



Consultation on the proposals for changes to Gaming Machines and Social Responsibility Measures
(January 2018)

Submission from the Social Care Workforce Research Unit, King's College London

About us

The Social Care Workforce Research Unit (SCWRU) is part of the Policy Institute at King's College London. The Unit conducts research relating to the social and health care workforce in England and is core funded by the Department of Health. We develop research evidence and disseminate findings to policymakers, service providers, employers and the public. The Unit is supported by its Service User and Carer Advisory Group whose views and experiences inform and shape the Unit's research.

In May 2016, following several years of research on subjects related to risks of harm, abuse and neglect, we embarked on a research project 'Examining the nature of gambling-related harm for adults at risk'. The project consisted of three strands – a literature review; interviews with key informants and interviews with practitioners. Our findings have increased the understanding of gambling-related harm for adults with care and support needs; examined what key informants and social care staff know about harmful gambling among adults with care and support needs and their understanding of the risks to vulnerable adults arising from their own or others' gambling participation, and their management of cases of gambling-related harm.

Our recent research examined the nature of gambling-related harm for a cross-cutting vulnerable group, namely 'adult(s) at risk'. 'Adult(s) at risk' is defined in English law under the Care Act 2014 as any person aged 18 years or over who has needs for care and support and; is experiencing, or at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect (s 42 (1) Care Act, 2014). We investigated this topic from the perspectives of social care, social work and safeguarding. Gambling-related harm may be brought to the attention of adult social care departments and/or their safeguarding teams because 'adult(s) at risk' may participate in gambling and/or because there may be allegations of harm, abuse or neglect towards such adults as a result of the gambling habits of family carers, care providers, neighbours, acquaintances, friends, online contacts, or people in positions of trust.

The project comprised a literature review; interviews with key informants and interviews with practitioners (e.g. social workers, support workers). The literature review revealed some evidence about the nature of gambling participation by adults at risk and their experiences of gambling-related harm (Bramley, Norrie & Manthorpe, 2017a). However, we found little data about how gambling-related harm affects 'adult(s) at risk' or about safeguarding practices and systems (Manthorpe, Bramley & Norrie, 2017). Furthermore, the evidence that gambling is a risk-factor for abuse, neglect and/or theft, came mostly from international literature (with some media accounts). From a social work perspective we found a near invisibility of the social worker in gambling research; gambling was absent from the content of professional qualifying social work programmes; and it was largely unknown how gambling-related harm impacts social work clients (Manthorpe, Norrie & Bramley, 2017).

Interviews with 23 key informants revealed that some consider gambling-related harm as a public health issue. Some informants had worked with clients experiencing gambling-related harm but were unsure about the nature and prevalence of gambling-related harm. Concerns were raised about the hidden nature of gambling-related harm and there were calls for more professional activities around harm minimisation (Bramley, Norrie & Manthorpe, under review - a). Interviews with social care staff revealed that many were concerned about the pervasiveness of gambling in everyday life and its appeal to 'adult(s) at risk', concerned about a lack of knowledge of the complexities surrounding gambling and gambling-related harm, uncertain about how to support 'adult(s) at risk' experiencing gambling-related harm and again interviewees called for more professional development activities (Bramley, Norrie & Manthorpe, 2017b).

Interviews with 21 practitioners working within social work, safeguarding, charities and gambling support services revealed that practitioners were concerned about the pervasiveness in everyday life, particularly about the amount of gambling advertising and the multitude of gambling opportunities available on high streets and in local communities. The practitioners also expressed concern about a lack of knowledge of complexities surrounding gambling and gambling-related harm, being uncertain about how to support adults with care and support needs experiencing gambling-related harm and therefore called for more professional development activities which focus on minimising the risk of adults with care and support needs experiencing gambling-related harm (Bramley, Norrie & Manthorpe, in preparation).

Our research also found policy and practice linkages between gambling-related harm and homelessness. Within the literature review we found emerging evidence about gambling's appeal to homeless people; emerging evidence about the prevalence of gambling among homeless people; the likelihood that gambling-related harm is under-reported among homeless people, and a lack of awareness about the potential impact of gambling participation for homeless people (Bramley, Norrie & Manthorpe, under review – b). The project's findings have implications for policy and practice as consideration should be given to whether screening for at-risk/problem gambling should be conducted by those working with 'adult/s at risk' and homeless people.

Ethical approval for the research cited above was granted by King's College London GGS Research Ethics Panel (refs: LRMR-16/17-3454; LRS-15/16-3454). The research was funded by the Rank Group Plc and by Ridgeway Information Ltd. The views contained in this response are of the authors alone.

Responses to the Consultation Questions

We have completed the online questionnaire, below is evidence which supports our position.

Q1: Do you agree that the maximum stake of £100 on B2 gaming machines (FOBTs) should be reduced?

Our response: Yes

During the interviews we conducted with 23 key informants and 21 practitioners working within social care, social work, safeguarding, charities and gambling support services, the topic of fixed-odds betting machines (FOBTs) emerged. Analysis of their comments revealed a number of concerns which practitioners had about FOBTs:

Stake size was raised as a matter which should be addressed:

“The area I'm particularly interested in, the fixed odds betting terminals, because all the evidence is that they have more potential for harm and also in terms of the amounts, because the stakes, you can lose a lot very quickly.” (Social Work Lecturer)

“I think banning those FOBT machines would be an excellent step forward. I've seen... there's action in parliament, isn't there, on investigating those machines and trying to at least get the amount that you can put in the slot every minute diminished substantially.” (Older People's Charity Employee)

Two practitioners thought that the maximum stake of £100 on FOBTs should be reduced because, for adults with care and support needs who gamble with benefit or pension payments, that figure can represent the majority of their weekly/fortnightly/monthly payment:

“set a limit of £100 or something which in my client's case ironically is every single penny he's got... I think that they need to impose limits on what people can pay” (Project Worker, Homeless charity)

“how ethical is that? Who can afford £100 a minute?” (Social Worker 7)

One practitioner reported that one of their clients was reportedly haunted by the sounds associated with FOBTs:

“he can hear the roulette wheel on the FOBT machine going round, literally, in his head” (Gambling Charity Employee 2)

Other practitioners reported that adults with care and support needs may not understand the risks associated with gambling on FOBTs and find it difficult to control their gambling participation:

“he says his downfall - and that's how he describes it - is the machines....because he says he's got no control over that, it's pure chance. So he, he attributes that to, you know, how he's, how he's got into such a financial difficulty.” (Senior Social Worker 1)

“he has got capacity to understand the consequences of his gambling when he's not in the gambling shop. But when he's in the gambling shop, the excitement and everything else...all logic and everything else completely goes out of the window...yeah, he just becomes totally consumed and it's the next bet, the next bet, the next bet.” (Cluster Manager for Supported Living Accommodation)

Another practitioner remarked that one of their clients' gambling behaviour had changed since FOBTs were introduced into his local betting shop:

“the actual gambling machine came in...the shop didn't have it until about four years ago...he was literally probably spending maximum of about £5 a day, this machine came in and of course the money goes in seconds...it is his benefits payments that he's using because he hasn't got any other money” (Cluster Manager for Supported Living Accommodation),

Another practitioner reported an alleged case of financial abuse committed by someone caring for an adult with care and support needs which in part involved gambling on FOBTs:

“she would spend £10/£20 on the horses and then jump to spending a lot of money on the machines....she said she was suffering from stress and she just couldn't resist...as soon the Disability Living Allowance payment came in she had no money...so she was becoming more dependent on his money ” (Social Worker 5)

Two practitioners reported that staff working within betting shops either did not approach adults with care and support needs who were losing money or were unhelpful when seeking support:

“I think basically he said that they effectively they don't really care....” (Project Worker, Homeless charity)

“Because I went in and spoke to the local shop when the, the machine came in. The £2 betting machine and said, look, you know, I've got a bit of problem, this has become an absolute, magnet for one of my service users, I don't know if you, you know, I said, you know, and he is losing a lot of money...Their attitude was, 'oh, we can, you know, tell him not to but, you know, it's there. You know, that's how we make our income'.” (Cluster Manager for Supported Living Accommodation)

In order to minimise the risks of one adult with care and support needs spending all of their benefit payment on FOBTs, a practitioner had discussed the client's gambling with his family and the client himself and the family had then placed restrictions on his gambling participation:

“they [the family] turned round and said, well, look we're carrying this on but there are conditions to you getting your pocket money and that is how we stopped him using the £2 machine...so now he has to bet on horses, scratchcards and dogs..all we can do is advise and educate and talk about, how he feels when he wins and how he feels when he loses and what will the impact be if we hadn't put money aside for him to have food and shoes and pay his bills and everything else” (Cluster Manager for Supported Living Accommodation)

Q10. Do you agree with the government's proposals to bar contactless payments as a direct form of payment to gaming machines?

Our response: Yes

We are concerned that there is potential for individuals who intend to abuse, harm, exploit or neglect adults with care and support needs to steal or borrow (without permission) debit and/or credit cards from adults with care and support needs and use them to fund participation in gambling. The opportunity for 'abusers' to gamble with clients' funds may be somewhat easier because contactless cards authorise payments without entering an individual's PIN number.

During the interviews we conducted with 23 key informants and 21 practitioners working within social care, social work, safeguarding, charities and gambling support services, the topic of payments for gambling participation emerged. For example, one practitioner reported an incident where a carer was

“walking out and leaving [the client] when he felt stressed, and using her bank cards to fund his gambling habit..[the client] hadn't been aware that he'd been using her bank card” (Social Worker 7).

There is also some concern that adults with care and support needs who may not be in a position to track their expenditure on gambling activities may be negatively impacted if contactless payments were permitted:

“if you gave him his bank card, he would literally empty it all out” (Cluster Manager for Supported Living Accommodation).

Further concerns were raised about FOBTs accepting debit and/or credit card payments, and the impact on adults with care and support needs:

“machines where you can basically put your credit card in or put all of your money in and you can gamble the whole lot within half an hour...or an hour...so this is what this gentleman does. He basically gambles all of his benefit income within an hour of receiving it and then has nothing for 13 days and 23 hours” (Project Worker, Homeless charity).

Q13. On the whole, do you support this package of measures to address concerns about gambling advertising?

Our response: Yes

During the interviews we conducted with 23 key informants and 21 practitioners working within social care, social work, safeguarding, charities and gambling support services, the topic of advertising arose several times. In general interviewees were concerned about the pervasiveness of gambling in society and were concerned about the time of advertisement screening, the sponsorship of sport by gambling companies, the tone of gambling advertisements and the placement of gambling advertisements. Comments included:

“I mean the adverts themselves all promote having such a good time, you know...but then they wouldn't really say, you know, if you wanna be in debt, have no money, become socially isolated and can't look after yourself, gamble.” (Senior Social Worker 1)

“I think restriction on what is advertised on our phone, I'd like to see it removed...I'd like the restriction on adverts on television about what a wonderful time it is” (Senior Social Worker 1)

“I think there should be more tighter rule about how gambling is being advertised (Social Worker 6)

“I think that the gambling industry advertising seems to – the nature of the adverts – target certain groups and the adverts conjure up an image of gambling for the gambler as being a kind of ‘cool dude’, exciting environment, and we know who that appeals to: it appeals to the younger element” (Gambling Treatment Provider)

I think also advertising, although they probably deny it, is targeted. So, betting adverts during football matches, specifically focusing on certain target groups, like youngish people or whatever, also betting that depicts women betting around certain

programmes and TV and all that sort of business, so that it's targeting, and I'm not too pleased about that, but I think they'd just deny it. (Gambling Treatment Provider)

"At the moment there is a normalising of gambling. This is especially with sport. For a lot of people sport is the biggest thing in their lives. You cannot watch footie now without seeing 40 adverts. The demographics for most gambling is 16-30 year old men. For many of these people football is their religion. Growing up it is like a religion and now gambling is part of that. It is a ticking time bomb." (Gambling Charity Employee 1)

"just general advertising where companies are offering what is perceived to be some free gambling; put ten pounds in and we'll give you thirty pounds, and then not realising that, actually, even if you win, you can't always take your money out; you've got to re-spend it, so it is misleading them and, particularly if you are vulnerable, your ability to effectively think things through, they can be easily influenced." (Trainer Vulnerable adults and older people)

"I think one of the things I'd like to see clamped down on is advertising, in the same way that tobacco advertising has been stopped. We seem to have a tremendous amount of advertising in relation to gambling and different forms of gambling, through all sorts of social media, as well as television, and I would really like to see a ban on advertising for gambling." (Social Care Addictions Specialist)

"I'm not one for the prohibition of gambling, but, yes, there has to be an element of responsibility as far as how you promote it" (Older People's Charity Employee)

"There could be restrictions on the advertisements. It's just constant." (Betting Shop Employee)

Q14. Do you agree that the Government should consider alternative options including a mandatory levy if industry does not provide adequate funding for research education and treatment?

Our response: Yes

Many interviewees considered gambling-related harm for adults with health and social care needs as a public health matter and identified organisations which they thought should address gambling-related harm. Some argued that the responsibility for addressing gambling-related harm should be shared by industry, government, the regulator of gambling, and local authorities (e.g. a view expressed by amongst others a Money Advice Charity Employee). However, because funding for UK specific gambling support services comes from the gambling industry, one participant thought that government should seek to increase industry contributions (Gambling Charity Employee 2). Others called for a national strategy to tackle gambling-related harm, as exists for substance misuse:

"I don't think it's any different to alcohol or cigarette addiction...if we deal with those in the NHS....then why shouldn't we deal with gambling addiction too?" (GP, mental health).

Many interviewees also thought that gambling-related harm was a public health issue as it can impact on individuals, families, children, society and public services. Furthermore, many interviewees thought that the gambling industry should meet the costs associated with tackling gambling-related harm.

For further details of this and other related matters please contact the authors of this response:

Dr Stephanie Bramley
Research Associate
Social Care Workforce
Research Unit
King's College London
22 Kingsway
London
WC2B 6LE

Prof Jill Manthorpe
Professor of Social Work
Director of the Social Care
Workforce Research Unit
King's College London
22 Kingsway
London
WC2B 6LE

Ms Caroline Norrie
Research Fellow
Social Care Workforce
Research Unit
King's College London
22 Kingsway
London
WC2B 6LE

References

- Bramley, S., Norrie, C & Manthorpe, J. (2017a). The nature of gambling-related harm for adults at risk: a review. London: Social Care Workforce Research Unit, Policy Institute at King's College London.
- Bramley, S., Norrie, C. & Manthorpe, J. (2017b). *The nature of gambling-related harm for adults with care and support needs*. Presentation given at the Making Research Count 'Gambling and adults with care and support needs' Seminar at King's College London. London, UK, 18 October 2017.
- Bramley, S., Norrie, C. & Manthorpe, J. (in preparation). Safeguarding adults with health and social care needs from gambling-related harm: An exploratory study of the views of practitioners.
- Bramley, S., Norrie, C & Manthorpe, J. (under review - a). The nature of gambling-related harm for adults with health and social care needs: An exploratory study of the views of key informants.
- Bramley, S., Norrie, C. & Manthorpe, J. (under review – b). Policy and practice linkages between gambling-related harm and homelessness: findings from a scoping review.
- Manthorpe, J., Bramley, S. & Norrie, C. (2017). Gambling and adult safeguarding: connections and evidence. *The Journal of Adult Protection*, 19(6): 333-344. doi: <https://doi.org/10.1108/JAP-03-2017-0014>
- Manthorpe, J., Norrie, C., & Bramley, S. (2017). Gambling-related harms and social work practice: Findings from a scoping review. *Practice: Social Work in Action*. doi: <https://doi.org/10.1080/09503153.2017.1404563>