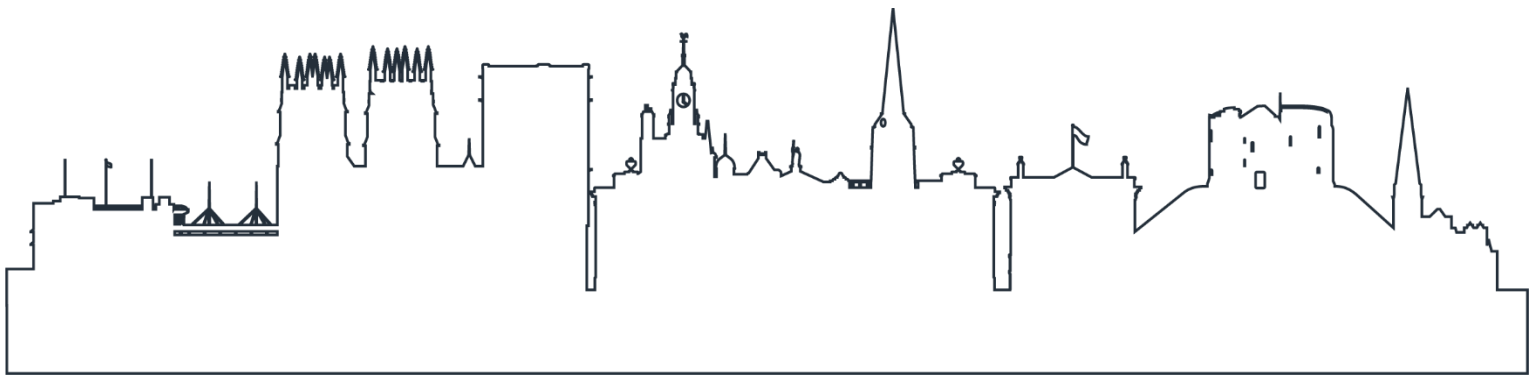
City of York
Gambling-related harms
Health Needs Assessment

2026



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1. Introduction

A Health Needs Assessment (HNA) is a systematic approach to identifying the present and emerging health and care needs of a local population[1]. This approach considers socioeconomic, cultural and behavioural factors that influence health, as well as utilising data to provide a comprehensive understanding of local health needs.

The aim of this HNA is to understand the burden of gambling harms in York through gaining insight into the experiences of those gambling at harmful levels, as well as affected others. We will also aim to understand the capacity of existing local services designed to meet the current and anticipated future needs of the local population, and as such identify any gaps in service provision which may further exacerbate inequalities. This HNA will also inform the 2025 City of York's Annual Director of Public Health's report.

On a national level, there is a lack of primary data relating to prevalence of gambling and the consequential harms. This is reflected within York, and as such the data presented within this HNA is limited. To mitigate this, we extracted York specific data from GP practices, the National Gambling Support Network and GAMSTOP, as well as the 2023 school survey. In order to gather some primary data, we also conducted a professional survey aimed at those working across frontline services to better understand their experiences with clients, customers or patients impacted by gambling-related harms.

2. Background

According to the Gambling Commission, gambling participation rates are higher in the North of England, with Yorkshire and the Humber being the second highest region in England. Recently, the scale and breadth of gambling harms in the UK has led to a shift in discussions on gambling and has resulted in calls for a 'public health approach' to be adopted. The Associate Directors of Public Health Yorkshire and Humber published a 'Public Health Framework for Gambling Related Harm Reduction' to act

[1] York Joint Strategic Needs Assessment

as a practical aid for Local Authorities to take a public health approach to gambling harms within their local population.[2]

2.1 Context

The Gambling Commission defines gambling as *'gaming, betting and participating in a lottery'.*[3] The main types of gambling include:

Gaming: Playing a game of chance for a prize

Betting: Making or accepting a bet on the outcome of a race, competition or other event or process, or on the likelihood of anything occurring or not occurring.

Lottery: People paying to participate in an arrangement of which the prizes are allocated by a process which relies solely on chance.[4]

Since the 2005 Gambling Act, the gambling landscape has evolved significantly, in no small part due to developments in technology meaning people now have the opportunity to participate in gambling anytime and anywhere using smartphones. As well as this, gambling advertisements are widespread across the UK, from adverts online and on television, to football shirt sponsorship and advertising within sports grounds.

2.2 Who is gambling?

In the 2024 Gambling Survey for Great Britain Annual Report, the Gambling Commission found that 41% of adults in Great Britain had participated in gambling in the previous 12 months (excluding national lottery).[5] It also found that males were more likely to participate than females, and highest rates were found amongst those aged 45-64.

2.3 Reasons for gambling

There are various reasons for gambling, and these can be categorised into 5 themes: monetary, social, enhancement (fun and excitement), coping / escapism, and challenge (to compete or to mentally challenge). These reasons differ by gambling type- for example, coping/ escapism is more likely to be the motive for online gambling, whereas for in person

[2] A Public Health framework for preventing and reducing gambling harms in Yorkshire and the Humber
[3] Gambling Commission - definition of terms
[4] Gambling Act 2005
[5] Gambling Survey for Great Britain - Annual report (2023)

gambling activities such as bingo, motivation for participation is more likely to be social.[6]

2.4 UK legislation, licensing and regulation

Regulation of the gambling industry is set out in the 2005 Gambling Act, under which the Gambling Commission was established as the primary regulatory body. It also created local regulators in the form of licensing authorities who are responsible for local gambling provision and regulation.

In 2023, the UK government published a white paper titled 'High stakes: gambling reform for the digital age' which acknowledged the transformation the gambling landscape has seen since the 2005 Act was implemented and aimed to inform policy change to make laws around gambling fit for the digital age.[7]

A significant outcome of the white paper was the introduction of a statutory levy to be paid by operators- a shift from the previous voluntary levy. This levy will be a percentage of the Gross Gambling Yield (operator profits) which will be paid to the Gambling Commission and distributed to deliver research (20%), prevention (30%) and treatment (50%) of gambling related harms.

3. Gambling related harms

In the UK, around 300,000 people are estimated to experience gambling related harms, defined as '*the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society'.*[8] The Office for Health Improvement & Disparities estimates that the annual economic burden of harmful gambling in England (described as the financial costs to government and the societal value of health impacts associated with gambling harms) to be approximately £1.05 to £1.77 billion.[9] Categories of gambling related harms extend beyond financial distress and also include: relationship disruption, mental/ physical health, unemployment and criminal activity. Research has shown links between

[6] Gambling Commission - Investigating the relationship between reasons for gambling and different gambling activities
[7] High stakes: gambling reform for the digital age
[8] Measuring gambling-related harms. A framework for action
[9] The economic and social cost of harms associated with gambling in England

gambling and bankruptcy, anxiety and depression, partner violence and, at its most extreme, suicide.[10] [11] [12]

The highest levels of gambling participation are reported by people who have better general psychological health and higher life satisfaction. However, for harmful gambling, the inverse is true- prevalence is higher in those with poor health, low life satisfaction and wellbeing and people who are unemployed and living in more deprived areas.[13] This is reflective of other harmful commodity industries such as alcohol where the same paradox is true - the impact of harmful drinking and alcohol dependence is greater in those who are more deprived, despite them consuming less than those in higher socioeconomic groups.[14]

When discussing gambling-related harms, it is essential that we also consider 'affected others' – those who have been negatively affected by someone else's gambling – and the wide-ranging impacts they also experience. One Australian study estimated that for each individual who gambles, their gambling affects between 4-6 other individuals and family members of gamblers are more likely to report mental health problems, poorer health and an impaired social life.[15]

3.1 Financial impact

Gambling can have a range of financial implications such as bankruptcy, defaulting on financial payments and negatively impacting credit scores. In the UK, over 24 million people lost a collective sum of £14.5billion to gambling in 2019.[16] One study from the University of Oxford found that the top 1% of gamblers spend 58% of their income on gambling, and that higher rates of gambling were associated with higher rates of using an unplanned overdraft, missing a credit card, loan or mortgage payment and taking out a payday loan.[17] Affected others often also experience the financial impact of gambling through a drain on shared finances, difficulty paying family expenses and helping to cover debts.

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[10] The Impact of Gambling on Depression: New evidence from England and Scotland
[11] Intimate partner violence in patients seeking treatment for problem gambling
[12] Problem gambling, suicidal thoughts, suicide attempts, and non-suicidal self-harm
[13] Gambling-related harms: evidence review
[14] Alcohol and inequalities
[15] A typical problem gambler affects six others
[16] The association between gambling and financial, social, and health outcomes in big financial data
[17] Oxford gambling study: The 'fun' can stop with financial problems, addiction, unemployment, ill-health and even death

3.2 Mental health

The mental health of an individual can be severely impacted by gambling - those who experience harmful gambling are more likely to suffer from low self-esteem, stress-related disorders, anxiety and depression.[18] Research has found a positive association between gambling and suicidality, with high levels amongst individuals who gamble at a harmful level, and gambling is recognised as a contributing or causal factor in suicides.[19] [20] In England alone, around 496 suicides are linked to gambling every year – something which disproportionately affects men under 30.[21] Furthermore, ongoing emotional or psychological harm is commonly reported by affected others, resulting in reduced quality of life compared with the general population[22]

3.3 Relationships

Gambling can cause a significant strain on relationships between the person gambling and their partner, parents, siblings, children and friends. In the 2024 Gambling Survey for Great Britain, the most severe consequence reported by affected others was relationship breakdown, with experience of conflict or arguments also common.[23]

Partners of people who gamble are particularly vulnerable to adverse effects, often resulting from disruptions to lifestyle (e.g. selling of family home, increased working hours) due to the financial impacts of their partner's gambling. A loss of trust within a relationship is frequently reported by partners, and often leads to relationship breakdown, separation and divorce.[24]

Relationship distortion is seen in children of a person who gambles when the child takes on increased responsibilities and assumes the 'parental' role within the family. Examples of this include children missing school to stay home with their parents to try and prevent them from gambling, looking after younger siblings and taking control of family finances. Emotionally, this can result in feelings of resentment,

[18] Compulsive gambling
[19] Gambling-related suicides and suicidality: A systematic review of qualitative evidence
[20] 'Playing to extinction': the commercial determinants of gambling-related harm, suicidality and suicide
[21] Gambling-related harm- Gambling with Lives
[22] Addressing gambling harm to affected others: A scoping review
[23] Gambling Survey for Great Britain - Annual report (2024)
[24] Impacts of gambling problems on partners: partners' interpretations

frustration and distress and have long-lasting psychological impacts on children.[25]

3.4 Gambling and young people

The Young People and Gambling 2024 Report published by the Gambling Commission found that 27% of young people (aged 11-18) surveyed had spent their own money on gambling in the last 12 months.[26] Gambling is available to young people in many forms, from arcade games to loot boxes in video games. Loot boxes are items that can be purchased with real money and contain randomised contents that are only revealed once the purchase has been made. In young people, gambling participation usually increases throughout adolescence and peaks in young adulthood, when their risk for experiencing gambling related harms also increases.[27] Research shows that those who participate in gambling in adolescence are at a higher risk for gambling addiction during adulthood, and thus the impact of young people being exposed to gambling is significant.[28]

In the UK, approximately 1.2 million university students (2 in every 3) have participated in gambling in the last 12 months.[29] In York, which is home to two major universities, this equates to around 20,000 students, and therefore we must consider the impact gambling has on this particular group. This population has reached the legal age for gambling and are likely to have become responsible for their own money for the first time. University students are vulnerable to various factors that can influence their decision to gamble, such as the disproportionate impact of the cost-of-living crisis, exposure to drugs and alcohol and peer influence.[30]

3.5 Commercial determinants of gambling related harms

Historically, discussions around the determinants of gambling-related harms focused on individual factors and ultimately placed responsibility on the individual who was 'unable to control' their gambling.[31] This perspective disregards the impact of wider factors such as commercial determinants which promote participation. Increasing recongition of the

[25] Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms
[26] 2024 Young People and Gambling Report
[27] From Adolescent to Adult Gambling: An Analysis of Longitudinal Gambling Patterns in South Australia
[28] Pathways to understanding problem gambling among adolescents
[29] A brief report on student gambling and how UK universities can support students
[30] Student Gambling Survey 2025
[31] A scoping review of the individual, socio-cultural, environmental and commercial determinants of gambling for older adults

impacts of these commercial determinants are leading to a shift in approaching gambling-related harms - away from victim blaming and towards wider contexts and environments that drive harmful behviour.

Commercial determinants of health are defined as *'the systems, practices and pathways through which commercial actors drive health and equity'*.[32] This describes the range of tactics employed by various harmful commodity industries to enable and actively encourage unhealthy behaviours to maximise their profits.

The range of commercial actors and entities that financially benefit from the growth of the gambling industry are referred to as the 'gambling ecosystem'. Figure 1 illustrates this and shows how the ecosystem consists of entities beyond simply the operators that make up the industry itself.[32]

Figure 1: The gambling ecosystem

[32] Defining and conceptualising the commercial determinants of health

3.51 Advertising and marketing

The most recent figures available show that, in 2017, gambling operators invested approximately £1.5bn per annum into advertising and marketing, and this is one major tactic used to drive participation in gambling.[33] Examples of this include substantial advertising at major sporting events such as premier league football games and targeted social media adverts - during broadcasting of the 2018 World Cup, one in six adverts shown promoted gambling[17].

The increased volume of advertising over the last decade has led to normalisation of gambling, presenting a risk to young people who are growing up in a society in which gambling is seen as a normal part of everyday life. In light of this, organisations such as the Coalition to End Gambling Ads is calling for the UK government to follow suit of other European Nations such as Belgium, Italy and the Netherlands to restrict gambling advertising in order to reduce gambling related harms.

4. The Problem Severity Gambling Index

The Problem Severity Gambling Index (PSGI) is a tool used to measure the prevalence of those experiencing problem gambling and is used as part of The Gambling Survey for Great Britain. Participants are asked 9 questions about their experiences of gambling over the previous 12 months and are scored on a four-point scale from 0-3 (never = 0, sometimes = 1, most of the time = 2, almost always = 3).[34] The resulting scores and their definitions are summarised below:

When scores to each item are summed, a total score ranging from 0 to 27 is possible. Scores are grouped into the following categories:

PGSI score 0: Representing a person who gambles (including heavily) but does not report experiencing any of the 9 symptoms or adverse consequences asked about.

PGSI score 1 to 2: Representing low risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.

[33] Gambling Harm - Time for Action
[34] Problem gambling screens

PGSI score 3 to 7: Representing moderate risk gambling by which a person may or may not have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.

PGSI score 8 or more: Representing problem gambling by which a person will have experienced adverse consequences from gambling and may have lost control of their behaviour. Involvement in gambling can be at any level, but it is likely to be heavy.

'At risk' gambling described above, refers to the behaviour of an individual who is exhibiting some levels of harmful behaviour but has not yet experienced any adverse outcomes, and therefore has not yet met the 'threshold' of a 'problem gambler'.

It is important to note that since this tool has been developed, guidance around language has changed. Instead of phrasing such as 'problem gambling / gambler', language such as 'person experiencing gambling harms' or 'gambling at harmful levels' is now used to reduce stigma and move away from the concept of individual responsibility. Therefore, where possible, the use of 'problem gambling' will be avoided throughout this HNA, unless spoken about in relation to the PSGI.

5. York

As of the 2021 census, York has a population of 202,821 (51.1% female, 47.9% male) and is home to around 30,000 university students. Due to the large university population, York has a young age structure with a median age of 38, with 66.2% of the population being made up of 16 – 64-year-olds. This is reflected in figure 2 which shows how York's younger population (late teens to early twenties) is far higher than the national average. Other than this age group, the population of York generally follows national trends.

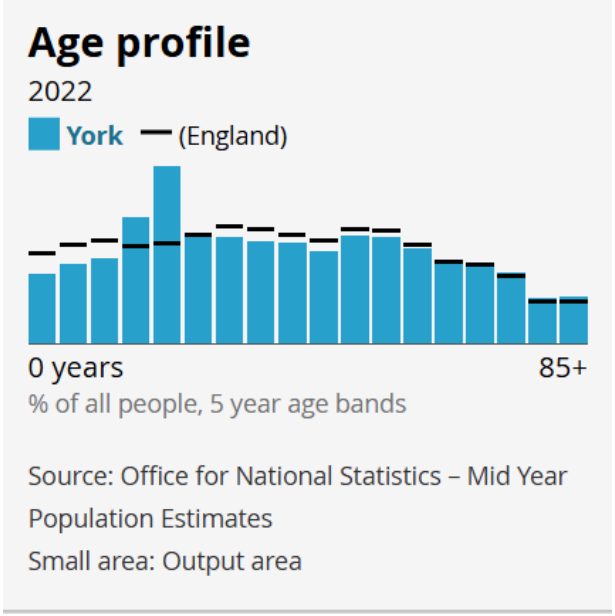

Figure 2: York age profile

York's population includes individuals who identify as 267 different ethnicities. The majority of residents (92.8%) identify as White British, with other common ethnicities being recorded as 'Asian, Asian British or Asian Welsh' (3.8%) and Black, Black British, Black Welsh, Caribbean or African (0.7%). 46.1% of York residents stated they identify as having 'no religion', and 43.9% identified as being Christian.

According to the 2025 Index of Multiple Deprivation (IMD), York is the 46th least deprived lower tier local authority in the UK. Of the 120 neighbourhoods in York, 8 were among the most deprived 20% nationally, and 62 were among the least deprived quintile nationally.

6. Gambling in York

Recent research from The University of Glasgow using data from the 2024 and 2025 Gambling Survey for Great Britain found that approximately 44,663 York residents (18+) had spent money on gambling in the last 4 weeks (excluding national lottery). This equates to 25.59% of the overall adult population, which is slightly below both the Yorkshire and Humber average (31.65%) and England average (27.5%).

In 2023, OHID published estimates of the number of adults who might benefit from treatment or support in each local authority using 2020 mid-year population estimates. This estimated that 6,357 adults in York would benefit from treatment or support, which equates to approximately 3.6% of the adult population at the time. This is aligned with both estimated regional (3.7%) and national (3.5%) figures. The York Local Area Profile on gambling published in 2024 illustrates the number of adults in York who may benefit from specific interventions – this is shown in figure 3.

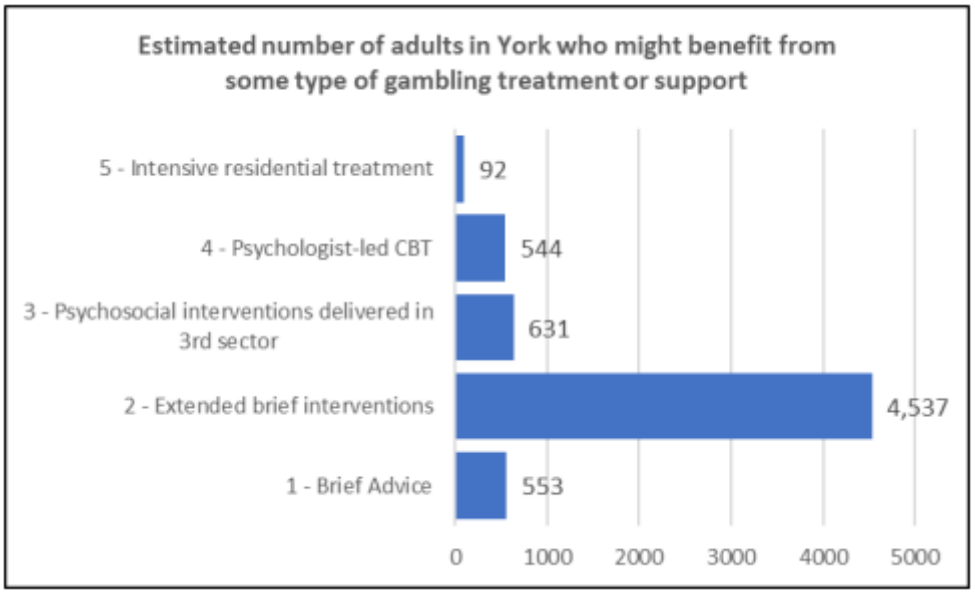

Figure 3: Types of gambling premises in York

This table shows that extended brief interventions would benefit the largest proportion of adults in York. Extended brief interventions are defined by NICE as involving '2 or 3 sessions of motivational interviewing delivered by gambling-specialist practitioners'.[35] The aim of this type of intervention is to motivate people to change their behaviour by exploring factors that influence their behaviour and identifying reasons to make a positive change.

6.1 In person premises

York has 15 specific gambling premises located throughout the city such as betting shops, bingo halls and arcade centres:

- Betting shops: 13
- Bingo hall: 1

[35] NICE Resource impact summary

- Adult gaming centre: 1

Figure 4 shows the levels of deprivation of the 21 different wards in York, with an overlay of the location of gambling premises. 67% (10 of 15) premises are located within the 2nd, 3rd and 4th most deprived wards in the city.

Those who live in areas of higher deprivation are more vulnerable to gambling related harms, and figure 4 shows the higher level of exposure in these areas. This local data is aligned with a breadth of existing research which finds a greater provision of gambling premises in deprived areas.[36] This exemplifies the concept of spatial inequality which refers to how 'resources are not evenly distributed across geographical areas thus causing further inequality'.[37]

As well as specific gambling premises, York has a number of other premises such as pubs and bars which host gaming machines. Across the city, 193 premises house 527 machines- this equates to approximately 1 premise per 1,000 residents, and 2.6 gaming machines per 1,000 residents. Alcohol consumption is a well-known risk factor in gambling participation and thus machines housed within pubs increases the potential for gambling related harms. Guildhall has a significantly higher amount of gambling premises (n=53) and machines (n=129) than any other ward in the city. As this ward covers a significant proportion of the city centre and therefore has a high density of pubs, this finding is to be expected. Micklegate also has a high number of machines (82) and again is a central ward within the city. The areas with the lowest number of machines are Bishopthorpe (n=5) and Wheldrake (n=4). Both of these wards are located to the south of the city and are relatively rural and therefore have fewer commercial premises and lower footfall. The difference in distribution between city centre and rural wards highlights the risk gradient between wards, with high density central wards showing high levels of exposure and thus potential harm, and rural wards exhibiting significantly lower levels of exposure.

[36] Spatial concentration of gambling opportunities: An urban scale perspective
[37] Experience, risk, harm: What social and spatial inequalities exacerbate gambling-related harms?

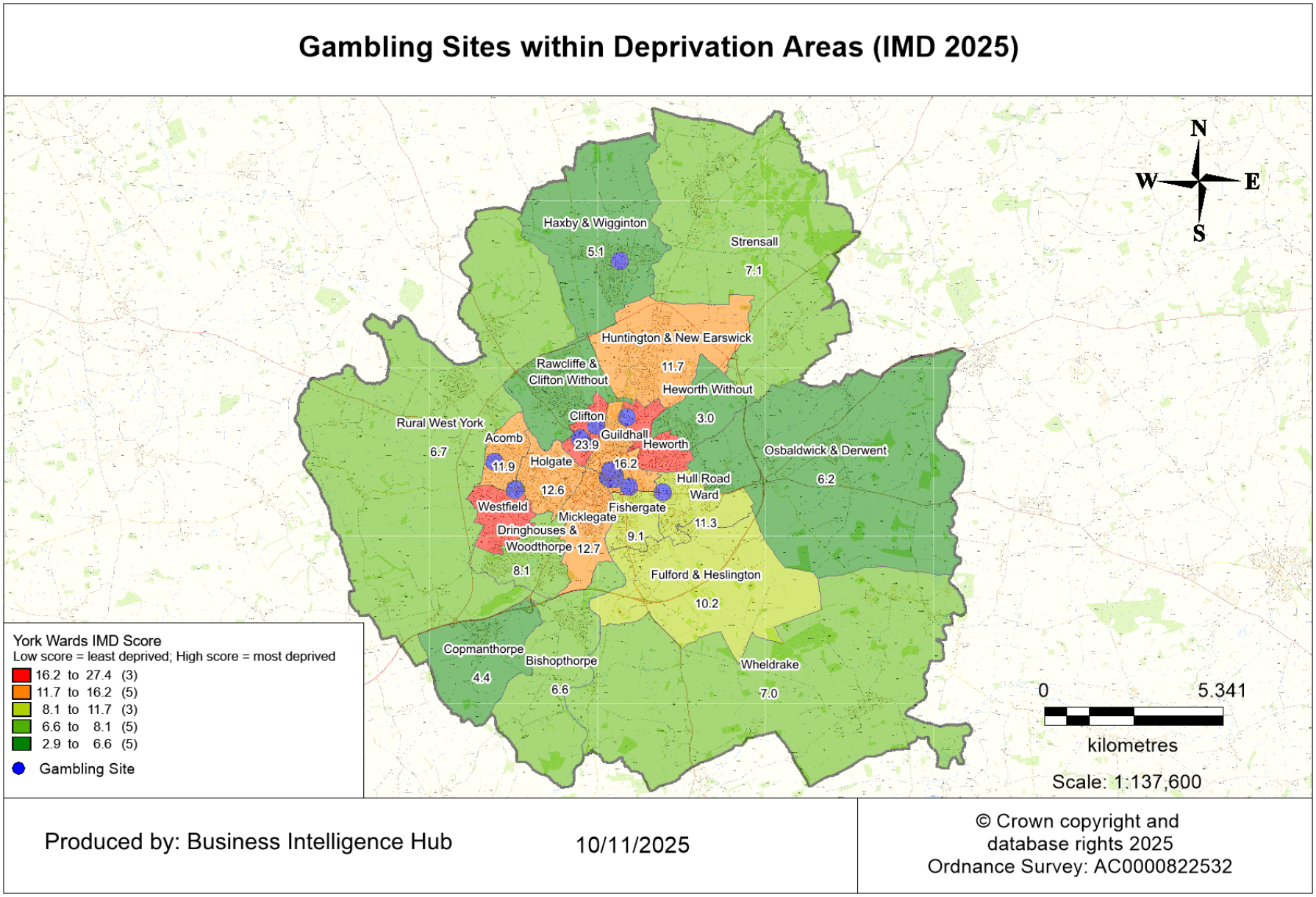

Figure 4: Location of gambling premises and levels of deprivation

6.2 GP records

Gambling disorder is coded on GP records and although this is useful for gathering information on those with this code, we must also consider the limitations of the source. Although research finds that gamblers use NHS services extensively and are twice as likely to consult their GP, patients are often reluctant to disclose when gambling has become problematic and thus this leaves room for underestimation of figures.[38] Additionally, differences in coding practice between GPs also means that even if gambling is discussed at an appointment, there is no guarantee it will be captured on a patient's record. Overall, whilst GP data enables us to identify demographic patterns of those who report gambling, this reflects only a small sample of those who are experiencing gambling harms.

We were able to gather data on those with this code from 9 out of 11 York Place GP Practices. Overall, 151 patients had a gambling disorder code, with 94% of these being male (n=142) and 6% being female (n=9). 91% of these patients were of White ethnicity, with the remaining being recorded as 'Unknown', 'Other ethnic group' and 'Mixed or Multiple ethnic groups'. Figure 5 shows coded patients by age band and illustrates that the most common age for this group is 31-40, followed by 41-50 and 51-60.

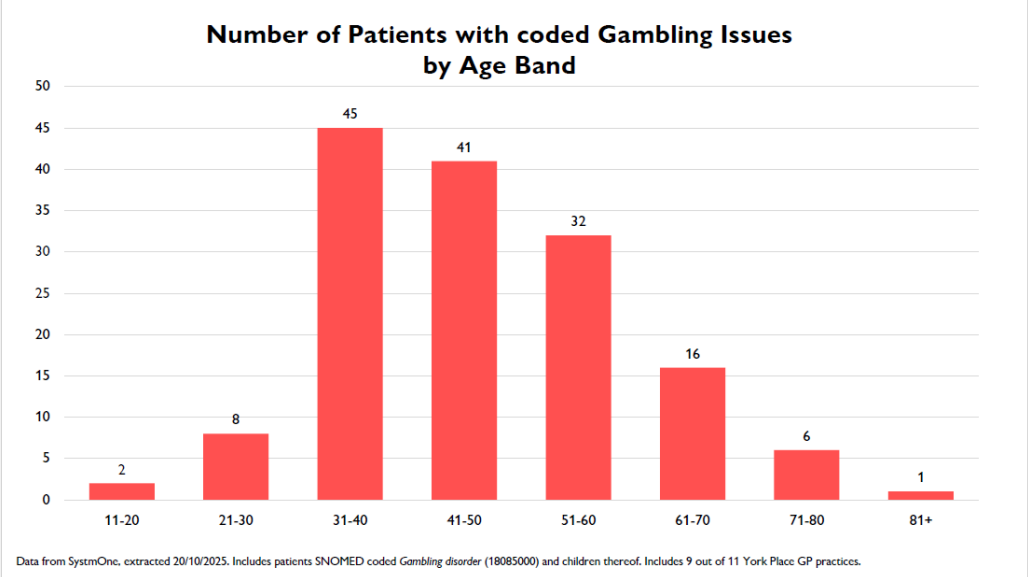

Figure 5: The number of patients with 'gambling disorder' coded on GP record by age

[38] Should GPs routinely screen for gambling disorders?

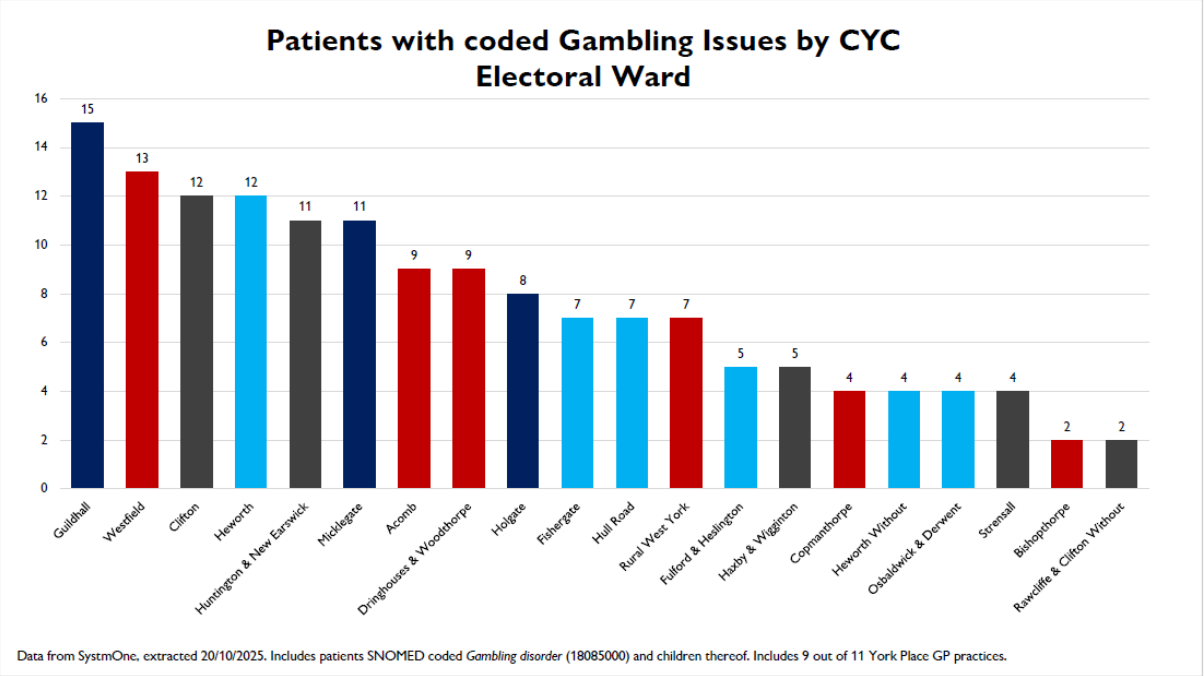

Figure 6: The number of patients with 'gambling disorder' coded on GP record by electoral ward

Figure 6 shows patients with a 'gambling disorder' code by electoral ward. When considering this data alongside figure 4, we can see that the wards with a higher number of patients with this code are generally more deprived. Guildhall has the highest number of patients with this code (n=15), followed by Westfield (n=13) and Clifton (n=12). Guildhall and Clifton also have the highest density of gambling premises compared to other wards, supporting the theory that greater exposure to gambling premises is linked to disordered gambling.[39]

6.3 Support and treatment figures

GambleAware holds data on service users who access the National Gambling Support Network (NGSN). Using this, we were able to gather data on users who had disclosed their location as York. Referrals came from sources such as: National Gambling Helpline, Self-referral, GamCare/ partner network, carer and other service/ agency. Between April 2020 and March 2025, there was a total of 120 NGSN users who had disclosed their location as York.

[39] Using geospatial mapping to predict and compare gambling harm hotspots in urban, rural and coastal areas of a large county in England

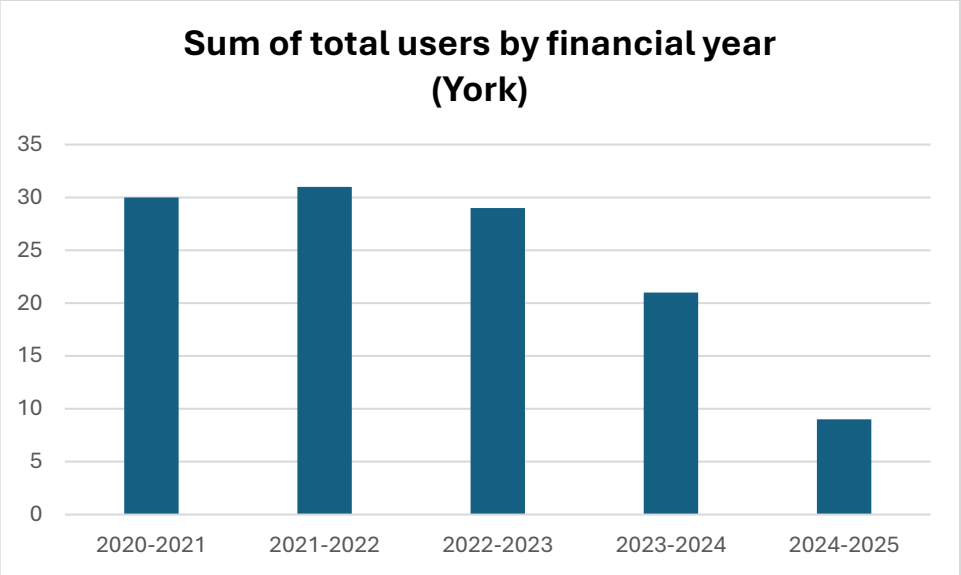

Figure 7: Users of NGSN who recorded their location as York

From figure 7 we can see that between 2020-2023, numbers of users from York remained relatively stable. However, since 2023 there has been a significant decline. Whilst a decline in engagement may suggest a decline in need, we cannot be certain that this is the case as various other factors may contribute to a decline in users. For instance, lack of awareness of support and capacity levels. In each year, the majority of referrals came from the National Gambling Helpline, followed by the self-referral route.

In terms of gender, the majority of users over the 5 years were male (n=91). This higher rate in men than women aligns with current literature and research, as well as with other local data we have gathered for this needs assessment. The most common age bracket was 25-34 (n=44) followed by 35-44 (n=23) and 45-54 (n=20). This follows roughly the same age trends as the GP coded data. An overwhelming majority of users were White British (n=104), with other ethnicities being recorded as 'White-Other background' and 'Not stated'. Again, this reflects a similar ethnicity trend to the GP coded data.

This NGSN data gives us insight into the number of people who are accessing this form of support within York, and the demographics of these users. It is important to consider that numbers may not be a wholly accurate reflection of the total number of users as people may have chosen to disclose an inaccurate location if they were worried about anonymity. Furthermore, whilst this analysis provides useful information

around the demographics of those who are engaging with this form of support, it still leaves a gap surrounding people experiencing gambling related harms who are not accessing support services.

When considering the OHID figures discussed in section 6 – that approximately 6,357 adults would benefit from treatment – we can see the figures from GPs and NGSN do not accurately reflect the expected need in York. The discrepancy in perceived versus actual need is likely due to stigma around gambling and a lack of awareness of what is 'harmful' behaviour. This indicates a need for strategies aimed at reducing stigma and increasing awareness of signs, patterns and impacts of harms within the population.

GAMSTOP is a service which allows individuals to self-exclude from gambling online- if an individual registers with GAMSTOP, they will be prevented from using gambling websites and apps run by companies licensed in Great Britain. As of June 30th 2025, 5,135 living in York were registered with GAMSTOP, equivalent to around 0.88% of the population which is on par with the national average. This figure is much closer to OHID estimates and can therefore be used as a more accurate proxy indicator of harm and unmet treatment need.

The various data sources used here suggest that current treatment activity in York only captures a small proportion of residents experiencing gambling-related harms. This highlights the need for improved early identification, clear referral pathways and increased treatment capacity in order to meet the needs of the York population.

6.4 School survey

City of York Council Public Health team commissioned a School Health and Wellbeing Survey which was conducted in primary and secondary/ sixth form schools between November 2023 and January 2024, both of which identified gambling as an emerging trend. The primary school survey found that 39% of students reported that they had 'paid money or used in-game currency they had bought to buy in-game items such as skins, clothes, weapons and players' and that girls were more likely to report playing online gambling-style games.[40]

[40] A Summary of the Primary School Health and Wellbeing Survey in York 2023-24

‘Skins’ is the betting of virtual items in video games and is becoming increasingly popular amongst players. The exposure to this gambling behaviour in video games is a cause for concern due to the potential it has to act as a gateway to more traditional forms of gambling and the development of harmful gambling behaviour from a young age.[41]

In the secondary/ sixth form school survey, the most common form of gambling reported was playing arcade games, with 38% of respondents saying they had spent their own money on these games in the last 12 months, which is in line with national figures (35%).[42] The variation amongst year groups is shown in figure 8 and demonstrates that more students in Year 8 had spent their own money on playing arcade games in the last 7 days, 4 weeks and 12 months than participants in other years.

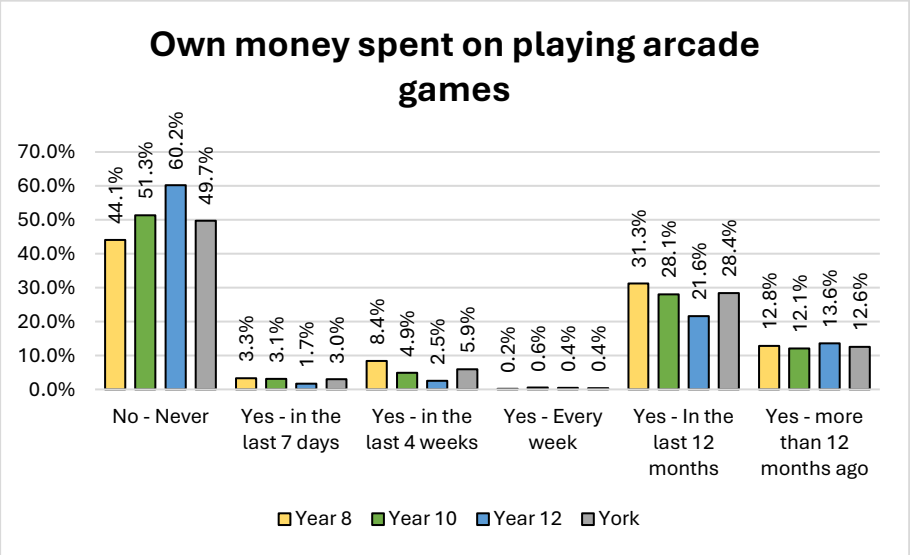

Figure 8: Pupils who has spent their own money on arcade games

It also found that almost half reported that they had ‘paid money or used in-game currency they had bought to buy in-game items such as skins, clothes, weapons and players’, although this was more frequently reported in boys than girls, and again this was most frequently reported by Year 8 students. In addition, 4% of respondents stated that gambling had often led to them missing school within the previous 12 months. When

[41] A rapid evidence review of skins gambling
[42] Young People and Gambling 2025: Official statistics

asked about help or advice around gambling, 52% of secondary/ sixth form pupils said they didn't know where to go.[43]

The findings from these surveys are a stark reminder of how young people are exposed to and engage in gambling behaviour from as early as primary school and how these behaviours can affect school attendance in later years. This highlights the substantial impact gambling can have on the lives of young people, and why this emerging threat must be addressed. It also demonstrates the importance of having visible and accessible support services that are accessible to young people.

6.5 Professional survey

From November – December 2025, City of York Public Health team conducted a survey targeted at local professionals who engage with people who gamble through their work. The aim of this was to gain an understanding of gambling-related harms in York and to identify any gaps in service provision. Overall, 136 participants responded to the survey, with varying levels of response across all 9 questions. The nine questions asked are detailed in appendix 1.

The most common job roles of participants were mental health nurse / practitioner (n=13) and social worker (n=6). Other roles included Local Area Coordinators, Health Trainers, Probation Officers and Psychologists. In terms of employing organisations, 46 people were employed by City of York Council, 21 by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and 7 by Leeds and York Partnership Foundation Trust (LYPFT). As TEWV and LYPFT both provide mental health services for York residents, these responses are to be expected.

46.36% of 110 respondents said they 'rarely' encounter individuals who may be experiencing gambling related harms in their work. However 9% stated they see this daily, 13.64% weekly and 14.55% monthly.

In relation to types of gambling harms seen, 96.55% stated financial difficulties, 85% stated mental health issues, 73.56% stated addictive behaviours and 64.37% stated relationship breakdowns. Other harms identified through open-text answers were isolation and negative impact

[43] A Summary of the Secondary/ Sixth-Form School Health and Wellbeing Survey in York 2023-24

on university studies. This is in line with current literature and emphasises the range of harms caused by gambling.

Question 6 investigated the types of gambling clients/ customers/ patients engaged in. The most common type (85.71%) was gambling within an online game, which once again shows the levels of access people now have through technology. Notably, only 23.38% identified arcade games. When considered together with the results of the school survey which identified this as the most popular form, this suggests that different types of gambling become more popular as age increases.

59 people answered question 7 on any groups in York disproportionately affected by gambling harms. One common answer for this question were those who are more deprived / are on lower incomes. This aligns with a breadth of current evidence showing that gambling at a harmful level is elevated within deprived areas, and that those with lower levels of disposable income are at greater risk of harm. Another common theme amongst the answers were those with an existing other addiction e.g. drugs or alcohol addiction. Various literature highlights commonalities between harmful gambling and substance use addiction such as neurobiological similarities, offering positive reinforcement and similar diagnostic characteristics, and so these findings are expected.[44]

As seen in figure 9, the most common age range was 35-44, although those aged 25-34 and 45-54 had similar rates. This is a contrast to national figures published by The Gambling Commission in 2025, which found that rates were highest amongst 55–64-year-olds.[45] However, we must consider that our survey was assessing perceptions of professionals, and therefore estimations of average age may not be wholly reliable.

[44] Pathological gambling: a review of the neurobiological evidence relevant for its classification as an addictive disorder

[45] Statistics on gambling participation – Wave 2, April to July 2025

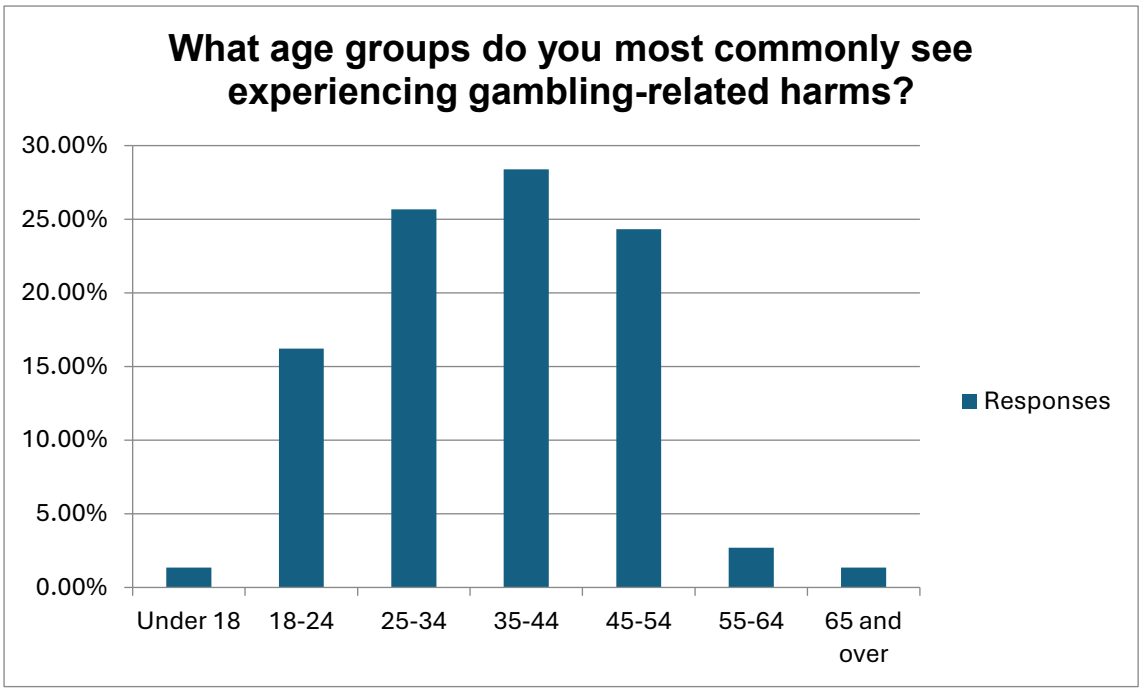

Figure 9: Age groups seen to be experiencing gambling-related harms

When asked about referral pathways or support services, participants consistently identified GamCare as the support service they would signpost to. However, there were also a number of participants who were unaware of any support services within York or expressed that there wasn't sufficient local support. This highlights the lack of a clear referral pathway within York, as well as a shortage of locally placed support for residents.

To make it easier to support those experiencing gambling-related harms, many participants described the need for more local support services and clearer pathways to signpost to. As well as this, participants also stressed the need for more training and awareness around gambling-related harms and relevant pathways, so professionals are well equipped to know what support to offer and when. Similarly, another common theme was around access to information to increase their own knowledge and to share with their communities, patients and networks. Additionally, reducing stigma was also highlighted, with the goal of encouraging people to seek support.

6.6 Service provision

The NHS Northern Gambling Service offers support to adults experiencing gambling related harms or affected others across Yorkshire and the Humber. This can be in the form of cognitive behavioural therapy in a group session or one to one format.

GamCare provides free support to anyone across Yorkshire and the Humber affected by gambling harms. In York, GamCare offers monthly face to face drop-in sessions at Citizen's Advice, as well as a monthly support meeting at York Recovery Hub. GamCare accepts referrals from any source and supports those experiencing harmful gambling as well as affected others.

York Carers Centre also offers advice and support for those who are caring for someone experiencing gambling-related harms. Such individuals can be referred by other organisations or self-register with the Carers Centre and receive 1-1 support and / or be signposted to other appropriate services.

It is important to highlight the lack of Gamblers Anonymous or Gam-Anon (for affected others) meetings available in York. Despite having locations across the UK, there are no meetings in York, with the closest locations being Leeds, Hull and Scarborough. We must acknowledge this barrier to access and the impact it may have on those experiencing gambling harms as well as affected others. Having to travel to another location may prevent people from accessing these support groups due to a lack of available transport, time taken to travel and travel expenses. This highlights a significant inequality within the region, as it is clear that York residents do not have access to the same level of support as residents in other areas.

7. Conclusion

7.1 Key findings:

- The majority of gambling premises are located in areas of high deprivation.
- Whilst GP data can be useful, its value is limited due to difference in coding practices and low levels of patient self-disclosure.
- Self-exclusion data is likely to be a much more accurate proxy for need than sources which rely on self-disclosure to a healthcare professional
- The 2023-24 school survey identified children as young as primary school age engaging in gambling behaviour. In secondary schools, year 8 pupils more frequently reported having spent their own

money on playing arcade games and having paid money or used in-game currency to buy in-game items than year 10 or year 12 pupils.
- The professional survey highlighted the variety of gambling harms seen by professionals in their patients / customers / clients, with the most common types being financial difficulties, mental health issues, other addictive behaviours and relationship breakdowns. It also showed that online gambling was by far the most common type of gambling perceived by this group.
- There are a significant lack of treatment and support services located within York.

This HNA has provided us with a robust understanding of the wide range of gambling-related harms experienced by people in York, from financial distress to relationship breakdown. A common theme identified was the significant effect gambling has on those who are more deprived, both through higher levels of exposure to in-person premises and the severity of harms experienced. Finally, whilst residents in York can access support, the majority of face-to-face services are not located within the city. As well as this, there is a real need for consistent referral pathways and accessible support services that professionals are able to signpost to.

This HNA will inform the Director of Public Health's 2025 annual report, and therefore all relevant recommendations can be found in that document.

Appendix 1.

1.	**Job role**
2.	**Name of organisation**
3.	**How often in the course of your work do you encounter individuals who may be experiencing gambling-related harms?** (Daily; Weekly; Monthly; Rarely; Never; Not sure)
4.	**What types of gambling-related harms have you observed in your work? (Tick all which apply)** (Financial difficulties; Mental health issues; Relationship breakdowns; Issues around maintaining employment; Criminal activity; Addictive behaviours; Housing problems; Other (please specify))
5.	**What types of gambling do your clients/ customers/ patients engage in? (Tick all which apply)** (National lottery; Scratch cards; Playing arcade games; Casinos; Buying loot boxes in online games; Betting on sports events; Playing slot machines (either online or in person); Bingo (online or in person); Poker/ card games; other) (if other, please specify)
6.	**In your experience are there any groups in York disproportionately affected by gambling harms, e.g. those with protected characteristics or from lower incomes?**
7.	**What age groups do you most commonly see experiencing gambling-related harms?**
8.	**Are there any referral pathways or support services you currently signpost or refer to for those experiencing gambling-related harms?**
9.	**What would make it easier for you to support those experiencing gambling-related harms?**

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