



SHEFFIELD CITY COUNCIL Committee Report

Report of: Chief Licensing Officer, Head of Licensing

Date: 11th October 2021 at 10.30am

Subject: Gambling Act 2005
Statement of Principles (Policy) Report

Author of Report: Shimla Finch

Summary: To inform Members of the results of the consultation recently undertaken on the Gambling Act 2005 Statement of Principles (policy).

To notify Members of the changes made to the revised Statement of Principles (Policy) written by the Licensing Authority in accordance with section 349 of the Gambling Act 2005.

Recommendations: That Members of the Licensing Committee refer the revised Statement of Principles (Policy) document with any amendments they feel necessary to the Co-operative Executive for Full Council approval.

Background Papers: Revised Statement of Principles (Policy)

Category of Report: OPEN

REPORT OF THE CHIEF LICENSING OFFICER, HEAD OF LICENSING TO THE LICENSING COMMITTEE

Ref: 76/21

GAMBLING ACT 2005 REVISED STATEMENT OF PRINCIPLES (POLICY)

1.0 PURPOSE OF REPORT

- 1.1 To inform Members of the results of the consultation recently undertaken on the Gambling Act 2005 Statement of Principles (policy).
- 1.2 To notify Members of the changes made to the revised Statement of Principles (Policy) written by the Licensing Authority in accordance with section 349 of the Gambling Act 2005.

2.0 BACKGROUND

2.1 The Gambling Regulatory Framework

- 2.1.1 Gambling can take the form of 'non-remote' gambling, which takes place in a gambling premises, and 'remote' gambling, which is typically undertaken by phone or online. Councils do not have any regulatory responsibilities in relation to remote gambling
- 2.1.2 The Gambling Commission is responsible for regulating gambling in accordance with the Act, and for issuing '[operating licences](#)' to gambling businesses and '[personal licences](#)' to individuals. To help fulfil its role, the Commission attach [licence conditions and issue codes of practice](#) relating to how gambling facilities should be provided, and [guidance](#) to Licensing Authorities on how to implement their responsibilities under the Act. Operators must have or be in the process of applying for an 'operating licence' before they apply for 'premises licences' in Local Authority areas
- 2.1.3 Licensing Authorities are a key partner in gambling regulation, with a responsibility for overseeing 'non-remote' gambling in their local areas. This involves:
 - setting the local framework for gambling through their statement of principles
 - considering applications and issuing licences for premises where gambling takes place, with conditions where appropriate
 - reviewing or revoking premises licences
 - issuing permits for some forms of gambling
 - undertaking inspection and enforcement activities, including tackling illegal gambling.
- 2.1.4 Like the Gambling Commission, Licensing Authorities are bound by a statutory 'aim to permit' and must grant premises licences so long as applications are:
 - in accordance with the Gambling Commission's [codes of practice](#)
 - in accordance with the [guidance to local authorities](#)
 - in accordance with the licensing authority's own statement of principles
 - reasonably consistent with the [three licensing objectives](#):
 - Preventing gambling from being a source of crime and disorder, being associated with crime and disorder or being used to support crime;

- Ensuring that gambling is conducted in a fair and open manner; and
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

2.2 The Licensing Authority Statement of Principles

2.2.1 The Licensing Authority of Sheffield City Council has a legal duty to publish a Statement of Principles (policy) under the Gambling Act 2005 every three years. Section 349 (1) of the 2005 Act states:

“A licensing authority shall before each successive period of three years-

- (a) prepare a statement of the principles that they propose to apply in exercising their functions under this Act during that period, and
- (b) publish the statement.”

2.2.2 The statement cannot create new requirements for applicants outside of the Act and cannot override the right of any person to make an application; make representations or seek a review of a licence. However, it can invite people and operators in particular to consider local issues and set out how they can contribute towards positively addressing them.

2.2.3 Sheffield City Council’s first Statement of Licensing Principles (Policy) was published on 2nd January 2007 and has then been revised every three years. The Licensing Authority has updated the policy as required under section 349 (1) of the 2005 Act and has followed the same process as it did when consulting with previous policies.

2.2.4 The document has been produced in accordance with the 2005 Act; the [guidance](#) issued by the Gambling Commission and the [Gambling Act 2005 \(Licensing Authority Policy Statement\) \(England and Wales\) Regulations 2006](#).

3.0 WHAT DOES THE POLICY DEAL WITH

3.1 The policy deals with all forms of non-remote gambling that are governed by the Gambling Act 2005 these include:

- | | |
|--|-------------------------|
| - Casinos | - Bingo Halls |
| - Betting Shops | - Tracks |
| - Adult Gaming Centres | - Lotteries |
| - Family Entertainment Centres | - Club Gaming Machines |
| - Gaming Machines in Licensed Premises | - Temporary Use Notices |
| - Occasional Use Notices | |

3.2 The policy deals with all types of applications including the grant of a new licence, variations (changes to an existing licence), transfer of licences as well as the review of a licence.

3.3 The policy will guide the Licensing Committee when considering applications under the Gambling Act 2005 and aims to provide guidance to applicants, objectors, Responsible Authorities and all Interested Parties on the approach to gambling in the City and the requirements at a local level.

3.4 It is intended that the Statement of Principles (Policy) will assist the Licensing Authority in carrying out its powers in a socially responsible manner, whilst promoting the three core objectives of the 2005 Act, which are:

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

4.0 WHAT THE POLICY DELIVERS

The policy document is designed to give clear and concise guidance to all those who need to use it:

- Licensing Authority Officers in processing applications;
- guides businesses when making applications in Sheffield;
- allows structured and evidence-based decision making for Officers and Councillors;
- ensures the relevant views of those affected by licensed premises are taken into consideration;
- ensures local area issues are taken into account by operators through their risk assessments of the local area in which they are applying; and
- the document supports the wider strategies and initiatives within the Council and secures the integration with local plans and strategies e.g. crime prevention, child protection, planning and any other plans introduced for the management of the city as a whole or each individual area. This is detailed in Part 3 of the policy and is linked throughout the document in the policy sections

4.2 The structure and content of the policy document positively assists the Council to deliver and achieve its aims and visions for the City to be successful and safe to all who choose to enjoy, live, work, and study in Sheffield.

5.0 CONSULTATION

5.1 Relevant partners including the Sheffield Children Safeguarding Partnership and Public Health were consulted prior to the formal consultation to ensure the final draft was as comprehensive and current as possible.

5.2 The formal public consultation process for the Statement of Principles commenced on the 1st July 2021 and concluded on the 27th August 2021.

5.3 Section 349 (3) of the 2005 Act states:

“In preparing a statement or revision under this section a licensing authority shall consult –

- (a) either-
 - (i) in England and Wales, the chief officer of police for the authority’s area, or
 - (ii) in Scotland, the chief constable of the police force maintained for the police area comprising that area,
- (b) one or more persons who appear to the authority to represent the interests of persons carrying on gambling businesses in the authority’s area, and
- (c) one or more persons who appear to the authority to represent the interests of persons who are likely to be affected by the authority’s functions under this act.”

A full list of consultees is listed at Appendix 2 of the policy document.

- 5.4 Approximately 3,000 letters and emails regarding the consultation have been sent out to various interested parties which include those bodies listed above in paragraph 5.3.
- 5.5 The consultation information was published on the Licensing Service web pages with active links to an online comments form on Citizen Space:
www.sheffield.gov.uk/gamblingpolicy.

6.0 RESULTS AND AMENDMENTS TO THE POLICY FOLLOWING CONSULTATION

- 6.1 The Licensing Authority received 4 responses to the formal consultation exercise.
- 6.2 All consultation responses are attached to this report at Appendix 'A'.
- 6.3 Amendments have been made where appropriate to the draft policy in response to the comments received following legal advice. A brief on the amendments made to the Statement of Principles is attached at Appendix 'B' of this report.
- 6.4 At Appendix 'C' is a document summarising all the changes made to the Statement of Principles throughout the review and consultation.
- 6.5 The updated tracked changed Statement of Principles (Policy) is attached at Appendix 'D'

7.0 A BRIEF TIMETABLE AHEAD

- 7.1 For the benefit of Members, I have set out below the key dates in the process of determining the revised Statement of Principles (Policy) to ensure we meet our statutory requirements:

- CMT - 26th October 2021
- Co-operative Executive - 17th November 2021
- Full Council - 1st December 2021
- Publish Statement of Principles (Policy) - December 2021
- Statement of Principles effective - January 2022

8.0 EQUALITIES – PUBLIC SECTOR EQUALITY DUTY

- 8.1 The Equality Impact Assessment (EIA) is the chosen vehicle for Sheffield City Council to systematically understand and assess the effect of our proposals and decisions on different groups of people.
- 8.2 As a council we have a Statutory Public Sector Equality Duty (PSED) to pay due regard to:
- eliminate discrimination, harassment and victimisation;
 - advance equality of opportunity; and
 - foster good relations.
- 8.3 An Equality Impact Assessment has been prepared and retained (reference number 936) in relation to this policy. There are no adverse equality opportunity implications arising from this report.

9.0 FINANCIAL IMPLICATIONS

- 9.1 The work on the revision of the Statement of Principles (Policy) is a statutory duty placed upon us as the Licensing Authority and the work is undertaken within the current resources of the Licensing Service and is fully recovered through licence fees, therefore there are no additional financial and commercial implications to the Council arising from this report.

10.0 LEGAL IMPLICATIONS

- 10.1 Failure to formally review or consult on a Statement of Policy within the timescales required by the Gambling Act 2005, Regulations and associated guidance would mean that the Council would not be complying with its statutory duty and would leave itself open to legal challenge.
- 10.2 To meet the statutory requirements set out in the 2005 Act and associated regulations and guidance; we must submit the document for Full Council approval in December 2021 to ensure it is published and in force by January 2022.

11.0 RECOMMENDATIONS

- 11.1 That Members of the Licensing Committee refer the revised Statement of Principles (Policy) document with any amendments they feel necessary to the Co-operative Executive for Full Council approval.

12.0 OPTIONS OPEN TO THE COMMITTEE

- 12.1 That Members of the Licensing Committee refer the revised Statement of Principles (Policy) document to the Co-operative Executive for Full Council for approval.
- 12.2 That Members of the Licensing Committee make further amendments to the document before referring the revised Statement of Principles (Policy) document to the Co-operative Executive for Full Council for approval.

Stephen Lonnia,
Chief Licensing Officer / Head of Licensing
Block C, Staniforth Road Depot
Sheffield
S9 3HD.

11th October 2021

Appendix 'A'

(Full Consultation Responses)

Gamble Aware

From: Info <info@gambleaware.org>
Sent: 13 July 2021 10:27
To: licensingservice <licensingservice@sheffield.gov.uk>
Subject: RE: Gambling Act 2005 Policy Consultation

Thank you for consulting us on your draft Statement of Principles under the Gambling Act 2005.

Due to resource constraints on a small charity, we are not able to offer specific feedback on your policy. However, you may find GambleAware's recently published [interactive maps](#) useful, which have been designed for use by local authorities. The maps show the prevalence of problem gambling severity in each local authority and ward area as well as usage of, and reported demand for, treatment and support for gambling harms.

GambleAware also strongly commends two publications by the Local Government Association which set out the range of options available to local authorities to deal with gambling-related harms using existing powers:

- <https://www.local.gov.uk/tackling-gambling-related-harm-whole-council-approach>
- <https://www.local.gov.uk/gambling-regulation-councillor-handbook-england-and-wales>

GambleAware is also fully supportive of local authorities which conduct an analysis to identify areas with increased levels of risk for any reason. In particular we support those who also include additional licence requirements to mitigate the increased level of risk. Areas where there are higher than average resident or visiting populations from groups we know to be vulnerable to gambling harms include children, the unemployed, the homeless, certain ethnic-minorities, lower socio-economic groups, those attending mental health (including gambling disorders) or substance addiction treatment services.

Finally, GambleAware is a leading commissioner of prevention and treatment services for gambling harms. It provides these functions across England, Scotland and Wales and its work is underpinned by high quality research, data and evaluation. We encourage all local authorities to signpost people to the **National Gambling Helpline on 0808 8020 133** and also www.begambleaware.org. Both are part of the **National Gambling Treatment Service** and offer free, confidential advice and support for those who may need it.

Best regards,
Natalie

Natalie Simpson
Company Secretary

GambleAware®

Phone +44 (0) 20 7287 1994 - *note that we are currently remote working so please contact us by email*

Email natalie.simpson@gambleaware.org

Website begambleaware.org

GambleAware processes personal information for certain legitimate business interests and records sensitive personal information when necessary to meet its duty of care. To learn more about these interests, when we may process your information in this way, and your rights please [click here](#).

Gosschalks Solicitors on behalf of the Betting & Gaming Council

GOSSCHALKS

BY EMAIL ONLY
Licensing Section
Sheffield City Council
Block C
Staniforth Road Depot
Sheffield S9 3HD

Please ask for: Richard Taylor
Direct Tel: 01482 590216
Email: rjt@gosschalks.co.uk
Our ref: RJT / MJM / 123267.00001
#GS4033214
Your ref:
Date: 10th August 2021

Dear Sir/Madam,

Re: Gambling Act 2005 Policy Statement Consultation

We act for the Betting and Gaming Council (BGC) and are instructed to respond on behalf of the BGC to your consultation on the review of your Gambling Act 2005 Statement of Principles.

The Betting and Gaming Council

The Betting and Gaming Council (BGC) was created in 2019 as the new standards body for the UK's regulated betting and gaming industry. This includes betting shops, online betting and gaming businesses, bingo and casinos. Its mission is to champion industry standards in betting and gaming to ensure an enjoyable, fair and safe betting and gaming experience for all of its members' customers.

The BGC has four principal objectives. These are to –

- **create a culture of safer gambling throughout the betting and gaming sector, with particular focus on young people and those who are vulnerable**
- **ensure future changes to the regulatory regime are considered, proportionate and balanced**
- **become respected as valuable, responsible and engaged members of the communities in which its members operate**
- **safeguard and empower the customer as the key to a thriving UK betting and gaming industry**

Before we comment on your draft policy document, it is important that the backdrop against which the comments are made is established.

Betting and Gaming in the UK

Betting and gaming is an incredibly important part of the UK leisure and hospitality industry, employing over 70,000 people, including 50,000 in betting, 13,000 in casinos and 10,000 people directly employed online. The betting and gaming industry contributes £8.7 billion Gross Value

Added to the UK economy & contributes £3.2 billion to HM Treasury. In addition, casinos contribute over £120 million to the tourism economy each year.

Betting and gaming is widely enjoyed in the UK. Around 30 million people participate in some sort of gambling, whether that is on the National Lottery, placing a bet in betting shops, playing in casinos or at bingo. The overwhelming majority of these people do so safely without reporting any problems.

Any consideration of gambling licensing at the local level should also be considered within the wider context.

- the overall number of betting shops is in decline. The latest Gambling Commission industry statistics show that the number of betting offices (as of March 2020) was 7681. This is reducing every year and has fallen from a figure of 9137 in March 2014. These figures do not take into account the COVID 19 period which betting offices saw a further 374 betting offices close.
- planning law changes introduced in April 2015 have increased the ability of licensing authorities to review applications for new premises, as all new betting shops must now apply for planning permission.
- In April 2019 a maximum stake of £2 was applied to the operation of fixed odds betting terminals
- successive prevalence surveys and health surveys tells us that problem gambling rates in the UK are stable and possibly falling.

Problem Gambling

Problem gambling rates are static or possibly falling. The reported rate of 'problem gambling' (according to either the DSM-IV or the PGSI) was 0.8% of the adult population in 2015, in 2016 it was 0.7% and in 2018 it was 0.5% of the adult population.

This is termed statistically stable but is encouraging that we might finally be seeing a reduction in problem gambling due to the raft of measures that have been put in place recently both by the industry, the Gambling Commission and the Government – from a ban on credit cards, restrictions to VIP accounts, new age and identity verification measures and voluntary restrictions on advertising. These rates have remained broadly the same since the introduction of the Gambling Act 2005.

Whilst one problem gambler is too many, both the Government and regulator both say there is no evidence that problem gambling has increased in recent years.

During the Covid-19 period of lockdown, both the Gambling Commission and Government have acknowledged that problem gambling levels have not increased.

In June 2020, the BGC's five largest members committed to increasing the amount they spend on research, education and treatment (RET) services from 0.1 per cent to 0.25 per cent of their annual revenue in 2020, 0.5 per cent in 2021, 0.75 per cent in 2022 and 1 per cent in 2023. The five operators confirmed they will provide £100 million to GambleAware charity to improve treatment services for problem gamblers.

Rates of 'problem gambling' in the UK are low by international standards – compared to France (1.3%), Germany (1.2%), Sweden (2.2%) and Italy (1.27%).

The BGC supported the creation of the new NHS gambling treatment clinics who have promised 22 clinics, 3 of which are open now. We are pleased that the NHS have committed to work to increase the number of clinics in the UK in addition to existing serviced delivered by Gordon Moody Association and GamCare's 120 treatment centres located throughout the UK.

The BGC welcomes the Gambling Commission's National Strategy was a way of accelerating progress on responsible gambling and tackling problem gambling. Our members are fully committed to meeting this challenge and are working tirelessly to deliver new responsible gambling initiatives including technology that tackles problem gambling and supporting a statutory levy and increased funding for problem gambling clinics.

Underage participating by those aged 11-16 in any gambling activity has declined from 22% to 11% over the past decade; here, 'gambling activity' mainly relates to personal betting (e.g. playing cards with friends) and legal play of lotteries (e.g. participating with consent of parents / guardians). BGC members have a zero tolerance to those under the age of 18 attempting to use their products.

Working in partnership with local authorities

The BGC is fully committed to ensuring constructive working relationships exist between betting operators and licensing authorities, and that where problems may arise that they can be dealt with in partnership. The exchange of clear information between councils and betting operators is a key part of this and the opportunity to respond to this consultation is welcomed.

Differentiation between Licensing Act 2003 and Gambling Act 2005 applications

When considering applications for premises licences, it is important that a clear distinction is made between the regimes, processes and procedures established by Gambling Act 2005 and its regulations and those that are usually more familiar to licensing authorities – the regimes, processes and procedures relating to Licensing Act 2003.

Whilst Licensing Act 2003 applications require applicants to specify steps to be taken to promote the licensing objectives, those steps being then converted into premises licence conditions, there is no such requirement in Gambling Act 2005 applications where the LCCP provide a comprehensive package of conditions for all types of premises licence.

It should continue to be the case that additional conditions in Gambling Act 2005 premises licence applications are only imposed in exceptional circumstances where there are clear reasons for doing so. There are already mandatory and default conditions attached to any premises licence which will ensure operation that is consistent with the licensing objectives. In the vast majority of cases, these will not need to be supplemented by additional conditions.

The LCCP require that premises operate an age verification policy. The industry operates a policy called "Think 21". This policy is successful in preventing under-age gambling. Independent test purchasing carried out by operators and submitted to the Gambling Commission, shows that ID challenge rates are consistently around 85%.

When reviewing draft statements of principles in the past, we have seen statements of principles requiring the operation of Challenge 25. Unless there is clear evidence of a need to deviate from the industry standard then conditions requiring an alternative age verification policy should not be imposed.

The BGC is concerned that the imposition of additional licensing conditions could become commonplace if there are no clear requirements in the revised licensing policy statement as to the need for evidence. If additional licence conditions are more commonly applied this would increase variation across licensing authorities and create uncertainty amongst operators as to licensing requirements, over complicating the licensing process both for operators and local authorities

Considerations specific to the draft 2022 Gambling Act 2003 statement of licensing principles

On behalf of the BGC we welcome the deletions from the foreword and within section 3. These have the effect of streamlining the policy.

Throughout the statement of principles, there are references to requirements to promote the licensing objectives. These references appear in the foreword, paragraphs 1.2, 4.2, 4.4, 4.5, 4.6, 7.4 and indeed the heading for paragraph 2.2. Any references to a requirement to promote the licensing objectives should re-drafted. The requirement within Gambling Act 2005 is that premises operate in a manner that is “reasonably consistent” with the licensing objectives. The only body upon whom Gambling Act 2005 confers a duty to promote the licensing objectives is the Gambling Commission. To avoid any confusion with Licensing Act 2003 requirements, references to the promotion of the licensing objectives should be amended.

Paragraph 3.7 is headed “integration with planning” and goes on to recommend that planning use be obtained prior to a premises licence application being submitted. Gambling Act 2005 s210 is clear that in making a decision in respect of a premises licence application, a licensing authority shall not have regard to whether or not a proposal by the applicant is likely to be permitted in accordance with the law relating to planning permission or building regulations. In the circumstances, and to avoid any confusion, the recommendation that planning permission be obtained prior to an application being submitted should be removed.

Paragraph 5.2 refers to “sensitive locations” when considering the location of premises. The statement of principles should recognise that betting offices, and indeed other gambling establishments have always been situated in either residential or shopping areas. Therefore, gambling premises have always been situated in areas of high footfall and where there are children. The mere proximity of a gambling premises/proposed gambling premises is not enough to present a risk to the licensing objectives. The same paragraph refers to “areas nearing stress” but there is no evidence whatsoever to support the opinion that premises operating within the four named areas present a risk to the licensing objectives. The evidence to support this opinion should be produced.

The first sentence in Paragraph 7.1 contains a spelling error. This should be corrected.

Conclusion

On behalf of the BGC, we thank you for the opportunity to comment on your draft statement of principles and hope that these comments above are useful. The BGC will work with you to ensure that its members’ operation of its premises will operate in accordance with the licensing objectives.

Yours faithfully,



GOSSCHALKS LLP

Greg Fell, Director of Public Health

Summary points

1. Participation in gambling is common and growing. For adults and children.
2. Gambling harm is complex, difficult to pin down exactly and can span financial and debt, relationship, addiction, mental illness and suicide. Prevalence of problem gambling may be up to 1% of the population as a whole and 6% of the population considered at risk. Preventing participation of gambling in children and problem gambling in children is obviously a critical target.
3. People don't just become "problem gamblers", there is often a long journey with many opportunities to intervene.
4. Framing gambling as a "harmless leisure pursuit" (the preferred model of DCMS and industry) is problematic. Many frame it as "a public health issue". What that means requires careful definition.
5. Response
Better treatment system is necessary but nowhere near sufficient. There is some work locally to define what that system should look like, there is no resource to implement it. "education" may be helpful, but personalises what can be characterised as a structural and societal problem.
Regulation (product and environment) is where most of the gain can be found in terms of reducing gambling harm. This is obviously a space for the licencing committee.
6. There is broad public support for regulation of gambling as a means to reduce harm. There are some who will see regulation as state over reach. The gambling industry obviously frame it a different way (taken from the tobacco and alcohol playbook).
7. There is a programme of work in Yorkshire on gambling related harm
8. There is a window of opportunity to reduce gambling harm both locally and nationally and to get ahead of the curve.
9. Whether gambling harm is framed as "a public health issue" or framed in some other way is arguably immaterial. That there isn't an explicit requirement to consider "public health" under the terms the licencing act is acknowledged, there are some potential shifts on that nationally. All local authorities have a duty to consider (and improve) well being, and the harm from gambling impacts on financial, social well being and health per se. It is difficult to make an argument that gambling isn't harmful.

In considering the review of the statement of licencing principles and the overall policy, I would encourage consider carefully the issues I set out here and integrate them into the overall approach.

1 Who gambles

The Gambling Commission produce quarterly reports on gambling participation; however, these are based on telephone surveys from random digit dialling and may not be generalisable. Based on 2012 data (more recent data not yet available), **an estimated 64% of adults aged 16+ had gambled in the past year; excluding the Lottery, this was 43%. For Y&H, this was 68% and 45% respectively**, similar to the England average. For comparison, the North East region had the highest rates of 74% and 50%.

With regard to children, a 2020 Yougov / ASH survey focused on the prevalence in young people. **Of all under 18s 6% gamble monthly, 21% ever. The age breakdown is below.**

	11-13	14-15	16-17	18
Unweighted base	765	582	762	404
Once a week or more	3%	3%	2%	5%
Ever gambled	15%	17%	26%	33%
Never gambled	83%	83%	72%	65%

Gambling during COVID-19 in England:

- **15% of gamblers started gambling during COVID-19; 24% is in 16-34 age group**, slightly more women than men in this category (Gambling Commission, Mar-Nov20)
- Older age groups gambled less frequently at start of lockdown; initial slight decrease in all gambling which crept up over time; **by end April this year, 4.5% increase in gambling above pre-pandemic levels**; lower % of those engaging in no gambling activity (Wider Impacts of COVID-19 on Health tool; PHE)
- **Biggest change is in the younger age group**; possibly related to the increase in online activity which has grown month on month (accounts, bets and yield, also an increase in number of longer sessions)
- **Most common reasons** for increasing gambling during COVID-19 – **spare time, bored, something to do, just wanted to, low/unhappy, sent offers (13% did it to substitute lost income)**

2 Gambling harm – who it affects.

Estimates of ‘problem’ gambling rates vary between 0.5% and 0.9%, with between 5-6% of people considered ‘at risk’ (this does not include all those experiencing harm). According to an Ipsos Mori poll (2015) around **0.6% of children aged 11-15 engaged in problematic gambling.**

It is **estimated that for every person affected directly by problem gambling, another 6 people are affected** (including family and friends). Although anyone can experience harm from gambling, **the following groups may be at greater risk of developing problems:-** men, younger people, minority ethnic groups, low IQ, substance abuse/misuse, poor mental health, those living in more deprived areas, those who are unemployed. Wardle (2015) has concluded that there is emerging evidence to add to this group: those with financial difficulties, homeless, immigrants, prisoners/probation, and learning difficulties.

A study by the University of Liverpool and the National Centre for Social Research found that gambling firms make the vast majority (at least 70%) of their money from the 5% of accounts that with the biggest losses. **Gamblers from the poorest areas were more likely to lose money in online casinos, with a risk of high-intensity play; and more likely to have lost their money using virtual slot machines – a product with a high rate of addiction.** Online gambling activity is not subject to the same level of regulation as land-based gambling.

3 Characterising the harm

Gambling is an increasing public health concern with diverse impacts on individual and community health and wellbeing – from financial and material loss, to relationship breakdown, crime and suicide. The harms of gambling are inherently interconnected with many comorbid health issues – including those affecting mental health (suicide, depression and anxiety, personality and bipolar disorder), and dependence on substances such as alcohol, drugs and tobacco.

The harm manifests in many different ways (debt / poverty, mental health, abusive relationships, neglect of others, suicide). There are multiple routes into and out of this.

Gambling poses several challenges because exposure or use, as well as harms to individuals, families, and communities, are difficult to measure and quantify, take a range of forms, and are constantly changing. The harms of gambling on individuals, families, and communities often represent co-occurring problems, afflicting many people who are already in vulnerable

circumstances, exacerbating precarious and challenging lives, and hindering their attempts to overcome adversity.

Industry would suggest we focus on the very addicted / most vulnerable, a counter view is that it can take 20yrs to get to reach such a level of vulnerability with lots of intervention opportunities along the way. The sooner the prevention takes place the more potent. **As a parallel, we know from smoking that 3 out of 5 children who try smoking go on to be smokers as adults.** This is where the vulnerable / high risk users in 20yrs will come from. **Reducing gambling in teens and early adults is thus a good PH strategy.** As in most PH issues most of the “harm” is in the population bell curve not the 2% at the top of the triangle. Certainly the opportunity to prevent harm is in influencing the whole population not those currently at the peak of the harm spectrum.

4 Approaches to reducing harm

a Framing

We can frame it as “harmless leisure pursuit” (the industry and govt -DCMS, DHSC are silent - perspective) or an “urgent PH crisis”.

It is unhelpful (as the government does) to portray as a harmless leisure activity. **For more than 20 years, UK Government policy has portrayed gambling as, firstly, enjoyable; secondly, an expression of adult freedom; and, lastly, harmful only to a minority.** The UK Government and policy makers have employed discourses that align more closely with those of the gambling industry than with those of the individuals, families, and communities affected by the harms of gambling

The reality is that alcohol is probably best comparator - a substantial majority engage, many engage to a level that would be considered harmful or hazardous. A very small minority will suffer substantial harm, that harm doesn't happen overnight, it happens over many years with often many missed opportunities to reduce the harm. **Better treatment and education is at best a partial answer and in itself created inequality.** Product and environment regulation (price, availability, promotion) is far more potent.

Increasingly many are stating gambling as a public health concern. That said **the adoption of a comprehensive and meaningful public health approach is not guaranteed and needs to be factored into thinking.**

A “public health” approach is focused on the whole population (not just the tail end / high risk); will characterise and quantify the epidemiology of harm and nature and extent of the product and its use; seek to shift population norms through focus on product and environment regulation

not treatment of those harmed (rather than asking individuals to change their behaviour); still seek sustainable funding for a comprehensive treatment system.

b Better treatment

There are many that argue we simply need better treatment for those addicted. This is necessary but nowhere near sufficient. We cant treat our way out of a PH problem (tobacco, alcohol as example in point). Better treatment system is necessary but nowhere near sufficient. **There is some work locally to define what that system should look like, there is no resource to implement it. Significant investment in smoking cessation and alcohol treatment is important, but makes little difference to population prevalence.** That doesn't in itself mean that treatment is worthless – far from it. In the space of alcohol and tobacco treatment – hugely valuable and value for money investment.

Local work has been undertaken both to assess need and to specify what an ideal treatment system would look like. A comprehensive treatment system IS important (not just a small number of highly specialised services not fully connected into the local NHS (Leeds is closest to Sheffield)).

The ability to access distant services is limited, the capacity of highly specialised services to address the needs of anything other than a tiny number of patients is similarly limited. Finally the ability of clinical services to address social harms and consequences of gambling is limited.

Some specific areas in treatment (within an overall comprehensive treatment system – that doesn't exist) include:

- Helping people sustain or re-establish recovery routines

- Helping affected others access help and support

- Helping professionals to recognise and respond to harmful gambling

- Giving gambling parity with other addictions – there has been a strong focus on drinking and smoking behaviours during lockdown but gambling has not had the same focus as it does not have the same strategy or funding as other addictions

- Recognising the (known but poorly understood) links between gambling and suicide and responding immediately and appropriately to disclosures of problem gambling

c “education” may be helpful, but personalises what can be characterised as a structural and societal problem.

- measures to identify suicide risk in people seeking gambling treatment

Helping people recognise if their gambling has changed and/or become a problem during lockdown

Helping children and parents address screen time and gaming and re-set boundaries and healthy behaviours

Helping parents understand the impact on children of gambling and gaming
reframing the narrative around risk

d Regulation (product and environment) is where most of the gain can be found in terms of reducing gambling harm.

Thus we need wider approaches to reducing harm through regulation, that addresses the whole population issue (not just the very high risk / very addicted) and seeks to prevent harm through means other than “treating”.

The environment and product regulation are obviously critical in this. There are some successes over recent years (for eg the raised stakes in FOBT) and a great deal of resistance to implementing stronger regulation. **Some commonly cited policy goals are set out here.**

regulation of online gambling – advertising, product design

using time/money limits in product design

Helping people re-establish self exclusion from sites

exclusion through banks

blocks on adverts

affordability checks

spending limits, limits on stakes and caps on deposits, protections around affordability, age verification

less free spins

advertising and sponsorship embargos

What type of products are promoted and provided.

Products – gamification / loot boxes

ending of promotional and VIP offers

5 Stakeholders views

a Is there public support for reducing gambling harm

Polling commissioned by Action on Smoking and Health, conducted by YouGov (Feb-Mar 21) and highlighted by RSPH in response to the Gambling Act review, **revealed that the majority of people across different age groups support a ban on gambling adverts before 9pm** (77% of adults and 66% of 11-17 year olds).

There was also support for a complete ban on gambling advertising across the board, with almost two thirds of adults and over half of the young people surveyed in agreement. Similar responses were evident when asking about sports sponsorship by gambling companies; and three quarters of adults supported the introduction of an industry levy to reduce and prevent problem gambling.

Many may say that intervention in this space is interfering in free choice and not the place of government. The obvious counter is **the gambling industry invests heavily to influence our free choices**, both in terms of advertising, sponsorship, product design and product placement. Thus **intervention to reduce harm is simply levelling an uneven playing field.**

b The gambling industry

Industry will argue that people need to make better choices, that education is a big part of the answer, that we should have better treatment for those addicted. This is a mirror image of the arguments of the tobacco industry in the 70s through to the early 90s. People make choices in an environment that is very enabling, especial worries about online gambling which is weakly regulated.

Most observe a large degree of industry pervasiveness into the field (policy, research, interventions). This isn't something we would tolerate in other spaces for example BAT involvement in tobacco control. The industry line is that 1) "we will self regulate". This is a line that has been used by tobacco, alcohol, fast food and (in other countries firearms) for about 30 years and 2) we should focus on treatment for those deeply addicted and educate the wider population.

The narrative has long been dominated by individualised and often pathologised understandings that serve to maintain the status quo and hide broader societal perspectives, such as the harmful effects of gambling products and gambling environments. Should see it in context of a wide range of health and social harms on a continuum, rather than, as previously, a dichotomy between the harmless and the pathological. Gambling harms extend well beyond high-intensity relationships such as problem gambling, affecting families and communities, often with devastating consequences, including job loss, violence, relationship breakdown, suicide, education disruption, or homelessness.

Likely that responses from industry to regulation will employ range of well trodden lines.

Documented neatly by van Schalkwyk

When industries selling highly profitable, yet harmful, products (eg, tobacco, alcohol, opioids, and oil) are faced with clear evidence of the resulting harms, the threat of government regulation, and declining public legitimacy, one of their first moves has repeatedly been to cast doubt on the science, distorting the evidence base to influence the public discourse, delay regulation, and restore their legitimacy. There is already enough to argue that many of the established methods to counter other harmful but legal products (eg, tobacco and alcohol)—restricting access, availability, and advertising, and denormalisation and evidence-based counter-marketing—can be used to guide interventions to prevent gambling harms.

6 Work in Yorkshire

Across Y&H, Leeds and Sheffield areas have been the most actively working on the gambling agenda over recent years. **A Y&H Harmful Gambling Working Group was established in 2018**, led by the DPH network, bringing together LA representatives and others. This is now chaired by the Sheffield DPH and coordinated by a public health specialist from Leeds and provides an ideal basis to support and drive forward work in Y&H.

To respond to this growing public health concern, a bid was recently submitted by PHE on behalf of Y&H ADPH to the Gambling Commission for a 3-year programme of work across the region, which was successful. The comprehensive and coordinated programme will aim to reduce exposure to and consumption of harmful gambling by vulnerable groups, and prevent related harm to individuals, families and communities that goes beyond financial impact, using a COM-B approach to understand and respond to behavioural drivers.

Work strands will include:

- **Improving identification and recognition** of problem gambling by providing a universal training offer to frontline workers and workplaces.
- **Directing gamblers to self-management and support** through targeted communications and training.
- **Protecting high risk and vulnerable groups from gambling related harms** and addressing community and individual behaviour.
- **Workforce education programmes** to tackle gambling related harms
- Programme evaluation

7 Window of opportunity

The UK has one of the most liberal gambling markets in the world, supervised by a regulatory system that oversight bodies fear does not have the capacity or the data to regulate the industry in the public interest. This policy system has promoted self-regulation and industry-regulator partnerships as standard.

The nature of the market has shifted substantially in the last decade or so – more products, more addictive products, more marketing across more forms of media, sponsorship, shift to online. Accordingly the level of concern from clinicians and documented harm has also shifted with the nature of the market.

With the UK Government's review of the Gambling Act 2005, and local review of policy there is a window of opportunity to change the gambling policy system.. We don't know how gambling products will change over coming years, but they have changed massively over the last decade and more harm has come from this. It is a reasonably safe assumption that trend will continue.

References:

Ipsos MORI (2015) The Prevalence of Underage Gambling. A research study among 11-15 year olds: Young People Omnibus 2015. Birmingham: Gambling Commission

Kenyon, A., Ormerod, N., Parsons, D. & Wardle, H. (July 2016). Problem gambling in Leeds: Research Report for Leeds City Council. Leeds Beckett University.

PHE Public Health Profiles: People estimated to have gambled in past year: % adults, People estimated to have gambled (excluding Lottery) in past year: % adults (Data source: NatCen Gambling Behaviour in England and Scotland: Findings from the Health Survey for England 2012 and Scottish Health Survey 2012)

Wardle, H. (2015) Exploring area-based vulnerability to gambling-related harm: Who is vulnerable? Findings from a quick scoping review. London: Westminster City Council.

Wardle H, et al. (2007) British Gambling Prevalence Survey 2007. London: National Centre for Social Research

van Schalkwyk et al. A public health approach to gambling regulation: countering powerful influences Lancet Public Health, June 2021

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00098-0/fulltext?rss=yes](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00098-0/fulltext?rss=yes)

Appendix 'B'

(Consultation Responses Summary and updates made)

Consultation Comments Received

No.	Name	Organisation / Details	Overview of comments	Has the policy been updated following the comments?
1	Natalie Simpson	<p>Gamble Aware</p> <p>An independent charity that commissions evidence informed prevention and treatment services in partnership with expert organisations and agencies.</p>	<p>No specific feedback on SCC policy document. Supports Local Authorities which identify areas with increased levels of risk and require additional requirements to mitigate increased risks</p> <p>Encouraging all local authorities to signpost people to the National Gambling Helpline on 0808 8020 133 and also www.begambleaware.org. Both are part of the National Gambling Treatment Service and offer free, confidential advice and support for those who may need it.</p>	<p>No changes made: Our policy already identifies areas where there are potential increased risks in sensitive locations in Part 5 of the policy.</p> <p>Yes, changes made Our policy includes full details of local and national support services in Part 13 which includes Gamble Aware. The contact details of the National Gambling helpline have been added to the local support services in Part 13 of the policy.</p>
2	Gosschalks Solicitors on behalf of the Betting and Gaming Council (BCG)	<p>Betting and Gambling Council (BCG)</p> <p>A standards body committed to championing safer gambling. Represent U.K. licensed betting shops, casinos and online operators.</p>	<p>Information provided about the BCG / betting and gaming in the UK / problem gambling / working in partnership with local authorities / differences between Licensing Act and Gambling Act applications.</p> <p>Considerations specific to Sheffield City Councils draft 2022 Gambling Act Statement of Principles as follows:</p> <p>To amend any references to a requirement to 'promote' the licensing objectives to be re-drafted. The requirement within Gambling Act 2005 is that premises operate in a manner that is "reasonably consistent" with the licensing objectives. The only body upon whom Gambling Act 2005 confers a duty to promote the licensing objectives is the Gambling Commission.</p>	<p>Yes, changes made: In line with the Gambling Commission's guidance to Licensing Authorities, Part 6 details what is required in the Statement of Principles. Paragraph 6.7 under 'Fundamental Principles' state the Licensing Authorities statement of policy should begin by stating the three licensing objectives (s1 of the Act) which the policy will promote.</p>

			<p>Paragraph 3.7 – Integration with Planning – request that any recommendations around planning use be obtained prior to a premises application being submitted to be removed.</p> <p>Paragraph 5.2 – ‘Sensitive Locations’ when considering location of premises. Comments detail that gambling premises have always been situated in either residential or shopping areas where there is high footfall and where there are children. The proximity of gambling premises is not enough to present a risk to the licensing objectives.</p>	<p>In making decisions, the Licensing Authority should ‘aim to permit’ use of the premises for gambling in so far as it thinks it is ‘reasonably consistent’ with the licensing objectives. This is detailed throughout the document in particular 2.1, 2.4, 6.6, 7.1, 7.16.1, 8.3.1, 10.3 and 10.4.1.</p> <p>To ensure that applicants are aware that they must be ‘reasonably consistent’ with the licensing objectives the policy document has been updated and reworded to replace ‘promote’ with ‘be reasonably consistent with’ in the following paragraphs 2.2, 4.2, 4.4, 4.5, 4.6, 5.2, 5.5, 7.4 and 8.2.2.</p> <p>No change made: Paragraph 3.7 makes it clear that there is a separation between planning and licensing applications and the paragraph makes it clear that there is no obligation for the applicant to have planning permission first before applying for a licence. This paragraph is placed in ‘Integrating Strategies’ so applicants are aware of possible additional considerations.</p> <p>No change made: Two of the three licensing objectives are to protect children and vulnerable persons from being harmed or exploited by gambling and preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime. In considering applications, the location of the premises can be considered in regards to protecting children and the vulnerable and high crime and disorder hot spots. Each</p>
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			<p>Paragraph 5.2 'Areas nearing stress'- comments refer to there being no evidence to support that the premises operating within the fours named areas present a risk to the licensing objectives and that evidence should be produced if these areas stay within the policy document.</p>	<p>applications as detailed in the policy will be treated upon it's own merits.</p> <p>Yes, changes made: The pandemic has led to most premises being closed; this leads to there being no current data/evidence from relevant authorities to suggest that these areas still pose a risk to the licensing objectives. Any data around this will only be available in the forthcoming months and years since premises have only been permitted to open in line with government legislation/regulations.</p> <p>Therefore the 'areas nearing stress' section has been removed and to ensure we still take into account of any areas of concern that may arise within the city, a new paragraph at 5.5 after the Policy Area box has been included as detailed below in red:</p> <p><i>"The Licensing Authority and its partners will monitor and work with businesses and communities in any areas of concern within the city which may lead to problems that undermine the licensing objectives, in particular crime and disorder and protecting children and other vulnerable persons from being harmed or exploited by gambling.</i></p> <p><i>If interventions are required; a multi-agency approach will be taken within these areas which could include but not limited to; specialist advice on tackling the issues, a multi-agency action plan; specific targeted training and compliance checks at licensed premises within these areas.</i></p> <p><i>If issues persist in an area, the Local Authority may undertake their own local area profiling and where it</i></p>
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				<i>is determined that granting the application may lead to the licensing objectives being undermined, and where relevant conditions cannot be imposed, they will choose to refuse it.”</i>
3	Greg Fell	Director of Public Health	<p>Attachment of pre-consultation document of Magda Boo (Health Improvement Officer – Public Health) Comments include changes made for the public consultation document which include:</p> <ul style="list-style-type: none"> • Inclusion of Public Health reports and strategies at Part 3 Integrating Strategies • Inclusion of ‘universities’ in paragraph 4.6, 5.2 and 5.4 as a building which may be frequented by children or the vulnerable • Use of self - screening tools to protect children and vulnerable and information about welfare and treatment services • Updated information for Local Support Services <p>Further attachment from Greg Fell with the following summary points around gambling related harm:</p> <ol style="list-style-type: none"> 1. Participation in gambling is common and growing. For adults and children. 2. Gambling harm is complex, difficult to pin down exactly and can span financial and debt, relationship, addiction, mental illness and suicide. Prevalence of problem gambling may be up to 1% of the population as a whole and 6% of the population considered at risk. Preventing participation of gambling in children and problem gambling in children is obviously a critical target. 3. People don’t just become “problem gamblers”, there is often a long journey with many opportunities to intervene. 4. Framing gambling as a “harmless leisure pursuit” (the preferred model of DCMS and industry) is 	<p>Yes, including in the consultation document</p> <p>Yes, changes made: The Licensing Authority recognises and supports the importance of reducing gambling related harm in the City and in particular to children and those who are vulnerable and have ensured the policy is linked to core strategies to assist with this in Part 3 – Integrating Strategies and throughout the document to promote the licensing objectives. Risk assessment are now a requirement for operators (Part 5 of policy) which require applicants to review risks in areas and provide information on how they intend to mitigate these risks and be consistent with the licensing objectives. The policy encourages operators the importance of social responsibility, best practice, identifying and communicating with vulnerable persons, staff training, primary</p>

		<p>problematic. Many frame it as “a public health issue”. What that means requires careful definition.</p> <p>5. Response Better treatment system is necessary but nowhere near sufficient. There is some work locally to define what that system should look like, there is no resource to implement it. “education” may be helpful, but personalises what can be characterised as a structural and societal problem. Regulation (product and environment) is where most of the gain can be found in terms of reducing gambling harm. This is obviously a space for the licencing committee.</p> <p>6. There is broad public support for regulation of gambling as a means to reduce harm. There are some who will see regulation as state over reach. The gambling industry obviously frame it a different way (taken from the tobacco and alcohol playbook).</p> <p>7. There is a programme of work in Yorkshire on gambling related harm</p> <p>8. There is a window of opportunity to reduce gambling harm both locally and nationally and to get ahead of the curve.</p> <p>9. Whether gambling harm is framed as “a public health issue” or framed in some other way is arguably immaterial. That there isn’t an explicit requirement to consider “public health” under the terms the licencing act is acknowledged, there are some potential shifts on that nationally. All local authorities have a duty to consider (and improve) well being, and the harm from gambling impacts on financial, social well being and health per se. It is difficult to make an argument that gambling isn’t harmful.</p>	<p>intervention and escalation and for staff to signpost customers to appropriate support services.</p> <p>The Gambling Commission has a National Strategy to reduce gambling harms. The strategy identifies areas for action including an improvement in understanding and measuring harm, increased understanding of the effects of product characteristics and environment, and improvement in the methods of identifying harmful play.</p> <p>The aim of the Statement of Principles (policy) is to outline the principles we as the Licensing Authority will apply when exercising its functions under the Act whilst promoting the licensing objectives.</p> <p>To ensure the importance of reducing gambling related harm is considered by applicants/licensees, a further paragraph has been added at the end of Part 3 Integrating Strategies in the policy document as follows:</p> <p>To Note: Applicants/licensees should note any possible changes that may occur following the consultation on the review of the Gambling Act 2005 (launched December 2020) and the results from the Gambling Commissions National Strategy to Reduce Gambling Harms. In line with this, a separate Gambling Harm Reduction Strategy for Sheffield will be produced which will set out a comprehensive approach to minimising harm from gambling in the City.</p>
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			In considering the review of the statement of licencing principles and the overall policy, I would encourage consider carefully the issues I set out here and integrate them into the overall approach.	
4	Citizen Space Respondent	Marcliffe Primary School	<p>Questions and answers on Citizen Space:</p> <p><i>Q - Is the policy document easy to understand?</i> A – Yes</p> <p><i>Q - Does the policy document provide you with the information required to understand the purpose of the policy?</i> A - Yes</p> <p><i>Q - Does the policy document include any information that you disagree with or you think needs amending?</i> A - No</p> <p><i>Q - Does the policy document include any information that you disagree with or you think needs amending? - If you have answered yes, please explain which section/s you are referring to and what you disagree with or you think needs amending.</i> A – No</p>	No changes made.

Appendix 'C'

(Amendments made to the Statement of Principles)

Gambling Act 2005 – Policy Changes Document

'Sheffield Safeguarding Board' has been changed to 'Sheffield Children Safeguarding Partnership' throughout the document.

Page 3

Foreword – wording changed

Part 1 - Overview

1.6 Monitoring and Review of this statement – effective date of Statement of Principles changed in line with the review of the document

Part 2 – General Principles

2.2 Heading amended to remove 'promotion of' so it only reads as 'The Licensing Objectives'

2.6 Exchange of information – minor changes to wording to include the General Data Protection Regulations (GDPR) and the use of privacy notices.

Part 3 – Integrating Strategies

3.1 Sheffield City Councils' Corporate Plan 2015-2018 removed as no longer effective

3.1 Inclusion of Sheffield City Partnership – link attached to heading

3.6 now 3.4 Sheffield City Centre Plan – updated plan details and link attached to heading

3.7 now 3.5 Accessible Sheffield - minor changes to wording

3.8 now 3.6 GamCare

3.9 now 3.7 Integration with Planning – link attached to heading

3.11 now 3.9 Renamed as Public Health Reports and Strategies. Inclusion of new local framework to reduce gambling related harm.

Additional paragraph added at the end of Part 3 titled 'To Note' for applicants and licence holders to consider any possible changes following the review of the Gambling Act 2005, the Gambling Commissions National Strategy to Reduce Gambling Harms and the proposed Sheffield Gambling Harm Reduction Strategy.

Part 4 – Licensing Objectives

4.2, 4.4, 4.5, 4.6 - 'promote' removed and replaced by 'be reasonably consistent with'

4.6 Policy Objective:

- Location examples updated to include universities, domestic abuse support services, residential homes for children or vulnerable people.
- Safeguarding awareness training to be included as part of management measures for adequate training and contact details provided
- Minor updates on measures that operators must address to be reasonably consistent with the objective
- Further bullet point on recommendations for operators to work in partnership with local services such as Public Health and the Safeguarding Partnerships to provide information about welfare and treatment services to customers.
- Paragraph on underage gambling and Test Purchasing placed to confirm consideration will be given on results.

Part 5 – Local, Area Profiling and Risk Assessments

5.2 Policy – Location

- universities included as evidence now shows students are a vulnerable group.
- 'Promote' replaced with 'be reasonably consistent with'.
- 'Areas Nearing Stress' section removed- replaced by a new section in paragraph 5.5 Policy Area.

5.3 Area Profiling and risk assessments

- minor changes to wording and update in links

5.4 Policy – Risk

- universities included as evidence now shows students are a vulnerable group

5.5 Policy – Area

- ‘Promote’ replaced with ‘be reasonably consistent with’.
- Two new paragraphs added to replace the ‘areas nearing stress’ section which was removed at paragraph 5.2. These new paragraphs include what the Licensing Authority will do in areas that cause concern and what could possibly happen to applications made within these areas.

Part 7 – Premises licences and Reviews

7.8.1 Policy – AGC

- update for staff training to include age verification and safeguarding awareness training

7.9.1 Policy – FEC

- proximity of treatment or counselling services included in determining the suitability of the premises location
- staff training updated to include safeguarding awareness training

7.10 Casino’s

- Access paragraph updated to make clear under 18’s not permitted to enter including for working purposes which are paid or voluntary.

7.12.4 Policy – Tracks

- Safeguarding awareness training included as part of applicants measures to be reasonably consistent with the licensing objectives

Part 8 – Permits, Notices and Lottery Registrations

8.2 Unlicensed Family Entertainment Centre (UFEC) Gaming Machine Permits

- Paragraph updated to include that operators are expected to attend safeguarding awareness training and contact details

8.2.2 Policy - UFEC

- Safeguarding awareness training included as part of applicants measures to be reasonably consistent with the licensing objectives
- ‘Promote’ replaced with ‘be reasonably consistent with’.

8.4.1 – Policy – Prize Gaming - ‘Promote’ replaced with ‘be reasonably consistent with’.

Part 9 – Ongoing Responsibilities of Licensed Premises

- Minor updates on wording
- ‘Promote’ replaced with ‘be reasonably consistent with’.

9.1 Self-exclusion scheme paragraph updated to include operators to evidence the self-exclusion processes are in order

Part 11 – Enforcement

11.2 removal of sentence that Test Purchasing may be carried out jointly by the Gambling Commission and Licensing Authority. New section on local Test Purchasing inserted at paragraph 11.2.1 and 11.2.2

11.2.1 new paragraph inserted to detail a local joint Gambling Test Purchase Strategy

11.2.2 new paragraph inserted to detail the test purchase strategy process

Part 12 – Equality, Diversity and Inclusion

12.1 Sheffield city Council’s Equality, Diversity and Inclusion Policy Statement updated to current version and minor changes to wording

Part 13 – Useful Information and Contacts

- Other Useful Contacts webpages and details updated where required
- Local gambling support services updated with links to local information.
- Inclusion of National Gambling Helpline telephone number

Appendix 2 – List of consultees updated

Appendix 'D'

(Updated Statement of Principles)