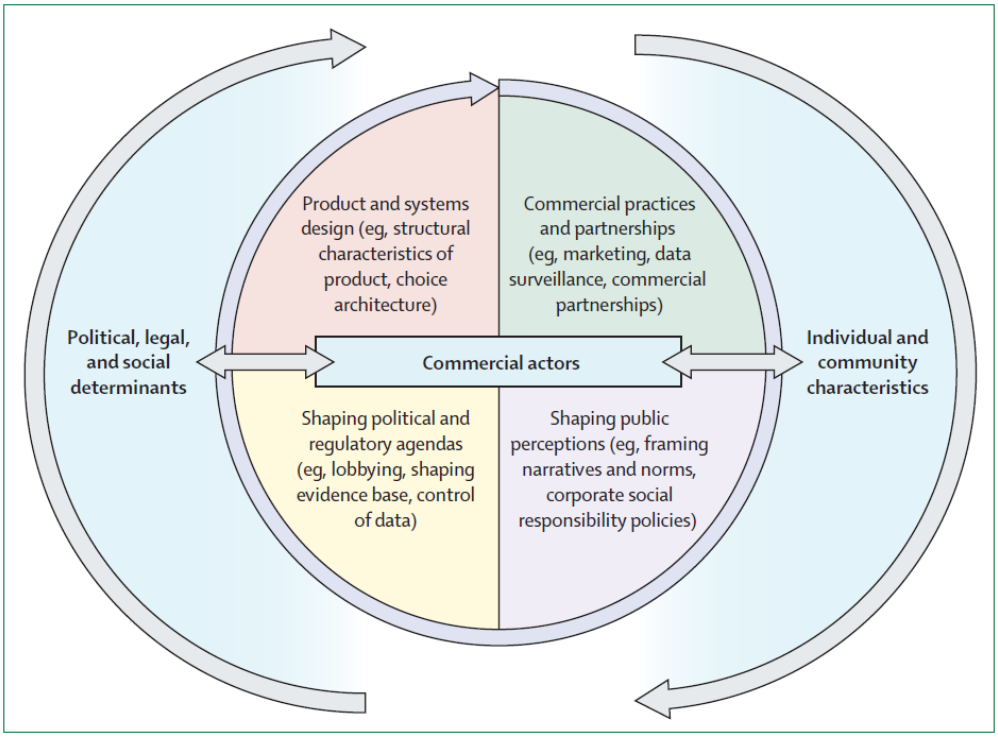
1.3 Drivers of gambling-related harm

Great Britain has one of the biggest gambling markets in the world, with the total Gross Gambling Yield (GGY) of the gambling industry reported as £15.6 billion for April 2023 to March 2024 (7). Industry growth is fuelled by the rise of online gambling, widespread access to gambling opportunities through mobile phones, and the introduction of commercial gambling to new areas (1). The actions of the gambling industry are recognised to increase the risk of gambling harms. In recent years, gambling operators have been reported to spend over £1.5 billion on gambling advertising and marketing in the UK (8). Additionally, the commercial gambling industry has developed strong partnerships in media and social media, and many professional sports organisations are sponsored by gambling organisations, creating marketing opportunities to vast audiences. This means that children and young people are frequently exposed to gambling products via a range of means, causing growing concern regarding the impacts that gambling is having on young people.

The gambling industry portrays gambling as harmless entertainment and stresses the social and economic benefits plus employment opportunities that the industry provides. Their narratives have shaped perceptions that responsibility for gambling harm is attributed to individuals, deflecting attention from corporate conduct. This has also added to the stigma associated with gambling and gambling-related harms. Many conceal the harms being caused by gambling and can find it challenging to access support.

The drivers of gambling and gambling harms are complex, with inter-relationships between commercial, political and social determinants as illustrated in Figure 2.

Figure 2: The determinants of gambling and gambling harms (1)



2. The case for a local gambling harms strategy

2.1 Gambling-related harm in Leicester

The recent Leicester city gambling harms needs assessment indicated that there could be more than 1,500 people in Leicester being harmed by gambling plus 26,000 affected others (9). The Gambling Survey for Great Britain 2024 found that 2.7% of British adults are experiencing severe harms from gambling and a further 12% are at elevated risk of gambling harms (3). This suggests that significantly more people are being harmed by gambling products and industry practices than was previously thought. If the Gambling Survey for Great Britain estimates were to be applied to Leicester's population, this could mean than there are actually nearer to 10,000 people locally experiencing severe gambling harms, and over 40,000 people at elevated risk of gambling harms.

The population demographics of Leicester have several characteristics with high levels of gambling-related harm, including having a higher-than-average proportion compared to England who are: aged between 16 and 34 years; living in a deprived area; or unemployed. Leicester also has a higher-than- average proportion of people of Asian or Asian British ethnicity. National survey data indicates that people of this ethnicity are generally less likely to gamble, but more likely to experience 'problem gambling' (or gambling at harmful levels) than other ethnic groups (9).

Interviews with those who have lived experience of gambling harms in Leicester illustrated the range of ways in which individuals, communities and society are being negatively affected by gambling harms. These included: criminal convictions and imprisonment; homelessness; mental health problems and increased risk of domestic violence. Those interviewed highlighted concerns regarding exposure of children and young people to gambling behaviours through gaming. They described that there would be value in local education programmes for children and young people so that they can be protected and prevented from experiencing gambling harms. The importance of having culturally sensitive local services was also highlighted.

2.2 The case for change

Whilst we lack complete, precise and reliable local information on the extent to which gambling is harming the people of Leicester, we know that gambling is adversely affecting the health and wellbeing of many people in our city. Our gambling-related harm needs assessment highlighted that whilst the overall gambling prevalence in Leicester might be relatively low, the prevalence of gambling harms is high. Those with lived experience of gambling harms have told us how it has affected relationships, finances and caused life-devastating destruction.

Leicester's Health, Care and Wellbeing Strategy 2022-2027 outlines the ambition for everyone in Leicester to have the same opportunities for good health and wellbeing, through working in partnership to tackle health inequalities and ensure that support and services are tailored to the needs of different groups and communities in our city. Tackling gambling-related harm in Leicester links to many of the themes for action in the Health, Care and Wellbeing strategy, including: promoting positive mental health within Leicester across the life course; making Leicester the healthiest possible environment in which to live and work; and giving children the best start in life.

Taking action to prevent and reduce gambling harms will complement work on other prioritised challenges in Leicester. It could contribute to the prevention of mental ill-health, suicidality, unemployment, financial insecurity, homelessness, substance use, social isolation and crime. Our ambition to prevent gambling-related harm aspires to improve health and wellbeing, boost the local economy, keep families together, protect job, home, and financial security, so that people in Leicester city can live happy and healthy lives.

3. Strategy development

3.1 Our vision

Leicester city will be a place where people are protected from gambling harm and can access and receive support according to their diverse needs.

We believe that everyone in Leicester should have the same opportunities for good health and wellbeing. This means ensuring that gambling harm is prevented and that those experiencing gambling-related harm are proactively supported and empowered to access the support and recovery they need.

3.2 Our aim

To prevent and reduce gambling-related harm experienced by people, families and communities across Leicester city.

Our strategic aim is to stop gambling-related harm by taking collective local action, so that the people of Leicester can live happy and healthy lives.

3.3 Our principles

The following principles underpin this strategy and outline the public health approach that will be taken to address gambling-related harm in Leicester:

- We are passionate **advocates** for people affected by gambling related harm
- We will use **language** which is inclusive and destigmatising
- We recognise that gambling can be a **harmful activity for anyone**
- We will take a **whole system population health approach** to preventing and reducing gambling-related harm
- We believe preventing gambling-related harm should be **everyone's responsibility**
- We believe that action must be **independent from the influence of the gambling industry**

3.4 Our approach

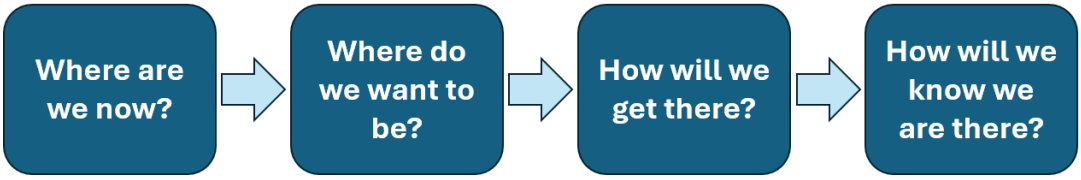
This Gambling-Related Harm Strategy outlines the commitment of the council and local organisations to address the complex issues related to gambling and the harms it causes. We have taken a whole system population health approach. This recognises that the issues affect many people and organisations across the entire population, and the way they are experienced are complex and interconnected.

The strategy has been developed in partnership with a wide range of organisations and services and has included people with lived experience of gambling-related harm from the start. The organisations involved are listed in Appendix 1.

The development of the strategy has drawn on the expertise of the Strategy Development Group, the findings from Leicester City's gambling harms needs assessment, the evidence base from data and published literature, and recommendations set out in relevant guidance documents. We have also drawn on the stories and expertise of those with personal experiences of gambling-related harm throughout the strategy development to help shape the content and ensure that areas of focus reflect the needs of those with direct experience of gambling harms. We intend to continue to engage with those who have lived and living experience of gambling-related harm throughout the implementation of the strategy.

The process of strategy development has followed the four stages outlined in Figure 3.

Figure 3: Strategy Development Process



3.5 Our strategic themes

Three strategic themes have been identified in the development of this strategy, which reflect key opportunities to prevent and reduce gambling-related harm.

1. **Awareness Raising, Training and Education**. This theme focuses on increasing the awareness of gambling harms and support available by ensuring there is appropriate local training and education, as well as strengthening the local evidence-base.

2. **Support Pathways**. This theme focuses on working as a system to establish and improve local support and recovery pathways for those affected by gambling.

3. **Licensing and Regulation**. This theme focuses on the regulation of access to gambling products through licensed premises and the promotion of gambling products.

Each strategic theme is broken down into aims and objectives. The aims describe broader and more general areas of focus within the theme, and the objectives outline some of the steps needed to achieve that aim.

4. Awareness Raising, Training and Education

4.1 Where are we now?

Training and education

Gambling products are widely used and strong promoted, with harms under-recognised and very poorly communicated to the public (10). The gambling industry spends over £1.5 billion on advertising and marketing of products, making it challenging for those working in public health to compete by highlighting the business model of the gambling industry to our population. That is, that the more money acquired from the public, the greater the industry's profits which simultaneously increases the risk of harms to individuals, families and communities.

Across local partner organisations in Leicester, there is a mixed picture in terms of knowledge and gambling-related harms and the knowledge of the local support available. A small number of staff groups who interact regularly with the general public or patient groups have received training on gambling harms, but this has been via a mixture of providers with lack of a consistent local training offer.

National survey data has shown that just over a quarter of 11- to 17-year-olds had spent their own money on any gambling activity in the twelve months prior to completing the survey (11). Over half of young people had seen or heard gambling advertising via online or offline platforms, yet almost four in five children agree that 'nobody under the age of 18 should be exposed to content and advertising about gambling'. There is also growing concern that some forms of gaming could become a gateway into gambling for children and young people, but the long-term impact of this is not yet known. There is lack of local data on children and young people in Leicester who gamble or who are experiencing gambling-related harms, but there is opportunity to raise awareness amongst this group and those who care for them to support prevention of harms.

Evidence base

The recent gambling harms needs assessment drew on evidence from published literature and data sources which describe populations with the highest levels of gambling-related harm. It also looked at some limited local data which compared gambling-related outcomes for Leicester city to comparator areas. Most of the data presented was from GambleAware, an organisation who receive most of their funding from the gambling industry. Much of the data was missing the information necessary to determine the local authority district in which a person resides, and consideration is needed of the risk of bias due to industry funding of the research which could lead to skewed agendas and outcomes in favour of the gambling industry.

Whilst the needs assessment provides a helpful start, it highlighted the lack of complete, high-quality information about local-level incidence and prevalence of gambling harms. The rise in online gambling means that there are challenges in

understanding the extent of gambling and associated harms in Leicester. There is also limited understanding of the experiences of affected people in Leicester.

4.2 Where do we want to be and how will we get there?

Aim 1: Raise awareness about the risks and impacts of gambling to support prevention of gambling harms.

Objective 1.1: Train staff in public-facing roles on the risks and impacts of gambling and how these can affect different population groups, ensuring training is free from industry influenced narratives.

We will work with system partners to encourage staff working in services or organisations that are likely to see people affected by gambling harms, to receive appropriate training. Engagement work with staff and those with lived experience of gambling harms will be needed to understand the needs of a training offer, and then an appropriate programme will be co-designed and developed/procured. The training will increase awareness of gambling harms and support services available, help to destigmatise gambling harms, and equip staff to ensure that gambling harms are screened for and appropriately recorded (see objectives 3.1 and 5.1).

Objective 1.2: Design and promote public awareness campaigns, working with those who have lived experience to consider how these campaigns could be targeted at different population groups e.g. young people and ethnic minority groups.

We need to dismantle myths about gambling products and gambling-related harm through public campaigns. These will focus on preventing harm through a public health approach that includes education and awareness raising. Campaigns will be developed alongside those with living and lived experience of gambling-related harms, so that messaging is accessible to different population groups and non-stigmatising. This could also help those experiencing gambling harms to know where and how to access support and empower them to have confidence to access it.

Case study: Odds Are: They Win

The Odds Are: They Win campaign was developed to raise awareness that gambling products and practices can cause harm in Greater Manchester Combined Authority (10). This campaign ensured that narratives moved away from those of personal responsibility and instead reflected research evidence highlighting that industry-funded messaging (e.g. "when the fun stops, stop") is insufficient in preventing harm and can contribute to stigma. The target audience was men aged 18-40 and the campaign was deployed ahead of, during and after the 2022 Football World Cup using a range of digital and out-of-home channels. The campaign saw a surge in the number of people accessing information on support and treatment for gambling harms.

Objective 1.3: Promote the importance of action on gambling harms as a public health and safeguarding matter through key forums and partnerships.

There is opportunity to raise the profile of gambling-related harms on various agendas through different Boards and partnerships which include health and system partners. This can help to ensure that gambling-harms are recognised and prioritised by senior colleagues, which will help to support objective 1.1.

Aim 2: Provide information on the risks and impacts of gambling to children and young people, as well as those living and working with them.

Objective 2.1: Work with educational settings and those working with children to improve understanding and recognition of gambling harms amongst children, parents/carers and teachers.

The earliest opportunity to prevent gambling-related harm is to protect children and young people. We will work with partners to develop or adapt a local young people's education package, with consideration as to how this information could be shared with parents and carers (acknowledging that they may also be experiencing gambling harms). We will work with those in contact with children including schools and educational settings, as well as safeguarding teams and healthcare colleagues. This will help to ensure that children and young people understand more about gambling, its risks, and how and where to seek help. It will also enable children and their support network to be informed and equipped to prevent and respond to gambling harms.

Objective 2.2: Work with young people via universities, colleges and sixth forms to ensure there is good recognition of gambling harms, improved knowledge of support available, and increased access to support.

Where young people start to gain financial independence, there can be increased risk of being harmed by gambling. It is important that they have the knowledge of support available and the confidence to seek help. We will work with various local educational settings to understand the needs of different groups of young people. We will adapt a training package to equip young people and those working with them, with the knowledge and skills to recognise gambling harms and seek appropriate support.

Aim 3: Strengthen the local evidence-base regarding gambling-related harm in Leicester city.

Objective 3.1: Utilise and encourage opportunities to collect local data on gambling and gambling-related harms across diverse population groups.

Strategic partners already collect a wide range of data from diverse populations, and there is opportunity to strengthen data collected on gambling and associated harms. This will include ensuring that gambling and associated harms are systematically

recorded across local services including clinical teams as recommended through guidelines published by the National Institute for Health and Care Excellence (NICE) (see objective 5.1) (12). We will also seek opportunities to collect further information through local surveys and gathering qualitative insight from those with lived experience.

Objective 3.2: Seek to evaluate interventions (both educational and support-related) that are implemented locally to prevent and reduce gambling-related harm, so that learning can be shared.

There is a limited but growing evidence base on the interventions which can prevent and reduce gambling-related harms. There is a need to expand local evidence, particularly considering which interventions work (and why) for Leicester's diverse population. We will therefore ensure that evaluation plans are built into any initiative that is implemented locally, from the outset. This will support not only local learning but also can be shared with colleagues nationally to expand the evidence-base.

5. Support Pathways

5.1 Where are we now?

Help and support for people affected by gambling is available and expanding in Leicester (see Appendix 2 for a list of some of the available services and their contact information).

Locally, the NHS East Midlands Gambling Harms Service offers specialist support and treatment to those experiencing gambling harms across the region. The service is based in Derby but offers support to people across the East Midlands. There is also local support available through community and voluntary organisations such as Shama Women's Centre.

Nationally, there are a range of organisations that people can receive treatment and support through. These include organisations which provide support for anyone experiencing gambling harms, including affected others, and mutual support groups such as Gamblers Anonymous. There are also downloadable software blockers which limit access to websites, apps and other gambling products.

However, evidence demonstrates that many people are not reached by support services, for various reasons. Whilst gambling harms can affect anyone, evidence shows that those accessing treatment are more likely to be males and those of white ethnicity (13). Stigma can also be a significant barrier. Interviews with those who have lived experience of gambling harms in Leicester revealed that there is a need for more local support, particularly that is able to support people from a range of different cultures.

There is opportunity to improve the awareness of support services amongst the public and professionals. Additionally, whilst some services which support people in Leicester are well connected, not all organisations are aware of the support offered by others or the signposting and referral routes.

5.2 Where do we want to be and how will we get there?

Aim 4: Ensure support is visible, accessible and acceptable to people in Leicester City, recognising that there is no on-size-fits-all.

Objective 4.1: Develop and promote a standardised set of trusted resources, support services and other organisations that can be shared and included in local service directories to support those experiencing gambling harms and affected others.

We will ensure that there is comprehensive and consistent information available regarding the range of support available to people in Leicester, so that this can be shared across professionals, providers and the public. We will seek to provide this information in a range of formats so that it is accessible to diverse population groups.

Objective 4.2: Advocate for commitment to include the voices of those with lived experience in the development and delivery of harm prevention and reduction interventions.

The voices of those with living and lived experience of gambling harms are crucial in offering personal, first-hand knowledge and a unique perspective that can ensure services and interventions are effective and tailored to real needs. We will ensure that these voices continue to be heard beyond the development of this strategy, and that the diversity of voices heard reflects the diversity of those who experience harms. This will aid consideration as to how support can be adapted or adjusted for diverse groups to promote access and reduce stigma.

Aim 5: Collaborate and connect with local partners to ensure local referral and treatment pathways are coordinated and effective.

Objective 5.1: Collaborate with local organisations to promote and embed the recommendations within the NICE guideline on gambling-related harms, for example through identifying appropriate screening questions and embedding these into assessment tools.

The first guideline on 'Gambling-related harms: identification, assessment and management' was published by NICE in January 2025 (12). The guideline covers identifying, assessing and treating gambling-related harms in those aged 18 and over who are directly experiencing gambling harms, as well as affected others. There is opportunity to ensure that local organisations are aware of this guideline and have considered how the recommendations could be embedded into local procedure and practice. This could include developing routine screening for gambling-related harm

in settings such as general practice, debt advice settings, housing, financial organisations, justice pathways, food banks, drug and alcohol services, early help, children's services and the Job Centre. This links with objectives 1.1 and 3.1.

Objective 5.2: Work with local partners to support the development of coordinated local referral pathways, so that organisations can signpost and offer direct referral to those experiencing gambling harms to appropriate support.

There are a wide variety of local services who will see those experiencing gambling harms. There is opportunity to strengthen relationships and support networks across statutory and community partners. This links with objective 4.1, but also ensures communication channels and mechanisms are in place which allow organisations to work together to support those experiencing gambling harms in accessing both treatment services in the shorter term, and longer term recovery support.

Objective 5.3: Facilitate a community of practice with local support organisations to connect providers of gambling support with other support services.

We will seek to ensure that local partners stay connected beyond the delivery and implementation of this strategy. A community of practice will allow local organisations to share learning (include that gathered through lived experience) and to disseminate best practice resources.

6. Licensing and Regulation

6.1 Where are we now?

Licensing

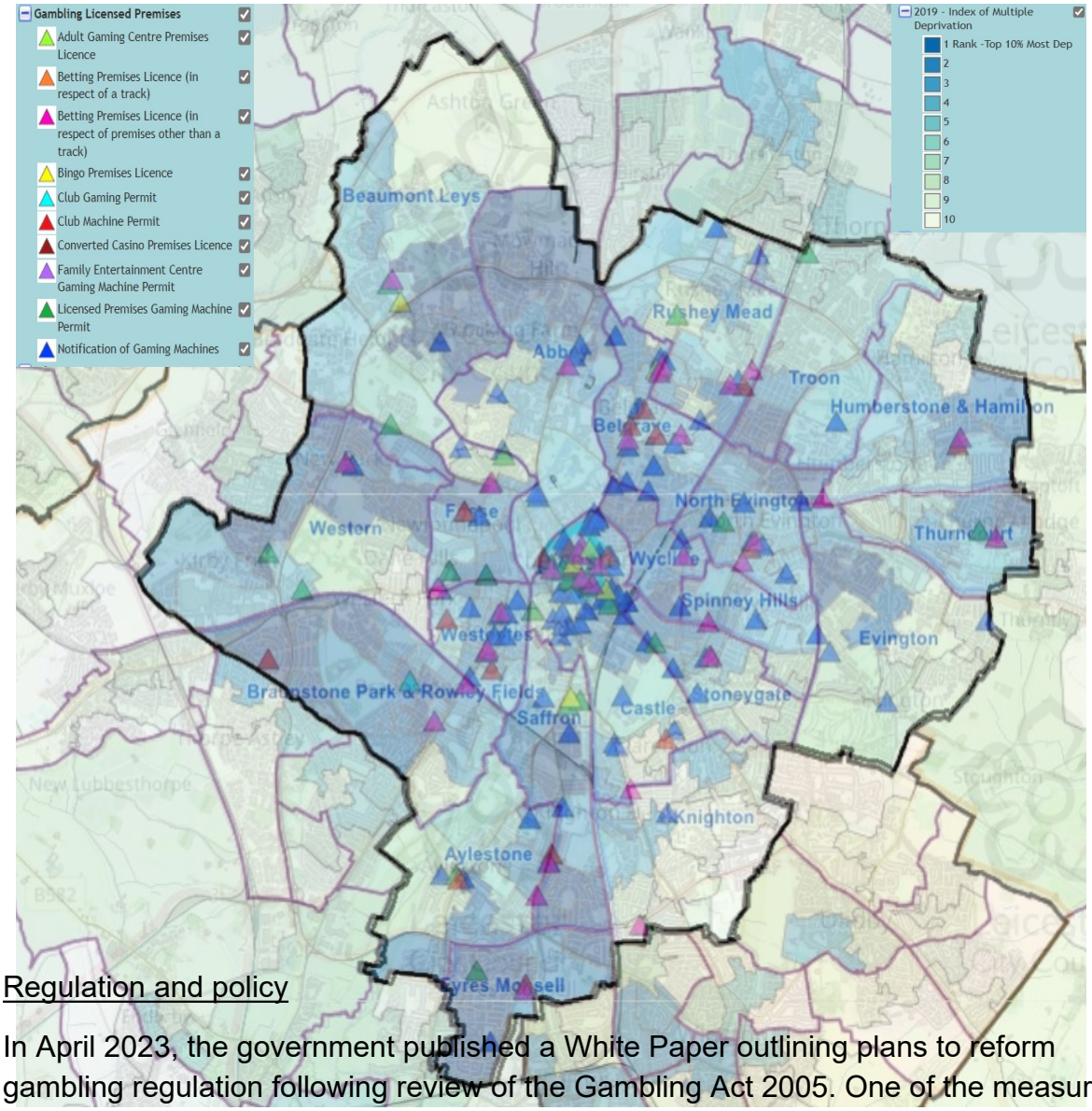
The Gambling Act 2005 is the basis for virtually all regulation of gambling in Great Britain. The Gambling Commission is responsible for regulating gambling in accordance with the Act. Licensing authorities (district and unitary councils) are a key partner in gambling regulation, with a responsibility for overseeing non-remote gambling in their local areas (14). The Commission provide guidance to licensing authorities on how to implement their responsibilities under the Act. Both the Gambling Commission and licensing authorities are bound by a statutory 'aim to permit' and must grant premises licenses provided certain conditions are met, leaving limited opportunity to prevent the opening of new gambling venues. Licensing authorities must base decisions solely on the licensing objectives set out in the Gambling Act 2005 and do not have discretion to refuse premises licenses on economic or moral grounds.

The Leicester City Council licensing team regulate gambling and betting premises in Leicester, apart from online gambling and the National Lottery. The team produce, review and implement a Gambling Policy (statement of principles) in accordance with the Gambling Act 2005 to prevent gambling being a source of crime or disorder, ensure gambling is conducted in a fair and open way, and to protect children and

other vulnerable persons from being harmed or exploited by gambling. Each application is considered on its own merits against the licensing objectives, which is a key principle under the Act and statutory guidance.

Most of the gambling premises in Leicester are concentrated in the city centre and clustered around the most deprived areas of the city (Figure 4).

Figure 4: A map of premises in Leicester with a gambling license with Index of Multiple Deprivation (IMD)



Regulation and policy

In April 2023, the government published a White Paper outlining plans to reform gambling regulation following review of the Gambling Act 2005. One of the measures introduced was a statutory levy, where gambling operators pay a fixed percentage of their Gross Gambling Yield to fund prevention, treatment and research. The statutory levy was introduced via secondary legislation and commenced in April 2025 with funding flowing later in 2025. The levy will be collected and administered by the Gambling Commission under the strategic direction of the government, and the three arms of treatment, prevention and research will be managed by NHS England, the Office for Health Improvement and Disparities (OHID) and UK Research and

Innovation (UKRI) respectively. This should improve the independence of research, education and treatment and provides opportunity to reduce gambling-related harm.

Many in the public health community feel that there is still more that could be done by the government to reform gambling policy (15). For example, further could be done to prevent harm from occurring in the first place, rather than mitigating the impacts once harm has already occurred. Proposals include curbs on advertising and marketing in all media, regulations to address the most harmful and addictive attributes of gambling products, and independent, sustained, evidence-based campaigns to highlight the harms of the gambling industry.

6.2 Where do we want to be and how will we get there?

Aim 6: Advocate for change in gambling policy at a national level.

Objective 6.1: Join national efforts to lobby for best practice gambling regulation and policy reform at other levels of government, to reduce gambling-related harms.

Given that local regulatory powers are limited by national policy, there is opportunity to join with other local authorities and national organisations to advocate for national-level gambling reform.

Case study: Brent Council

In April 2025, Brent Council issued an open letter to the Secretary of State for Culture, Media and Sport proposing six reforms for the government to consider supporting to reduce gambling-related harms and improve the health of local communities. The suggested reforms include reforming the 'Aim to Permit' Policy so that local authorities have the power to reject premise license applications that threaten the community's welfare and safety, and prohibiting gambling advertising, promotion, and sponsorship to prevent exposure, especially to children and young people.

Aim 7: Integrate considerations related to gambling harms into local policies and decision-making to strengthen the regulations of land-based gambling and prevent gambling promotion.

Objective 7.1: Work with colleagues across the council, including Housing, Planning, Licensing, Advertising and Sponsorship to review and update local policies using a Health in All Policies Approach to reduce gambling-related harm.

We will work with colleagues across Leicester City Council to identify opportunities for preventing and reducing gambling harms through Council policies. This will include:

- Developing an advertising and sponsorship policy to prevent gambling promotion on council property;
- Reviewing and updating the LCC Gambling Policy with public health input;
- Reviewing the Health Impact Assessment for major planning applications.

Planning permission and gambling premises licensing are separate processes, and decisions in one do not determine the other. Consideration will be given as to how Public Health might review and respond to licensing and/or planning applications for gambling premises.

Objective 7.2: Gain assurances that local gambling businesses are responsibly preventing and responding to gambling-related harm.

We will work with licensed operators to ensure that appropriate measures are in place to identify and manage the risks and harms from gambling and undertake planned and unannounced compliance visits. We will encourage operators to provide local risk assessments as required under the Commission's License Conditions and Codes of Practice to support identification and mitigation of local risks.

7. How will we know we are there?

7.1 Delivery and governance

This strategy has been co-produced by a partnership of services, organisations and individuals who all have an ambition to reduce gambling-related harm in Leicester. The Strategy Development Group has agreed to support the delivery and implementation of this strategy. Collaboratively, we will work to prevent gambling harms and support those affected by gambling across the city. This will lead to broader positive impacts on a range of other health and social challenges to the benefit of all partners and our population.

The strategy will be delivered over a 5-year period. This reflects the time needed to effectively plan, deliver and monitor progress towards the strategic aims and

objectives. A delivery plan will be produced to support implementation of the strategy, including key milestones and designated leads for each objective.

The ‘Strategy Development Group’ will become the ‘Gambling Harms Working Group’ who will meet regularly to review and discuss progress of the strategy. The group will include representation from partners with responsibilities outlined in the delivery plan. Regular updates of strategy delivery progress will be provided by Public Health to Leicester’s Health and Wellbeing Board.

7.2 Evaluation

Evidence-based practice is key to a public health approach because it ensures that we understand the impact of measures put in place and can support sustainable programmes of work that improve population health outcomes. Evaluation has been considered and embedded in the design of this strategy so that change and impact can be measured.

Given that local data on gambling and gambling-related harms is limited, some of the actions taken as part of delivering this strategy will help to produce baseline metrics that progress can be measured against. Additionally, we aim to listen to those affected by gambling harms in Leicester city to understand how and why the strategy is or is not achieving its desired aims. Objective 3.2 describes the local ambition to ensure that evaluation is built into all interventions that are implemented locally.

A logic model has been produced which illustrates the inputs, actions, outputs, outcomes and impacts expected for each strategic objective. This will serve as a roadmap, showing the expected relationship between activities undertaken and associated impacts, and will inform the methods to evaluate the strategy.

8. Logic model

Awareness Raising, Training and Education					
Objective	**Inputs**	**Activities**	**Outputs**	**Outcomes (medium term)**	**Impacts (long term)**
1.1 Train staff in public-facing roles on the risks and impacts of gambling	• Funding • Participation of frontline services and managers • Those with lived experience of gambling harms • Training providers	• Stakeholder engagement • Lived experience co-design • Training offer developed/ commissioned • Training is offered to those that are providing services to people living or working in Leicester	• A public health training package is delivered to staff in public-facing roles across Leicester • Data on the number of people who receive training, and their roles is collated and reviewed to identify gaps in training provision	• Staff working with the people of Leicester have greater awareness of gambling risks, impacts and support services • Staff have increased confidence to ask about gambling and signpost to support	• Increased awareness of gambling-related harm, with those in public-facing roles more confident to ask about gambling and signpost to support. • People in Leicester are more aware of gambling risks and impacts, and support services. • Stigma around gambling-related harm is reduced. • People feel more able to disclose gambling related harm and get support needed. • Incidence of gambling harm in Leicester decreases.
1.2 Design and promote public awareness campaigns	• People with lived experience to support design and delivery of key messages • Collaboration of system partners • Delivery channels	• Stakeholder engagement • Lived experience co-design • Public health information campaign developed in formats appropriate for diverse audiences	• A public health information campaign is delivered	• People in Leicester have greater awareness of gambling risks, impacts and support services, as well as increased confidence to seek support • Those affected by gambling harms feel stigma reduce	
1.3 Promote the importance of action on gambling through key forums and partnerships	• Health partners • Partnership Board's e.g. Leicester City Health and Wellbeing Board	• Stakeholder engagement • Discuss gambling and associated harms in partnership meetings, forums and Board's	• Gambling related harm is prioritised and discussed on the agendas of key partnership meetings	• Leaders and managers working across public-facing services have greater awareness of gambling risks, impacts and support services and promote local action	
2.1 Work with schools to improve the	• Schools in Leicester • Healthy Together 0-19 Team	• Work with schools (for example through PHSE leads), health	• Children and their parents or carers	• CYP, parents/ carers and professionals in contact with CYP have	• Children, young people and their trusted adults are more aware of

understanding of gambling harms	• Leicestershire Police • Training providers	and education partners to identify schools and roll-out training • Gambling harm information delivered to Leicester school students and parents or carers • Training on gambling harm is promoted to adults in regular contact with CYP	receive information on gambling harm • Professionals in contact with CYP receive gambling harm training	greater awareness of gambling risks and impacts	gambling risks, impacts and support services. • Children and young people feel more able to disclose gambling related harm and to seek help and support. • Incidence of gambling-related harm decreases. • Children, young people and their trusted adults are supported and safeguarded from gambling-related harm.
2.2 Work with universities, colleges and sixth forms to improve recognition of gambling harms and access to support	• Colleges and sixth forms in Leicester • University of Leicester • De Montfort University • Training providers • Digital resources	• Work with system partners to identify colleges, sixth forms and university groups and roll-out training, considering different offers for different age groups • Information on gambling harms and support available is provided to young people in Leicester	• Young people receive information on gambling harm and support available	• Young people have increased knowledge of gambling harms and support available • Young people have increased confidence to open up about gambling and seek support	
3.1 Utilise and encourage opportunities to collect local data on gambling and gambling-related harms	• LCC Health and Wellbeing Surveys	• Add questions on gambling exposure, use and impact • Survey delivery	• Leicester residents complete the survey	• Resident adult gambling exposure, use and impact is measured	• Improved understanding of the prevalence of gambling and gambling-related harm across Leicester • Opportunities for prevention and targeted use of resources are identified • Evidence-based interventions are identified and rolled out
	• Digital Health Contact in secondary schools	• Add questions on gambling exposure, use and impact for CYP • Survey delivery	• School students complete the survey	• Gambling exposure, use and impact is measured for CYP	
	• Participation of local public-facing services	• Systematic recording and coding of when someone is	• Staff routinely document and record when someone is	• Increased capture of local data on gambling	

		experiencing gambling-related harm is promoted and encouraged	experiencing gambling-related harm	and gambling-related harms.	• Remaining gaps in evidence and understanding are identified, and plans are made to address these.
3.2 Seek to evaluate interventions that are implemented locally to prevent and reduce gambling-related harm	• Demographic and outcome data • Evaluation resources/ toolkit and consideration of support from an academic partner	• Quantitative analysis of outcomes and impact • Qualitative data collection on process and acceptability	• Evaluation reports for local interventions are produced	• Improved understanding of interventions that prevent and reduce gambling harms in Leicester, including how and why interventions may or may not work for different population groups. • Evidence-base continues to grow to help inform future interventions	

Risks and assumptions

- There is sufficient resource available to develop and roll-out a training package and public awareness campaign.
- Training can be scaled up to ensure maximum training of those in public-facing roles.
- Those with lived experience of gambling-related harms in Leicester consent to participate in engagement and co-design work.
- The awareness-raising campaign reaches its target population.
- Organisations provide data on gambling-related harm.
- Survey questions are valid and reliable, and sufficiently sensitive to measure gambling exposure, use and impact for all populations asked.
- Leicester residents complete the survey questionnaires and there are sufficient responses to be representative of Leicester city populations.

Support Pathways

Objective	Inputs	Activities	Outputs	Outcomes (medium term)	Impacts (long term)
4.1 Develop and promote a standardised set of	• Evidence base for gambling harm	• Develop and distribute information	• Gambling harm information and	• Clicks to support service websites and QR code	• Visibility of support services increased

trusted resources, support services and other organisations	• Information on support services • Service directories • Customer websites • Training providers / providers of support	about support services to the public and potential referrers • Review and update local directories • Include information on support services in training and awareness raising campaigns	support services are featured in local directories, local service websites (and other channels as appropriate e.g., newsletters, posters) • Accessible information and resources are shared with system partners, including the community and voluntary sector	scans are measured on directories and websites featuring support information • The diverse range of people affected by gambling harms report ease of finding the right support for them	• The people of Leicester find support services easier to find and access • There is equity in access, experience and outcomes across support organisations and providers.
4.2 Advocate for commitment to include the voices of those with lived experience in the development and delivery of harm prevention and reduction interventions	• Engagement advertised • Those with lived and living experience participate in the development of the strategy, service and treatment provision through sharing of their experience. • Skills in qualitative data collection and analysis	• Interviews and/or focus groups to capture the lived experience of gambling-related harm • Lived experience representation on steering groups • Qualitative data collected, thematically analysed and utilised	• Diverse groups are represented • Lived experience utilised to support • engagement with services. • Report of thematically analysed qualitative data	• Experiences, support needs and opportunities for prevention are identified • Treatment and support services are based on the needs of those who will be using them • Stigma around gambling harms is reduced	
5.1 Promote and embed the recommendations within the NICE guideline on gambling-related harms	• Participation of local public-facing services • NICE guideline	• Appropriate screening questions identified, developed and embedded into assessment tools • Targeted gambling harm screening introduced in a range of services	• Staff screen for gambling-related harm and signpost/refer to treatment and support services	• Increased detection of gambling harm • Affected people access support services	• There is increased identification, assessment and treatment of those experiencing gambling-related harms. • Service reach of local gambling support services is improved.

5.2 Work with local partners to support the development of coordinated local referral pathways	• Knowledge of local support services • Health, care and community partners • Support/ recovery resources and communities • Those with lived experience contribute to treatment and support planning	• Gambling support services aware of complementary support services and recovery communities in Leicester and referral routes	• Gambling support providers signpost or directly refer to local services and recovery resources/ communities by individual need	• Those affected by gambling-related harm are appropriately supported (in both the short and long term) • Referral pathways are joined up and connected • People affected by gambling harms report that they have access to support	• People affected by gambling receive the support they require an accessible, timely and joined up way • System partners working with those experiencing gambling harms are connected, able to signpost or refer to other services, and are aware of the other initiatives to prevent and reduce gambling harms in Leicester
5.3 Facilitate a community of practice with local support organisations	• Partnership with a range of support services including mental health, suicide prevention, alcohol and drug services, community and voluntary sector organisations, and other health and care partners.	• Establish a sustainable forum to connect local providers of gambling support with other support organisations	• Community of practice established • Best practice resources disseminated across local partner organisations	• Local support organisations feel connected with other services • Learning and best practice is shared across organisations	
Risks and assumptions					
• We have a sufficient understanding of the range of support available to and needed by people affected by gambling • There is continuity of the existing providers of support for people in Leicester • Local public-facing services are willing and able to participate in embedding screening tools into routine practice • Connections between organisations are maintained and partnership working is sustained once the strategy development and implementation phases are complete. • Those with lived experience of gambling-related harms in Leicester consent to participate in engagement and co-design work.					

Licensing and Regulation					
Objective	**Inputs**	**Activities**	**Outputs**	**Outcomes (medium term)**	**Impacts (long term)**
6.1 Join national efforts to lobby for best practice gambling regulation and policy reform.	• Other local authorities • Partner organisations	• Opportunities to advocate for change identified	• Opportunities to reduce gambling-related harm through national policy and	• National policies are updated to prevent and reduce the harmful impacts of gambling.	• People across Leicester are safeguarded and protected from gambling-related harm.

		• Join partner organisations to proactively lobby for change in gambling policy and regulation at other levels of government so that action is taken to reduce harms.	regulation are identified and actioned as a collective response.		
7.1 Work with colleagues across the Council to review and update local policies using a Health in All Policies approach to reduce gambling-related harm.	• LCC Gambling Licensing Policy: Statement of Principles • LCC advertising and sponsorship policy • Gambling related harm guidance documents • Example policies from other local authorities adopting a public health approach to gambling prevention.	• Review the LCC gambling licensing policy • Review and update the LCC advertising and sponsorship policy • Scope planning policy options for addressing gambling-related harm. • Public health support with data analysis and mapping of gambling licenses in areas of deprivation.	• Gambling harm described • Gambling products and venues clearly defined • Additional protective measures included in policies subject to approval	• Comprehensive description of gambling within policy • New licensing applications for gambling premises reviewed from a public health perspective to consider and justify refusal of applications. • Gambling advertising in Council owned advertising and Council event sponsorship applications denied • (Re)new(ed) advertising contracts ban gambling	• The population of Leicester are protected from gambling-related harm through safeguards detailed in licensing and planning policies. • People are not exposed to gambling product promotion through LCC owned advertising or sponsorship platforms.
7.2 Gain assurances that local gambling businesses are responsibly preventing and responding to gambling-related harm.	• LCC Gambling Licensing Policy: Statement of Principles • Health needs assessment • Gambling related harm guidance documents	• LCC licensing team request license holders report specified data. • Consider opportunities for increasing test purchasing.	• Data reported on staff training, self-exclusion policies, number self-excluded and records of refusal • Gambling premises routinely inspected • Test purchasing outcomes reported	• Gambling businesses promote staff training on gambling harm and safeguarding • Gambling businesses inspected and tested for licensing compliance • Gambling businesses responsibly preventing and responding to harm	

Risks and assumptions
• There is adequate resourcing to undertake policy review and implement change. • There is support from colleagues across the Council to review and updated current policies. • License holders voluntarily share the data requested. • Test purchasing and inspections are in place. • There is regional and national support to develop a collaborative approach for lobbying on gambling-related harms.

9. References

1. Wardle H, Degenhart L, Marionneau V, et al. The Lancet Public Health Commission on gambling. The Lancet Public Health. 2024; 9(11): E950-994.
2. Public Health England. Gambling-related harms evidence review: summary. [Online]. 2023. [Accessed 8 October 2025]. Available from: https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2
3. Gambling Commission. Gambling Survey for Great Britain – Annual report (2024): Official statistics. [Online]. 2025. [Accessed 8 October 2025]. Available from: https://www.gamblingcommission.gov.uk/report/gambling-survey-for-great-britain-annual-report-2024-official-statistics/gsgb-annual-report-2024-problem-gambling-severity-index
4. Royal College of Psychiatrists. Gambling Disorder. [Online]. 2021. [Accessed 8 October 2025]. Available from: https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/gambling-disorder
5. Kristensen JH, Baravelli CM, Leino T, et al. Association between gambling disorder and suicide mortality: a comparative cohort study using Norwegian health registry data. The Lancet Regional Health. 2025; 48(101127).
6. The Health Foundation and Frameworks UK. How to talk about the building blocks of health. [Online]. 2022. [Accessed 8 October 2025]. Available from: https://www.health.org.uk/sites/default/files/2024-12/HEAJ9448-Communicators-Toolkit-220725.pdf
7. Gambling Commission. Industry Statistics – July 2025. [Online]. [Accessed 8 October 2025]. Available from: https://www.gamblingcommission.gov.uk/statistics-and-research/publication/industry-statistics-july-2025-correction-official-statistics
8. Weston T. The impact of gambling marketing. House of Lords Library. [Online]. 2024. [Accessed 8 October 2025]. Available from: https://lordslibrary.parliament.uk/the-impact-of-gambling-marketing/#:~:text=Up%20to%20date%20figures%20regarding,%C2%A31.5bn%20in%202017.
9. Leicester City Council Division of Public Health. Leicester City Gambling Harms Needs Assessment. [Online]. 2024. [Accessed 8 October 2025]. Available from: https://www.leicester.gov.uk/media/tzipecs1/gambling-harms-needs-assessment-2024.pdf
10. Faculty of Public Health. Protecting the public from being harmed or exploited by gambling and the gambling industry. [Online]. 2022. [Accessed 8 October 2025]. Available from: https://www.fph.org.uk/news/protecting-the-public-from-being-harmed-or-exploited-by-gambling-and-the-gambling-industry/#:~:text=While%20there%20may%20be%20instances,and%20to%20%E2%80%9Clevelling%20up%E2%80%9D.

11. Gambling Commission. Young People and Gambling 2024: Official Statistics. [Online]. [Accessed 8 October 2024]. Available from: https://www.gamblingcommission.gov.uk/statistics-and-research/publication/young-people-and-gambling-2024-official-statistics
12. National Institute for Health and Care Excellence. Gambling-related harms: identification, assessment and management. NG248. [Online]. 2025. [Accessed 8 October 2025]. Available from: https://www.nice.org.uk/guidance/ng248
13. Office for Health Improvement & Disparities. Gambling treatment: accessing the current system in England. [Online]. 2024. [Accessed 8 October 2025]. Available from: https://www.gov.uk/government/publications/gambling-treatment-assessing-the-current-system-in-england/gambling-treatment-assessing-the-current-system-in-england#findings
14. Local Government Association. Gambling regulation: Councillor handbook (England and Wales). [Online]. 2018. [Accessed 8 October 2025]. Available from: https://www.local.gov.uk/sites/default/files/documents/10.18%20Gambling%20regulation%20councillor%20handbook_v06_WEB_1.pdf
15. Van Schalkwyk MCI, Thomas S, McKee M, Fell G, Daube M. Statutory levy on gambling may do more harm than good. BMJ. 2023; 381: e075035.

10. Appendices

Appendix 1:

List of teams and organisations involved in the development of this this strategy

- Leicester City Council Adult Social Care
- Against The Odds
- De Monfort University
- Leicester City Council Education
- GamFam
- His Majesty's Prison and Probation Service
- Leicester City Council Housing
- Inclusion Healthcare
- Leicester, Leicestershire and Rutland Integrated Care Board
- Leicestershire Partnership NHS Trust
- Leicestershire Police
- Leicester City Council Licensing
- NHS East Midlands Gambling Harms Service
- Leicester City Council Planning
- Leicester City Council Public Health
- Shama Women's Centre
- Turning Point
- University of Leicester

Appendix 2:

This is a short list of some of the gambling support services available to Leicester city residents. This list is not comprehensive, and there are other support services available which people may seek support and benefit from. As part of the strategy

(see objective 4.1) we will look to develop a more comprehensive set of trusted resources, support services and other organisations that can be shared through local forums and service directories.

Service	Contact number/ email/ link	Details
NHS East Midlands Gambling Harms Service	https://www.eastmidlandsgambling.nhs.uk/about-us Tel: 0300 013 2330 Email: dhcft.emgamblingharms@nhs.net	Based in Derby but offer treatment and support across the East Midlands.
For Young People: The National Gambling Clinic (NGC)	https://www.cnwl.nhs.uk/services/addictions/national-gambling-clinic Tel: 020 7381 7722 Email: gambling.cnwl@nhs.net	A free, confidential NHS service supporting people who are experiencing harm from gambling aged 13-18 years from anywhere in England
Gamblers Anonymous	https://gamblersanonymous.org.uk/ Tel: 0330 094 0322	A fellowship of men and women who share their experience, strength and hope with each other. Gamblers Anonymous offers a 12-step recovery programme.
GamLEARN	https://www.gamlearn.org.uk/	The Gambling Lived Experience and Recovery Network (GamLEARN) supports and empowers those who have experienced gambling related harm.
GamFam	https://gamfam.org.uk	GamFam is a charity providing advice and support to those directly and indirectly affected by gambling harms through structured peer support.
Gambling With Lives	https://www.gamblingwithlives.org/	Gambling With Lives is a charity set up by families bereaved by gambling that provides support for those bereaved by gambling-related suicide, raises awareness of gambling harms and campaigns for change.
Against The Odds	https://againsttheodds.uk/	Against The Odds is a social enterprise that provides support to individuals experiencing gambling harms through recovery coaching, as well as raising awareness of harms among young people.