City of Westminster

Local Area Profile for Gambling Risk within Westminster

Consultation Version - September 2021

Contents

1. Introduction

Managing Gambling in Westminster

1.1 Westminster recognises the importance of good management of its gambling industry, so that those who wish to enjoy our licensed venues can do so safely. The Council also recognises its responsibility to properly assess and analyse the impact, or potential impact, of gambling venues on residents' health and welfare, financial resilience, local services, and the street environment. Being aware of the risks and challenges, including who (and where) in the borough may be vulnerable to gambling-related harm or problem gambling, will help Westminster remain a vibrant place to live, visit, work and study. This is where the Local Area Profile (LAP) comes in.

Definitions

1.2 The Gambling Commission recommends that all local authorities create an LAP to spatially assess the local environment, mapping areas of concern based on potential risks to gambling-related harm, or problem gambling. Note that "risk is not necessarily related to an event that has happened", but "the probability of an event happening and the likely impact of that event", for instance a high density of gambling premises near to Gambler's Anonymous or GamCare support services, or to multiple homeless shelters. [1] Gambling-related harm encompasses the "adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society", whereas problem gambling is "gambling that disrupts or damages personal, family or recreational pursuits." [2] Problem gambling is measured by the Problem Gambling Severity Index (PGSI), as shown below.[3]

Category	PGSI Score
Non-problem gambler	0
Low-risk (gamblers who experience a low level of problems with few or no identified negative consequences)	1-2
Moderate-risk (gamblers who experience a moderate level of problems leading to some negative consequences)	3-7
Problem gamblers	8+

Purpose of the Local Area Profile

1.3 This LAP considers a range of factors, data and information held by Westminster City Council and relevant partners. It covers vulnerability factors such as employment, public health (including mental health), housing and homelessness, and locations pertaining to vulnerable adults/ young people and the prevalence, density and type of gambling venues.

1.4 The Gambling Commission's guidance states that "good local area profiles will increase awareness of local risks and improve information sharing, to facilitate constructive engagement with licensees and a more coordinated response to local risks."[4] There is no

[1] Gambling Commission, 2015.
[2] Gambling Commission, 'Problem Gambling vs. Gambling-Related Harms', 15 October 2020.
[3] *Ibid.*
[4] Gambling Commission, Local Area Profiles: Gambling Commission Guidance to Licensing Authorities, Paragraph 6.49, Part 6, 1 April 2021.

mandatory requirement to produce an LAP, but the Gambling Commission lists the following benefits:

- it enables licensing authorities to better serve their local community, by better reflecting the community and the risks within it
- greater clarity for operators as to the relevant factors in licensing authority decision making, will lead to improved premises licence applications, with the operator already incorporating controls and measures to mitigate risk in their application
- it enables licensing authorities to make robust but fair decisions, based on a clear, published set of factors and risks, which are therefore less susceptible to challenge
- it encourages a proactive approach to risk that is likely to result in reduced compliance and enforcement action.

Overview of Contents

1.5 The LAP has 6 sections setting out key information that applicants for gambling premises licences will need to consider, within their requirement to produce and regularly review their gambling risk assessment. It will also need to be considered in parallel with the Council's Gambling Policy.

Section 2 explains Westminster's approach to the Local Area Profile and how this document could be utilised by different stakeholders.
Section 3 situates Westminster within the national context and covers recent trends in problem gambling and related harm.
Section 4 covers the detail of our methodology and weighting system, i.e. who is 'vulnerable' to gambling-related harm, which areas in the borough are of particular concern, and which data sources support these decisions.
Section 5 (Vulnerability Maps) spatially illustrates risk factors to gambling related harm such as financial stress and deprivation, homelessness, mental health, age and sex.
Section 6 (Location, Density and Cluster Maps) illustrates the prevalence, density and type of gambling venues, as well as where clusters of premises exist, thus increasing the risk of harm to high-risk or problem gamblers.

1.6 The findings and conclusions of this LAP will inform the Council's understanding of its gambling landscape and vulnerability indices, guiding policy decisions and its approach to the licensing of gambling premises, as well as being a useful point of reference for industry and public stakeholders.

2. Westminster's Approach to the Local Area Profile

2016 Geofutures Research

2.1 Westminster has long been at the forefront of monitoring gambling-related harm, and its impact on the city's residents. This is exemplified by the commissioning of two Geofutures reports in 2016, in collaboration with Manchester City Council and the Local Government Association.[5] [6] Adopting a new and innovative approach which has been replicated by other Local Authorities, the study identified areas in the borough vulnerable to gambling-related harms through a spatially mapped dataset and robust risk index.

2.2 This incorporated research by treatment providers, policy makers, academics, legal professional and the gambling industry to determine who was considered vulnerable and visualise where they, or related services, were located. The research has allowed both the Council and applicants for gambling licenses to consider and mitigate risks through the licensing process. It laid the foundation for Westminster's understanding of 'high-risk' areas and the socio-economic drivers behind them. This LAP builds on the methodology and findings of the 2016 report, while also including more recent data.

Responsibilities as a Licensing Authority

2.3 As the Licensing Authority under the Gambling Act 2005 (the Act), the Council has a duty to produce a Statement of Principles (Gambling Policy) detailing how it will fulfil its role. Westminster has been responsible for licensing gambling premises and authorising other forms of lower-risk gambling activities since September 2007. The Act has three licensing objectives that are key considerations when determining the outcome of licensing applications:

1. Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime.
2. Ensuring that gambling is conducted in a fair and open way.
3. Protecting children and other vulnerable persons from being harmed or exploited by gambling.

Gambling Risk Assessments

2.4 The Council's Gambling Policy has been reviewed every three years, in line with statutory requirements. In April 2016, the Gambling Commission made it a requirement for gambling premises licence holders to produce gambling risk assessments for each of their licensed premises. The risk assessments must review the operation and location of gambling premises to identify local risks to the Licensing Objectives. Applicants for new licences and existing licensees are required to identify control measures to mitigate or eliminate risks.

Use of the Local Area Profile

[5] Wardle and Thurstain Goodwin (Geofutures), *Exploring area-based vulnerability to gambling-related harm*, 19 February 2016.
[6] Geofutures, *Secondary Analysis of Machines Data*, 29 March 2016.

2.5 Westminster has decided to produce a standalone LAP which can be reviewed regularly and updated when the data changes, without the need to carry out a statutory review of the Gambling Policy simultaneously. As an independent but related document, this LAP is intended to provide applicants for new gambling licences and existing licensees with the relevant, local information for their risk assessment. The Council will also have to regard the LAP when assessing applications. It is therefore a key document for gambling operators, responsible authorities and interested parties alike, and can be used for reference outside of the statutory Gambling Policy in future. When a change does occur, gambling operators will be notified so that they can comply with the Gambling Commissions Licence Conditions and Codes of Practice Social Responsibility Code Provision 10.1.1, considering any change in local circumstances when they complete their risk assessment.

3. Contextual Information

Problem Gambling in the UK and Westminster

3.1 Problem gambling and gambling-related harm are constantly evolving issues, nationally and locally. As of 2020, according to the Gambling Commission, there were 280,000 problem gamblers in England alone and 340,000 across the UK.[7] [8] This accounts for around 0.6% of the population. Gamble Aware maps from 2021 (below) show that Westminster is in the quintile with the highest prevalence of problem gambling (PGSI 8+) in the country, but only the mid-level for relative demand and usage of support mechanisms (such as counselling, CBT, support groups or residential rehabilitation).[9]

[7] Gamble Aware, *National Gambling Treatment Service Annual Statistics 2019-20*, March 2020.
[8] Gambling Commission, 'Problem and At-Risk Gambling', *National Strategic Assessment 2020*, 6 November 2020.
[9] *Gamble Aware GB Maps*, 2021.

Gambling Support Services in/ around Westminster

3.2 Westminster was previously home to the National Problem Gambling Clinic, now based in Earl's Court (Royal Borough of Kensington and Chelsea). It supports 16-20 Westminster residents – problem gamblers with the most complex needs – per year, which accounts for approximately 5% of all referrals.[10] During the first lockdown in response to COVID-19, the clinic noted a drop in referrals for treatment, however it witnessed a considerable increase from summer 2020 onwards.

3.3 A small number of Westminster residents are supported for problem gambling by NHS Improving Access to Psychological Therapies (IAPT), though the service does not record problem gambler referrals, and the number is low compared with other addictions and disorders.

Barriers to Accessing Support

[10] Data provided by Professor Bowden-Jones (Director, National Problem Gambling Clinic).

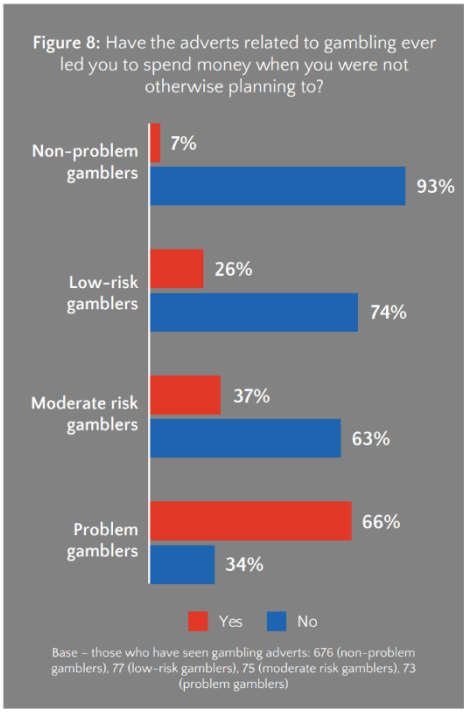
3.4 This links back to the issue of Westminster residents scoring highly for problem gambling (PGSI 8+) but being in the middle percentile for seeking help. This could be due to several factors, including 'hidden addiction' (gambling is considered easier to hide than drug and alcohol abuse, for example), or problem gamblers not feeling that they have an addiction.

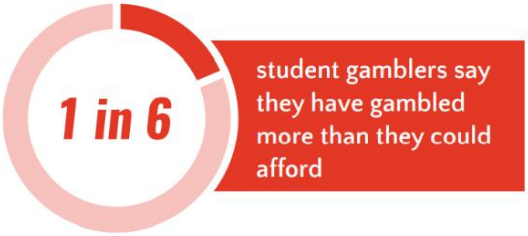
3.5 In 2020, YouGov explored further barriers to accessing support for problem gambling, showing that 36% of low to moderate risk (PGSI 1+) gamblers did not perceive their habit to be 'risky'. 27% of problem gamblers (PGSI 8+) felt that the treatment and support would not be relevant, 16% thought their gambling had positive financial and social impacts, and 12% saw a stigma and shame around seeking help.[11]

Emerging Factors and Understudied Groups

3.6 It is worth noting that there are some understudied and emerging factors to gambling-related harm, which our methodology aims to take account of. A 2021 study by the Policy Institute at King's College London found that more research was required in the UK around problem gambling by certain groups, including women, children and young people.[12] Relevant to this is Westminster's large student population, with more than 80,000 studying in universities across the borough and 20,000 living here in 2019.[13]

3.7 Research by the Young Gamers and Gamblers Education Trust shows that 88,000 students in the UK are defined as problem gamblers (3.6% of all students) and that 47% of students have gambled in some way, in the past 12 months.[14] [15] This is difficult to monitor given that most students will gamble online, often escalating from online gaming, and that 'transient' problem gamblers may not be identified through GPs or mental health services.





[11] YouGov and Gamble Aware, *Annual GB Treatment and Support Survey 2020*.
[12] Policy Institute at King's College London, *Identifying Research Priorities on Gambling-Related Harms*, March 2021.
[13] High Education Statistics Agency, *Higher Education Student Statistics 2018-19*, 29 January 2020.
[14] Young Gamers and Gamblers Education Trust, *How Gaming and Gambling Affect Student Life*, September 2019.
[15] House of Commons Library, *Higher Education Student Numbers*, 26 February 2021.

Crime and Gambling

3.8 Another important consideration is the link between crime and problem gambling. There is still limited research on this relationship, especially in the UK, but existing studies and case studies show that problem gamblers are more likely to become involved with criminal activity, especially theft or fraud.16 Problem gamblers may commit such crimes out of desperation and, vice versa, having a track record of crime may lead to gambling as a 'solution' to debt, for instance in drug-related crime.

3.9 This situation is evidenced in the United States, where the proportion of problem gamblers in prisons, both male and female, is significantly higher than in the general population.17 In a study at a Central Booking Facility (responsible for prisoner intake) in Florida, 32% of arrestees for all crimes had experienced problem gambling at some stage in their lives.18 Furthermore, in New Zealand, 10% of pathological gamblers said their addiction led to problems with the police and in Australia, 11% reported engaging in illegal, gambling-related activity.[19]

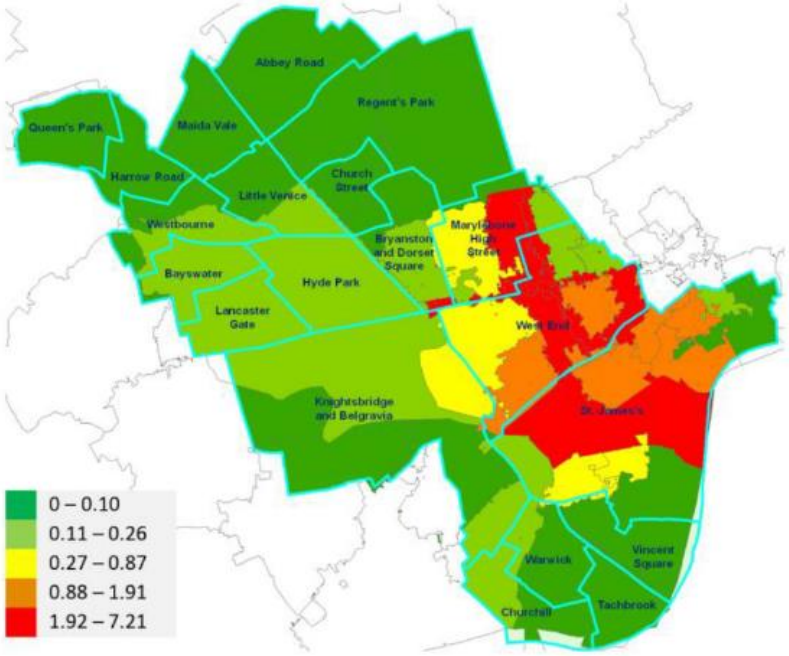
3.10 There is also a significant link between problem or pathological gambling and crimes such as domestic abuse and child neglect. A 2016 report by the University of Lincoln found that problem gamblers (specifically men who gamble) are more likely to be violent towards their partners. 50% of pathological gamblers, 45% of problem gamblers and 28% of 'casual gamblers' had been in a physical fight in the past 5 years. Overall, they were 10x more likely to commit violence towards an intimate partner. 10% of pathological gamblers and 6% of problem gamblers had also admitted to hitting their child in the past.20

3.11 A comorbidity of addictions, mental illness, impulse control disorders and difficult live events can all contribute to the link between problem gambling and various types of crime. But what does this mean for Westminster? The below maps from the 2020 Safer Westminster report show crime rate and crime harm by population density, illustrating hot spots around the West End, St James's and Marylebone. The second graph illustrates the ward location and number of those using Westminster's Supporting Families service, who meet crime and domestic violence criteria – in other words, those families most vulnerable to committing or experiencing crime. The areas of most concern are Church Street, Queen's Park and Westbourne, all with over 100 families meeting crime or domestic violence criteria.

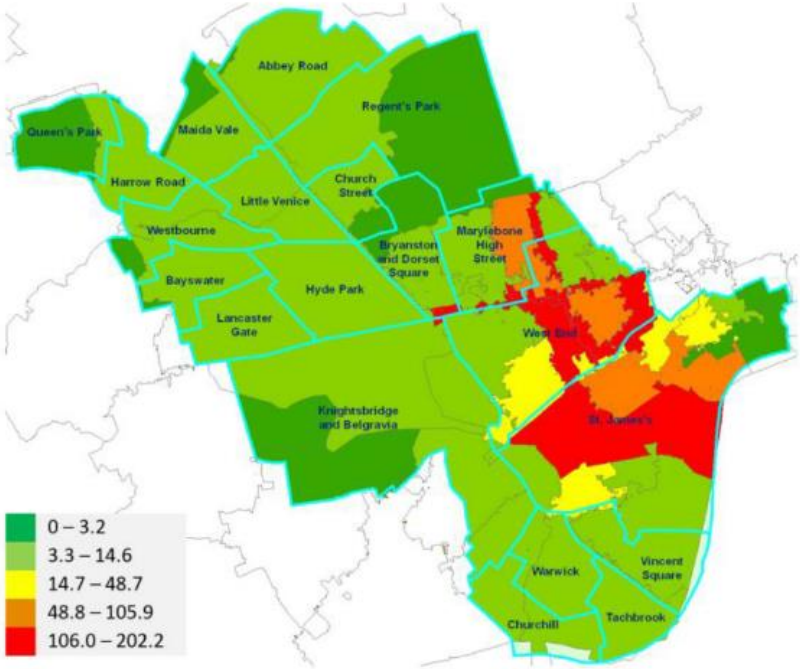
---

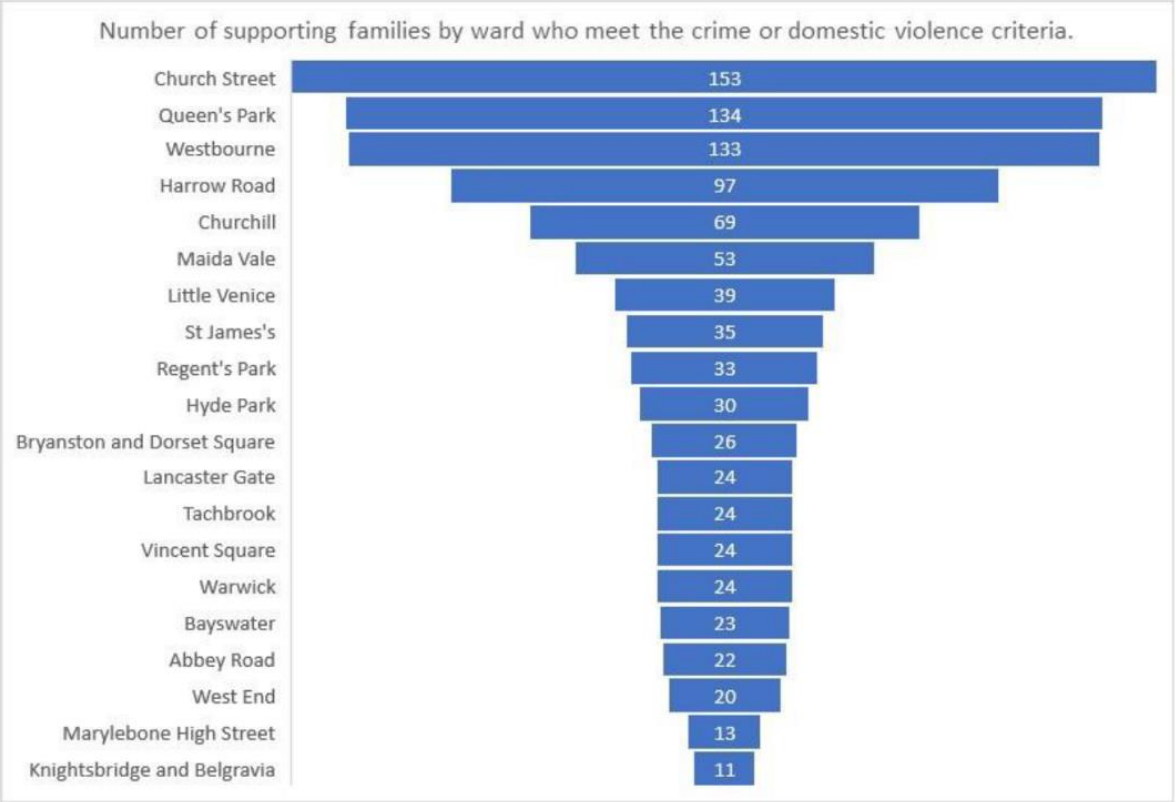
[16] UK Rehab, *Gambling Addicts More Likely to Commit Crime to Fund Their Habit*, April 2015.
[17] Sarah Ramanauskas (Commission on Crime and Problem Gambling), *Crime and Problem Gambling: A Research Landscape*, p.5, 2020.
[18] Cuadrado, M. and Lieberman, L. 'Use of a Short Gambling Screen with an Arrestee Population: A Feasibility Study', *Journal of Gambling Studies*, Vol. 28, pp. 193–205, 2012.
[19] *Ibid*, pp.11-12.
[20] Roberts A et al. 'Gambling and violence in a nationally representative sample of UK men', *Study of Addiction*, Vol. 111, Dec 2016.

Crime rate by population density to partial postcode level in Westminster October 2019 to September 2020



Crime harm score by population density to partial postcode level October 2019 to September 2020





3.12 Between October 2019 and March 2020, there was an average of 215 crimes a day in Westminster. This reduced substantially during the Covid-19 restrictions to 109 per day between April and September 2020. Burglary (previously 2,359) almost halved and shoplifting (2,322) more than halved, whereas drug offences (1,795) crime only decreased by 3%. Domestic abuse offences increased by 4% between 2019-2020 in Westminster and the borough has the highest proportion with injury (29%) for the Metropolitan Police jurisdiction. The sanction detection rate for domestic abuse has dropped in the past 8 years from 50% to 12%.[21]

3.13 While we do not consider the evidence base linking these statistics to gambling-related harm strong enough for weighting in our Index, they do provide a useful background to crime in the borough. They also demonstrate how crime factors could potentially layer onto other social, economic and health-based risk indicators to heighten risk. In particular, we can see connections here with the Overall Vulnerability Analysis in this LAP (Section 5.5), which highlights risk areas 'at home' in the north-west of the borough, and 'away' around the West End and in specific localised areas of Marylebone – the same areas of concern illustrated in the crime data above.

Online Gambling

3.14 It is also important to recognise the notable changes to gambling behaviours because of COVID-19 and the rise in online gambling, which is by nature more difficult to monitor and regulate than licensed premises in Westminster. In 2020, for instance, almost one in four

[21] Westminster City Council, *Safer Westminster Partnership: Strategic Assessment,* January 2021.

adults (24%) had gambled online in the last four weeks, compared to around one in six (17%) five years ago.[22] The average online gambler has 3 accounts, and 20% of online gamblers have done so outside the home in 2020, despite Covid-19 restrictions.[23]

3.15 This indicates that there could be a link between online gambling and potential to start gambling at venues such as betting shops and casinos, in person. While it is not within Westminster's powers as a licensing authority to tackle online problem gambling or related harms, the trend towards online gambling and the potential for one mode to be a catalyst for the other, is important for premises and the Council to bear in mind.

[22] Gambling Commission, *Taking a more in-depth look at online gambling,* 7 June 2021.
[23] *Ibid.*

4. Methodology – Problem Gambling Vulnerability Risk Index

National Survey Data Sources

4.1 Despite remaining an under-researched behaviour and addiction, several surveys have now been developed to establish the extent of gambling, and harmful gambling, in England.

4.2 Health Surveys have a smaller sample size as they follow the Postcode Address File, which excludes the homeless population, and those in military barracks and student halls. Sturgis Different response collection methods, particularly online, in person and by telephone, often yield different prevalence levels. Therefore, this revised index opted for the 2018 Health Survey of England and Wales figures to quantify problem gambling and at-risk gambling. Studies have deemed the Health Survey to be most accurate and it is also the most widely employed by other local authorities.[24] [25]

4.3 The inconsistency of results has been highlighted in a study by Dr Sturgis (LSE, 2020) which assesses the accuracy of nine surveys. It finds that, for the 2016 combined Health Surveys, there was probably a degree of underestimation of problem gambling and risks; the 2019 YouGov survey, on the other hand, probably overestimated them. This is due, in part, to the YouGov survey not including those who are offline, an estimated 13.5% according to the 2018 British Social Attitudes Survey. The combined and Kuha (2021) also note that, in addition to different sample compositions, online surveys reach "more people who gamble online and gamble frequently" and are therefore at elevated risk of harm.[26]

4.4 Previous research "has found surveys that exclude the offline population produce substantially biased estimates of behaviours relating to internet and technology use."[27] Therefore, while the YouGov survey is useful and contains a large sample size that cannot be ignored, as well as substantial qualitative research which enhances our understanding of problem gambling, when a more recent survey or dataset was not available, Westminster's problem gambling vulnerability index used the 2018 Health Survey in its calculations. This mirrors the 2016 methodology by Wardle and Thurstain-Goodwin (Geofutures) explained in the next section, though utilising the most up to date version of the survey.

4.5 The NHS Digital Health Survey for England (2018) uses the full PGSI and DSM-IV diagnostic screening tools for problem gambling prevalence. In 2018, and based on both screening tools, 0.5% of adults were defined as problem gamblers, while based on PGSI alone, 0.4% were. According to the 2020 Gambling Commission quarterly survey, 0.3% of all adults were deemed to be problem gamblers. [28] In this index, when using the Health Survey data for weighting calculations, we adopted the value of 0.5% as it is based on two surveys and, being the highest of the two, honours other research reporting higher prevalence levels.

---

[24] Sturgis, P. *An assessment of the accuracy of survey estimates of the prevalence of problem gambling in the United Kingdom,* 2020.
[25] Sturgis, P. and Kuha, J. *Methodological factors affecting estimates of the prevalence of gambling harm in the United Kingdom: A multi-survey study,* 2021.
[26]
[27] Keeter, S., McGeeney, K. Mercer, A., Hatley, N. Patten, E. and Perrin, A. *Coverage Error in Internet Surveys: Who Web-Only Surveys Miss and How That Affects Results,* Pew Research Center, 2015.
[28] Gambling Commission, *Gambling behaviour in 2021: Findings from the quarterly telephone survey Statistics on participation and problem gambling year to March 2021.*

Table 4 Problem gambling prevalence rates according to either DSM-IV[a] or PGSI[b] among adults in England, by age and sex[c]

Aged 16 and over with a valid DSM-IV or PGSI score *2018*

Classification according to either DSM-IV and PGSI scores	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
Men								
Non-problem gambler	98.1	98.7	99.6	99.1	99.6	99.5	100.0	99.2
Problem gambler according to **either** DSM-IV or PGSI	1.9	1.3	0.4	0.9	0.4	0.5	-	0.8
Women								
Non-problem gambler	100.0	99.5	99.2	99.9	99.6	100.0	100.0	99.7
Problem gambler according to **either** DSM-IV or PGSI	-	0.5	0.8	0.1	0.4	-	-	0.3
All adults								
Non-problem gambler	99.0	99.1	99.4	99.5	99.6	99.7	100.0	99.5
Problem gambler according to **either** DSM-IV or PGSI	1.0	0.9	0.6	0.5	0.4	0.3	-	0.5

Source: Health Survey for England 2018, NHS Digital

Note: Table 3 below divides gambling risk and is only based on PGSI scores, whereas Table 4 above is based on both DSM-IV and PGSI rates and displays problem gambling or non-problem gambling only.

Table 3 Problem gambling prevalence rates according to PGSI[a] among adults in England, by age and sex[b]

Aged 16 and over with a valid PGSI score *2018*

PGSI score	Age group							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
	%	%	%	%	%	%	%	%
All adults								
Non problem (PGSI score 0)	93.7	93.2	95.2	96.9	97.2	98.9	98.9	96.1
Low risk gambler (PGSI score 1-2)	4.1	5.0	3.5	1.9	1.8	0.7	0.9	2.7
Moderate risk gambler (PGSI score 3-7)	1.2	1.2	1.1	0.9	0.7	0.2	0.2	0.8
Problem gambler (PGSI score 8+)	1.0	0.6	0.2	0.3	0.3	0.2	-	0.4
Mean	0.27	0.20	0.12	0.09	0.10	0.05	0.02	0.13
Standard error	0.08	0.05	0.03	0.02	0.03	0.03	0.01	0.02

Source: Health Survey for England 2018, NHS Digital

Data Sources in Westminster's Vulnerability Index

4.6 Below, in Table A, we outline the different datasets and sources associated with each key element of vulnerability risk. This table is followed by another, which explains how the different weightings were applied to each risk factor.

4.7 This index review is primarily based on previous and robust research commissioned by Westminster City Council in 2016 and conducted by Wardle and Thurstain-Goodwin at the borough-level, which ensures the local context is understood.[29] The weighting methodology has now been applied by other local authorities; certain weightings were revised when new data arose. The datasets selected also aligned with the vulnerability elements identified by the Gambling Commission and present the most recent data available to the Council.

4.8 In a study previously conducted by the same authors, it was highlighted by several stakeholders (academics, policy makers, industry, treatment providers and legal

[29] Wardle and Thurstain-Goodwin (Geofutures), 2016.

professionals) that anyone can become vulnerable to gambling-related harms, since each experience of harm is subjective and "negative consequences depended on individual circumstances and experiences", and that those who are vulnerable in general are more likely to be vulnerable to problem-gambling.[30] It is also notable that "not all individuals with certain characteristics *will* experience harm, but rather *may have elevated risk* of harm".

4.9 However, a consensus was reached through stakeholder interviews and further research as to which characteristics may render someone more vulnerable – these can be found in the risk factor column. The different factors were also scored by "strength of evidence", meaning that "there is sufficient evidence to support inclusion and there are small area data" – in this case at Lower Super Output Level – that can be used to represent them.[31]

Table A – Risk Factor, Underlying Datasets and Sources

Risk factor	Datasets and published year	Source
Problem gamblers who are seeking treatment	Gamblers Anonymous/ GamCare meeting locations	Open source
	Gambling addiction support centre	
Problematic relationship with substances	Pharmacies with safe opioid prescribing and/or needle exchanges	Public Health Adult Social Care
	Non-residential alcohol and drug addiction treatment centres	
	Abstinence-based temporary accommodation	
Poor mental health	Supported housing with mental health support	Adult Social Care
	Number of people receiving care package from Adult Social Care	
Financial resilience	Location of job centres	Open source licensing
	Number of residents who are "struggling", "at risk" or "in crisis" from the Lower Income Family Tracker	Adult Social Care
Youth	Education institutions with students of 13-24 years	Children's Services (Open source)
	Location of youth centres	Corporate GIS
	Population aged 10-24	2019 Mid-Year Population Estimates
Debt	Location of payday loan shops	Corporate GIS
	Location of foodbanks	Open source
	Location of pawnshops	
Sex - Male	Number of males aged 25 - 44	2019 Mid-Year Population Estimates

[30] Wardle, H, *Exploring area-based vulnerability to gambling-related harm: Who is vulnerable? Evidence from a quick scoping review,* 2015.
[31] Wardle and Thurstain-Goodwin (Geofutures), 2016.

Homelessness	Location of temporary accommodations	Adult Social Care
	Supported housing without mental health specialist support	
IMD (Index of Multiple Deprivation)	Index of Multiple Deprivation by quintile	ONS 2019

4.10 It should be noted that the locations of gambling premises are not a variable within the index and are shown on the Vulnerability Maps (to follow) in order to demonstrate their presence in relation to risk factors.

Table B – Risk Factor and Final Weighting

4.11 Following Wardle and Thurstain-Goodwin's methodology (2016), each of the datasets was allocated a value, i.e. "the extent to which these rates are higher than that of the general population."[32] To calculate this, they use the prevalence of problem gambling amongst X population, divided by the prevalence across the general population. A score of 0 means that the rate of problem gambling amongst this group is the same as the national average, while anything above 0 means that it is X times higher. One notable outlier is the score of 100 given to problem gamblers seeking treatment, since by default that whole population (100%) will be vulnerable to problem-gambling.

4.12 Generally, the prevalence for a specific group and across the general population was gathered from the most up to date surveys which assess problem gambling prevalence for a certain group. These are national surveys, notably the 2018 NHS Digital Health and Survey for England, and more specialist surveys like the Adult Psychiatric Morbidity Survey (APMS) (latest 2007). Results are shown below in Table B, and a full explanation of the strength of evidence score can be found in Wardle and Thurstain-Goodwin (2016)[33].

4.13 The different datasets are then added to a matrix, which normalises all data so it is comparable, before applying the chosen weights to each risk factor.

[32] Wardle and Thurstain-Goodwin (Geofutures), 2016.

[33] *Ibid.*

Risk Factor	Value	Strength of evidence score	Explanation	Final weight
Problem gamblers who are seeking treatment	100	0.25	People seeking treatment for problem gambling are problem gamblers, therefore locations around Gamblers Anonymous/ GamCare meetings are by default vulnerable, and several sponsors indicated that a meeting could have anywhere between 6 to 30 people. It was not possible to access LSOA data of those who are seeking treatment/being referred and come from Westminster, however, the National Problem Gambling Clinic suggested it was between 16 and 20 people as a three-year average, so a higher waiting was placed on the locations of the meetings themselves as vulnerable to triggers and because they can attract a lot of individuals.	25
Problematic relationship with substances	4.3	1	This uses the median estimate of problem gambling amongst people with various substance abuse/misuse disorders from the Adult Psychiatric Morbidity Survey (APMS) (latest 2007) (3%) and applies it to the divided by 0.7%, the prevalence in the average population in the same dataset.	4.3
Poor mental health	4.2	1	This uses the median estimate of problem gambling amongst people with various substance abuse/misuse disorders from the Adult Psychiatric Morbidity Survey (latest 2007) (2.95%) and applies it to the divided by 0.7%, the prevalence in the average population in the same dataset.	4.2
Financial resilience	2	1.5	This uses the 2019 Lower Income Family Tracker data (more up to date and localised than the dataset used in 2016), which includes every Household that claims a Housing or a Council Tax benefit. These households were then filtered to only include those defined as “struggling”, “at risk” or “in crisis” and include both employed and	3

			unemployed individuals. Studies released since 2016[34] have now shown that problem gambling is associated with poverty, housing instability and low income, not just unemployment, while we also know that the 'working poor' populations have increased in the last few years[35]. Therefore, the strength of evidence score has increased from 1 to 1.5.	
Youth	2.85	0.9	This uses the problem gambling prevalence estimate among young people aged 16-24 reported in the Health Survey for England (2018) (1.9%) divided by the prevalence in the overall population in that report (0.5%). This weight is an increase on 2016's, where the authors remarked that the 2.3 weight at the time was a conservative estimate and because the Gambling Commission has estimated that there are twice as many problem gamblers aged 11-16 than previously thought[36], an age group that we have included in this model given the emergence of new evidence since 2016. On the other hand, the strength of evidence score remains the same, as we must account for the prominence of online gambling in those statistics.	2.56
Debt	2.3	0.5	This uses data from the 2007 APMS survey stating that problem gambling prevalence among people experiencing debt/financial problems, then divides it by the average prevalence reported in the same study. See Wardle (2016)	1.15
Homelessness	19.3	0.25	This uses problem gambling prevalence rates of 11.6% (as reported by Sherman et al.[37]) and divides them by the average for the general population within that report (0.6%).	4.8

[34] Hahmann, Hamilton-Wright, Ziegler & Matheson, 'Problem gambling within the context of poverty: a scoping review', *International Gambling Studies*, 2020, DOI: 10.1080/14459795.2020.1819365
[35] Joseph Rowntree Foundation: *Workers in Poverty*, 2018.
[36] Gambling Commission, *Gambling regulation: problem gambling and protecting vulnerable people*, 2020.
[37] Sherman et al. *Gambling and Homelessness: Developing an information sheet, screening tool and resource sheet*, 2018.

Sex – Male	1.6	1.25	This was calculated based on the prevalence rates for men aged 25-44 from the Health Survey for England (2018) (0.8%) divided by the average prevalence in that survey (0.5%). Scores for females were not added as problem gambling levels in the same survey are very low (0.2%)	2
IMD	1st - least deprived quintile: 0.1 2nd: 0.3 3rd: 0.7 4th: 0.8 5th – most deprived quintile: 0.9	1	This was calculated based on the prevalence rates for each quintile from the Health Survey for England (2018) (details on the second column of this table, to the left) divided by the average prevalence in that survey (0.5%).	IMD 1st quintile: 0.2 IMD 2nd quintile: 0.6 IMD 3rd quintile: 1.4 IMD 4th quintile: 1.6 IMD 5th quintile: 1.8

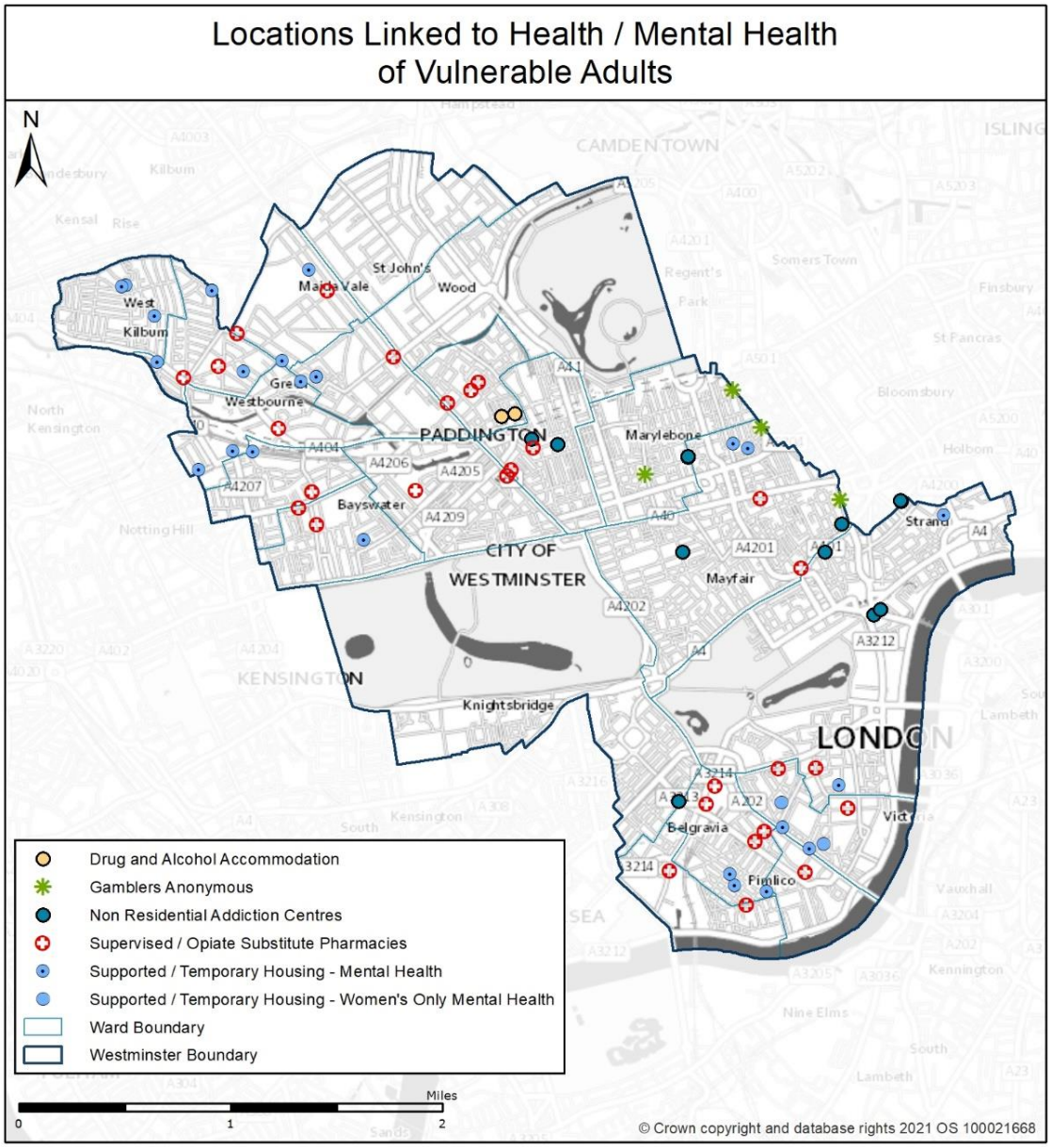
5. Vulnerability Indicators and Maps

5.1 The following graphs and maps are based on the risk factors and robust methodology described above. Indicators of vulnerability are grouped into health-based, economic and demographic indicators for ease of navigation, as well as to demonstrate how risk factors layer onto one another to create the final Vulnerability Index and corresponding map. The factors mentioned here are often interlinked and lived experiences of gambling-related harm exist across various economic, social or demographic indicators. For example, being a young man with an existing substance addiction, rather than a young man with no history of substance misuse, or a woman with substantial debt, rather than a woman with no debt, will lead to an intersectionality of vulnerability factors and increase risk. Equally, as mentioned above, the identification of certain locations and groups does not necessarily pre-dispose them to harm or problem gambling but does offer the best visual representation possible for presenting overall vulnerability.

Health Indicators of Gambling-Related Harm

5.2 The following maps build a picture of health and mental health-related risk factors to gambling-related harm, specifically illustrating locations linked to 'problem gamblers', those experiencing a 'problematic relationships with substances' and those with 'poor mental health', as identified in the methodology.

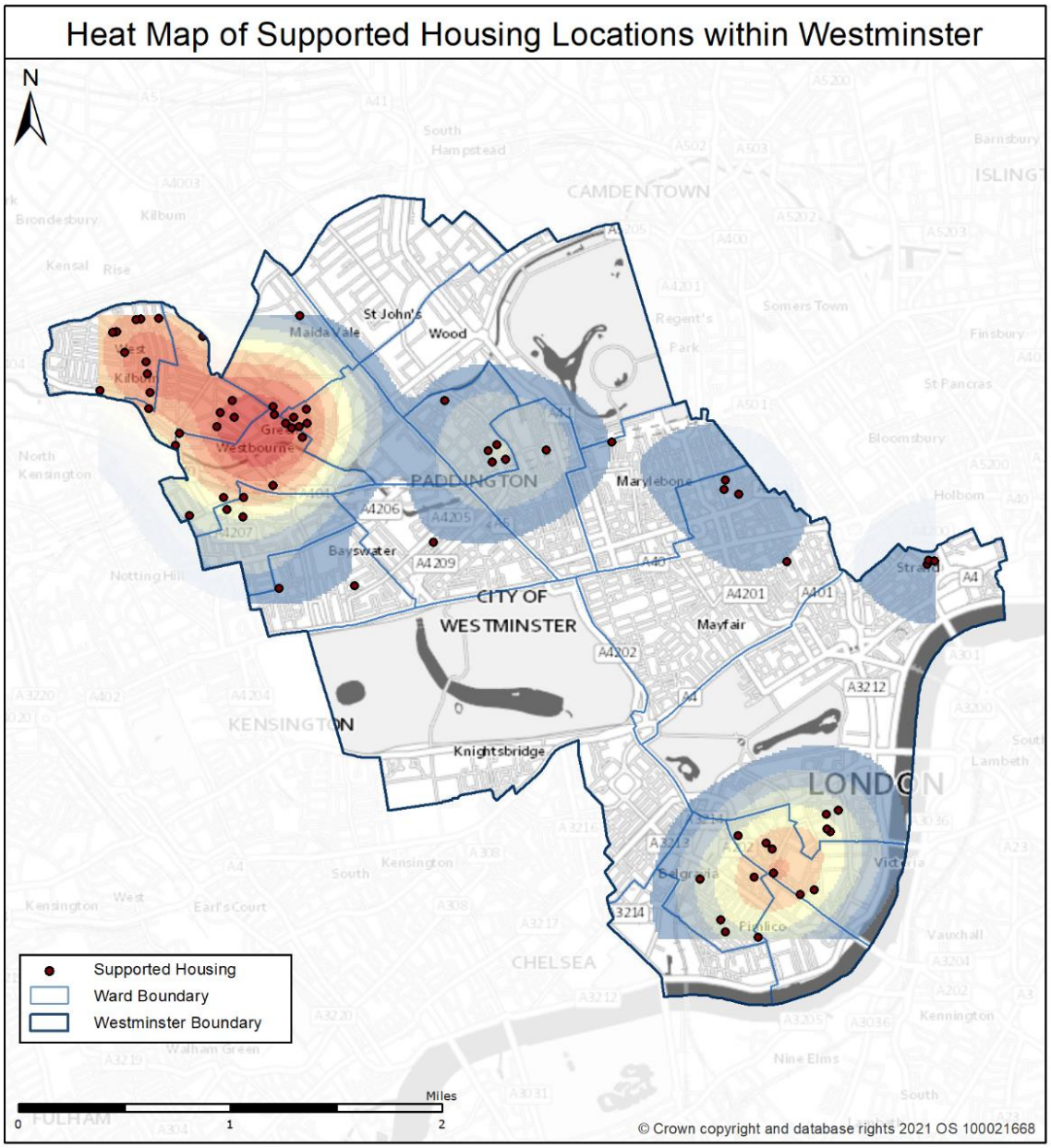
5.3 Below identifies five location types: drug and alcohol accommodation/ residential treatment centres, non-residential addiction centres, Gamblers Anonymous/ GamCare support services, supervised pharmacies providing opiate substitutes, and supported/ temporary housing for people with mental illnesses. It is notable that Gamblers Anonymous/ GamCare services are all concentrated to the east of the borough in Marylebone and Fitzrovia. By definition, those attending these support centres are problem gamblers, with up to 30 people attending each meeting and therefore being more vulnerable to gambling-related triggers. Compounded by the location of two supported mental health accommodations to the north-east of Mortimer Street/ Portland Place and one non-residential addiction centre to the north-west, we see a heightened vulnerability level in wards which normatively display the lowest levels on the Index of Multiple Deprivation and higher levels on the Wellbeing Index.



5.4 Locations of drug and alcohol accommodation, non-residential addiction centres, and supervised pharmacies have the potential for comorbidity of addiction and therefore gambling-related harm. Multiple studies indicate that addictions, such as problem gambling and alcoholism, frequently co-occur at greater than chance levels. The locations highlighted above, such as a high concentration of supervised pharmacies and mental health supported accommodation in Pimlico, Belgravia and the north-west of the borough, may act as a 'pull' for potentially vulnerable people to gambling premises. One study found, for instance, that problem gamblers are 7.2 times more likely to drink and 3.3 times more likely to have an alcohol use disorder than the general population.[38] Another found that those with a drug use disorder are 3.5 times more likely to be problem gamblers.[39]

[38] Tackett, J et al. 'Comorbidity of Alcohol and Gambling Problems in Emerging Adults: A Bifactor Model Conceptualization', *Journal of Gambling Studies*, Vol. 33, pp. 131-147, 2017.
[39] Ford, M and Anders, H, 'Problem gambling, associations with comorbid health conditions, substance use, and behavioural addictions: Opportunities for pathways to treatment.' *PLOS One*, Vol. 15, January 2020.

5.5 Additionally, as with other addictive behaviours, people presenting as problem gamblers often have other mental health conditions such as anxiety, depression and personality disorders. On the upper end, some studies estimate a prevalence of psychiatric disorders in pathological, problem and at-risk gamblers, of 80%.[40] [41]



5.6 In another study, the risk of reporting psychological distress on a severe level was almost three times higher in those screening positive for a lifetime history of problem gambling.[42] Thus, whether problem gambling leads to poor mental health, or poor mental health could

[40] Bischof et al, 'Comorbid axis I disorders among subjects with pathological, problem, or at risk gambling recruited from the general population in Germany: results of the PAGE study', *Psychiatry Research,* 2013.
[41] Soberay, A. D. et al, 'Stages of change, clinical presentation, retention, and treatment outcomes in treatment-seeking outpatient problem gambling clients', *Psychology of Addictive Behaviors, Vol. 28, pp.* 414–419, 2014.
[42] Ford, M., 2020

lead to problem gambling as an outlet or coping mechanism, mapping locations such as mental health treatment centres and supported housing is important due to the potential comorbidity of the disorders. Below takes the example of supported housing in Westminster to show areas of potential vulnerability.

5.7 Supported housing is most prevalent in Westbourne, Harrow Road and Queen's Park in the north of the borough, and St James' Ward in the south. Westminster residents live in supported housing for a variety of reasons and may be elderly, armed forces veterans, homeless, in emergency refuges, or have long-term disabilities, learning disabilities or mental health conditions. Combined with financial stress and income deprivation, these residents could be at higher risk of gambling-related harm or problem gambling. Note, for instance, how supported housing locations correspond with areas of financial stress and deprivation in the north-west of the borough, therefore creating a multitude of overlapping factors that could influence gambling behaviour.

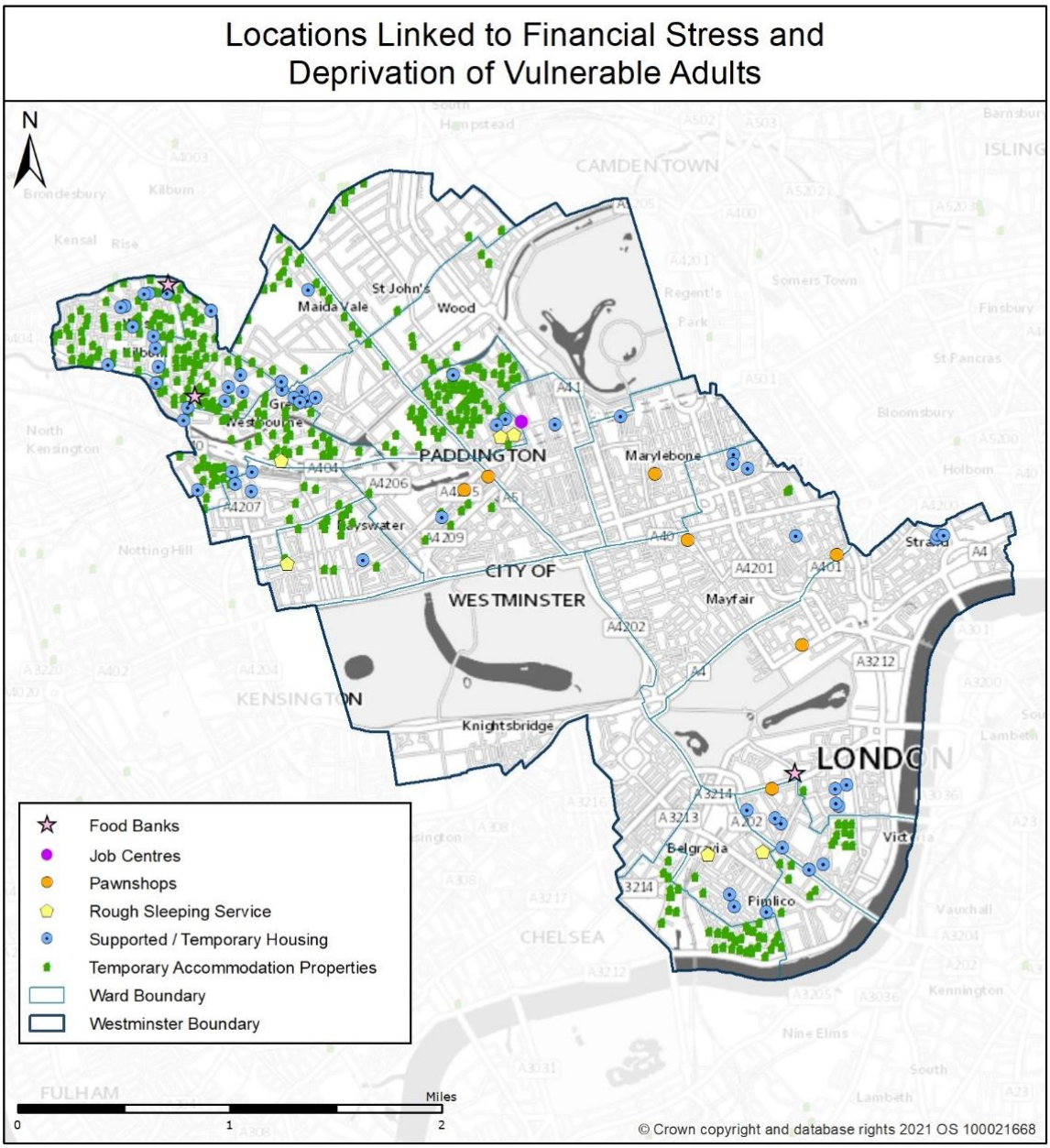
Economic Indicators of Gambling-Related Harm

5.8 Studies released since 2016 show that problem gambling is associated with poverty, housing instability and low income, not just unemployment, while we also know that the 'working poor' populations have increased in the last few years.43 Our four main economic risk indicators, as per the methodology, are 'debt', 'financial resilience', 'homelessness' and the Index of Multiple Deprivation. However, in reality, these issues are often experienced in tandem with other social, health and even demographic factors, such as young people being more likely to have debt and less financial resilience.

5.9 This first map highlights locations linked to financial stress and deprivation of vulnerable adults. Financial resilience, or lack thereof, is modelled below by the location of food banks - places where people are so severely financially constrained, that they cannot afford to buy food. Food banks are opening at a rapid rate, and it is often difficult to identify every location, hence why only three are marked on this map. Given that they are usually not council-led services or part of welfare provision but run by independent charities and businesses, there are likely to be more in Westminster than meets the eye.

5.10 Job Centres are also included here (to be exact, the only Westminster Job Centre, in Lisson Grove) as they are accessed by members of the population who are likely unemployed and considered to have a combination of very low income and a large amount of personal disposable time.

[43] Hahmann et al, 2020.

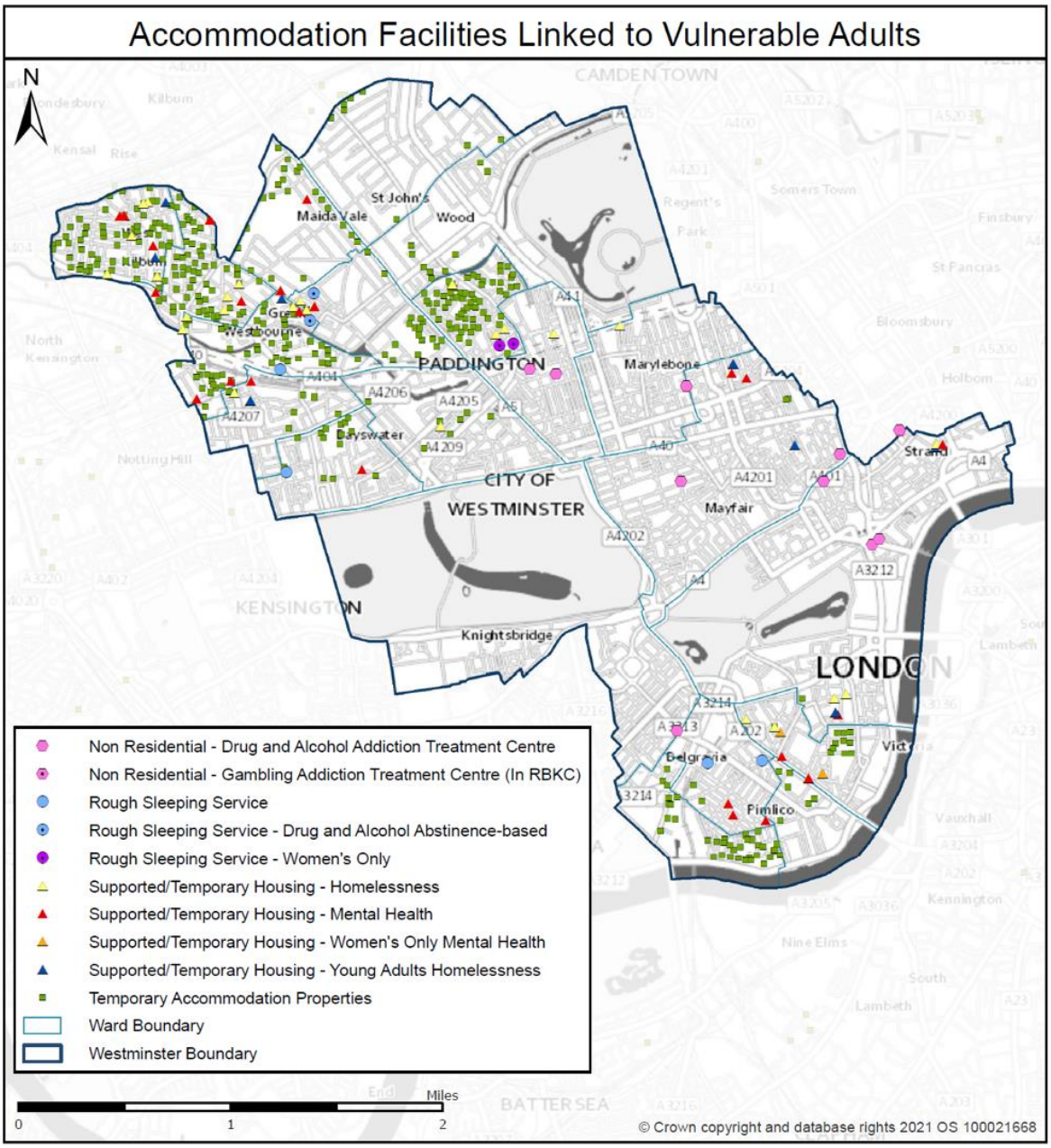


5.11 Next, we have locations linked to the risk factor of 'debt', in this case 'pawnshops'. Debt is a key measure of problem gambling on the PGSI survey, and the most recent Adult Psychiatric Morbidity Survey (APMS) estimates that 38% of problem gamblers had debt.[44] Simply put, if people are in debt, they may be more likely to gamble to pay it off; if people gamble, they risk getting into greater debt. We use the locations of pay pawn shops to represent places where credit is accessed through less secured means. Although these may be accessed by many members of the population, "the locations serve to pull vulnerable populations with debt into an area, by providing them with access to unsecured and easy-access finance."[45]

5.12 The above map begins to highlight the high concentration of temporary accommodation (for homeless households or those in emergency accommodation) in the north-west and south-

[44] APMS, 2007.
[45] Wardle and Thurstain-Goodwin, 2016.

west of the borough, chiefly around Lisson Grove and West Kilburn. The below expands this with reference to locations such as women's only rough sleeping services and substance based rough sleeping services, alongside other types of addiction services and treatment centres. Most supported or temporary housing for those with mental illnesses are also in these areas. It is important to say, however, that a green point on the map does not show how many individual residences or households are living in a given area. The one temporary accommodation in the north of the West End for example, contains 70 temporary residences and is therefore Westminster's largest.



5.13 There are a variety of accommodation provision types for the homeless, ranging from emergency shelters to more mid to long-term support representing broader 'housing instability'. There is much emerging evidence to suggest that the locations of these services impact gambling related harm, from the University of Cambridge, Lincoln, East London and more. The National Problem Gambling Clinic and University of Cambridge both estimate that

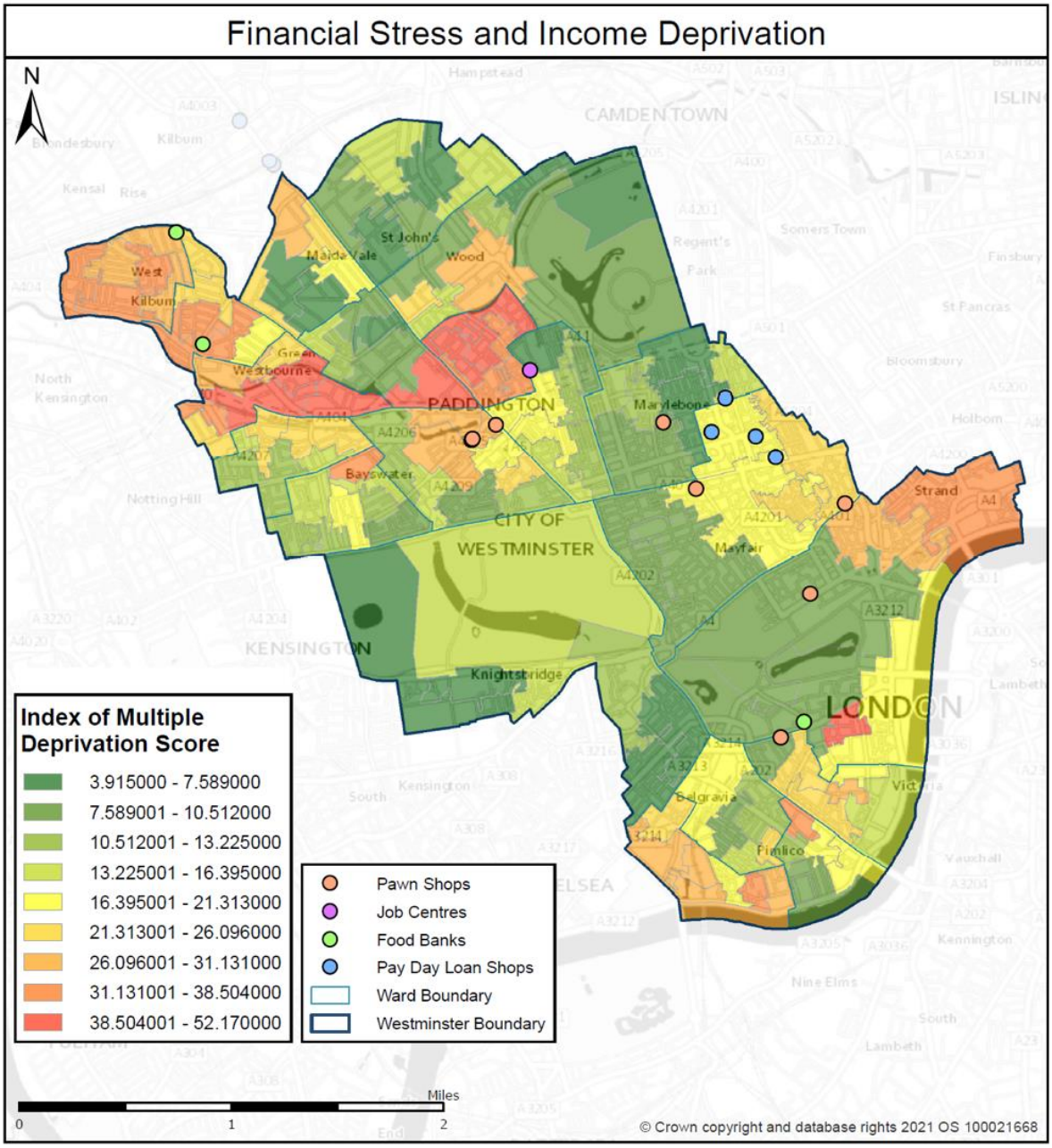
problem gambling is 10 times more prevalent in homeless populations than the general population of Westminster.[46] Further research explains that "gambling can be a direct cause of homelessness, a secondary contributing factor, or only develop after the individual has become homeless."[47] Since 5,000 homeless households were registered with Westminster City Council in 2018/19, and with many more not registered but sleeping rough, mapping out the relevant locations is critical to understanding where the most financially vulnerable people may be.

5.14 The final map in this section, below, demonstrates the Index of Multiple Deprivation (IMD)across the borough to provide an overview of relative deprivation. The IMD incorporates datasets for income, employment, education, health, crime, barriers to housing and services, and living environment. The below map is broadly comparable to those in Westminster's 2018 City Profile, with Queen's Park, Harrow Road, Westbourne and Church Street not only the most deprived based on the IMD, but also the least economically active based on Median Household Income and scoring lowest on the Wellbeing Index.

5.15 Note that this reflects the average characteristics of the people living in an area, rather than individuals, and serves as an interesting backdrop to the physical premises which may attract people in situations of debt, unemployment and poverty. These include pawn shops and payday loan shops (risk factors for 'debt') and food banks and job centres (risk factors for 'financial resilience', or unemployment and deprivation).

5.16 We see immediately that these are concentrated in certain areas, for instance all four pay day loan shops in the Marylebone area, adjacent to the Gamblers Anonymous/ GamCare services mentioned earlier. Overall, the area around Lisson Grove, Maida Hill and West Kilburn have the highest scores for multiple deprivation, and contain food banks, pawn shops and the borough's only Job Centre. A high level of multiple deprivation can also be seen in the south, around Pimlico and St James' Ward.

[46] Bowden-Jones, 2018.
[47] Sharman, S et al. 'Rates of Problematic Gambling in a British Homeless Sample: A Preliminary Study', *Journal of Gambling Studies*, Vol. 31, pp. 525–532, 2015.



Demographic Indicators of Gambling-Related Harm

5.17 Our Vulnerability Index includes two of the most significant factors impacting gambling-related harm: age (young people) and sex (male). Multiple studies (NHS Health Survey, YouGov, Geofutures, LSE/ Gamble Aware and the Gambling Commission among others) evidence the heightened risk of these demographics. These studies, in addition to the overlaid nature of our Overall Vulnerability Analysis (Section 5.5), highlight the intersectionality in gambling-related harm.

5.18 By highlighting these nationally significant vulnerabilities in the context of Westminster, we do not suggest that all young people or men will be vulnerable to harm or become problem gamblers. Rather, we aim to represent individuals and groups recognised by multiple studies

as being more at risk than others or, as the KCL study pointed out, which may have been overlooked in the past. Looking at individual or well-known health and economic risks alone, as expressed in the Geofutures research and by Mendoza et al (2013), can mask broader patterns and inequalities – something that the Index and final Vulnerability Map aim to avoid by considering a multitude of layered factors. Ultimately, to be aware and informed about the potential impact of age and sex on Westminster's residents' propensity for gambling-related harm is not to exclude or single out, but to include and protect.

Young People

5.19 The highest demographic weighting is attributed to 'youth', since gambling is a common activity among children and adolescents in the UK, particularly with the influence of online gaming and gambling.

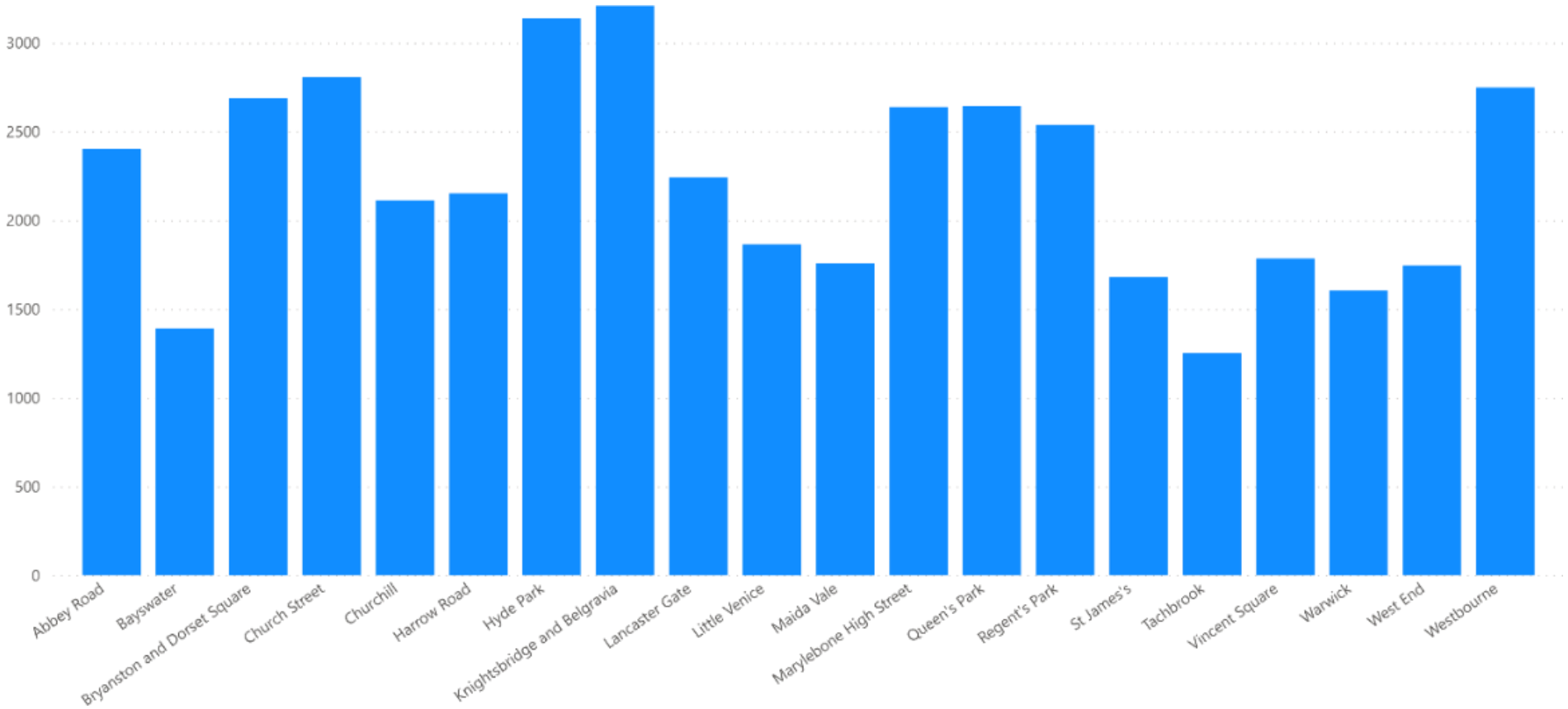
5.20 As noted in the methodology, a higher proportion of 11–16-year-olds than previously thought participate in gambling activities. This is evidenced by the Young People and Gambling Survey 2020, which found that 9% of 11–16-year-olds had spent their own money on gambling in the week preceding the survey, and 37% in the previous year. 1.9% were defined as problem gamblers (much higher than 0.6% for the wider adult population, or 0.5% as reported by the NHS Digital Health Survey for England 2018) and 2.7% as 'at risk' gamblers.[48] According to The Gambling Commission (2020) there are 55,000 problem gamblers aged 11 to 16, nearly double its previous estimates.[49]

5.21 According to the Avon Longitudinal Study of Parents and Children (2020), 54% of 17-year-olds participated in gambling in the last year, rising to 68% in 20-year-olds, and 66% at 24 years.[50] Regular (weekly) gambling was most prevalent in young men, from 13% at 17 years to 18% at 20 years, and 17% at 24 years.[51] The most common forms of gambling were playing scratch cards, playing the lottery, and private betting with friends. Online gambling increased markedly between 17 and 24 years, especially among males.[52] The study found the reasons behind this to vary from seeking 'control' externally, to seeking 'sensation', and having a parental background of gambling. Regular gambling often went together with harmful alcohol consumption and use of cigarettes, indicating a confluence of potentially addictive, harmful behaviours which may exacerbate one another.

5.22 In the below graph, we can see that the area with the highest count of 10-24-year-olds is Knightsbridge and Belgravia, followed by Hyde Park and Church Street wards. The lowest number of 10-24-year-olds can be seen in Tachbrook, Bayswater and finally Warwick ward. Areas with higher numbers of young people, along with higher numbers of educational institutions and youth clubs, are afforded a higher weighting in the Vulnerability Index and contribute to greater overall risk.

[48] Gambling Commission, 2020.
[49] Gambling Commission, *Gambling regulation: problem gambling and protecting vulnerable people,* 2020.
[50] Hollén et al, 'Gambling in Young Adults Aged 17–24 Years: A Population-Based Study', *Journal of Gambling Studies,* Vol. 36, pp. 747–766, (2020).
[51] *Ibid.*
[52] *Ibid.*

Number of Youth (10-24 years old) by Ward

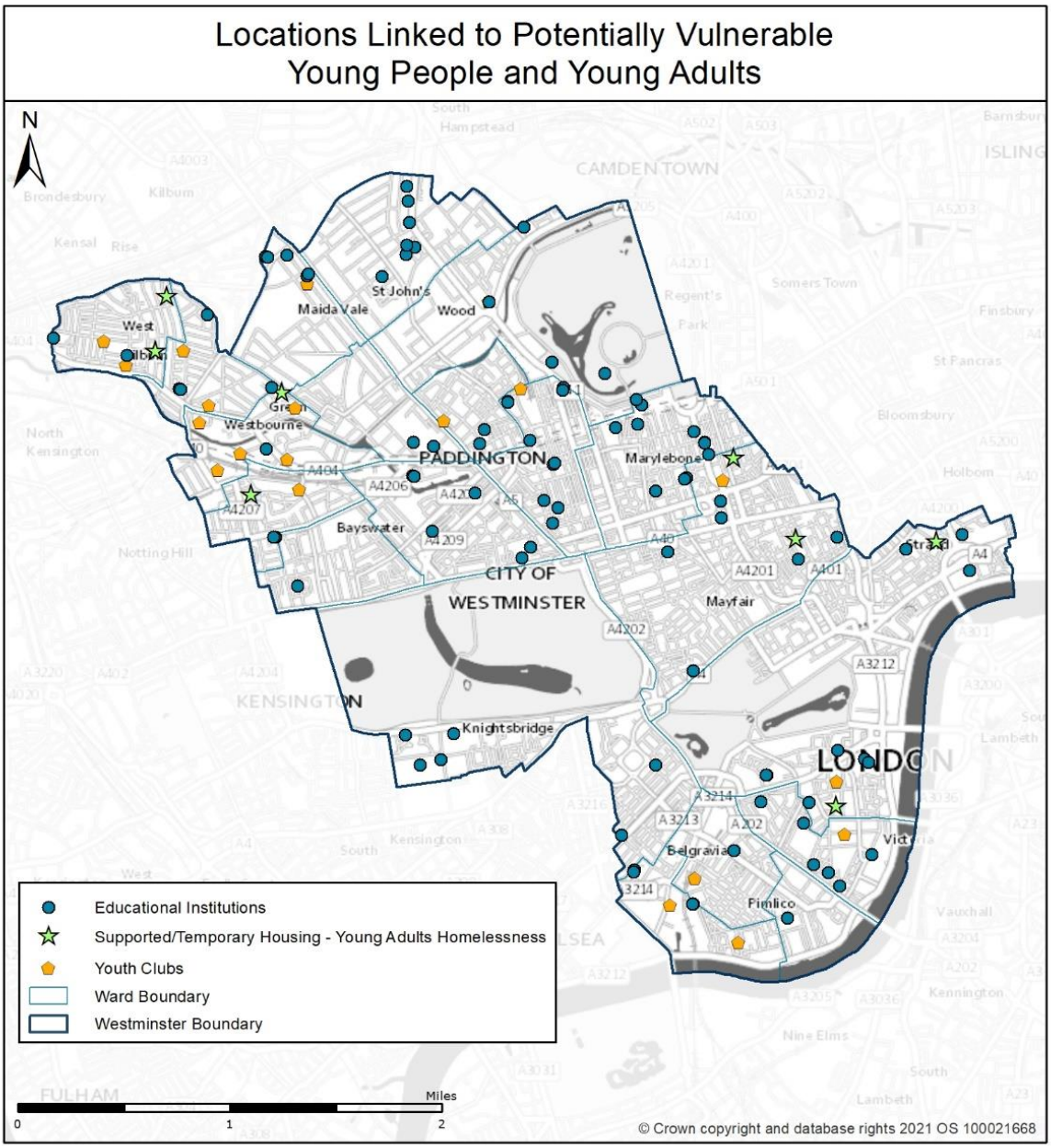


5.23 Students in higher education have also been found to be at increased risk of gambling-related harm; this trend is constantly evolving, and research from recent years points to a serious, often under-diagnosed and under-treated issue. In the first study of undergraduate and postgraduate student attitudes towards gambling by the Young Gamers and Gamblers Education Trust in 2019, the survey identified that 47% of students had gambled in the last 12 months, and 16% were identified as moderate risk or problem gamblers.[53] 59% of those who had gambled said they were "always worrying about their financial situation", demonstrating how financial stress, debt and age can aggravate one another and cause greater risk of harm. The report adds that "both moderate risk and problem gamblers appear to turn to physical spaces to satisfy their gambling urges", with 31% of those two groups visiting a casino, 18% visiting a betting shop to place a bet (vs. 8% of all gamblers) and 17% personally visiting a betting shop to play gaming and/or gambling machines (vs. 5% of all gamblers).[54]

5.24 The map below shows the locations in Westminster linked to vulnerable/ potentially vulnerable young people and young adults. Note how the high concentration of educational institutions in the Marylebone area could cause greater vulnerability to gambling-related harm, as youth is the highest weighted demographic factor. Similarly, see that the high concentration of youth centres and outreach projects in the north-west of the borough, around Westbourne and West Kilburn, could potentially be a 'pull factor' for young people living in areas of increased multiple deprivation, towards gambling premises. This area also has 4 of 8 (50%) of Westminster's temporary accommodation for young homeless adults, with one in St James' Ward and three clustered around Marylebone and the West End, where a high density of gambling venues exists (see Section 6).

5.25 While it is understood that under-age people should not be entering gambling premises, or areas of a premises that are restricted to adults only, it is also not unreasonable to believe that some will, and that problem gambling can also begin online for younger age groups and evolve towards physical premises later. Equally, as is the case with students, it is possible that problematic online gaming and gambling can lead to gambling at casinos, adult gaming centres and betting ships. Understanding the potential movement from online to in-person gambling, and the impact of underage exposure to the gambling landscape, is therefore of crucial importance for Westminster.

[53] Young Gamers and Gamblers Education Trust, 2019.
[54] *Ibid.*



Men

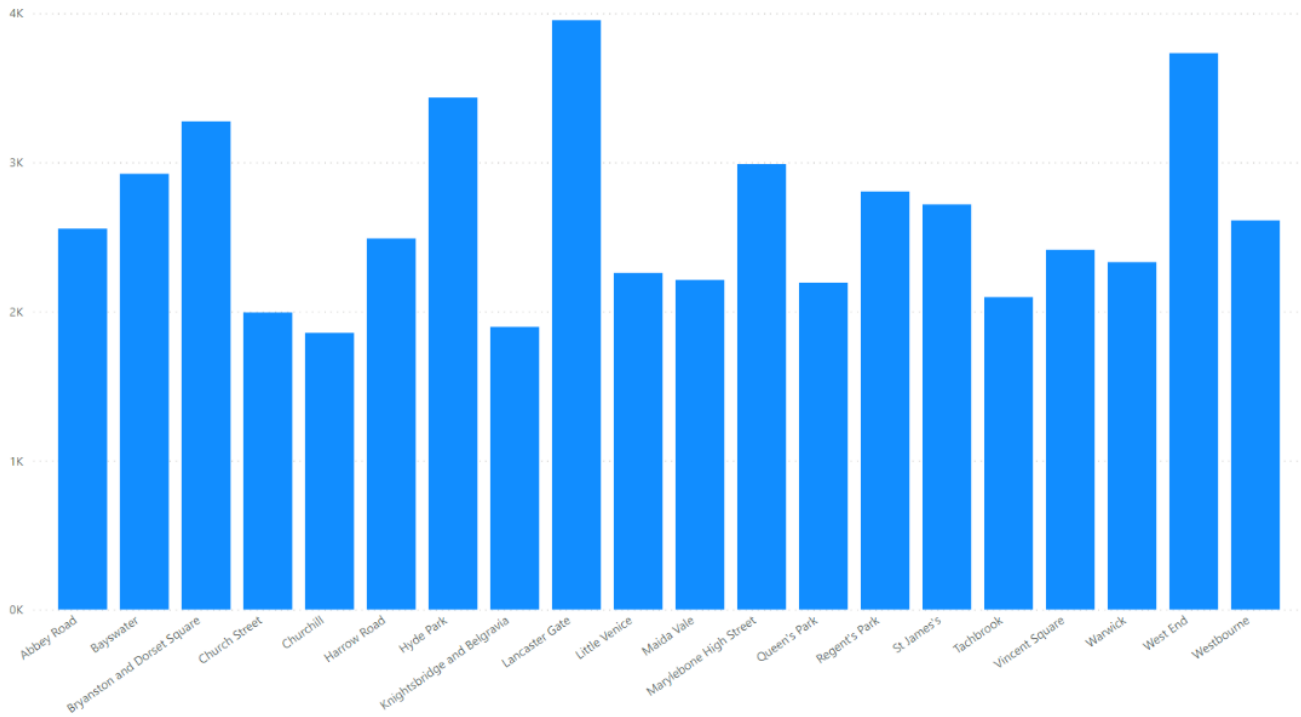
5.26 It is well-established that men are more likely than women to gamble, suffer gambling-related harm, and become problem gamblers. The 2020 YouGov study found that 16% of men had a PGSI score of 1+, compared with 8% of women (double the level of vulnerability to harm).[55] In the Health Survey for England (2018), problem gambling scores for men were 0.8%, versus 0.2% for women (four times higher).[56] In 2018, women made up 7% of total referrals to the National Problem Gambling Clinic.[57]

[55] YouGov
[56] NHS, *Health Survey for England*, 2018.
[57] Bowden-Jones, H. 'Gambling Disorder in the UK: A Clinical Overview', *National Problem Gambling Clinic*, 2018.

5.27 Researchers attribute different reasons to this, and though there is some evidence to suggest biological or genetic tendency towards risk-taking, or thrill seeking, the main drivers are sociological and environmental.[58] Vulnerability is often dependent on exposure to gambling-related harm, such as the way gambling is marketed towards men, or men's more frequent attendance at gambling-adjacent sports venues, racecourses and pubs.[59] [60]

5.28 This does mean, however, that barriers to accessing treatment and difficulty in admitting addiction can exist in female problem gamblers. Often these are driven by a desire to solve problems 'by oneself', a stigma around admitting to problem gambling, or issues with the treatment itself. The fact that problem gambling is characterised in society as a 'weakness of character' or 'lack of self-control' exacerbates the notion that these are more acceptable traits in men.[61] Studies have also found that while men are more likely to gamble and become problem gamblers, this is more likely motivated by socialising, making money and comorbidity with other addictions. For women, problem gambling is more likely to be a 'coping mechanism' or 'escape' and is more often comorbid and/or driven by other mental illnesses.[62]

Number of Males (25-44 years old) by Ward



5.29 In the above graph, we can see the highest count of males in Lancaster Gate, followed by Hyde Park and the West End. The lowest number of males can be found in Churchill, Tachbrook and Maida Vale wards.

[58] *Ibid.*
[59] Statista, *Men and Women Weekly Pub Visits 2010-2014.*
[60] Diversity in Racing Steering Group, *Diversity in Racing Annual Update 2020*, p.7.
[61] Bowden-Jones, 2018.
[62] Tackett, Jennifer L et al. "Comorbidity of Alcohol and Gambling Problems in Emerging Adults: A Bifactor Model Conceptualization." *Journal of gambling studies* vol. 33,1 (2017): 131-147. doi:10.1007/s10899-016-9618-6

5.30 Taking Hyde Park as an example ward with a high count of young people and men, we can see in the following overall Vulnerability Map how Hyde Park becomes – along with other economic and health-based factors – orange in colour and in the fourth-highest risk level. Conversely, in Tachbrook ward, which has a low number of young people and men, we see a dark green and light green zone. The dark green indicates the second-lowest level of vulnerability, while the lighter green indicates the fifth (i.e. mid-level) of vulnerability which is influenced by a higher level of multiple deprivation and supported housing, as shown in the economic maps above.

Overall Gambling Vulnerability Analysis

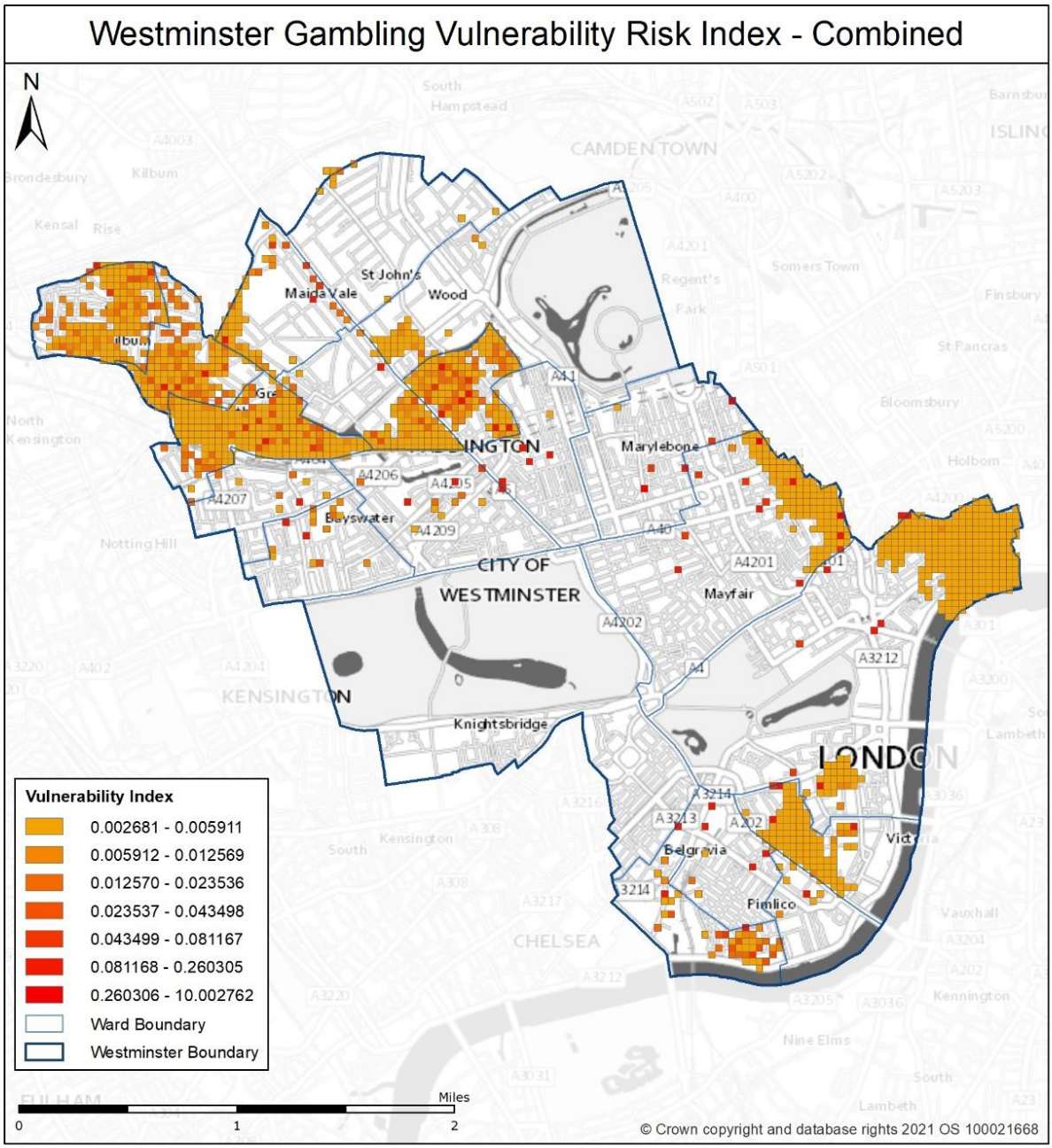
5.31 The below maps synthesise each of the above layers, considering the weighting of all risk factors and providing a colour-coded visualisation of overall vulnerability in Westminster. It is important to note that the location of gambling premises is not a variable within the Vulnerability Risk Index but represented in these composite maps to show their presence in relation to the degree of vulnerability that each LSOA or given area carries.

'Combined' Vulnerability Map

5.32 The first map shows the 'combined' Gambling Vulnerability Risk Index, taking into account both 'home' and 'away from home' factors, with the top seven levels colour-coded from orange to red. The purpose of this map is to demonstrate how there are gambling-related risk factors for both residents and visitors in the city.

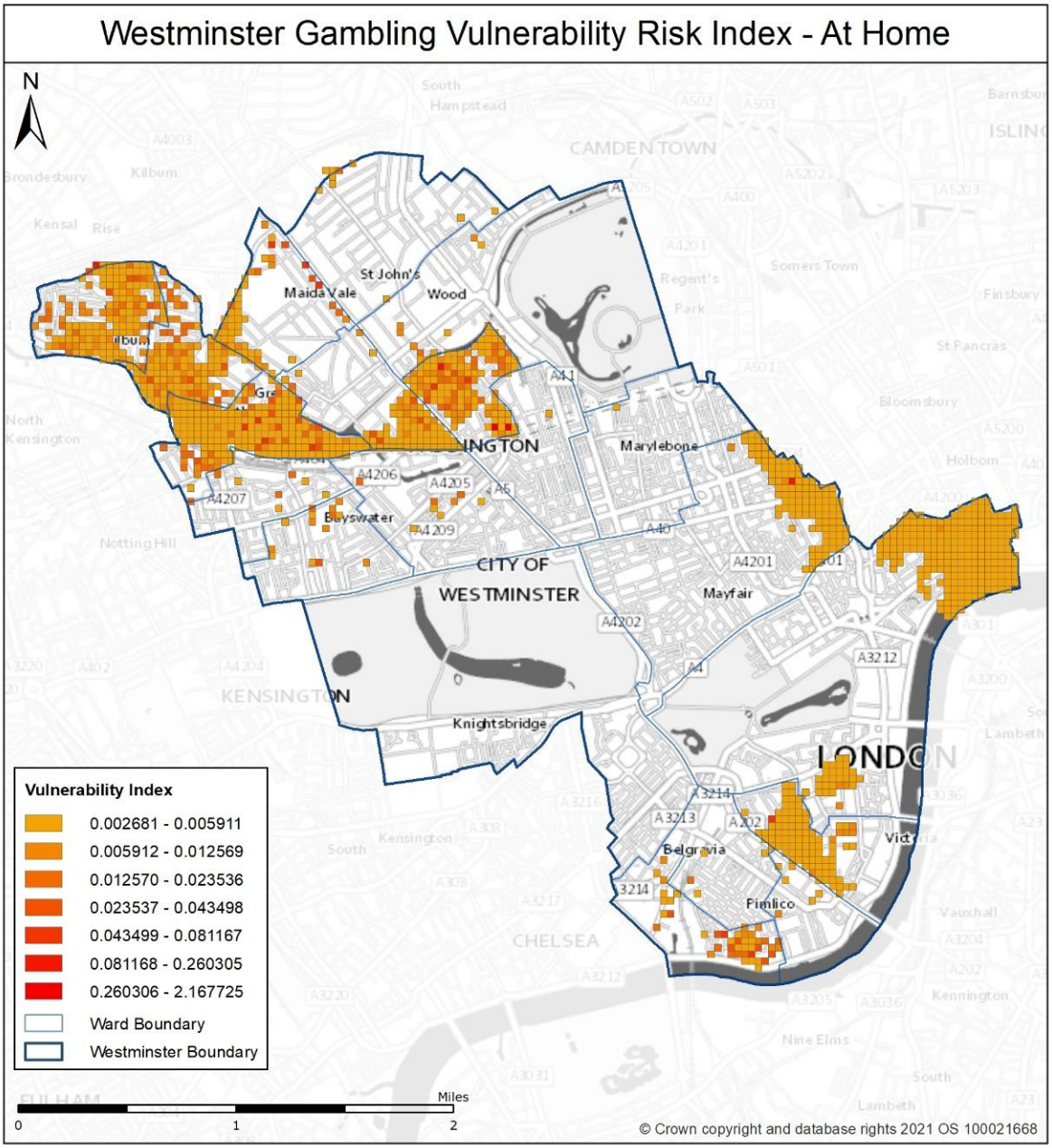
5.33 While there are concerns around residential areas in the northwest of the borough, for example, there are other areas in central wards such as Marylebone and the West End which pose risks to people visiting, working and studying in Westminster. Since we know that 1 in 5 online gamblers gambled outside the home during the Covid-19 restrictions, and that young problem gamblers are likely to move to physical premises to satisfy their urges, we cannot rule out the influence of premises in more traditionally visitor orientated areas.

5.34 Note, for example, the relation of a significant cluster of gambling premises to the south of the West End risk area, around Leicester Square, and a similar trend on Edgware Road to the south of Westway.


Westminster Gambling Vulnerability Risk Index - Combined
N
Vulnerability Index
0.002681 - 0.005911
0.005912 - 0.012569
0.012570 - 0.023536
0.023537 - 0.043498
0.043499 - 0.081167
0.081168 - 0.260305
0.260306 - 10.002762
Ward Boundary
Westminster Boundary
Miles
0
1
2
CITY OF WESTMINSTER
Maida Vale
St John's Wood
Marylebone
Bayswater
Mayfair
Knightsbridge
Belgravia
Pimlico
CHELSEA
KENSINGTON
LONDON
© Crown copyright and database rights 2021 OS 100021668

'At Home' Vulnerability Map

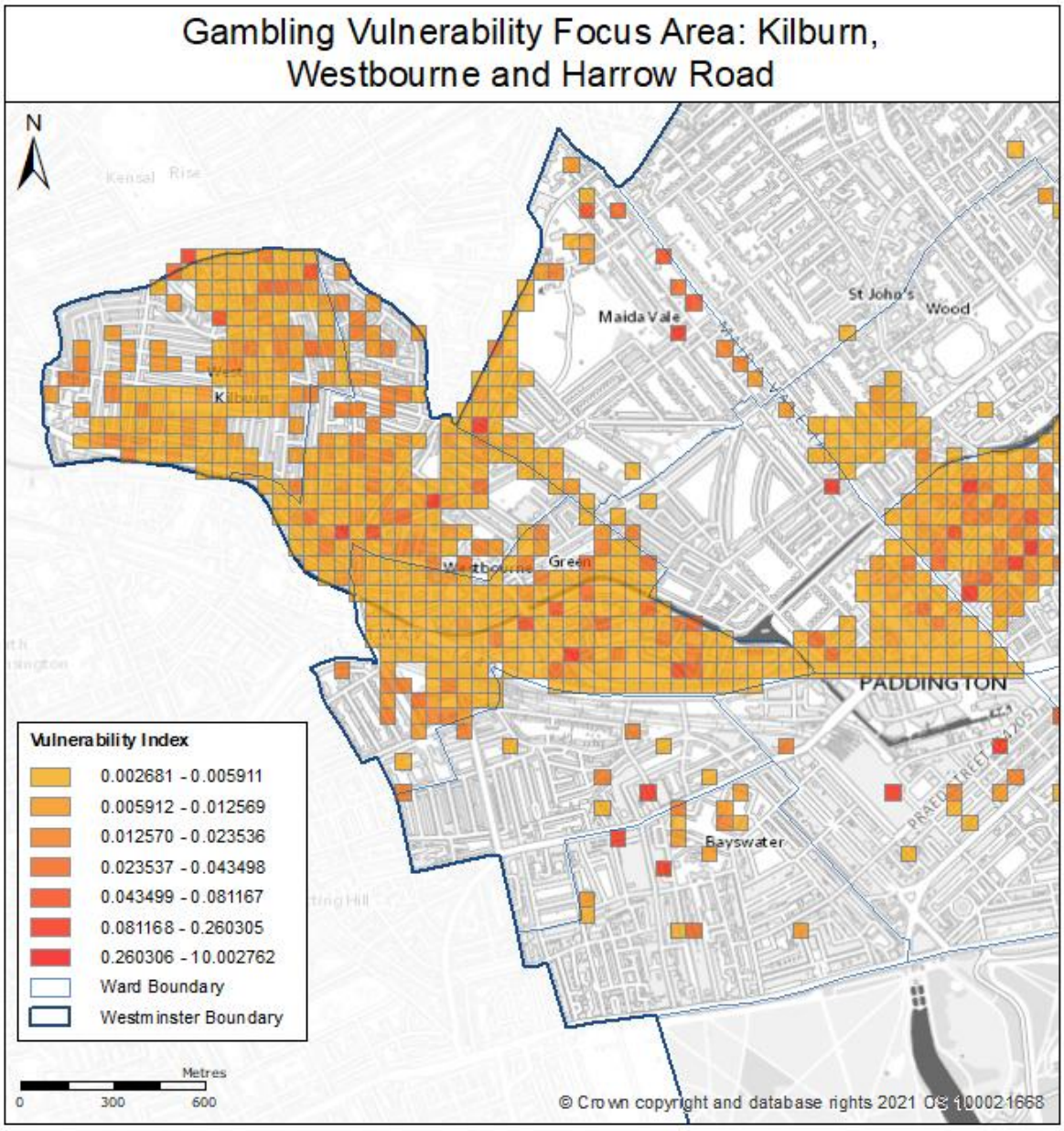
5.35 This map highlights the main areas of vulnerability for residents 'at home', meaning it is judged by residential locations like temporary and supported housing, residential addiction centres, the Index of Multiple Deprivation, and the demographic make-up (age and sex) in a given area.



5.36 The areas most at risk on this map are found predominantly in the northwest of the borough, around Westbourne, Harrow Road, Paddington Green and Church Street. However, there is also an at-risk zone in the south of Pimlico and in Victoria, as well as in the West End (which is vulnerable in both 'home' and 'away' categories). All zones identified below are the only hotspots where we find large areas that have a low yet significant ranking in the index (i.e. from 0.02681 – 0.023536) but are crucially punctuated by spaces with the highest levels of vulnerability. Other areas in the borough may have small 50 x 50 m^2 pockets

of vulnerability, but none which cover a wide enough perimeter so as to form a hotspot. Crucially, these areas rank the highest in the 'at home' index, which pertains most directly to Westminster residents and means that a larger area of vulnerability must be considered, as the score is not attributed largely because of the location of one specific element high a high weighting, for example, the locations of Gamblers Anonymous meetings/ GamCare locations.

Focus Area: Kilburn, Westbourne and Harrow Road

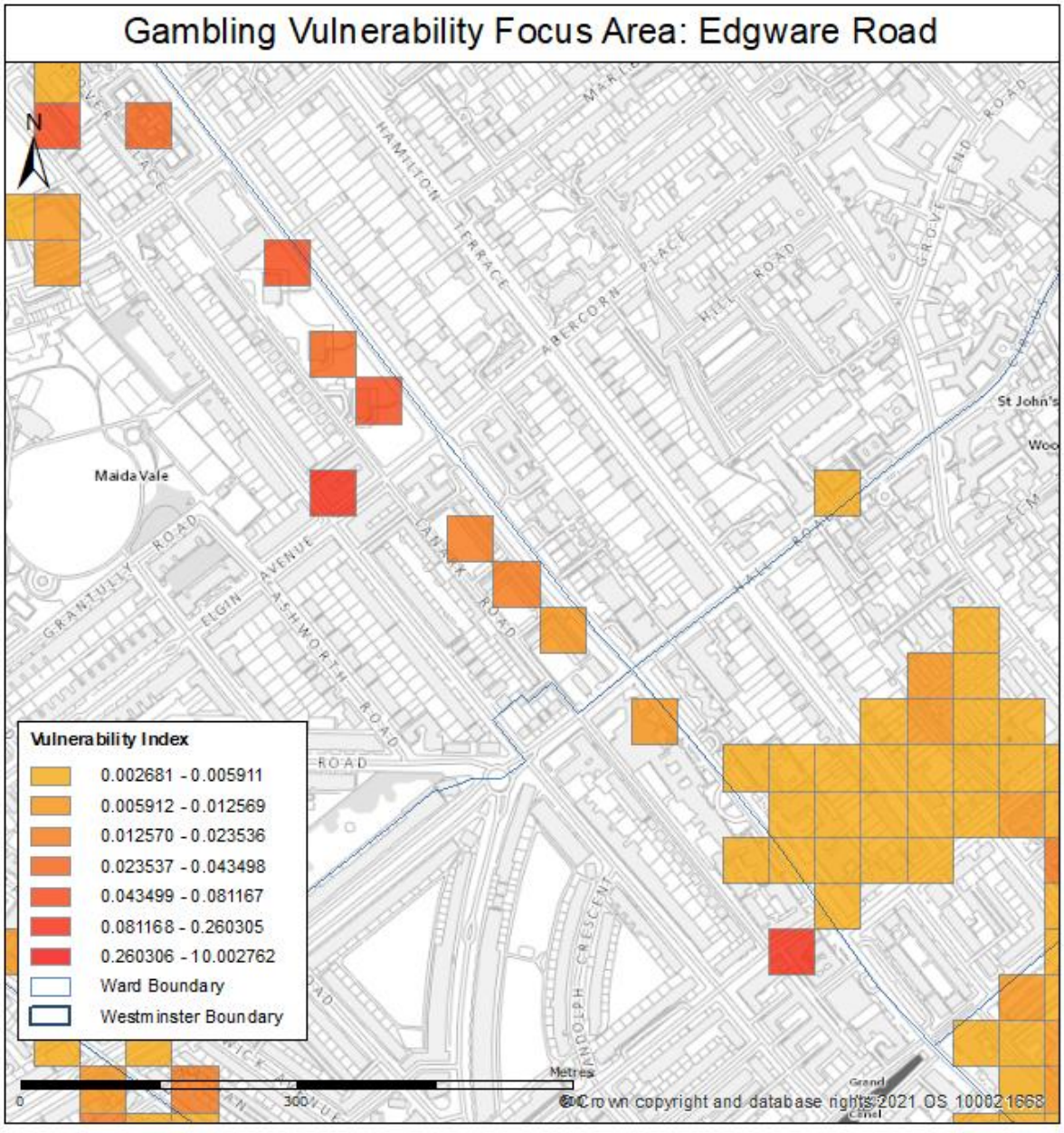


5.37 These three neighbourhoods cover a large geographic area that presents relevant risks to gambling harm, particularly in terms of risks that are most pertinent to residents, denoted by the 'at home' index scores ranging from 0.00268 to 0.08. We find one of the highest concentrations of people receiving mental health care packages, and substantial amounts of people deemed "at risk", "struggling" or "in crisis" within the Lower Income Family Tracker and 10- to 24-year-olds, who we know are at high risk of developing gambling issues.

5.38 The different IMD scores, ranging from 16 – 21 to the highest level, 38 to 52, indicate a general level of relative deprivation across these locations which contributes to the overall vulnerability score. There are also great numbers of temporary accommodation properties, several supported housing facilities for people experiencing homelessness, including with mental health support, and one rough sleeping temporary housing facility that is abstinence-based (from alcohol and drug use).

5.39 In terms of elements that most contribute to the 'away from home' risk, we note the presence of two food banks, a pharmacy dispensing opiate substitutes or offering needle exchanges, several educational institutions for young people from the ages of 13 to 24, and a youth club.

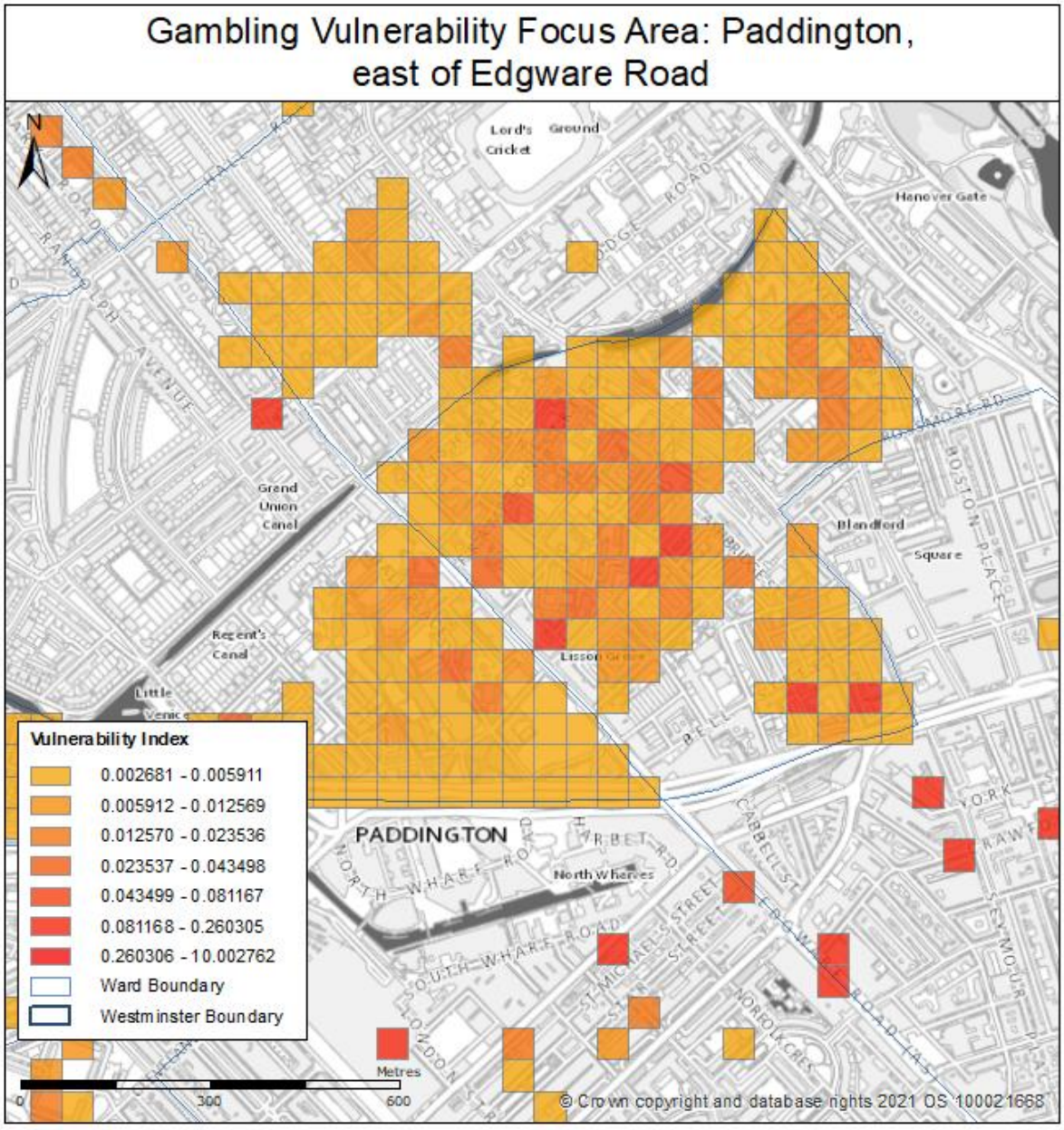
Focus Area: Edgware Road



5.40 To the west of Edgware Road, we find 'at home' index scores ranging from 0.00268 to 0.08. This is due to a high concentration of residents receiving mental health care packages and people deemed to be financially "at risk", "struggling" or "in crisis", as well as pockets with some of the highest numbers of young people from the ages 10 to 24, and, crucially, the presence of several temporary accommodation sites within a contained geography. This part of Edgware Road has the lowest IMD score (ranging from 38 to 52) contributing to the overall vulnerability appraisal.

5.41 When looking at 'away from home' risk factors, we note the presence of two youth clubs, an educational institution and a pharmacy dispensing opiate substitutes or offering needle exchanges.

Focus Area: Paddington, east of Edgware Road



5.42 This area, while smaller than others denoted in this section, is particularly vulnerable to gambling-related harm because, despite large parts presenting a score between 0.00268 – 0.0059, it contains an elevated number of areas that rank above 0.0059, including two which have the highest vulnerability ranking in the 'at home' index, between 0.26 and 2.1. This area's vulnerability is linked to the very high numbers of residents receiving mental health care packages, a substantial presence of young people aged 10 to 24 and of people deemed to be financially "at risk", "struggling" or "in crisis", the presence of many temporary accommodations, and supported housing premises for people experiencing homelessness, including a women's only site. In this area, IMD scores range between 31 and 52, i.e., the two most deprived brackets.

5.43 The factors contributing to the 'away from home' vulnerability index are two educational institutions and three youth clubs, as well as several pharmacies dispensing opiate substitutes or offering needle exchanges, and a job centre.

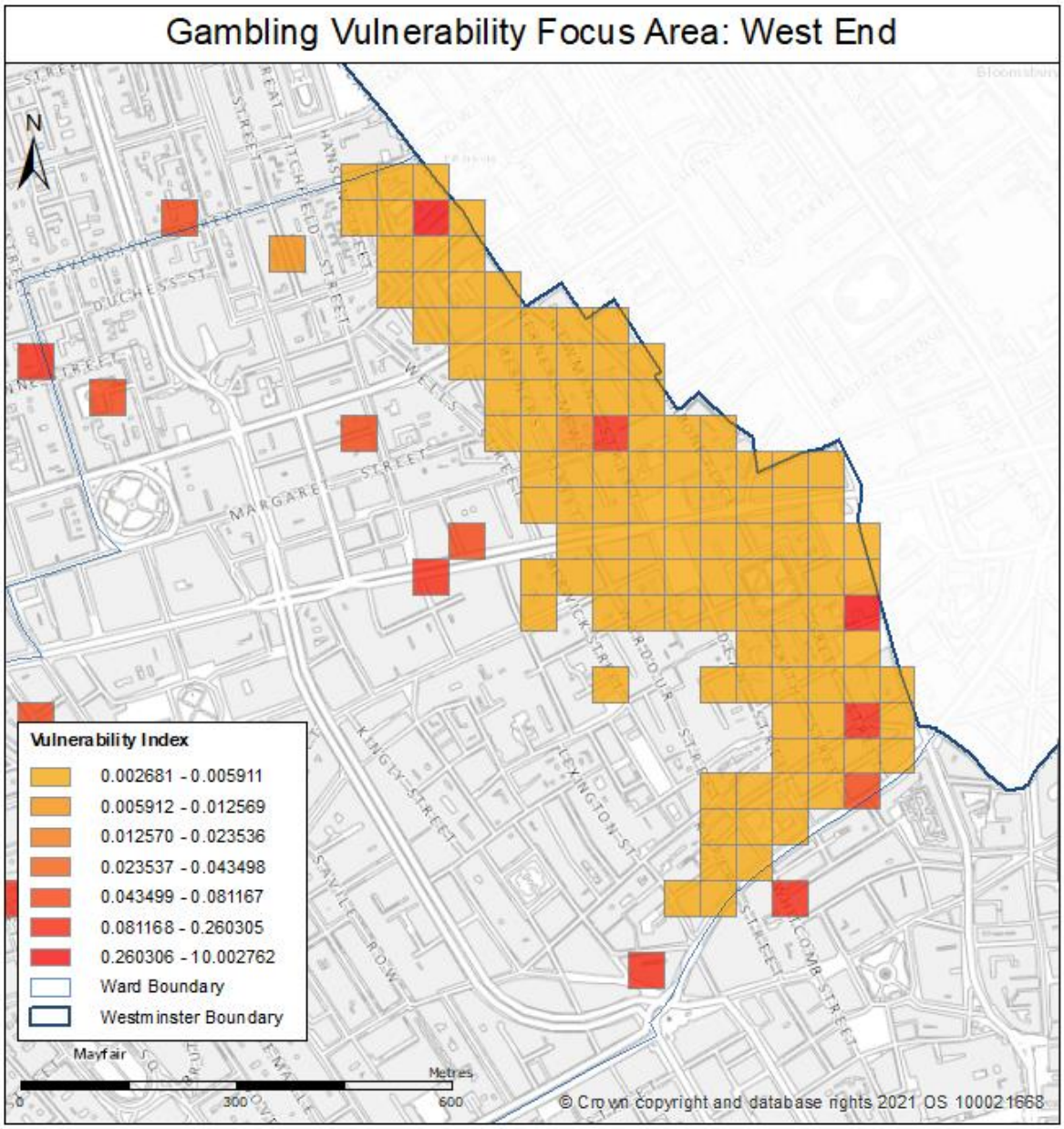
5.44 We also find some smaller clusters or sporadic points of vulnerability towards the South of this area, particularly close to Paddington Station. These are exacerbated by temporary accommodations, pharmacies, supported housing and in one specific area by the proximity of a pawn shop and payday loan shop. One medium risk yet larger cluster is formed due to the high numbers of 10- to 24-year-olds, while the whole area has substantial levels of residents receiving mental health support packages.

Focus Area: West End

5.45 The West End generally presents an 'at home' index score between 0.00268 – 0.0059, punctuated by three locations with a higher score up to 0.0125, and notably one between 0.08 – 0.26, the second highest risk level. The general level of vulnerability is caused by the area having the highest count of males between the ages of 25 and 44, a highly vulnerable group and of residents receiving mental health care packages. In the three locations where vulnerability is exacerbated, we find temporary accommodation properties and supported housing for young adults who are experiencing homelessness, as well as a slightly higher than average number (when comparing to the whole borough) of people deemed "at risk", "struggling" or "in crisis" within the Lower Income Family Tracker.

5.46 From the 'away from home' index, the biggest contributors to the pockets of vulnerability are four payday loan shops, a pharmacy dispensing opiate substitutes or offering needle exchanges, two pawn shops, non-residential addiction centres and Gamblers Anonymous/GamCare meeting locations.

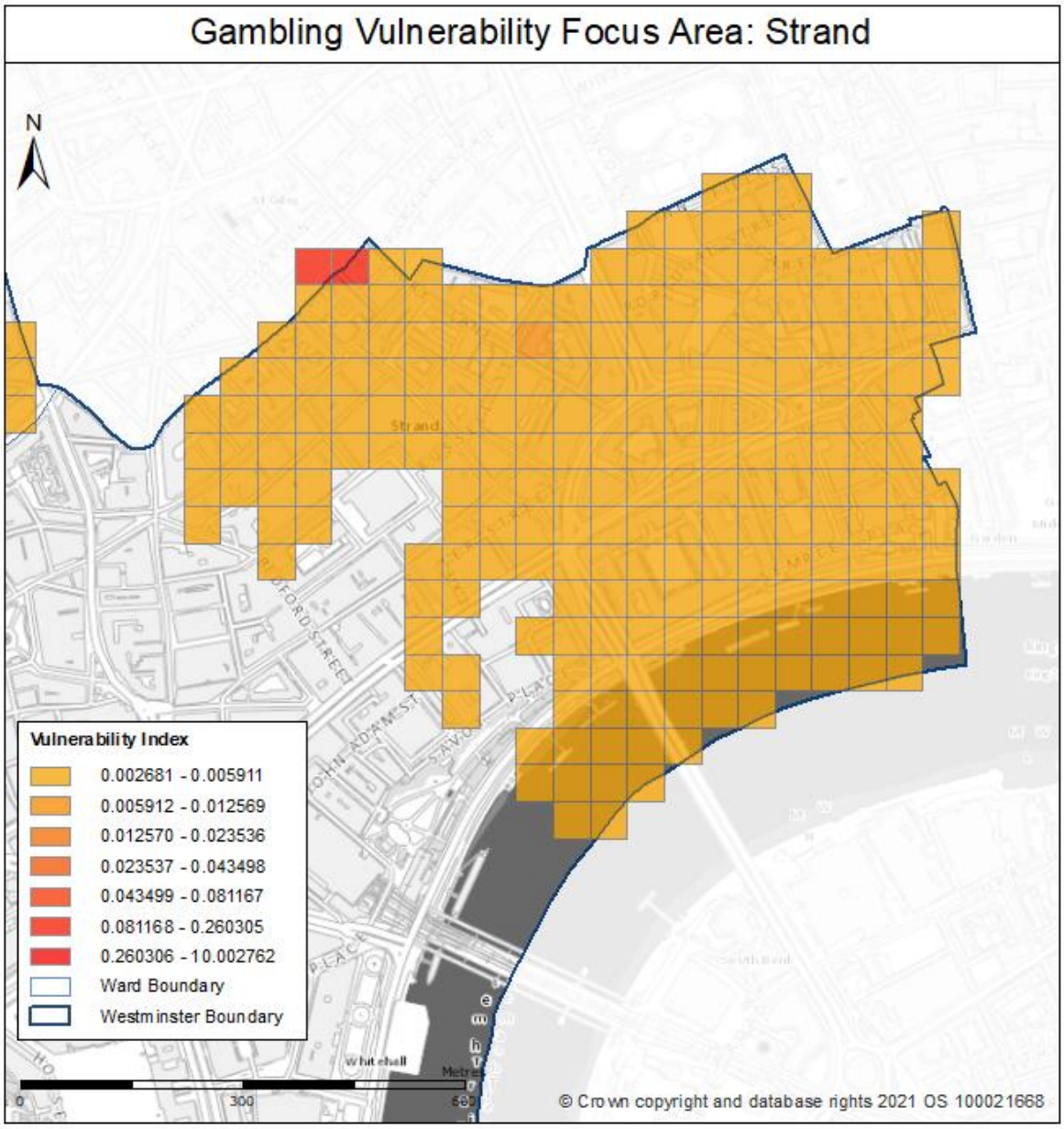
5.47 It should be noted that there is a pocket of vulnerability driven by the presence of a Gamblers Anonymous / GamCare meeting and a youth club to the south of Great Portland Street tube station, which therefore increases vulnerability according to the 'away from home' index.



Focus Area: The Strand

5.48 The Strand's 'at home' vulnerability levels, scored between 0.00268 – 0.0059, derive specifically from the presence of homelessness hostels with and without a mental health support element. The relatively low IMD score of this area, ranging mostly from 31 to 52 certainly contributes to the gambling vulnerability levels identified in the 'at home' index, given the relative lack of many other elements which create vulnerability concerns in other parts of the borough.

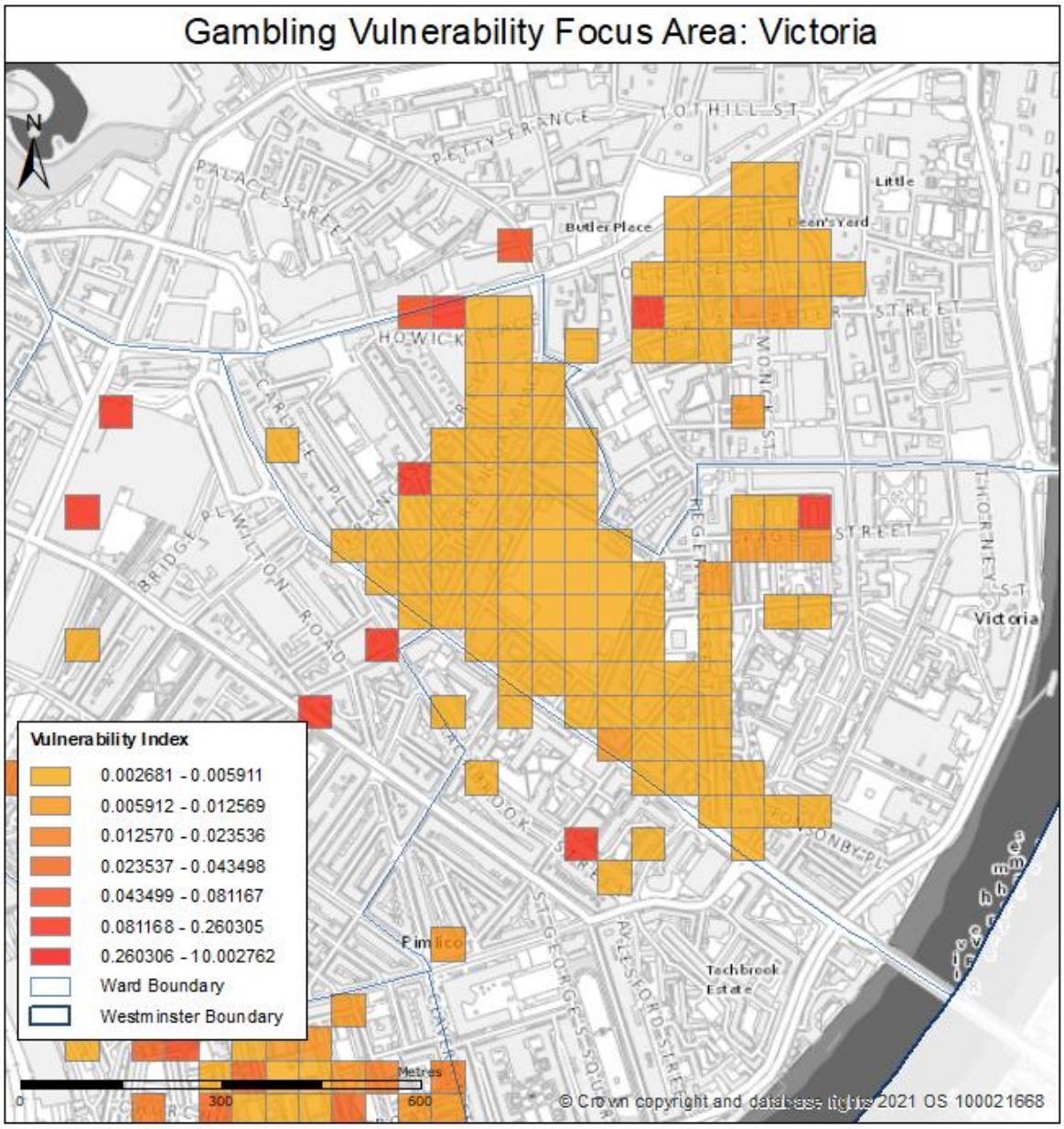
5.49 Regarding the 'away from home' index, the area contains three educational institutions, helping to raise its overall vulnerability profile.



Focus Area: Victoria

5.50 In Victoria, the vulnerability hotspot is less wide than in other areas of the borough, but it positions most of the area between the scores of 0.00268 – 0.0059 in the 'at home' index, with some parts increasing to 0.0125 and another to a score between 0.043 – 0.08, the third highest vulnerability ranking. Locations that contribute to the vulnerability of residents include many temporary accommodation properties, a significant level of people receiving mental health care packages, several women's only and general supported housing premises, including with a mental health focus.

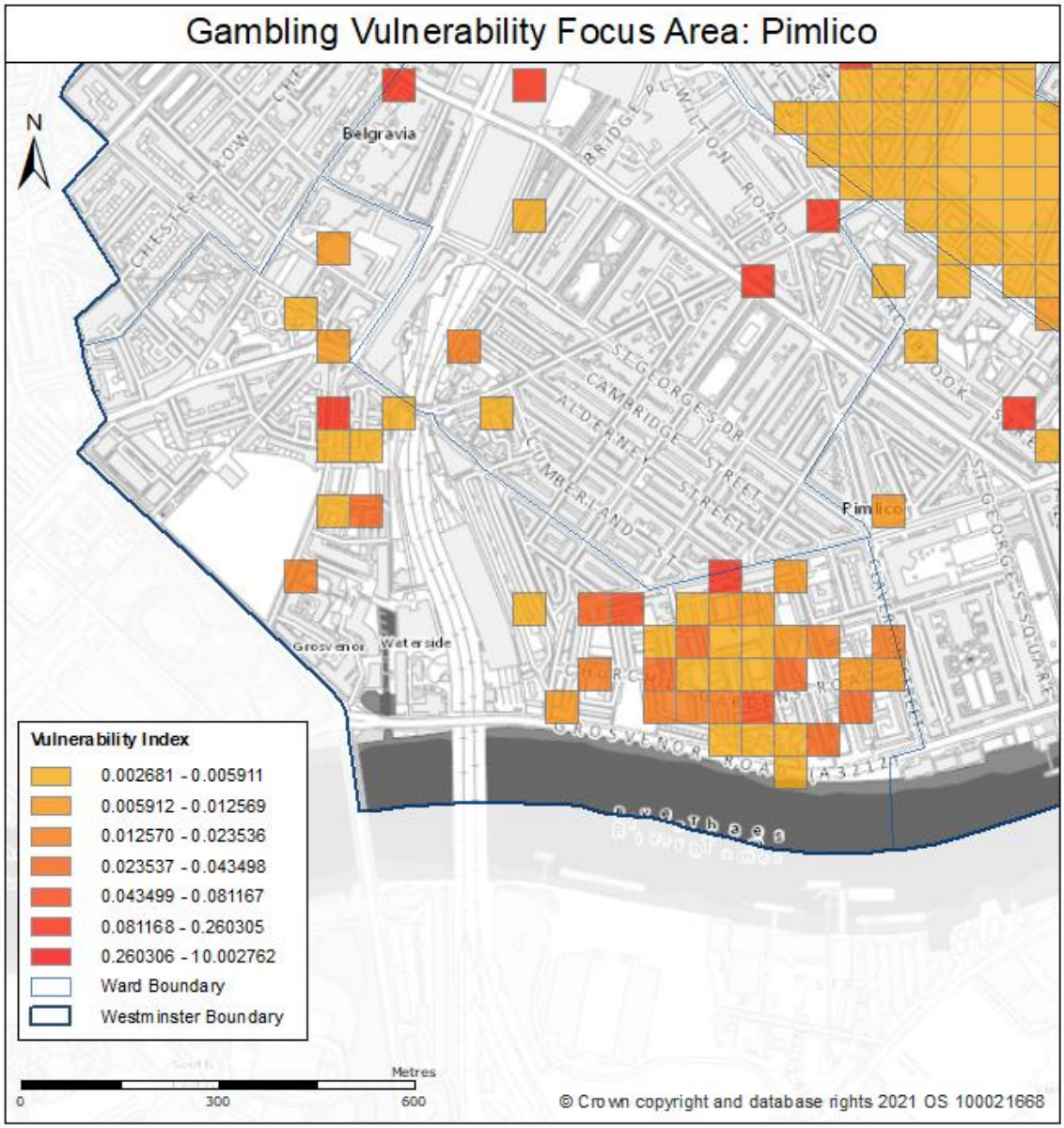
5.51 In terms of 'away from home' elements, there are several pharmacies dispensing opiate substitutes or offering needle exchanges, educational institutions, and two youth clubs.



Focus Area: Pimlico

5.52 In the south of Pimlico, the vulnerability index score ranges from 0.00329 to 0.26, the second highest level in the combined 'home' and 'away from home' index. The elements that most contribute to the 'at home' risk levels are a reasonable concentration of 10- to 24-year-olds, and males between the ages of 25 to 44, as well as residents receiving mental health care packages. We also find a high concentration of temporary accommodation properties, with more than a dozen situated between Grosvenor Road and Lupus Street, and three supported housing services with mental health provision.

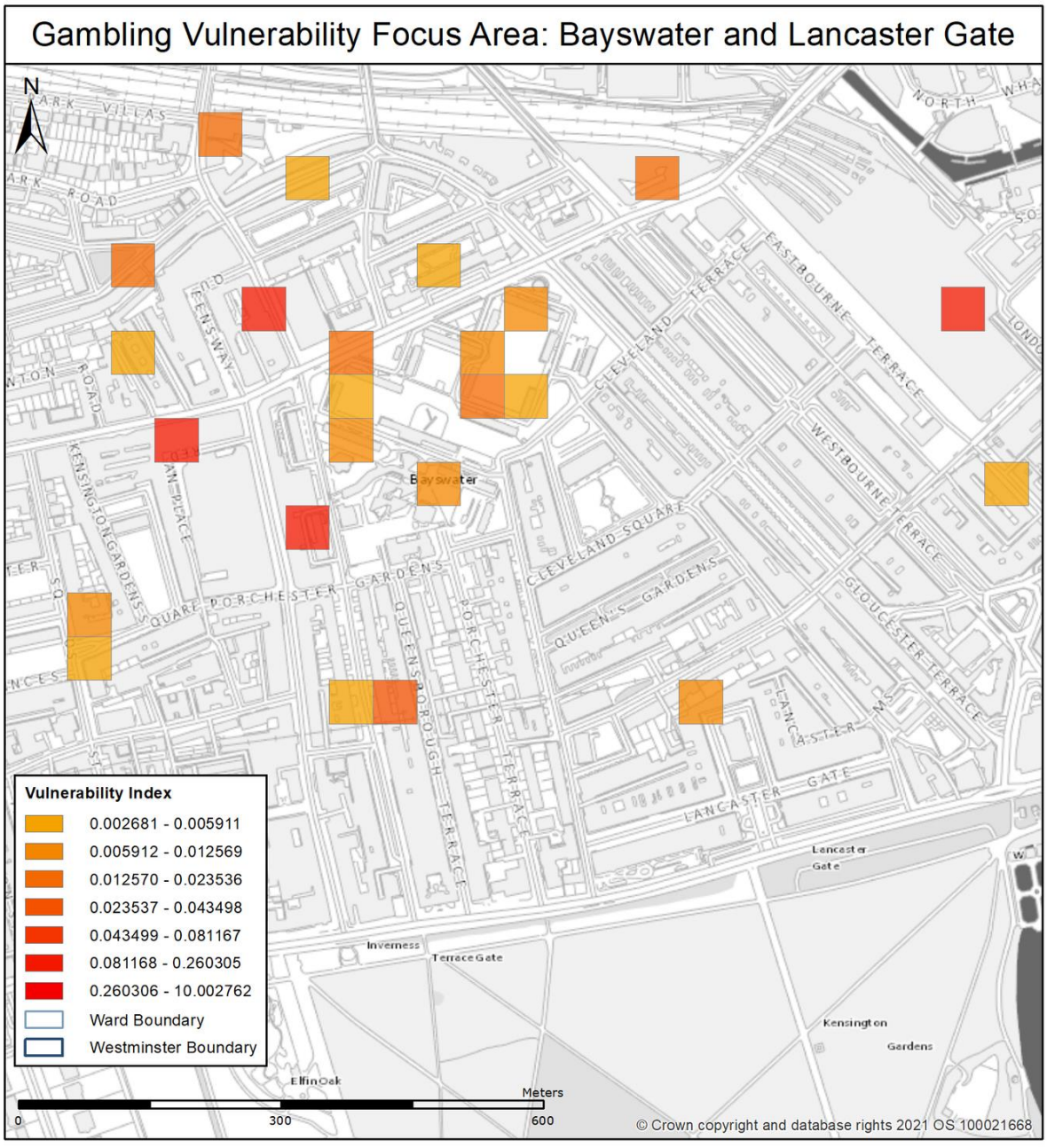
5.53 When considering the 'away from home' vulnerability risks, the index scores are driven by the presence of two youth clubs and pharmacies dispensing opiate substitutes or offering needle exchange services, several educational institutions that cover the ages of 13 to 24, and a non-residential addiction centre.


Gambling Vulnerability Focus Area: Pimlico
N
Belgravia
Grosvenor Waterside
Pimlico
Vulnerability Index
0.002681 - 0.005911
0.005912 - 0.012569
0.012570 - 0.023536
0.023537 - 0.043498
0.043499 - 0.081167
0.081168 - 0.260305
0.260306 - 10.002762
Ward Boundary
Westminster Boundary
Metres
0
300
600
© Crown copyright and database rights 2021 OS 100021668

Focus area: Bayswater and Lancaster Gate

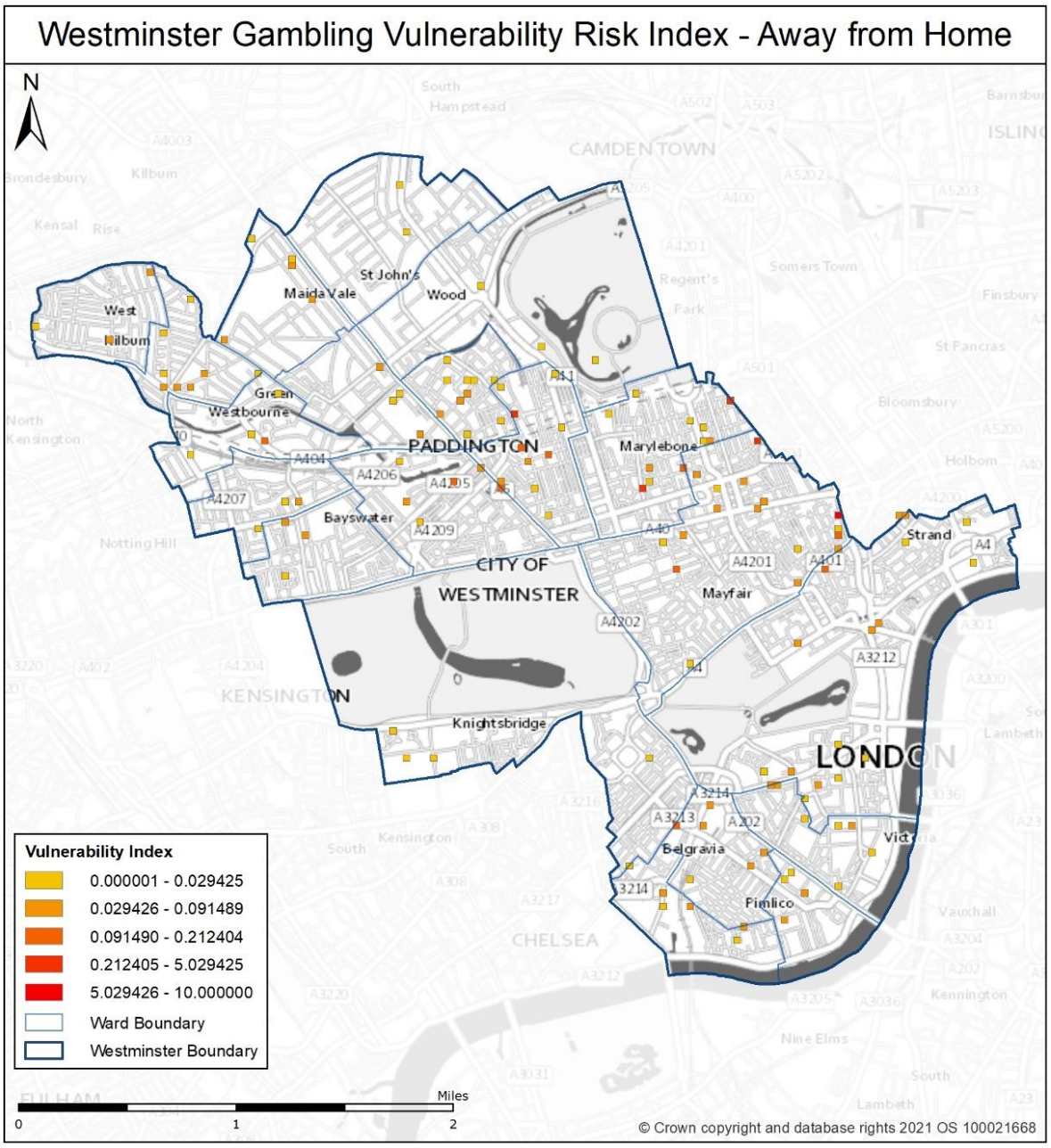
5.54 The area around Bayswater station includes sporadic points of vulnerability which range, in score, from 0.002 to 0.26, due to the presence of great numbers of 25- to 44-year-olds, a high prevalence in some areas of residents receiving mental health support, the high number of temporary accommodation properties, supported housing and the proximity to a youth club.

5.55 In terms of locations that most contribute to the 'away from home' risks, we find three pharmacies dispensing opiate substitutes or offering needle exchange services.

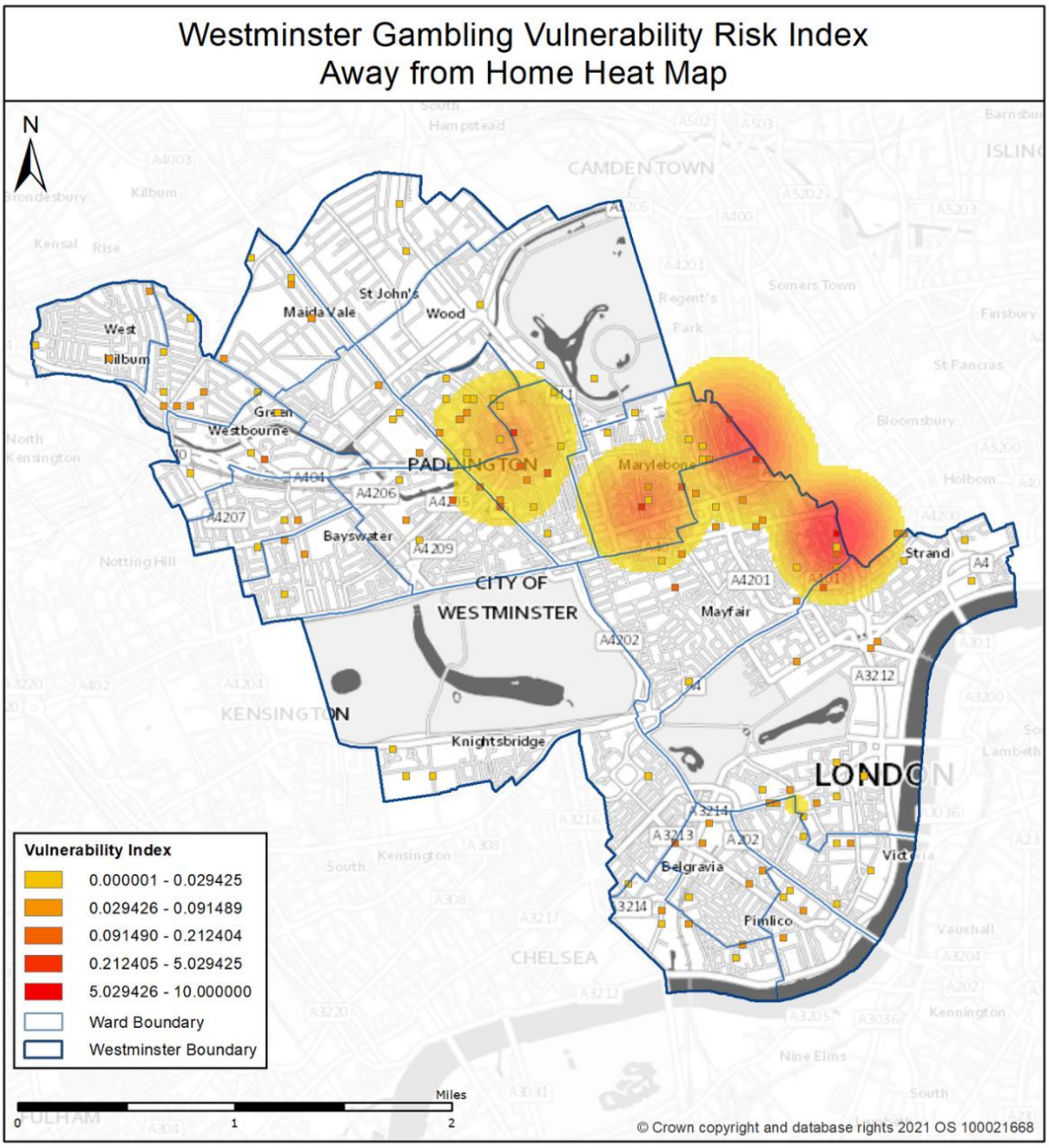


'Away from Home' Vulnerability Map

5.56 On the 'away from home' map, risk areas are more sporadic and concentrated in small pockets, based on particularly vulnerable services like supervised pharmacies, educational institutions and, with the highest Index weighting, the locations of Gamblers Anonymous/ GamCare meetings. These highlight small pockets of Marylebone as at risk, for example, due to the evident vulnerabilities of attendees at these meetings. The presence of pawn and payday loan shops, drug and alcohol centres, and the location of educational institutions also adds to the level of risk 'away from home' in the West End.



5.57 This second map converts the points above into a heat map, showing areas of heightened vulnerability 'away from home' based on the density of vulnerable services and premises in the area. On this basis, we note that the West End appears as most at risk for visitors, workers and students, with small areas in Marylebone second and third, and the area around Lisson Grove and Marylebone Station fourth.

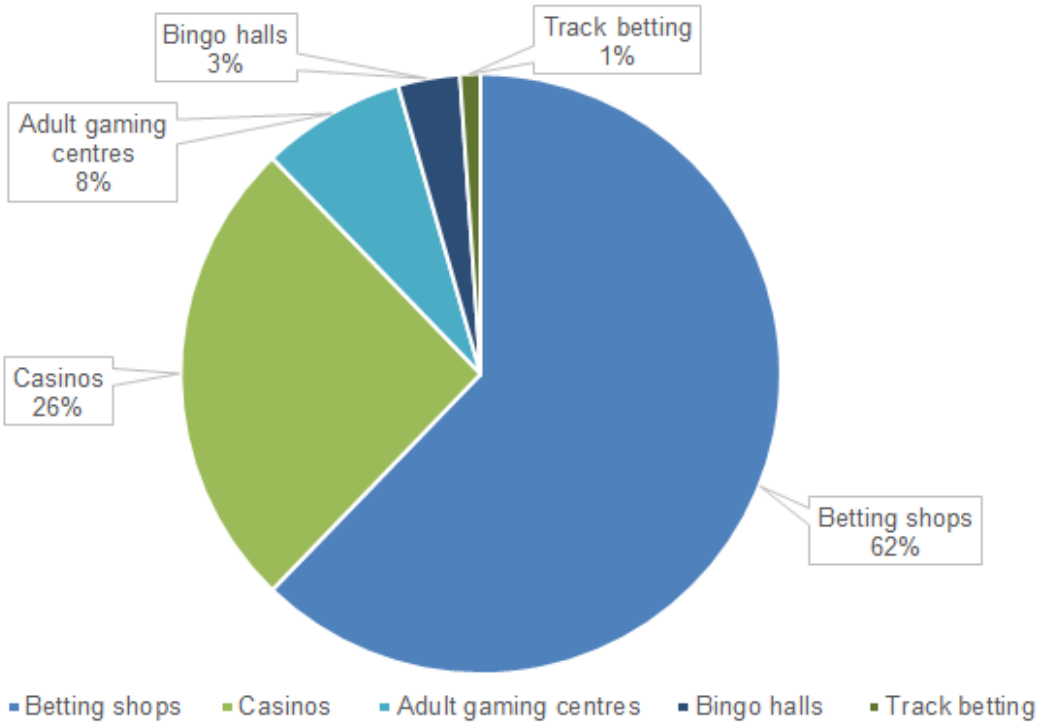


6. Location, Density and Cluster Maps

Quantity and Type of Licensed Gambling Premises

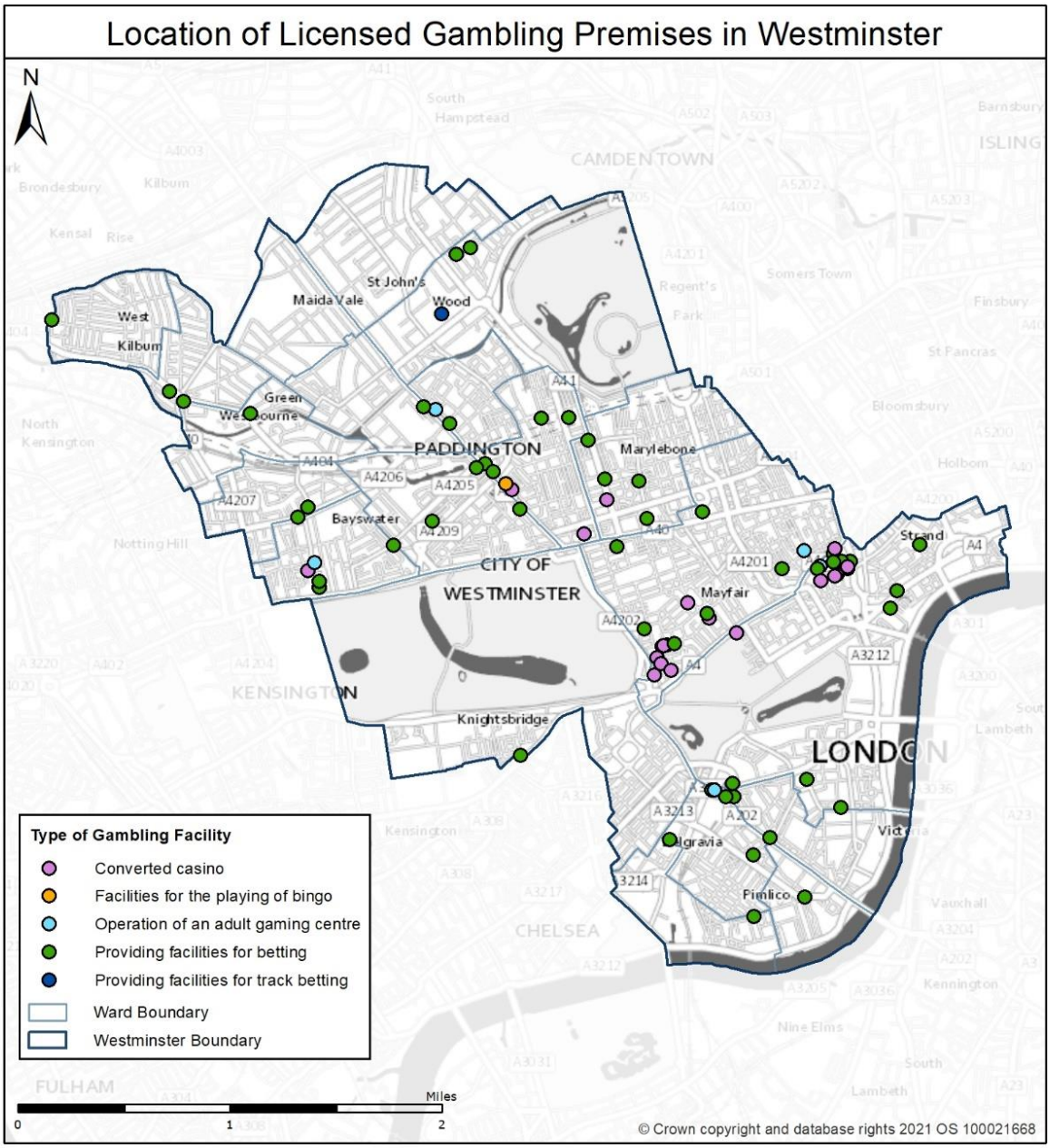
6.1 Licensed gambling in Westminster contributes to London's appeal for many tourists and visitors. There are 93 premises in the borough, including 56 betting shops, 23 casinos, 7 adult gaming centres, 3 bingo halls, 1 track betting premises and 4 other locations with betting permits for occasional use. Gambling contributes significantly to the UK economy (£8.3 billion or 0.4% of UK GVA in 2019) and casinos in London alone contribute £120 million to the tourism industry.[63]

Gambling Premises in Westminster by Type



[63] DCMS, *Economic Estimates 2019: Gross Value Added*, 2019.

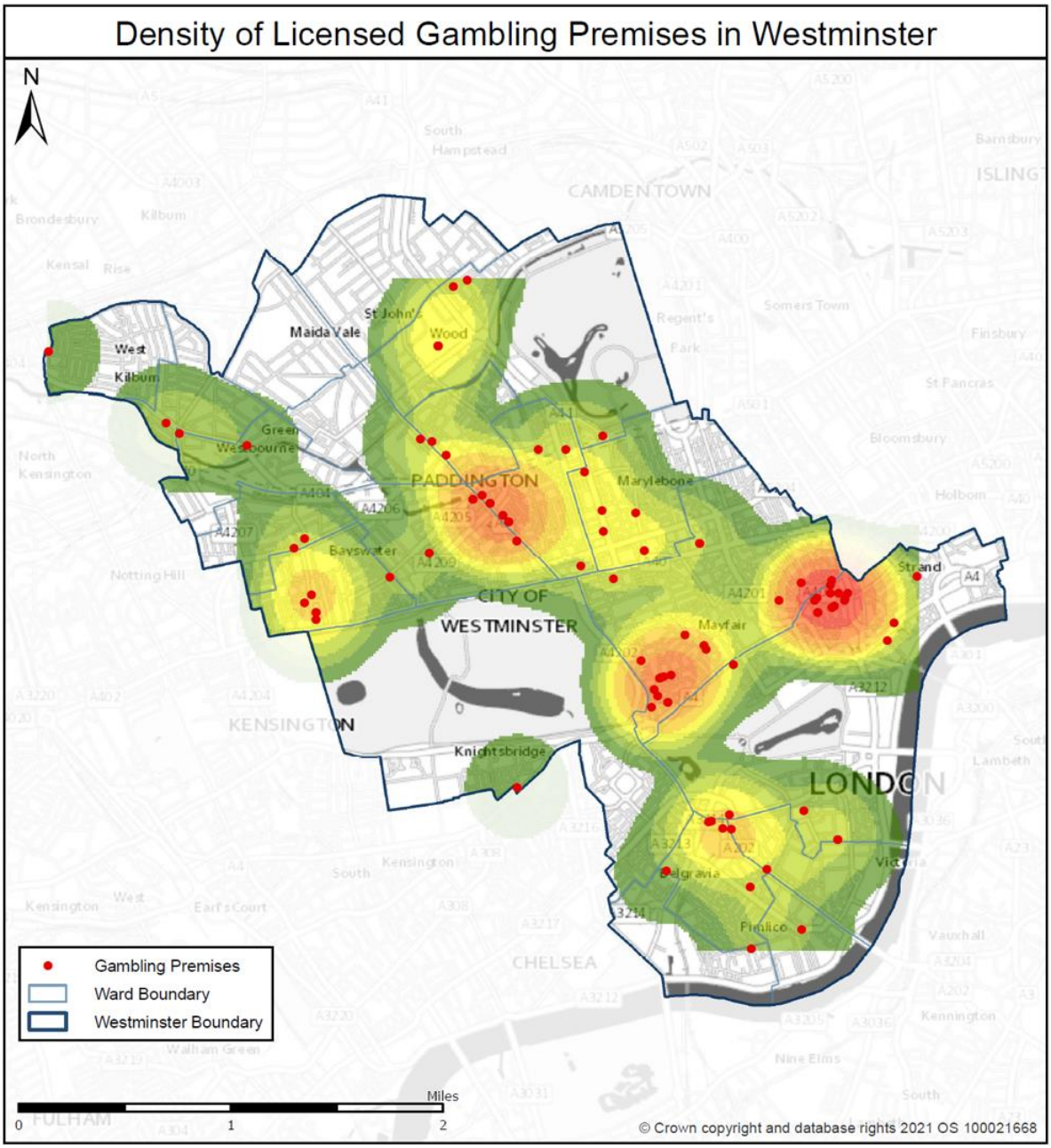
Location of Licensed Gambling Premises in Westminster



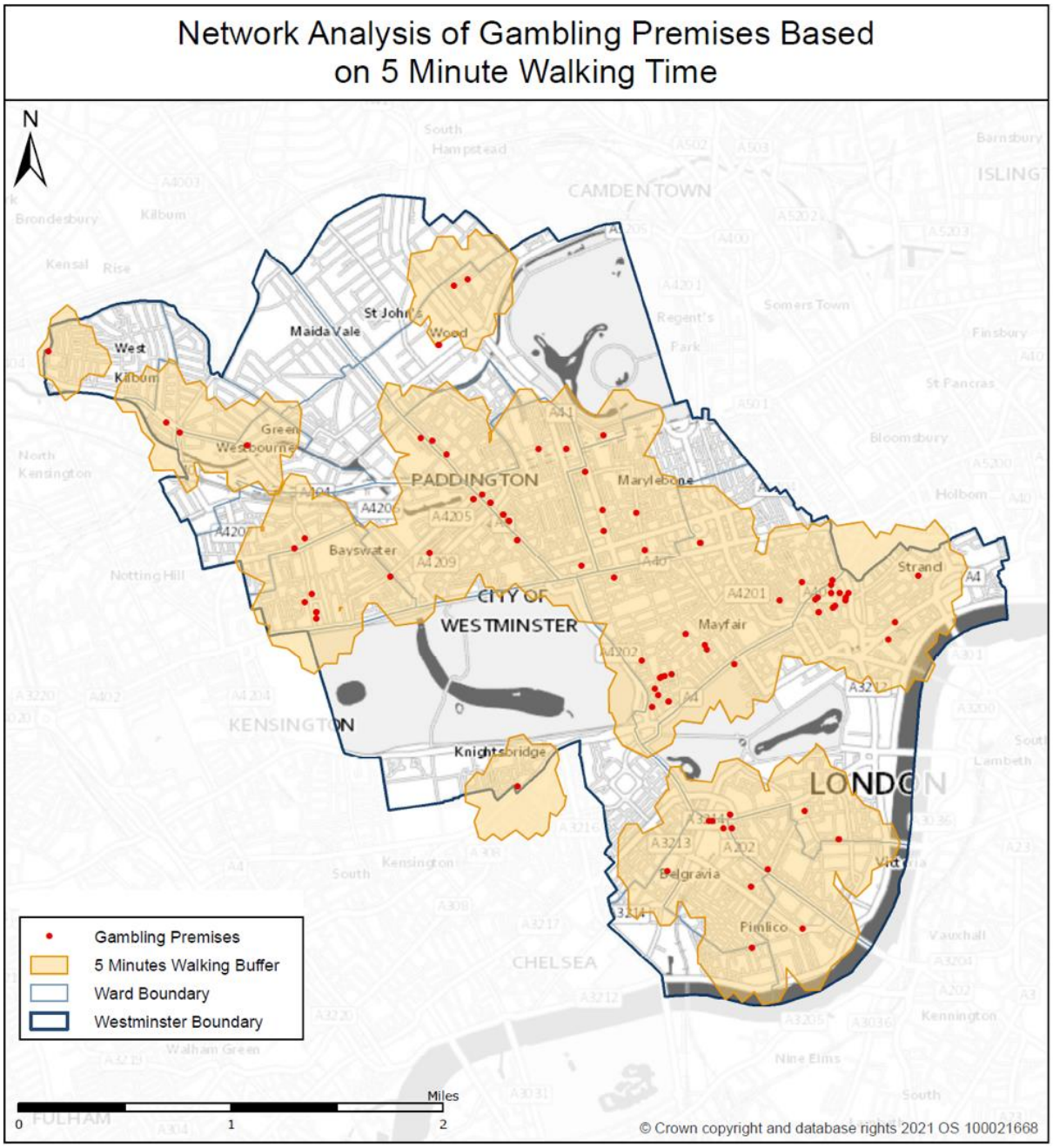
6.2 This map shows the location of licensed gambling premises in Westminster, colour coded by license type – converted casino; bingo halls; betting shops; facilities for track betting (Lords Cricket Ground). This is provided for reference in relation to the vulnerability maps above, rather than as part of our weighting methodology and calculation of risk factors. It is significant, though not surprising, that betting shops appear in more residential areas such as Westbourne, Lisson Grove and Pimlico, where we also see the highest levels of multiple deprivation. In the more tourist-focussed areas of Leicester Square and Mayfair, there are clusters of converted casinos catering to the vibrant visitor economy in those areas, but also acting as a potential pull for consecutive visits by problem or at-risk gamblers. Adult gaming centres – amusement arcades converted for gambling purposes, with higher pay-outs from

gaming machines – are a more recent phenomenon which can be found in various locations in the city.

Density of Licensed Gambling Premises

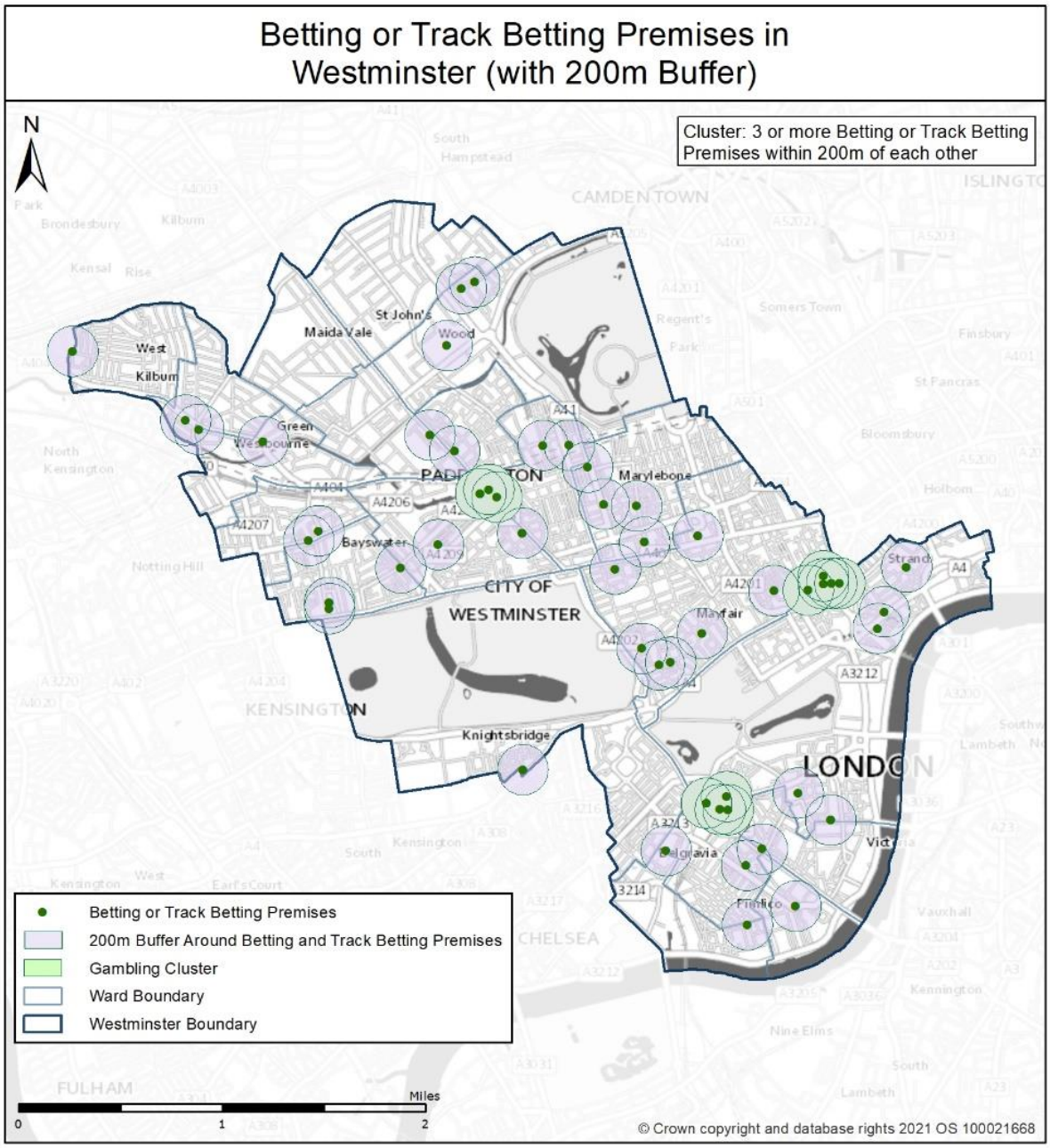


6.3 This map utilises the above locations to provide a density analysis of licensed premises in Westminster, or gambling 'hot spots'. The representation highlights areas where gambling premises are high in number and where users, including problem gamblers, might frequent multiple venues in one trip. Particularly high concentrations develop around the West End and Soho, Mayfair and Piccadilly, and Edgware Road, with slightly lower concentrations in Belgravia and Bayswater.



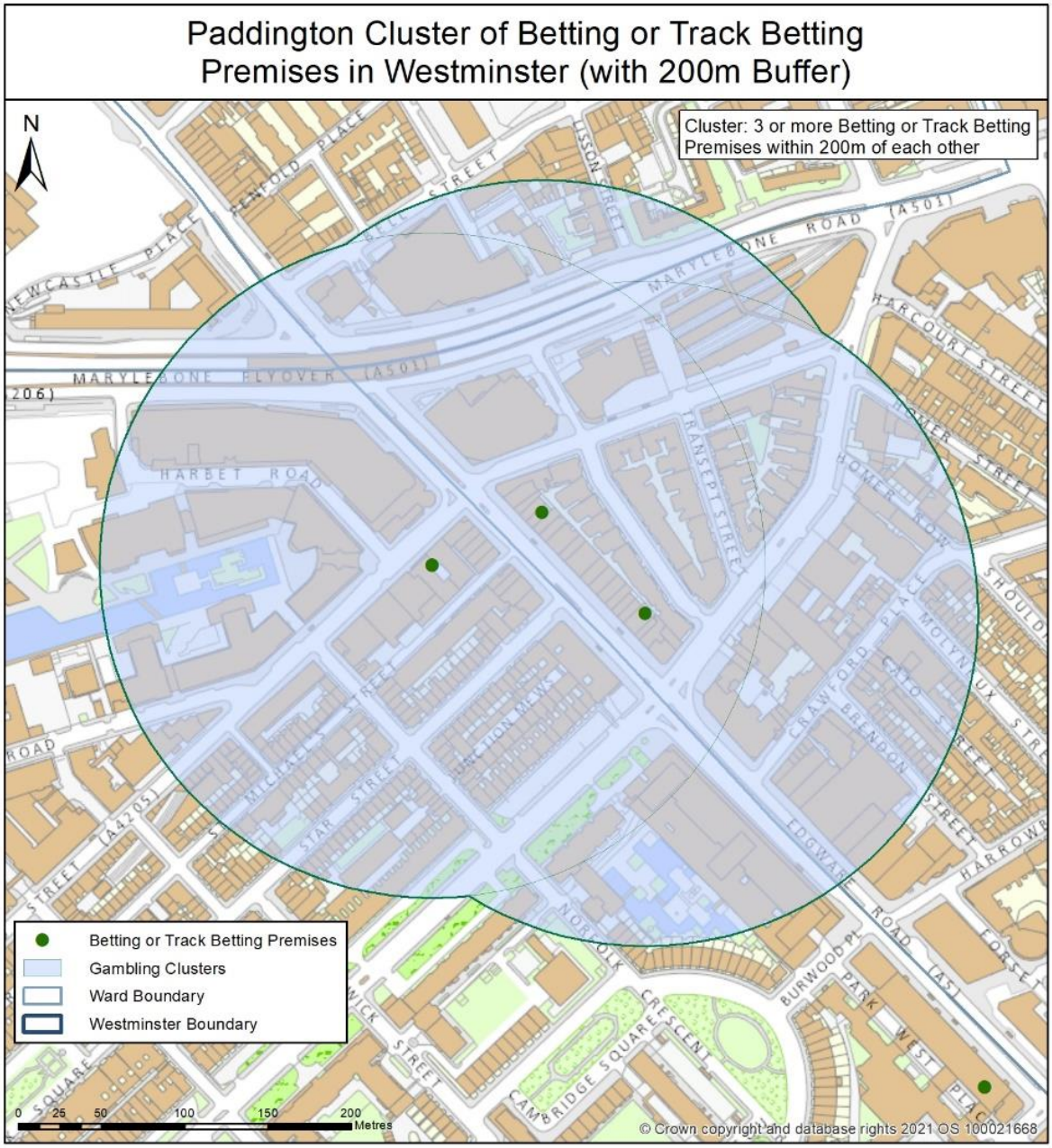
6.4 This network analysis presents 5-minute walking buffers around gambling premises. It highlights that most of the borough is within a 5 minutes' walk of a gambling premise, as shown in yellow. Parts of Maida Vale and St John's Wood, as well as smaller pockets in Marylebone, Knightsbridge, and West Kilburn and Covent Garden are the only locations outside the buffer zones.

Cluster Maps of Licensed Gambling Premises

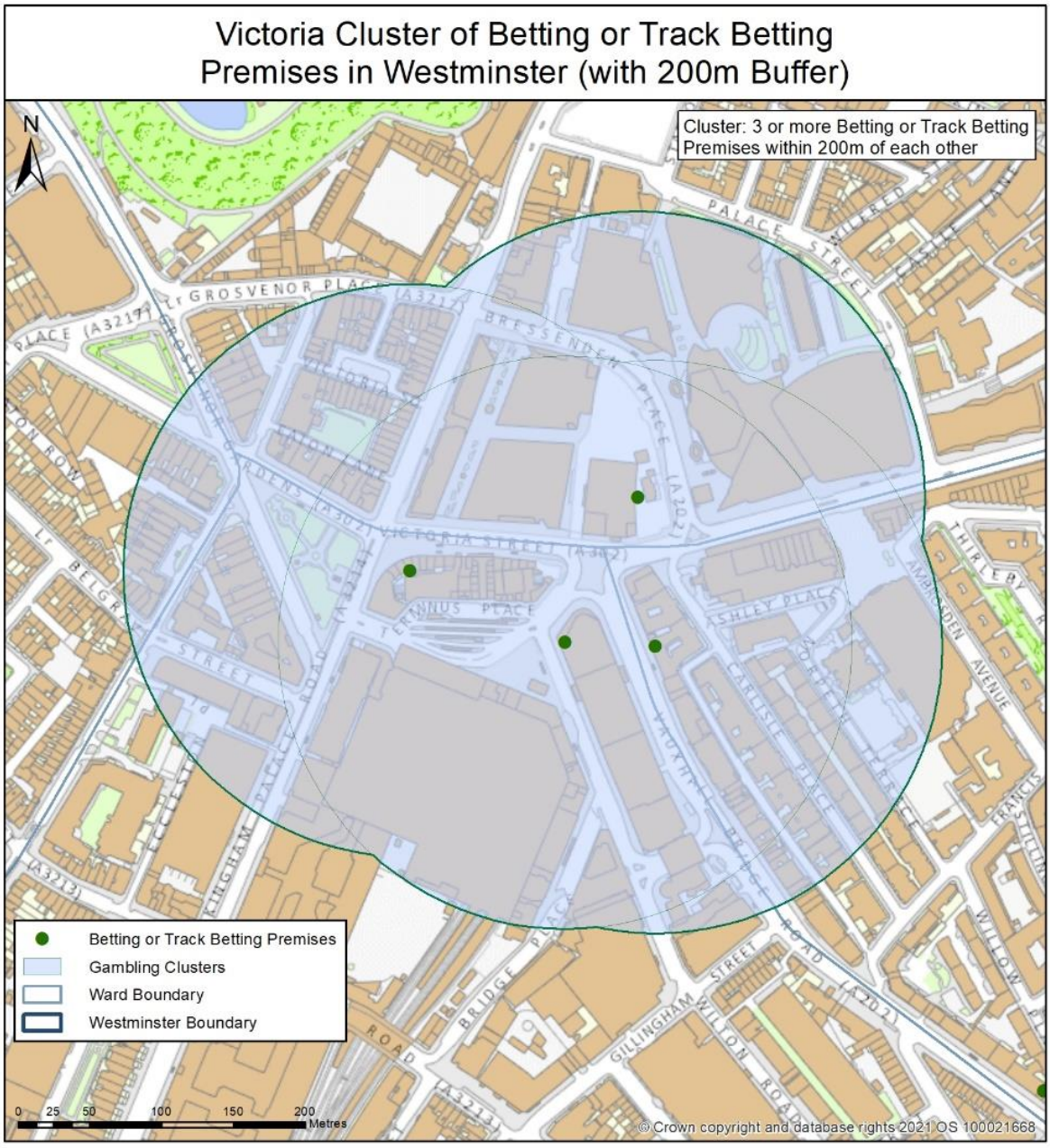


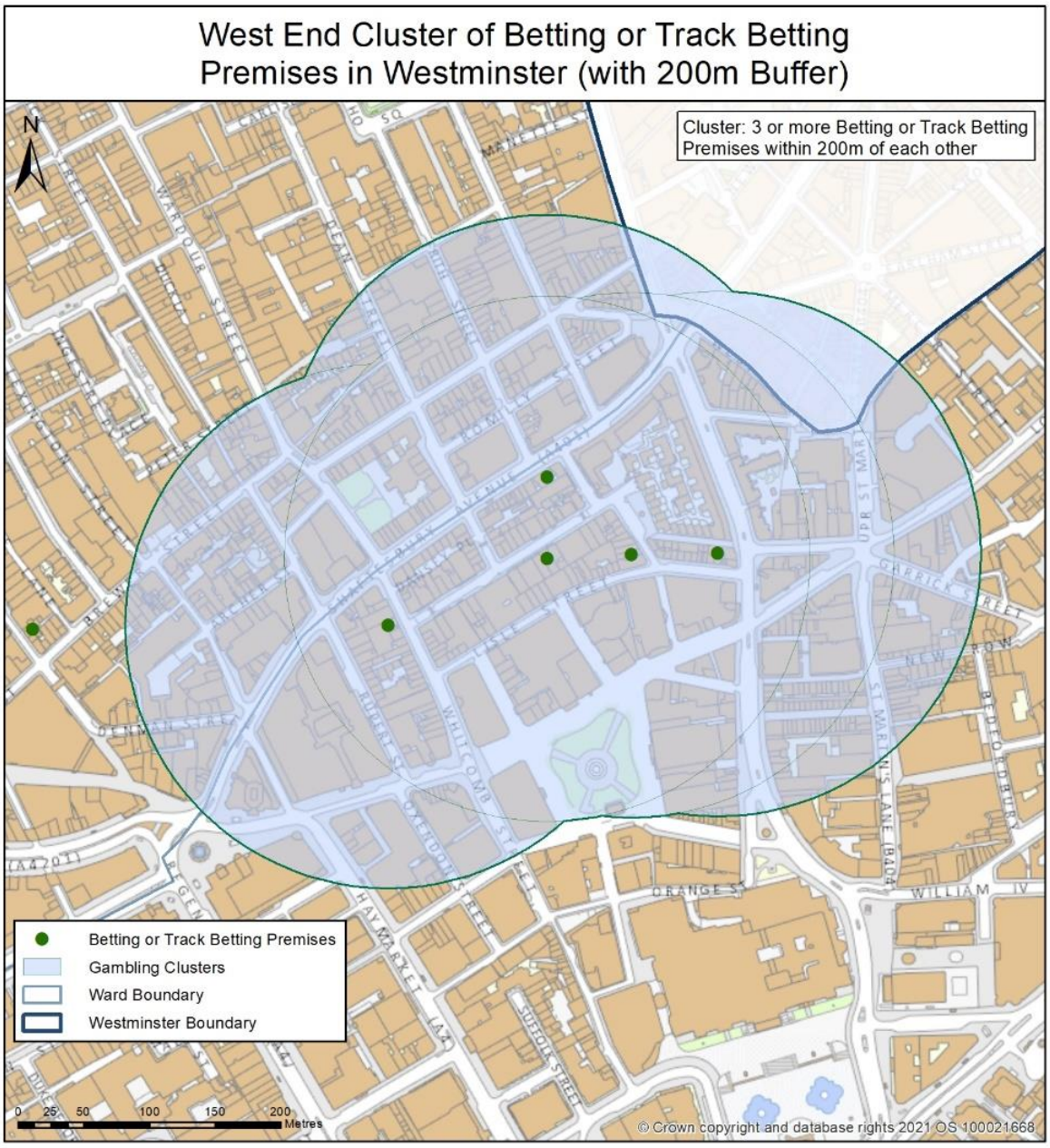
6.5 In addition to the above network analysis, this cluster map demonstrates that there are few parts of the borough (except for Hyde Park, St James' Park, Regent's Park and the same area of Maida Vale and St John's Wood) which are further than 200m away from a licensed gambling venue. A betting cluster is defined as "three or more betting premises (shops and tracks) that are within 200m of each other". This model was used in the Geofutures research because licensed betting premises are known to cluster in highly populated areas, and there is a relationship between the spatial distribution of premises and problem gambling. This means that PGSI scores and problem gambling prevalence rates are higher among those

living in a cluster.[64] The below maps focus in on three core clusters of gambling premises in Paddington, Victoria and the West End.



[64] Geofutures, 2016.


Victoria Cluster of Betting or Track Betting Premises in Westminster (with 200m Buffer)
N
Cluster: 3 or more Betting or Track Betting Premises within 200m of each other
Betting or Track Betting Premises
Gambling Clusters
Ward Boundary
Westminster Boundary
0 25 50 100 150 200 Metres
© Crown copyright and database rights 2021 OS 100021668


West End Cluster of Betting or Track Betting Premises in Westminster (with 200m Buffer)
N
Cluster: 3 or more Betting or Track Betting Premises within 200m of each other
Betting or Track Betting Premises
Gambling Clusters
Ward Boundary
Westminster Boundary
0 25 50 100 150 200 Metres
© Crown copyright and database rights 2021 OS 100021668

7. Analysis and Conclusions

Overview

7.1 Westminster is committed to understanding the issues and risks around gambling-related harm in the City. This was demonstrated by the 2016 Geofutures study and has been brought up to date, and expanded upon, in this comprehensive Local Area Profile. Updating our Vulnerability Index and expanding on economic, health-based and demographic indicators allows for a nuanced and robust understanding of what impacts vulnerability in our diverse borough. This work will allow the Council and licensed premises to mitigate risk even more effectively in future. It is intended that the Council will update the LAP on a yearly basis and before the next Gambling Policy review in 2024. When the LAP is updated, the Council will inform all gambling premises licence holders so that they can update their gambling risk assessment.

7.2 The final Overall Vulnerability Analysis (Section 5.5) deduces that eight areas are of particular concern for gambling-related harm in Westminster. We divide these into 'at home', 'away from home' and 'combined' risk areas – broadly meaning that some parts of the borough are of greater concern for local residents and others for those visiting, working and studying in areas of the city.

'Combined' Risk Areas

7.3 As demonstrated by the analysis above, the 'combined' Vulnerability Map, and the variety of data included in this LAP, there are a range of risk factors influencing vulnerability to gambling-related harm in Westminster. Often, these function together in an intersectional way and risk factors overlap with one another.

7.4 The City is a diverse place facing a range of economic, social and health challenges, but it also offers a range of services, support mechanisms and accommodation to vulnerable people, including those who are already problem gamblers. All of this can contribute (even inadvertently) to increased risk of gambling related harm, as factors layer onto one another and reflect the complex reality of individual circumstances, needs, and environmental factors.

7.5 In this report, we do not suggest that every member of the communities described, nor every user of a particular kind of service, will have a problematic relationship with gambling. We must, however, be aware of the potential risks and not overlook heightened vulnerability where it could arise. In essence, it is better to be aware of the full picture of gambling-related harm, as informed by robust and well-respected evidence, than to disregard the issues.

Points for Future Consideration

7.6 There are points raised in this LAP which would benefit from future exploration, when more data is available, and as the city recovers from the COVID-19 pandemic. In future, it will be particularly important to monitor the potential impact of more detailed demographic data, in combination with other factors, on gambling-related harm. This will be more feasible once the 2021 Census is made available, and as more specific studies into gambling by different groups are published.

7.7 It will also be necessary to monitor any shift in Westminster's high student population, due to the emerging research around the vulnerability of young gamblers. Additionally, though women are far less susceptible to gambling-related harm than men, it would be useful to consider whether this trend increases over time, ensuring that Westminster does not discount women's experience of problem and at-risk gambling, purely because they are a less immediately 'vulnerable' group.

Glossary of Terms

Betting Cluster: three or more betting premises (shops and tracks) that are within 200m of each other.

Comorbidity: the simultaneous presence of two or more diseases or medical conditions in a patient (in this case, addictions, substance misuse problems, mental illness etc.)

Density Analysis: a tool in geographical/ spatial analysis which takes known quantities of a phenomenon and spreads them across the landscape, based on their quantity/ prevalence. Financial Resilience: the ability to cope financially when faced with a sudden fall in income or unavoidable rise in expenditure.

Gambling Commission: an executive non-departmental public body of the Government of the United Kingdom, responsible for regulating gambling and supervising gaming law in Great Britain. Gambling-Related Harm: the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.

Improving Access to Psychological Therapies (IAPT): an NHS service providing evidence-based psychological therapies to people with anxiety disorders and depression.

Index of Multiple Deprivation (IMD): widely used datasets within the UK which classify the relative deprivation of small areas, based on multiple, weighted components.

Intersectionality: the interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping systems of discrimination or disadvantage for individuals or groups.

Local Area Profile (LAP): a body of work which spatially assesses the local environment and increased awareness local risks, in this case to gambling-related harm.

Low Income Family Tracker: an online dashboard produced by Policy in Practice to track low-income households over twenty-four months, giving new insights into the drivers of financial resilience and impact of interventions.

Lower Layer Super Output Area (LSOA): a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

National Problem Gambling Clinic: the national specialist clinic treating problem and pathological gambling in people aged 16 and over in England and Wales.

Network Analysis: a geographical information system (GIS) which links different points or locations to one another, in this case showing ease of movement etc.

NHS Health Survey for England: a survey monitoring trends in the nation's health and care, for both adults aged 16+ and children 0-15, including questions about habits, substance use, mental illness and general health.

Opiate/ Opioid Substitute: an alternative, prescribed medicine – most commonly methadone or buprenorphine – which helps to reduce withdrawal symptoms when recovering from addiction to drugs such as heroin.

Pathological Gambling: a recognised psychological disorder that may be diagnosed in severe problem gamblers meeting certain criteria.

Problem Gambling: gambling that disrupts or damages personal, family or recreational pursuits. Problem Gambling Severity Index (PGSI): the standardised measure of at-risk behaviour in problem gambling, graded from 0-8+.

Risk: the possibility/ probability of an event happening and the likely impact of that event; in this case, the ability for gambling to cause harm.

Supervised Pharmacy: a pharmacy providing opiate substitutes and supervising patients' consumptions of these substitutes.

Vulnerability: the variable state or likelihood of being exposed to harm; in this case, exposure, or propensity towards gambling-related harm.

Vulnerability Index: a tool detailing the main, individually weighted indicators of vulnerability, or characteristics impacting vulnerability, to gambling-related harm.

City of Westminster

Westminster City Council
Innovation and Change
Westminster City Hall
64 Victoria Street
London
SW1E 6QP

westminster.gov.uk