

July 2024

Gambling Local Area Profile

July 2024



WARRINGTON
Borough Council

Introduction and Background

The Gambling Act 2005 gave Local Authorities (LA's) responsibility for issuing premises licenses for gambling venues. The advice contained within the Act was that LA's should '*aim to permit*' premises licenses so long as applications are reasonably consistent with the following objectives;

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

More recently, there have been some changes in the recommended approach to gambling licensing and regulation, as expressed in various documents published by the Gambling Commission (GC, 2015; GC, 2012). These changes can be summarised into three broad themes:

- Increased focus on risk and regulation
- Greater attention to local area risk, and;
- Encouragement of partnership and collaboration between stakeholders to mitigate risk

From April 2016, all industry operators have to undertake local area risk assessments to explore what risks gambling venues pose to the licensing objectives, including the protection of young and vulnerable people.

Aims of the Analysis

Using the work completed by Manchester City Council and the City of Westminster as a reference point, '*Exploring area-based vulnerability to gambling-related harm: Developing the gambling-related harm risk index*' and '*Exploring area-based vulnerability to harm: who is vulnerable?*', this report has three main aims;

- Consider, in the Warrington context, the types of people who may be at greater risk of harm from gambling and where they might be located
- Using the identified datasets, create a 'Local Risk Rank' showing areas with greater concentrations of people who are more likely to be vulnerable to harm.
- Provide the basis for an intelligence led approach in decision making



Approach

Spatial analysis has been used to examine local variation in vulnerability to gambling-related harm in Warrington. In order to do this we have;

- Identified the main characteristics associated with gambling-related harm using the work completed by Manchester City Council and the City of Westminster identified characteristic
- For each characteristic, the availability of local level data was reviewed and further datasets were assessed against within the local context.
- Sought to combine this information into a single model that shows areas of greater or lower potential risks

It is important to note at this stage that the approach taken uses a more probabilistic approach as opposed to a deterministic approach. With this, we are identifying patterns that highlight the potential presence of a range of causal processes (Carter & New, 2004), however, the association itself is not deterministic i.e. 'x' causes 'y', but more general where 'x' may generate 'y' outcome under 'a', 'b', or 'c' circumstances (Pawson & Tilly, 1997; Wardle, 2015b).

This approach, as used in the studies by Manchester and Westminster *"reflects the uncertainty of subjective experiences whilst recognising there are general patterns"* that can be used in risk based models without being able to fully and accurately predict the exact outcomes for each individual. As people and places vary, the potential risk varies, the model developed by Manchester and Westminster, and subsequently adopted here, seeks to identify the spatial variation of risk and to visualise this on a map.

National Picture:

The headline figures from the Gambling participation report published in February 2024 and show the following:

48% : % of people who have participated in any form of gambling in the past four weeks.

21% : % of people who have participated in gambling in the past 4 weeks only participated in Lottery draws, either the national lottery or charity draws.



38% : % of people who had gambled online in the past four weeks.

29% : % of people who had gambled in-person in the past four weeks.

53% : % of males had participated in gambling in the past 4 weeks, compared to 43% of females.

86% : % who said the main reason for gambling was to win big money.

The Gambling Commission also produced a report on Young people and gambling, in November 2023. Some of the key findings include:

- 26% of 11-17 year old had spent their own money and being actively involved in gambling in the past 12 months. This falls to 13% in the last 4 weeks and 5% within the last week.
- Of those spending their own money on gambling, 25% of boys aged 11-17 and 26% of girls had gambled within the last 12 months.
- Of those who had an active involvement in gambling aged 11-17, 1.5% are at risk gamblers and 0.7% are problem gamblers.
- The most prevalent forms of gambling in the past 12 months are Played arcade gaming machines (e.g. penny pusher or claw grab machine) (19%); Placed a bet for money between friends or family (11%) and Playing cards for money (e.g. with friends or family) (5%).

Summary:

Having considered both the national and local picture, and through the analysis of Warrington data sets, the key findings for Warrington show:

- 13 Lower Super Output Areas (LSOAs) were identified as most at risk of gambling related harm (red ranked).
- Of the 13 identified most at risk (red ranked), 4 are in the Bewsey and Whitecross ward, 3 are in Latchford East, 2 are in the Fairfield and Howley. One area is in Orford, Great Sankey North and Whittle Hall, Birchwood and Latchford West.



- Of the 13 identified most at risk areas, 6 are in the 20% most deprived areas, 4 LSOAs are in the IMD 3rd Decile for deprivation.
- The top three LSOAs most vulnerable to Gambling Related Harm were in Bewsey and Whitecross, Fairfield and Howley and Latchford East.
- The most vulnerable LSOA in Bewsey and Whitecross has a range of services offered within the Town Centre that may draw potentially vulnerable people into the Town Centre.
- Within the 'Amber' range of the ranking system, 2 are in Bewsey and Whitecross, Fairfield and Howley, Latchford East and Orford. There's 1 which falls in Great Sankey South, Poulton North, Poplars and Hulme, Latchford West and Chapelford and Old Hall.

Who is vulnerable? Findings from Manchester and Westminster:

In their study, Manchester and Westminster conducted research to establish the theoretical and empirical basis for their risk-index models. The two-phase approach consisted of stakeholder interviews followed by Quick Scoping Reviews (QSR). The process identified the following themes;

1. Those with constrained social and economic circumstances (*those living in deprived areas, those who were unemployed, those with low income, those experiencing social isolation, homeless populations, offenders, migrants etc.*)
2. Those with certain demographic characteristics (*age, gender, ethnicity – though broadly accepted that these characteristics often serve as a proxy for other mechanisms*)
3. Those who may have poor judgement (*certain mental health conditions, learning disabilities or low educational attainment, temporary impairment, longer term difficulties due to substance use/ misuse issues etc.*)
4. Other groups, such as problem gamblers seeking treatment or those with substance abuse/ misuse issues.

The diagram on the following page demonstrates which of the identified characteristics had strong empirical evidence. The characteristics which are shaded in darker grey show where there was good evidence to support that these characteristics are associated with higher risk of harm. Lighter grey demonstrates emerging evidence, and the remaining characteristics are mixed/ limited/ no evidence.



Demographics	Socio-economic	Poor judgement/impairment	Other
Youth	Unemployed	Low educational attainment	Poor mental health
Older people	Low income	Low IQ	Substance abuse/misuse
Women	Deprived areas	Under influence alcohol/drugs	Problem gamblers
Ethnic groups	Financial difficulties/debt	Learning disabilities	
	Homeless	Personality traits	
	Immigrants		
	Prisoners/probation		

**Table taken from Manchester/ Westminster Report*

Datasets and Data Sources:

The datasets used to inform the Warrington spatial analysis are based on the best available local data to represent each of the risk factors identified – some of which have multiple datasets. Some data used may be considered proxy measures where an ideal measure was not available.

Given the profile aims to capture local variation, the model uses data at the smallest geographic scale or unit possible, including Lower Super Output Area (LSOA) and where appropriate, full postal addresses. Where possible, we have used the latest, most up to date data available, however, the age of the data does vary i.e. data derived from the English indices of deprivation was last collected in 2019 and the national census the data was last collected in 2021.



Caveats and Data Limitations:

The profiles are based on current knowledge and available data. There are a number of potential groups (such as international migration) who we have very limited data on and therefore were not included in the current profiles. The Census information is from 2021 and therefore caution is required as this data might not be wholly representative of the current situation in Warrington.

Results

It is important to note that the maps in the subsequent sections of this report show the risk of gambling related harm at a given location. **They do not show where problem gambling is occurring.** As previously discussed, the model used is a probabilistic measure of risk to gambling harm vulnerability among the Warrington population. In essence, the areas ranked as 'red' are the locations at the greatest risk of experiencing harms associated with gambling.

The risk ranking has a total score of 0-132 where Warrington has 132 LSOAs. For the purpose of this report 132 is the most at risk location;

Average rank 1 to 101	
Average rank 107 to 119 (lowest 20%)	
Average rank 120 to 132 (lowest 10%)	

For the measures sourced from Census data, NOMIS, Police and IMD and relative measure of ranking was used where the performance of one LSOA was in relation to the performance of the rest of the LSOAs in the Borough. For the facilities locational data sets, a standard weighting system was employed where a score for the presence of a specific facility was given, adding to the total score for the LSOA. The higher the score, the greater the risk.

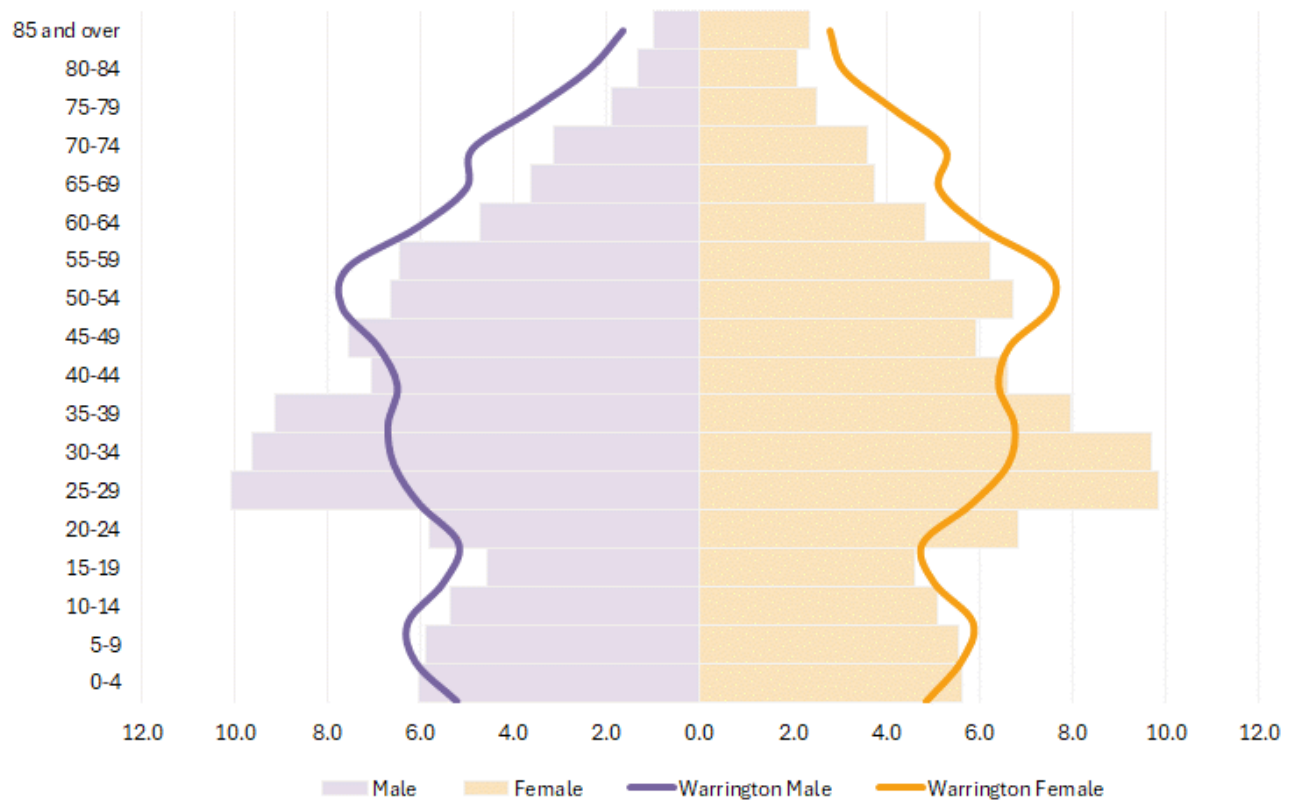


Red ranked LSOAs by measure:

Ward and LSOA Code	Average (median) age of residents in years	Aged 10 to 17	Aged 18 to 24	Lone Parent households with one or more dependent children	People aged 3+ whose main language is not English	Number of residents from ethnic minorities	Overall level of deprivation - IMD score	National (England) decile	Residents in receipt of Universal Credit	Number of reported Crime and ASB incidents	Average Rank
Bewsey and Whitecross: E01033300	32	53	225	23	442	663	41.1	2	211	2000	132
Fairfield and Howley: E01012483	37	115	103	86	233	350	56.2	1	371	265	131
Latchford East: E01012507	35	108	140	70	151	12	88.0	2	294	296	130
Latchford East: E01035392	35	105	133	67	102	185	35.3	3	280	136	129
Orford: E01033303	35	65	87	36	264	314	32.4	2	175	159	128
Great Sankey North & Whittle Hall: E0103538	33	211	114	49	69	182	9.3	8	344	87	127
Bewsey and Whitecross: E01012457	36	128	153	82	378	598	35.9	2	340	351	126
Birchwood: E01012459	38	148	117	61	103	223	39.2	2	223	257	125
Bewsey and Whitecross: E01033302	34	119	106	59	349	653	30.1	3	89	400	124
Fairfield and Howley: E01012480	37	139	208	71	422	691	41.4	2	387	338	123
Latchford West: E01012510	40	161	163	65	203	405	26.5	4	133	340	122
Bewsey and Whitecross: E01012455	36	128	153	82	378	598	35.9	2	340	351	121
Latchford East: E01012508	35	161	100	77	170	273	49.4	3	274	165	120



Red ranked LSOAs by age band:



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The age profile of the Red (highest ranked – 120 to 132) LSOAs shows that they have significantly higher percentages of adults between the ages of 25 and 39 when compared to Warrington as a whole. The profile also shows that the highest ranked LSOAs is lower, in percentage terms, than Warrington in all age bands over the age of 50.



WELLBEING ACORN PROFILE OVERVIEW



Profile:	Red Risk
Base:	England

HEALTH (EVER DIAGNOSED WITH)

HEART & LUNGS



2%

Index: 102

Coronary heart disease



14%

Index: 108

Asthma



1%

Index: 117

Chronic bronchitis



1%

Index: 115

Emphysema



17%

Index: 102

Cholesterol (taking medication for)

OTHER



17%

Index: 99

High blood pressure



2%

Index: 110

Stroke



23%

Index: 112

BMI > 30



7%

Index: 109

Diabetes



2%

Index: 103

Any kind of liver condition

KEY INSIGHTS

- Issues such as Chronic bronchitis are about 17% above the base average.
- Incidents of BMI > 30 are 12% above in this profile than in the base.
- Approximately 11% Feels downhearted / depressed in the past 4 weeks. This is 24% above the base.

WELLBEING



5%

Index: 111

Has Depression



11%

Index: 124

Feels downhearted / depressed in the past 4 weeks



26%

Index: 120

Poor general health



17%

Index: 110

Does not enjoy general happiness



12%

Index: 119

Does not feel a sense of self-worth



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BEHAVIOURS

> 3 units per day (Women)



30%

Index: 103

> 4 units per day (Men)



45%

Index: 108

Current cigarette smoker



19%

Index: 138

Eats fruit 3 or less days per week



45%

Index: 118

Never does moderate intensity sports



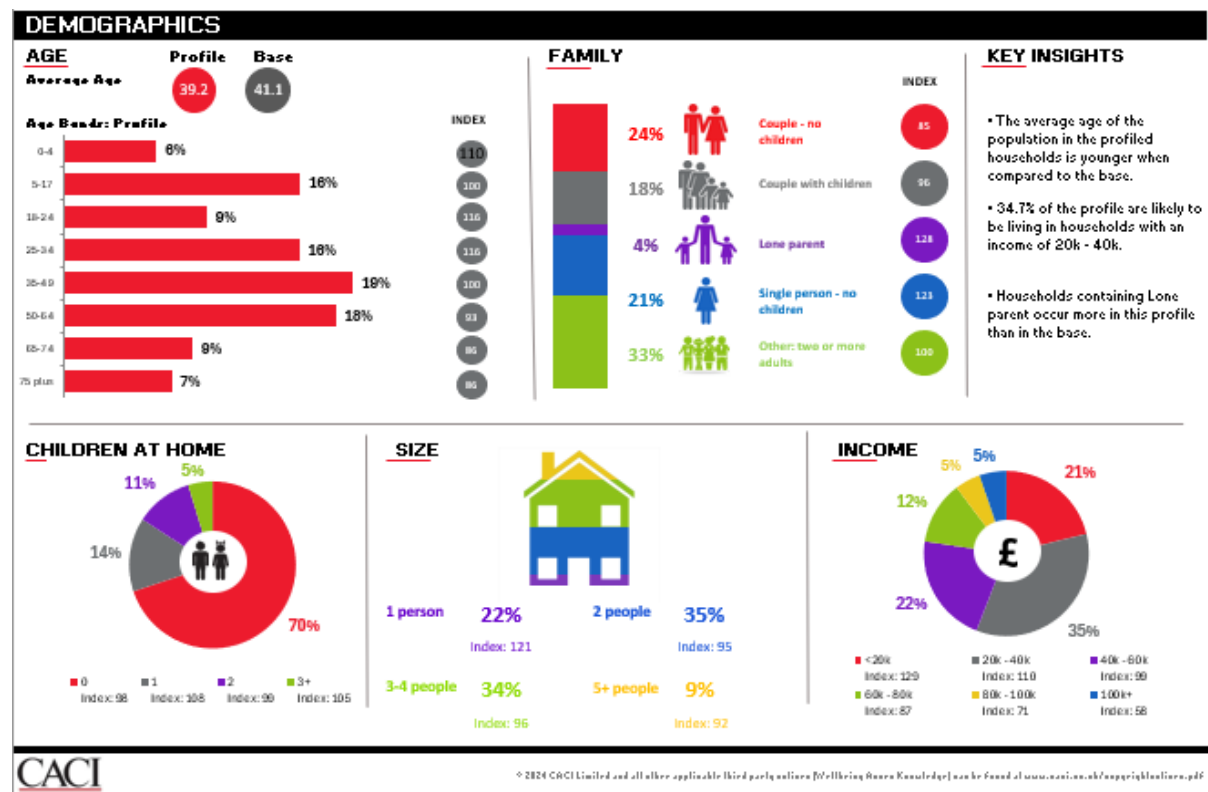
44%

Index: 114

KEY INSIGHTS

- About 19% are likely to be current cigarette smokers. This is 38% above the base average.
- Circa 4% smoke 20+ cigarettes per day, which is 46% above the base.
- 11% are likely to say they never eat fruit and 44% never do moderate intensity sports, which are 34% above and 14% above the base average respectively.
- Full fat milk is likely to be drunk by approximately 16%, 16% above the base average, with white bread being eaten by about 36%, which is 13% above.



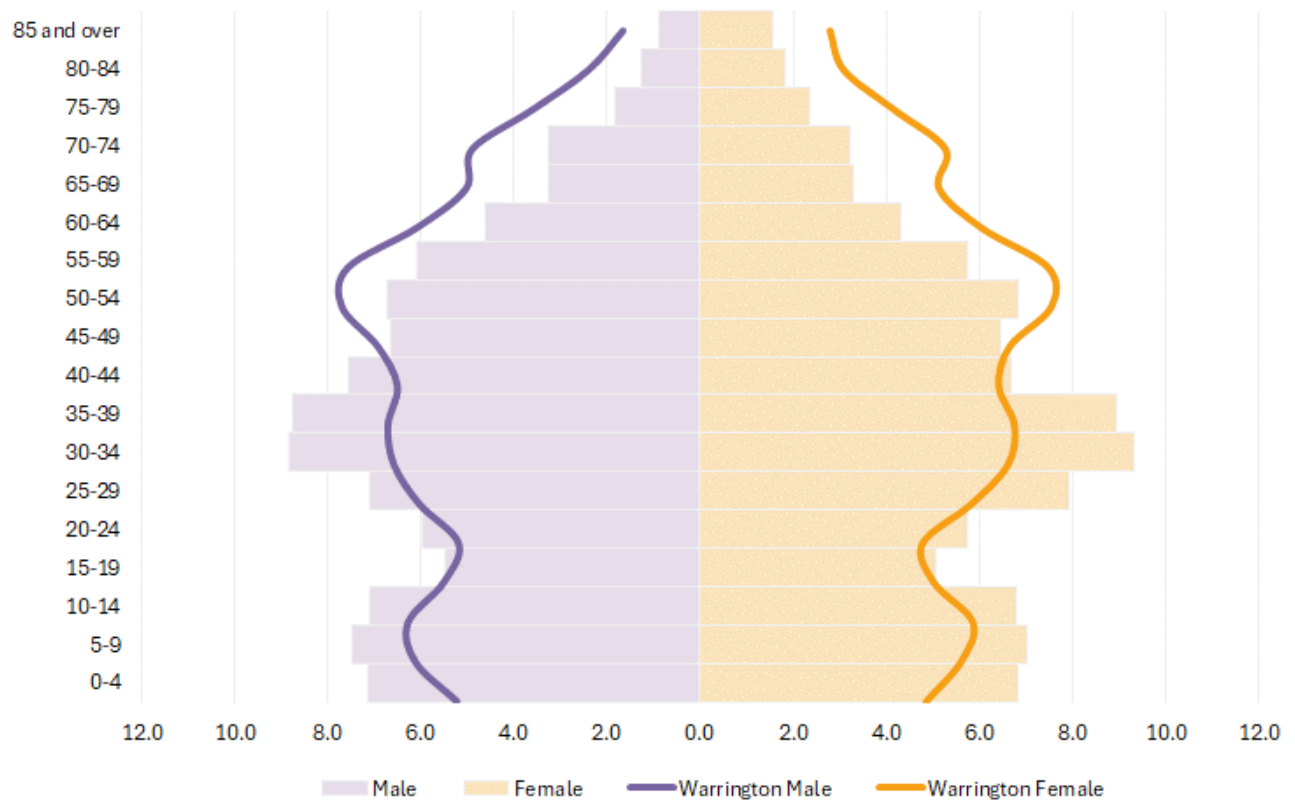


Amber ranked LSOAs by measure:

Ward and LSOA Code	Average (median) age of residents in years	Aged 10 to 17	Aged 18 to 24	Lone Parent households with one or more dependent children	People aged 3+ whose main language is not English	Number of residents from ethnic minorities	Overall level of deprivation - IMD score	National (England) decile	Residents in receipt of Universal Credit	Number of reported Crime and ASB incidents	Average Rank
Fairfield and Howley: E01012479	37	139	208	71	422	691	41.4	2	387	338	119
Latchford West: E01012511	38	112	122	76	154	253	27.3	4	308	128	118
Latchford East: E01012506	34	180	150	67	134	237	40.7	3	200	296	117
Bewsey and Whitecross: E01012454	33	234	211	112	429	750	25.2	4	387	248	116
Bewsey and Whitecross: E01012453	32	255	133	145	214	372	49.0	1	373	192	115
Chapel Ford and Old Hall: E01035387	33	190	96	51	96	249	12.6	8	108	100	114
Poulton North: E01012545	35	203	133	97	162	256	42.0	2	108	127	113
Latchford East: E01035391	33	195	110	106	73	215	35.3	3	280	60	112
Orford: E01012520	35	183	135	76	147	249	52.8	1	65	299	111
Fairfield and Howley: E01012482	41	116	132	75	215	285	38.2	2	270	120	110
Poplars and Hulme: E01012534	33	165	128	93	134	213	41.9	1	353	144	109
Great Sankey South: E01012458	34	255	211	120	313	559	28.7	3	363	185	108
Orford: E01012523	41	108	127	65	159	242	30.3	2	179	169	107



Amber ranked LSOAs by age band:



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The age profile of the Amber (ranked 102-114) LSOAs shows that they have significantly higher percentages of adults between the ages of 25 and 44 when compared to Warrington as a whole. The profile also shows that the amber ranked LSOAs is lower, in percentage terms, than Warrington in all age bands over the age of 45.



WELLBEING ACORN PROFILE OVERVIEW



Profile:	Amber Risk
Base:	England

HEALTH (EVER DIAGNOSED WITH)

HEART & LUNGS



2%

Index: 105
Coronary heart disease



14%

Index: 110
Asthma



1%

Index: 122
Chronic bronchitis



1%

Index: 122
Emphysema



17%

Index: 105
Cholesterol (taking medication for)

OTHER



17%

Index: 102
High blood pressure



2%

Index: 114
Stroke



24%

Index: 116
BMI > 30



8%

Index: 114
Diabetes



2%

Index: 104
Any kind of liver condition

KEY INSIGHTS

- Issues such as Emphysema are about 22% above the base average.
- Incidents of BMI > 30 are 16% above in this profile than in the base.
- Approximately 11% Feels downhearted / depressed in the past 4 weeks. This is 23% above the base.

WELLBEING



5%

Index: 113
Has Depression



11%

Index: 129
Feels downhearted / depressed in the past 4 weeks



28%

Index: 128
Poor general health



17%

Index: 111
Does not enjoy general happiness



12%

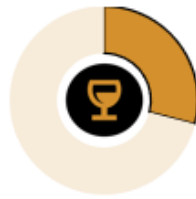
Index: 123
Does not feel a sense of self-worth



WARRINGTON
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BEHAVIOURS

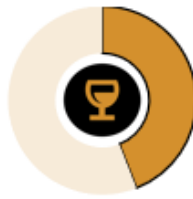
> 3 units per day (Women)



29%

Index: 100

> 4 units per day (Men)



44%

Index: 106

Current cigarette smoker



21%

Index: 149

Eats fruit 3 or less days per week



47%

Index: 123

Never does moderate intensity sports



47%

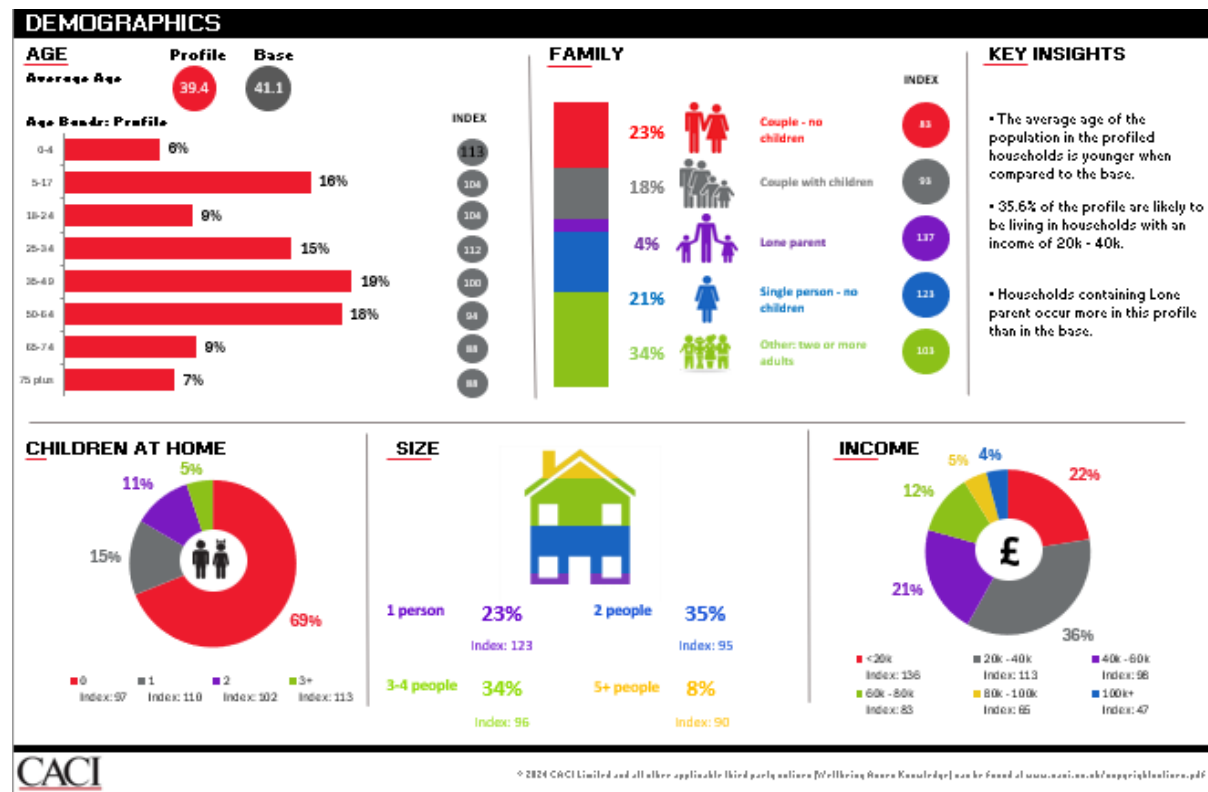
Index: 120

KEY INSIGHTS

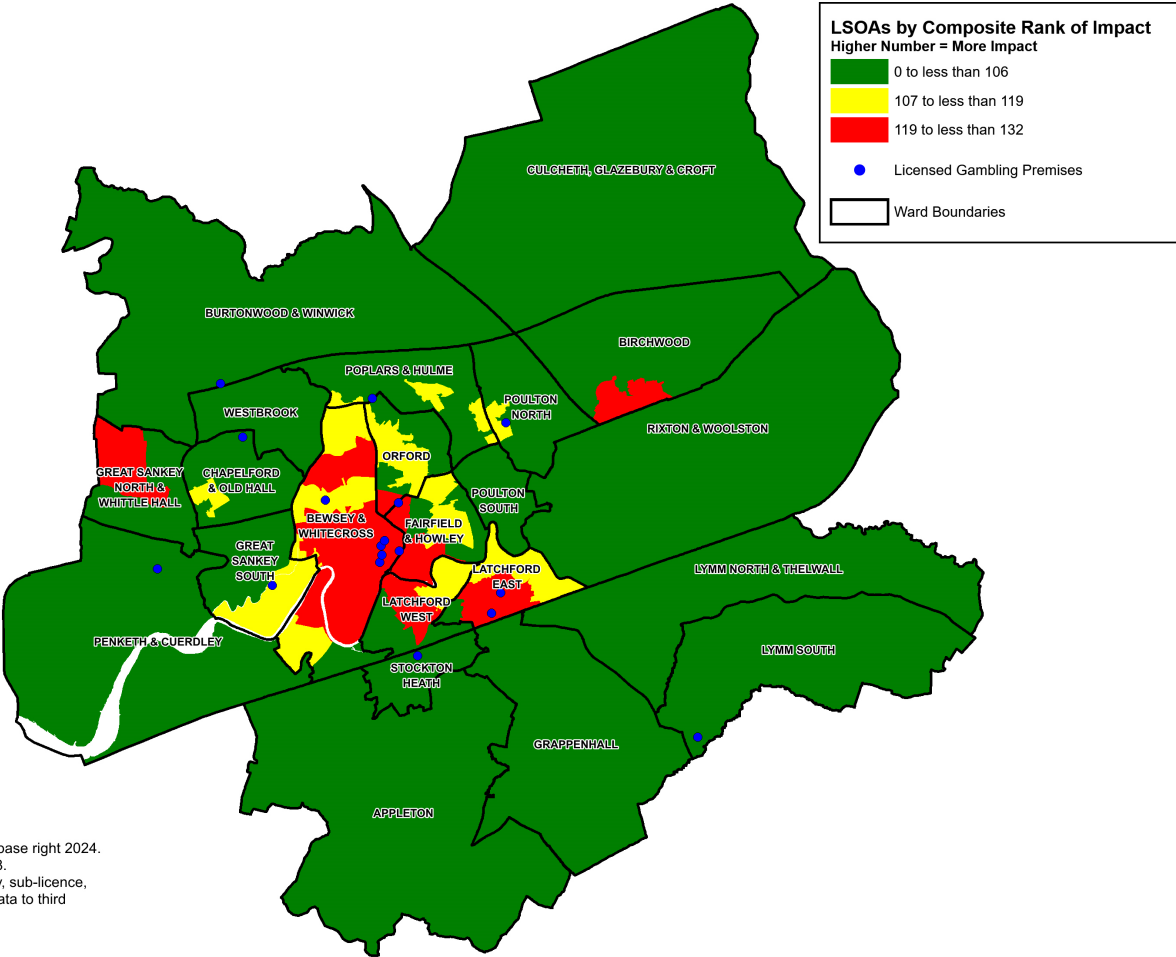
- About 21% are likely to be current cigarette smokers. This is 43% above the base average.
- Circa 5% smoke 20+ cigarettes per day, which is 61% above the base.
- 11% are likely to say they never eat fruit and 47% never do moderate intensity sports, which are 43% above and 20% above the base average respectively.
- Full fat milk is likely to be drunk by approximately 17%, 22% above the base average, with white bread being eaten by about 38%, which is 24% above.



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LSOA by risk, with betting premises:



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Sources:

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