

Communities Addressing Gambling Harms in Greater Manchester

Funding prospectus

June 2021

Introducing: Communities Addressing Gambling Harms in Greater Manchester

Communities Addressing Gambling Harms is part of the Greater Manchester (GM) [Gambling Harm Reduction programme](#) which seeks to prevent and reduce gambling related harms across the city-region. This programme includes activities to: build understanding of gambling harms, improve provision and access to treatment and support, develop preventative interventions and engage with local individuals and communities to co-design change.

The Greater Manchester Combined Authority (GMCA) has secured £300,000 grant funding to support place-based and community-led initiatives across GM ("Communities Addressing Gambling Harms"). This work is supported by the Gambling Commission as part of the [National Strategy to Reduce Gambling Harms](#) and funded by a regulatory settlement with an industry operator.

Our aim is for Communities Addressing Gambling Harms to be a catalyst for organisations and partnerships to focus on gambling related harm in GM whilst sharing knowledge and experiences as part of a community of practice.

Our priorities for funding include projects which focus on the following:

- Tackling inequalities
- Reforming public services
- Community-led activities and sports clubs
- Children and young people

Public, community and voluntary organisations with a footprint within GM are encouraged to collaborate and submit a proposal for funding. Partnership bids which bring specialist national or international expertise into GM are welcome.

Projects may span the whole of GM, spread resources to support a common approach in multiple places or focus on a specific project within a single locality or neighbourhood. Projects may be new standalone initiatives or support the integration of gambling harm reduction within delivery of existing activities.

Projects may range in size and scale, with no minimum amount of funding available, but should not exceed £30,000 in total unless this demonstrates significant collaborative and cross-boundary delivery. Funding is initially available for a maximum duration of 12 months.

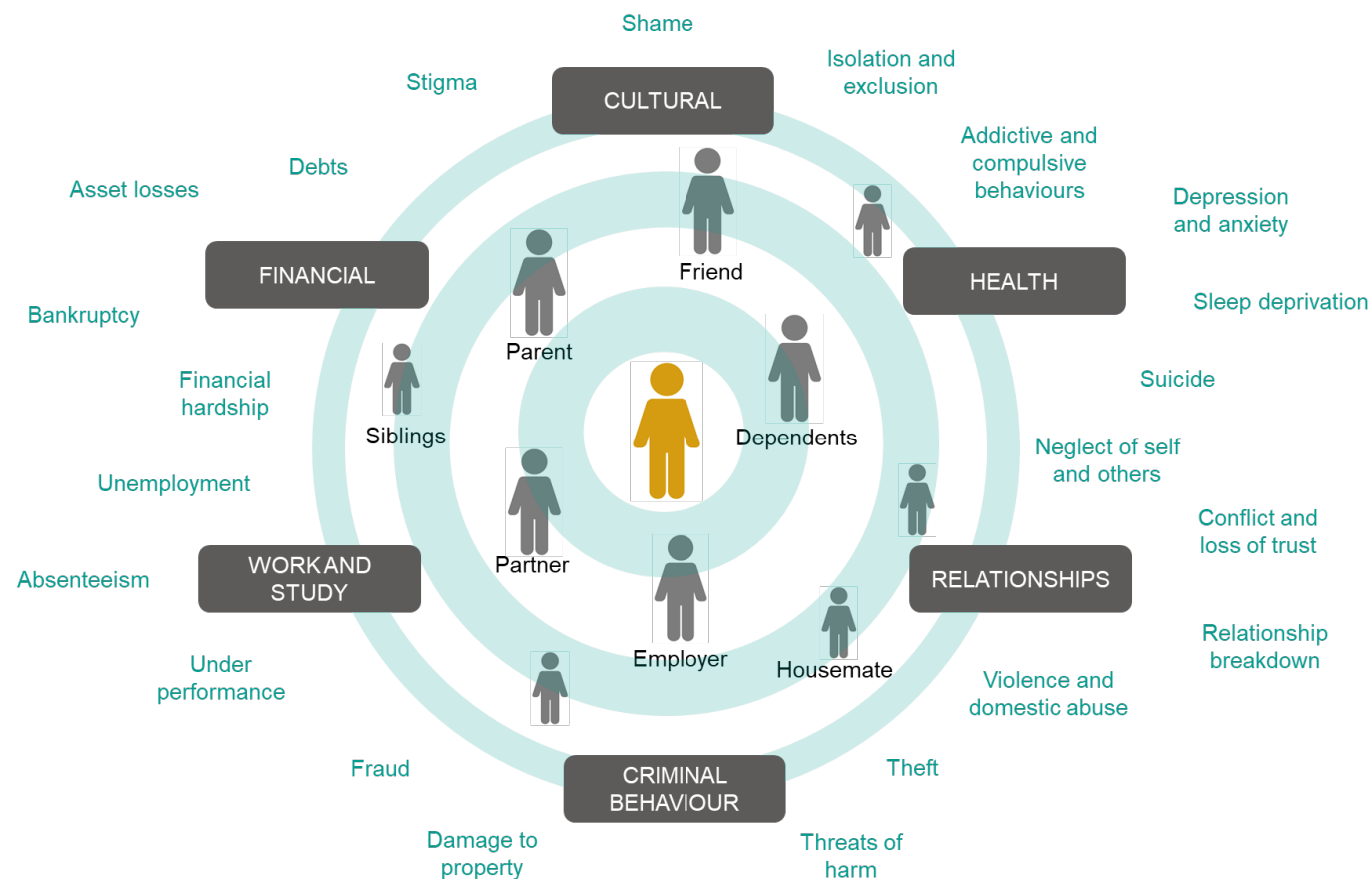
What are gambling related harms?

Over half the population has participated in gambling in the past year, including the national lottery, sports betting, buying scratch-cards, playing bingo and casino games (online and in-person), fixed odds betting terminals (FOBTs) and bets between friends. While for some this can be an enjoyable activity, it is a source of harm for many.

[Research suggests](#) that in a city-region like Greater Manchester there are 39,000 people living with a gambling disorder, with a further 118,000 at risk, however we know that surveys underestimate true prevalence of harm. In particular for every person who gambles, it is estimated that between [six and ten people](#) are 'affected others' and experience similar harms. These may be dependents, parents, partners, friends or colleagues.

Gambling disorder or compulsive gambling is a clinically recognised addiction. People living with, or at risk of developing, a gambling disorder may experience stress, anxiety and depression, financial losses, debts and exhibit compulsive behaviours, such as chasing losses.

Harms may accrue over a long period of time or very quickly at a time of crisis, many harms have a lasting legacy beyond initial recovery from gambling disorder. Harms associated with gambling include poor mental health and wellbeing, relationship breakdown, neglect of other priorities in life, poor performance at work or school and criminal activity. It is estimated that for every day of the year, one person takes their own life as a result of gambling disorder.



Model adapted from Langham, E. et al. (2016) 'Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms', BMC Public Health, 16(1), p. 80.

What are gambling related harms? (contd.)

Who is affected?

Anyone who gambles is vulnerable to harm. Men, younger adults (aged 18-34) and adults from a lower socioeconomic or black and minority ethnic backgrounds are [more likely to be classified as gamblers experiencing some level of harm](#).

Although the legal age to participate in gambling is 18yrs (16yrs for the National Lottery), children and young people are particularly at risk of developing a gambling disorder. There are approximately [55,000 people with a gambling disorder aged under 16](#) in the UK.

Fewer people of ethnically and culturally diverse heritage participate in gambling, however rates of gambling disorder within this cohort are above the national average, with fewer people accessing treatment and support services. Women are similarly underrepresented in treatment and support services.

[Anyone who gambles is vulnerable to harm](#), but gambling harms can exacerbate existing vulnerabilities and inequalities among: young people, minority ethnic groups, unemployed, low socio-economic status, low IQ and cognitive impairments, learning disabilities, poor mental health, substance abuse / misuse, homeless, immigrants, prisoners.

Gambling related harms are often described at an individual level, however these harms have a wider impact on communities and society with [costs to the UK as a whole estimated](#) at being between £260m and £1.16bn.

Why is this important now?

Over the past decade online gambling, such as casino games, bingo and in-play sports betting has grown in popularity, with the yield from online gambling increasing from [£1bn to £5.3bn between 2009 and 2019](#). In the past year alone the intensity of time and money spent on more harmful online gambling has increased.

Covid19 has led to changes in gambling activity. [One in ten GM residents](#) who participate in gambling feel they need more help, advice or support with their gambling as a result of the pandemic.

What is the problem we are trying to solve?

Gap between demand for treatment and need for support – specialist treatment services are not for everyone, brief interventions and support in a community setting may be more appropriate, particularly for people affected by someone else's gambling.

People with lived experience cite **stigma and shame** associated with coming forward with gambling disorder – this may be experienced differently depending on social, cultural or religious norms and beliefs.

Gambling is often considered a **hidden problem** and source of harm – gambling is not routinely understood within needs assessment processes, perpetuating a cycle where it is not frequently detected, so not considered a problem, so not prioritised or embedded within service offers.

Increasing 'normalisation' of gambling behaviours in non-gambling environments – particularly in relation to sport – with a strong narrative supported by industry advertising and marketing which does not highlight the risks associated with gambling.

Whilst we have some data about the extent of gambling related harm, **we don't have a full understanding of the impact** on people, families and communities living in GM.

Very **limited evidence base of interventions** that work to prevent and reduce gambling-related harm at individual, community and population level – but we can learn from other successful health and wellbeing initiatives (e.g. smoking, alcohol, social isolation, mental wellbeing).

What are we hoping to achieve?

1. Engage a wider community in understanding and raising awareness of gambling related harms
2. Reduce shame and stigma associated with disclosing gambling disorder by encouraging people to talk about it in open, non-judgemental conversations
3. Increase awareness of the risks of participating in gambling, helping to counter the normalisation of gambling in activities such as watching sport, particularly among children and young people
4. Increase the number of people accessing specialist treatment and support, including those affected by someone else's gambling
5. Increase provision of brief interventions delivered in the community to reduce harm
6. Build understanding of how people experience gambling related harms to inform development of peer-led and informal support
7. Create a community-led movement to support campaigns advocating for local action and changes to national legislation to create a safe and enjoyable environment for all who wish to participate in gambling
8. Generate and share learning about successful interventions to prevent and reduce gambling related harm

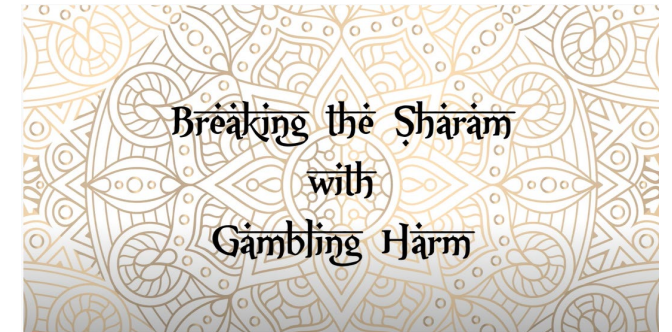
Case study: tackling inequalities

The problem: Although gambling participation is lower among people of South Asian heritage, gambling disorder is more prevalent amongst those who do. As gambling is a cultural taboo in Islam, shame and stigma play a bigger role in preventing people from reaching out for help and support.

The solution: Beacon Counselling Trust supported the development of 'Community Connectors' who work within their cultural communities to raise awareness of the risks of gambling and share experiences of gambling related harms. Community Connectors receive training to provide brief screening and interventions for people experiencing gambling related harms in the community, and are equipped to support people to access to specialist treatment where appropriate.

What is good about it: A particular success of this programme has been recruiting Community Connectors who are representative of the communities they work in. This project has been able to engage with organisations such as the Muslim Council of Britain and provide training and awareness sessions supported by Imams at local Mosques. Using learning from this project, [a film has been developed to raise awareness](#) and address shame felt by people who gamble and are of South Asian heritage. This is helping to address stigma associated with gambling related harm.

Additional information: Beacon Counselling Trust are now working in partnership with the Royal Society for Public Health (RSPH) and have developed an accredited training programme to support development of new Community Connectors, building on learning from the [Communities in Charge of Alcohol project](#)



**Don't suffer in silence,
speak up & reach out.**



Images taken from the "Breaking the Sharam" film produced by Beacon Counselling Trust and [available on YouTube](#)



Images of the Petrus Incredible Edible Rochdale (PIER) community garden

Case study: tackling inequalities

The problem: older people, particularly those from diverse cultural and linguistic backgrounds experience high levels of social isolation and poorer mental and physical health

The solution: The Apna Ilaaka (Our Neighbourhood) project is delivered by a partnership between Petrus Incredible Edible Rochdale (PIER) - a community horticulture project run by a local homelessness service Petrus Community - and Apna Ghar - a day centre for South Asian elders in the local community - run by Kashmir Youth Project (KYP) in Rochdale. It utilises the PIER community allotment, to bring together two separate groups who were at risk of social isolation, and experiencing poor health and wellbeing. The project also involved young people engaged with the Princes Trust, working on the allotment as part of their programme, and adding an intergenerational dynamic.

What is good about it: These two groups bring together their knowledge and ability to work on the allotment, with the Petrus clients providing physical work and gardening expertise, and KYP's Apna Ghar Day Centre group providing knowledge and culinary skills. Bringing these communities with shared common interest and knowledge together helped to dispel cultural barriers and to overcome preconceived ideas about each other's culture, beliefs and life experiences.

Additional information: read more about this case study on the [Ambition for Ageing website](#)

Case study: reforming public services

The problem: Food banks and food clubs/pantries are currently necessary, but these approaches mitigate rather than prevent or reduce food insecurity. Advice and other forms of support are available to help people maximise their incomes, but the offer can be disjointed and it can be difficult to identify what kind of advice or support people need, and are eligible for.

"We see a lot of people referred to us for food who haven't accessed support from the council and other organisations first. We do our best to signpost people to appropriate support, but it is not always easy to know which service is most appropriate."
(Foodbank Manager)

The solution: Greater Manchester Poverty Action's "Food Security Pilots" address food insecurity with an advice-first and cash-first model. They have co-produced a referral tool in Tameside (and are developing one in Oldham) that equips referrers to explore the underlying issues for each individual, and that details the support services available locally to address these issues.

What is good about it: Local food banks and their referrers were engaged in the development of the referral tool and are all now encouraged and equipped to "go upstream" and divert people in need to advice and other kinds of support to increase their incomes.

Additional information: visit the [GM Poverty Action website](#)

What's the problem?	What are some options?
I suddenly have no money <ul style="list-style-type: none">• Lost job• Benefits stopped (sanctioned/failed a medical)• Emergency/disaster (fire, flood, lost money)• Relationship breakdown• No recourse to public funds (NRPf) See options ① ② ④ NRPf option ⑤ only	1 Benefit advance or hardship payment: If you have applied for benefits and are waiting for your first payment you may be able to get an advance. This will have to be paid back. If you have no money because of a sanction, you may be able to claim a hardship payment from the Jobcentre. Hardship payments of Universal Credit need to be paid back, but hardship payments of JSA or ESA do not. You should get advice before accessing either of these. Who can help: WR CA
I'm waiting on a payment/decision <ul style="list-style-type: none">• Made a new claim for benefit• Benefit is delayed• Waiting for benefit decision to be reassessed See options ①	2 Challenging a decision: You can challenge a benefit decision if your benefit has been stopped, sanctioned, or reduced and you believe the decision is wrong. Most decisions need to be challenged within one month, or within 13 months if there are special reasons for delay. Who can help: WR CA LC
My money doesn't stretch far enough <ul style="list-style-type: none">• Deciding between food and fuel• Low income or zero hours contract• Not sure if eligible to claim for benefit• Change of circumstances (e.g. new baby / bereavement / illness / reduction in benefits)• Unsure how to manage my money/overspending See options ③ ④ ⑥ ⑦	3 Budgeting: Advice and support to manage the money you have more effectively. Who can help: CAP
I have debt <ul style="list-style-type: none">• Rent, Council Tax, gas or electricity arrears• Payday loans or owing friends and family• Benefit repayments See options ① ② ③	4 Benefit check: A benefit check can ensure you are receiving your maximum entitlement and you can receive help to claim benefits. If you're pregnant or have a child under four years old you can also ask the advisor about healthy start vouchers: www.healthystart.nhs.uk Who can help: CA LC Self-check online: benefits-calculator.turn2us.org.uk
I have other problems that are affecting how I manage my money <p>For support with employment, mental health, addictions, resettlement, or other support needs see section on 'other support' overleaf.</p>	5 Debt advice: Advice & support including financial assessments, solutions, debt recovery options available to creditors, income maximisation, budgeting advice & Financial Statements. Who can help: CA CAP
	6 Energy advice: If you're struggling to pay your energy bills you may be able to get support to reduce your bills, apply for a warm home discount, or access other grants. Who can help: GW
	7 Discretionary Housing Payment: Discretionary Housing Payments may be awarded, in addition to Housing Benefit or Universal Credit, when the Council considers that a claimant requires further financial assistance towards housing costs. There is a strict eligibility criteria, see here: https://www.tameside.gov.uk/Benefits/Discretionary-Housing-Payments Who can help: WR CA
	8 Migrant destitution fund: Crisis grants of up to £80 per month are available for destitute migrants who are subject to immigration controls and have no recourse to public funds. Who can help: LI

Extract from the welfare support referral tool matching underlying causes of food insecurity with welfare support offer available locally

Case study: children and young people



Image taken from the “Understanding Gambling” module film produced by Gambling With Lives, with input from experts by lived experience of gambling harm

The problem: Despite inclusion on the PSE curriculum, there are few independent resources available to support teachers to engage with pupils and provide awareness raising sessions relating to gambling related harm

The solution: Gambling With Lives have created a brief, user-friendly resource for teachers to deliver short sessions to KS4 pupils. The package includes videos, worksheets and question guides encouraging students to engage in meaningful and interactive discussions about gambling. Modules include: the changing gambling environment, gambling product design, the influence and impact of gambling advertising and marketing, and understanding the lived experience of gambling harms.

What is good about it: Resources have been designed to enable schools and organisations to adapt them according to different delivery methods, either as a complete module, as 10-20 minute bitesize segments or a one-off awareness setting in community settings or as part of a wider training programme. Development and delivery of the training package has been led by experts with lived experience of gambling related harm, therefore the content is authentic and relatable to the audience.

Additional information: for more information or to use the education package in your school or organisation contact Gambling With Lives by emailing info@gamblingwithlives.org

Case study: community-led activities and sports clubs

The problem: Suicide rates in the North of England are higher than the national average. 78% of all suicides were male. Men are less likely to engage in traditional mental health support offers.

The solution: Through the Offload project, current and retired Rugby League players share techniques they use to manage their own mental and physical fitness. Over a 10 week season of 'fixtures' men are invited to build their own mental fitness, develop coping strategies to challenge difficult situations and learn how to recognise when people close to them may need their support.

What is good about it: Rugby League clubs operate within the heart of their local communities, many of which show higher than average levels of depression and anxiety among men, therefore they are ideally placed to engage with their target audience. Fixtures are designed to be fun and in a relaxed atmosphere which allows men to feel comfortable listening and sharing their experiences.

Additional information: visit Offload section of the [Rugby League Cares website](#)



Images taken from the Offload film produced by Rugby League Cares and [available on YouTube](#)



Image from a “Walk and Talk” therapy session led by Stockport User Friendly Fellowship (STUFF)

Case study: community-led activities and sports clubs

The problem: Covid19 restrictions meant that people suffering and recovering from a range of mental health problems were unable to access their usual support networks and experienced social isolation, exacerbating existing problems.

The solution: with funding from the GM Walking Grants scheme Stockport User Friendly Fellowship (STUFF) provided weekly ‘Walk and Talk’ psychotherapeutic walks to empower, encourage and motivate people suffering from severe and enduring mental health conditions, including those with life limiting, chronic illness and alcoholism.

What is good about it: By providing support in the wider community, people were able to access social, therapeutic and leisure support before reaching a point where they required more intensive in-patient treatment and support. A series of local walks meant that Covid19 restrictions could be adhered to whilst also providing peer support close to home, reducing barriers to access.

“It is the first time I have been out in many months, I am so pleased to be in this support bubble and it has lifted my mental health tremendously just being able to get into the fresh air and knowing I will be able to do this every week.”
(Participant)

Additional information: read case studies of funded projects on the [GM Walking website](#)

Building a community of practice

The Communities Addressing Gambling Harms (CAGH) initiative presents an opportunity for a wide range of partners to come together with a shared purpose of preventing and reducing gambling related harms.

This is a new area of activity, and we are keen to capture learning from this initiative to inform future activity in GM and nationwide.

The GMCA will facilitate a 'Community of Practice' bringing together successful projects and interested partners. This will meet on a quarterly basis following an "all share, all learn" model. This Community of Practice will support CAGH project leads to work together and share experiences.

The Community of Practice will be supported by an external evaluator and the GM Social Innovation Network, who will play a role in ensuring that the wider benefits of CAGH can be realised across GM and beyond.



Criteria to inform development of projects and proposals

Communities Addressing Gambling Harms is an opportunity to develop creative approaches to prevent and reduce gambling related harm in our local communities – we want to hear your ideas!

Eligibility

- Open to public, community and voluntary sector organisations – we encourage the development of collaborations between groups and organisations and are seeking an equitable distribution between sectors
- Delivery footprint must be within Greater Manchester and we are seeking to achieve distribution of projects across all 10 localities
- Projects must demonstrate how they prevent or reduce gambling-related harm within our priority areas

Assessment

- Proposals will need to be able to demonstrate they have capacity and capability to deliver
- Project outcomes should be clearly described, detailing who will benefit and how learning will be captured
- Proposals should describe how projects outcomes will be sustained within partner organisations beyond the initial funded period
- Proposals must demonstrate value for money

The highest ranked proposals will be recommended for the award of a grant agreement, subject to the appropriate geographical coverage and coverage of target priorities. If, from the submissions received, we do not have appropriate geographical or priority coverage, the GMCA reserves the right to award grants that will ensure we are able to distribute funds to a range of quality bids that do meet our priorities.

Date	Activity
Thursday 24 June	Launch of Communities Addressing Gambling Harms funding
Friday 13 August	Deadline for applications
Friday 10 September	Successful applications announced
September 2021 – September 2022	Project delivery and live community of practice
30 September 2022	End of project delivery phase
November 2022 (TBC)	Sharing learning and findings from Communities Addressing Gambling Harms

Accessing funding and support

Proposals to be submitted no later than **Friday 13 August** via the electronic system at The Chest (www.the-chest.org.uk).

Application forms are available from the [GM gambling harm reduction pages on the GMCA website](#) and include details of how to submit a proposal.

Proposals will be reviewed by a panel including representatives from the GM system and our lived experience panel

Project leads may be contacted during the review period to develop proposals into final projects, for example grouping similar interventions under a single project umbrella or refining proposals into a deliverable project

For any questions please contact:
publicservicereform@greatermanchester-ca.gov.uk

Some recommended further reading

Impact of gambling on affected others

Banks, J. *et al.* (2018) *Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking*. Sheffield Hallam University. Available at: www.begambleaware.org/media/1845/families-living-with-problem-gambling.pdf

Prevalence of gambling disorder and barriers to accessing treatment

Dinos, S. *et al.* (2020) *Treatment Needs and Gap Analysis in Great Britain*. GambleAware. Available at: www.begambleaware.org/media/2186/treatment-needs-and-gap-analysis-in-great-britain-a-synthesis-of-findings.pdf

Children and young people experiences of gambling

Royal Society of Public Health (2020) *Skins in the Game*. Available at: www.rsph.org.uk/our-work/policy/gambling/skins-in-the-game.html

Gambling harm reduction resources (with a particular focus on those developed by local authorities)

Gambling Commission (2021) *National Strategy to Reduce Gambling Harms*. Available at: www.gamblingcommission.gov.uk/authorities/guide/reducing-gambling-harms-resources

For details of treatment and support available to people living in Greater Manchester

GMCA (2021) *Gambling harm reduction: treatment and support*. Available at: www.greatermanchester-ca.gov.uk/what-we-do/health/gambling/accessing-treatment-and-support/

Thank you

For further information about the GM gambling harm reduction programme, please visit: www.greatermanchester-ca.gov.uk/gambling

For any questions relating to the Communities Addressing Gambling Harms initiative and grant funding, please contact: publicservicereform@greatermanchester-ca.gov.uk