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MEDICINE



# **Gambling-related harm among recent migrant communities in the UK: responses to a 21st century urban phenomenon**

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# Programme

<b>1:00</b>	<b>Registration and lunch</b>
<b>1:30</b>	<b>Welcome and introduction</b> Stephanie Bramley
<b>1:45</b>	<b>Introductions – Attendees</b>
<b>2:00</b>	<b>Presentation of project findings</b> Research Team
<b>2:30</b>	<b>Discussion and questions</b>
<b>3:00</b>	<b>Close</b>

# Welcome and introductions



**Prof. Jill Manthorpe**  
(Director, SCWRU)



**Dr. Heather Wardle**  
(London School of Hygiene  
and Tropical Medicine)



**Dr Stephanie Bramley**  
(Research Associate,  
SCWRU)



**Ms Caroline Norrie**  
(Research Fellow,  
SCWRU)

**Understanding how  
gambling may impact on  
migrants and migrant  
communities**

# Background



- Britain has one of the most liberal gambling policy regimes in the world and there is concern that those migrating from jurisdictions with more restricted gambling cultures may be at heightened risk of harm
- Gambling venues are often densely located in urban areas and are disproportionately present in areas of greater deprivation
- New migrants may live in communities or physical spaces with substantial opportunities for gambling
- Lack of knowledge about the types of gambling-related harm which migrants experience and the support available to this population

# Aims



This project investigated migrant gambling in the urban settings of **Leeds** and **London** - places where there are higher than average migrant communities. We aimed to:

1. **Identify urban social processes** which may influence gambling behaviours among new migrant communities and to better theorise about the potential impact of gambling for these communities;
2. **Engage with community stakeholders** to explore their awareness of gambling-related harm, the impact of gambling related harm on their community and explore potential solutions and risk reduction mechanisms.

# Methodology

**Four phases:**

**Scoping  
review**



**Secondary  
analysis of the  
Health Surveys for  
England 2012;  
2015**



**Consultation  
with  
community  
stakeholders  
(workshops)**



**Public  
engagement  
events**

# Phase 1: Scoping review

## Aim:

To improve understanding about the extent to which gambling is a potential problem for migrants and migrant communities.

## Research questions:

1. What is the evidence of gambling **participation** and problem gambling among migrants and migrant communities?
2. What is the evidence about the **reasons and motivations** for migrants and migrant communities engaging in gambling?
3. What is the evidence about the **impact** of gambling participation for migrant and migrant communities?
4. What is the evidence about the **provision of support** available to migrants and migrant communities experiencing gambling-related harm?



# Findings: scoping review

38 pieces of literature

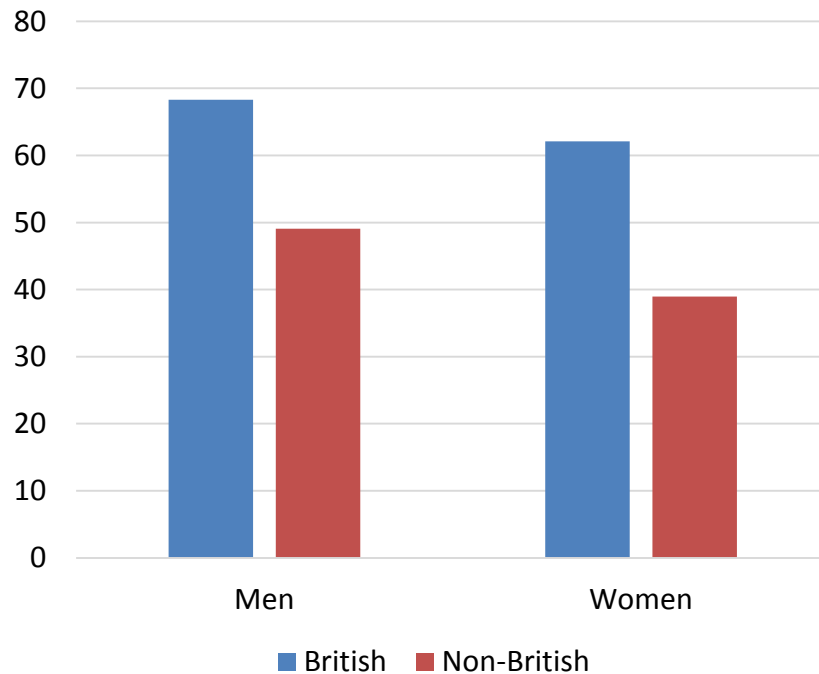
## Three themes:

1. Some evidence supporting existence of a '**harm paradox**'
  - migrants were **less likely** to gamble than non-migrants but were **more likely** to experience gambling-related harm or be at risk of developing problems
2. Variation in experience of gambling-related harm for migrants and practices surrounding the provision of support
  - migrants experience similar harms to the general population, but more research is needed into how specific cultural contexts affect the range and severity of harms, and help-seeking
3. Lack of UK evidence - most evidence generated from Australasia

# Phase 2:

## Secondary analysis of Health Surveys for England 2012 and 2015 data

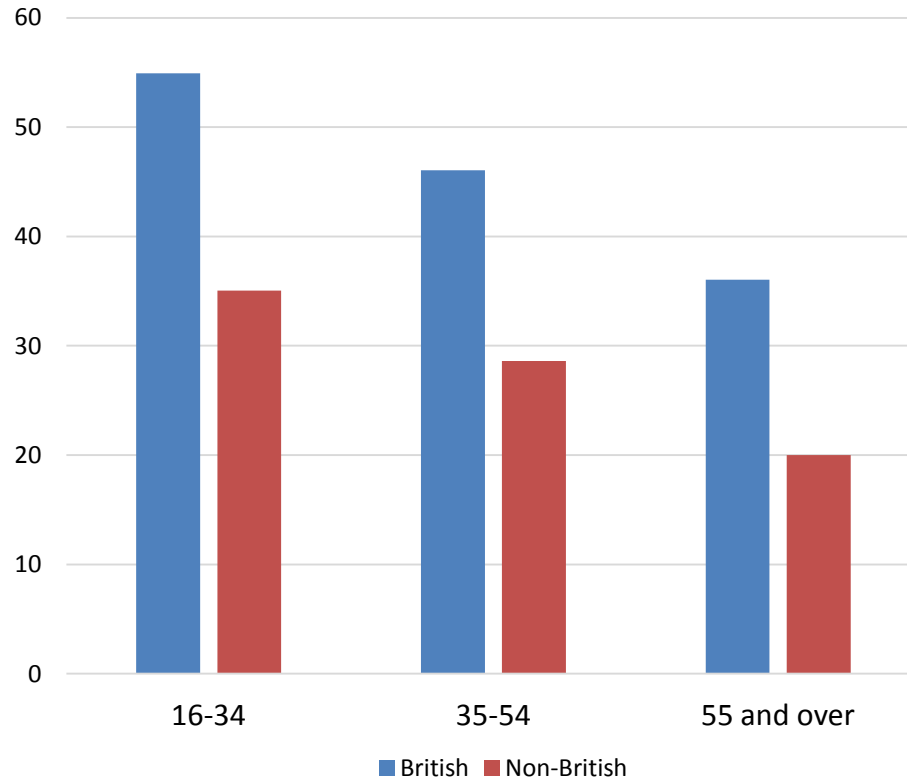
Past year gambling by whether  
British born or not and sex



British-born adults have higher past-year rates of gambling participation than non-British adults

# Findings: secondary analysis

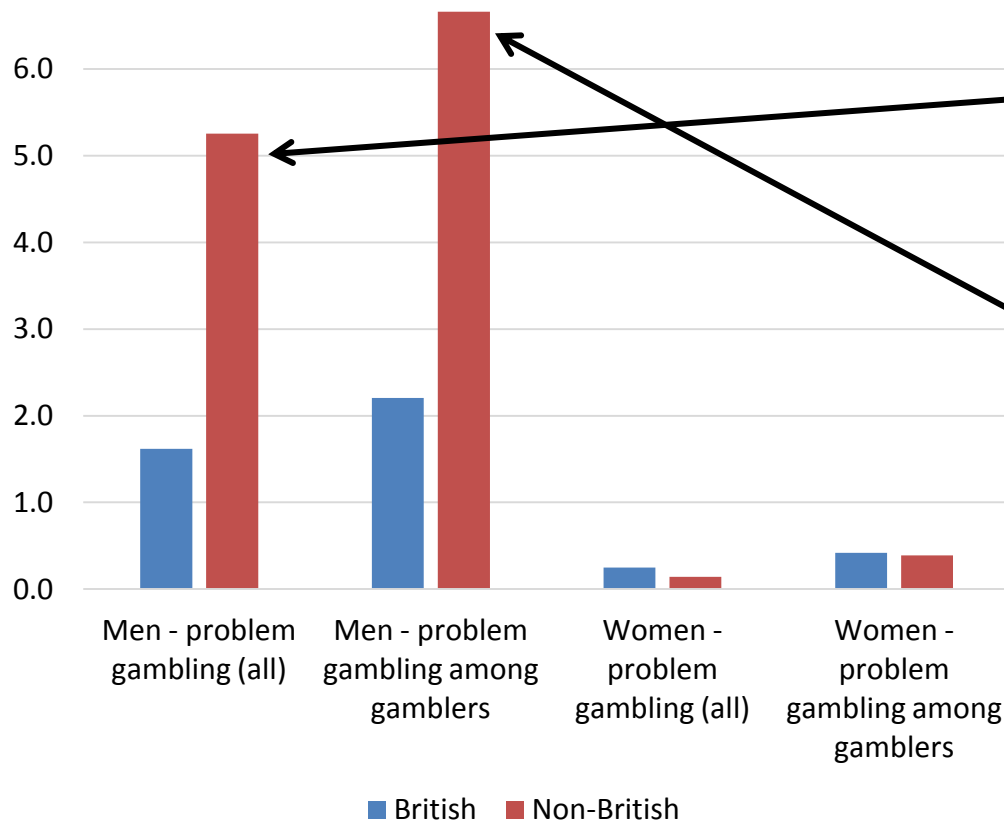
Past year gambling by whether  
British born and age group



Same pattern in both groups  
– gambling participation  
declines as people get older

# Findings: secondary analysis

Problem gambling rates by whether  
British born and sex



Evidence of 'harm paradox'  
but only for **males**

**5.3%** of non-British male past-year gamblers were identified as PGs compared to 1.6% of British male past-year gamblers

Excluding the National Lottery, **6.7%** of non-British male past year gamblers were identified as PGs compared to 2.2% of British male past-year gamblers

No significant differences for females

# Workshops



**Two** workshops: Leeds (16 participants) and London (16 participants)

Participants worked with migrants from Turkey, Latvia, China, Poland, Romania, Slovakia, The Netherlands, Somalia, Syria, India, Chile and South Africa.

Discussed **five** research questions:

1. What are the main challenges faced by new/recent migrants to the UK
2. To what extent do you think that gambling is related to these challenges?
3. Why do you think that migrants are *less likely* to gamble but *more likely* to experience harm if they gamble?
4. Are there any barriers preventing new/recent migrants from seeking help for their gambling behaviour?
5. What things would you like to see or be implemented to improve the support available to new/recent migrants who gamble?

# 1. Main challenges faced by migrants

## **Meeting basic needs – accommodation and employment**

“finding suitable accommodation, avoiding isolation, meeting their basic needs and seeking out familiar communities” (London – Gambling Support Charity 3)

“their qualifications were not recognised here and they worked as a cleaner whilst they did an equivalent qualification at uni” (Leeds – Advocacy charity)

## **Social needs – reduced social circle**

“migrants are isolated, there’s no integration” (Leeds – Advocacy charity)

## **Integration - fears for their safety and fear of discrimination**

“living in different communities...which don’t always mix together can cause clashes” (Leeds - Councillor 1)

## **Language – difficulties with literacy and accessing interpreters**

“it takes migrants a lot longer to access services as they can’t access them due to a lack of interpreter services...they’re a postcode lottery” (London – gambling support charity 2)

## 2. Reasons why migrants gamble (1)

### **Socioeconomic status**

“the insecurity of work, being on zero-hours contracts may lead them to gamble to get some money” (Leeds – Councillor 1)

“they work long hours in a boring job and by the time they finish work there is nothing to do, the only place that is open in the casino where there is hot food drinks, it’s warm and they can meet their friends” (London – gambling support service 1)

“migrants could feel almost like a professional when gambling and consider gambling as work, a viable and legitimate type of employment” (London – gambling support service 2)

“migrants who don’t have a home...gamble in betting shops (London – migrant support charity 1)

## 2. Reasons why migrants gamble (2)

### **Acculturative stress**

“migrants may experience anxiety, loneliness and isolation because of leaving home and visit gambling environments so as to temporary escape from the reality of their situation” (London – Gambling Support Charity 2)

### **Social needs**

“they don’t know how the gambling market works, but went into it because one of his friends introduced him to gambling” (Leeds – Advocacy charity)

“a casino is like an office...it’s a place where migrants can see familiar faces and where they visit because they do not know what else to do” (Leeds – Advocacy charity)

### **UK’s gambling culture**

“gambling’s always pushed in the media, always advertised and people are encouraged during sporting events, like football to bet now” (London – gambling support charity 2)



# 3. Experience of the 'harm paradox'

## Types of gambling-related harm

“it affects relationships negatively, causes stress and financial strain for those already financially struggling, it affects family life, it affects decision making - ‘I have limited money, I need things for the kids, but I need to gamble’. Women bear the burden of financial difficulties and the abuse when they challenge their partners about gambling” (London – employment charity supporting refugees and migrants)

## Possible explanations

“if they’re on a low income and decide to gamble they may build-up debt and find it hard to pay back, it can spiral out of control” (Leeds – Health Information Specialist)

“lack of a safety net” (Leeds – Credit Union employee)

“losing money creates isolation and their friends don’t want to know them” (Leeds – Health Information Specialist)

# 4. Barriers to help-seeking

## **Lack of awareness of gambling-support**

“they don’t know which door to knock on...there’s a lack of trust, they’re unsure if they have to pay for services and unsure of the quality of the services” (Leeds - Social prescribing service)

## **Lack of uptake of gambling support**

“don’t want to open up and if gambling is a taboo in their community then they are less likely to disclose the problem to others” (Leeds – Social prescribing service)

“fear of being considered as a ‘failure or weak’ if they seek help (Leeds – gambling support service 3; London – migrant support charity 1)

“there is a stigma attached, people isolate you in some communities and so they hide it, then the addiction becomes more of a problem” (London – migrant charity support 2)

# 5. Ways to improve support

## **Emphasis on prevention**

“educate migrants about the potential harm rather than telling them to seek support once they have a problem” (London – gambling support service 1)

## **More training for professionals and screening**

“there is no pro-active screening for gambling but we do ask about alcohol and drug issues” (Leeds - Social prescribing service)

## **Utilisation of community resources**

“we worked collaboratively with trusted organisations or faith groups who signposted individuals to the service and found that once that initial trust was established it became easier to provide support” (London – gambling support service 3)

## **Development of culturally-competent gambling support services**

For example, ensuring that responsible gambling information is accessible to people who do not speak or read English

# Limitations of our research

- Scoping review only covered 11 years and English publications
- Experiences and views of migrants and migrant communities affected by gambling-related harm not collected (although a service user & carer advisory group consulted).
- Risk of sample bias – volunteers particularly interested.
- Risk of partial or inaccurate recall.
- NB This was an exploratory study – the first on the subject in the UK and it was important not to stereotype migrants or to treat migrants as a homogenous group.

# Conclusions

- Migrants and migrant communities are considered to be at risk of gambling-related harm due to their **socioeconomic and personal circumstances**, the **UK's gambling culture** and **lack of appropriate leisure activities** in the UK.
- Migrants appear to experience similar gambling-related harms to the general population but there is evidence of a '**harm paradox**' where migrants are less likely to gamble but more likely to experience gambling-related harms.
- Concerns that **social isolation** and **difficulties with integration** may impact on migrants' gambling participation.
- Concerns that migrants may not **fully understand the risks** associated with gambling and consequently may experience gambling-related harm.
- Trust, confidentiality, stigma and shame are interwoven with **barriers to help-seeking** which need to be addressed.

# Recommendations

- Focus on prevention
- More research which has input from migrants with lived experience of gambling-related harm
- Need better understanding of culturally specific and locally contextualised harms migrants experience from their gambling behaviour
- Evidence-based practice
- Development of culturally competent services which meet migrants' needs

# Outputs and Impact

## **Journal articles:**

Scoping review – under review

Secondary analysis – in preparation

## **Report:**

Final report – in preparation

## **Impact:**

Dissemination of findings via the Unit's blog (SCWRU) and social media (e.g. Twitter)

Dissemination of findings to politicians/policy makers who campaign for gambling reform

# Interesting news (1)

- “NHS Northern Gambling Clinic” to open in Leeds in April 2019
- <https://www.yorkshireeveningpost.co.uk/news/leeds-announced-as-home-of-groundbreaking-nhs-clinic-for-gambling-addiction-1-9430984>
- Follow @mgaskell12 on Twitter for more information



The screenshot shows an Eventbrite event page for the "Leeds Dual Diagnosis Network". The event title is "Gambling Addiction, Mental Health, and the new NHS Northern Gambling Clinic". It is organized by "The Leeds Dual Diagnosis Network". The event is free and has a "Register" button. The date and time are "Fri 7 December 2018, 10:00 - 12:00 GMT". The location is "St Chads Parish Centre, Otley Road, Far Headingley, Leeds, LS16 5JT". The description mentions that the talk will describe gambling addiction, how it works, the effect it has on people's lives and their families including mental ill health, and what can be done about it. It also mentions that the talk will include an introduction to the new NHS Northern Gambling Clinic, and it will include lived experience of gambling addiction and its serious consequences led by Anne Evans. There will be plenty of time for interaction and questions. The speakers are Matthew Gaskell, Consultant Psychologist and Lead for Addictions for the Leeds & York Partnership NHS Trust and Clinical Director of the NHS Northern Gambling Clinic, and Anne and Keith Evans (Founders of Young Gamblers Education Trust).

**Leeds Dual Diagnosis Network**

Leeds and York Partnership NHS Foundation Trust

**NHS** **FORWARD LEEDS** **STOPPING GAMBLING**

DEC 07

Gambling Addiction, Mental Health, and the new NHS Northern Gambling Clinic

by The Leeds Dual Diagnosis...

Free

[Register](#)

**DESCRIPTION**

This talk will describe Gambling Addiction, how it works, the effect it has on people's lives and their families including mental ill health, and what can be done about it.

The talk will include an introduction to the new NHS Northern Gambling Clinic, and it will include lived experience of gambling addiction and its serious consequences led by Anne Evans. There will be plenty of time for interaction and questions.

**Speakers:**

Matthew Gaskell, Consultant Psychologist and Lead for Addictions for the Leeds & York Partnership NHS Trust and Clinical Director of the NHS Northern Gambling Clinic.

Anne and Keith Evans (Founders of Young Gamblers Education Trust)

**DATE AND TIME**

Fri 7 December 2018  
10:00 - 12:00 GMT  
[Add to Calendar](#)

**LOCATION**

St Chads Parish Centre  
Otley Road  
Far Headingley  
Leeds  
LS16 5JT  
[View Map](#)

## Event

<https://www.eventbrite.co.uk/e/gambling-addiction-mental-health-and-the-new-nhs-northern-gambling-clinic-tickets-52478186669?aff=ebdssbdestsearch>



# Interesting news (2)

## Children (11–16 years) and gambling

(Gambling Commission 2018)

- 14% gambled in the last week
- 66% have seen TV gambling advertising
- 1.7% are defined as problem gamblers
- 26% have seen their parents gamble
- 13% have played online-gambling style games
- 12% follow gambling companies on social media
- Full report available at <https://www.gamblingcommission.gov.uk/PDF/survey-data/Young-People-and-Gambling-2018-Report.pdf>

# Where to seek help...



***National Gambling HelpLine***

**Freephone 0808 8020 133**

via web chat: [www.gamcare.org.uk](http://www.gamcare.org.uk)

8am – Midnight, seven days a week

**BeGambleAware**

***BeGambleAware (general help and advice)***

[www.begambleaware.org/](http://www.begambleaware.org/)



***GAMSTOP (Self-exclusion from online gambling )***

[www.gamstop.co.uk](http://www.gamstop.co.uk)



***Self-exclusion from land-based gambling (e.g. betting shops, arcades, casinos, bingo halls)***

[www.optintoselfexclude.info/home](http://www.optintoselfexclude.info/home)



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and LSHTM for funding this project.**

**Dr. Stephanie Bramley (SCWRU)**

**Dr. Heather Wardle (LSHTM)**

**Caroline Norrie (SCWRU)**

**Prof. Jill Manthorpe (SCWRU)**

The views expressed in this presentation are those of the authors alone and should not be interpreted as those of the funder of the Social Care Workforce Research Unit, the NIHR Policy Research Programme, or the Department of Health and Social Care or the NHS or its arm's length bodies or other government departments.