

# Reducing Gambling Related Harms Symposium report

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## 1. Executive Summary

From financial year 2025/26, the Office for Health Improvement and Disparities (OHID) became the national commissioner for gambling harm prevention following the introduction of the statutory gambling levy. This marks a move away from a voluntary, industry-funded model to one designed to ensure transparency and independence. To support system readiness for this transition, OHID funded six pilot projects, including the Reducing Gambling-Related Harms Symposium, delivered by Haringey Council in partnership with the London Association of Directors of Public Health (ADPH London).

The symposium, held on 12 March 2026, brought together 94 delegates from local authorities and integrated care boards across five regions, expert speakers, OHID and ADPH London representatives. The event aimed to strengthen knowledge of gambling-related harms, improve understanding of the statutory levy, share effective local practice, and build networks to support collaborative, public-health-led approaches to prevention. The programme combined national and academic perspectives, lived experience testimony, local authority case studies, facilitated discussions and action planning.

Evaluation findings demonstrate that the symposium achieved a strong positive impact on participants' knowledge, confidence and readiness to act, though participants recognised the ongoing complexity of gambling harms work.

The symposium supported translation of learning into intended action. Participants identified shared learning, improved data and intelligence, leadership buy-in, capacity development as some of the most important enablers for implementing these actions.

The discussions highlighted that gambling harm prevention remains an emerging area for many local authorities. Common barriers included limited workforce capacity, gaps in local data and evidence, licensing constraints, and the ongoing influence of the gambling industry. However, the symposium also highlighted significant opportunities, including the use of levy funding to accelerate action, greater regional collaboration, co-production with people with lived experience, and the development of shared tools and standardised public health approaches to licensing and planning.

The symposium was highly effective in strengthening networks and collaboration. Engagement levels were very high throughout, and there was a strong appetite for continued collaboration.

Based on insights from the symposium, a set of recommendations has been identified to support effective action at local, regional and national levels. Locally, there is a need to strengthen capacity, knowledge and skills through industry-independent training, closer collaboration between public health, licensing and planning teams, meaningful engagement with people with lived experience, and active support from senior leaders and elected members to build political commitment. Regionally, collaboration and shared learning should be enhanced, with greater sharing of evidence, tools and case studies to avoid duplication, support peer learning and enable proportionate “do once” approaches to commissioning, training and resource development. Nationally, the symposium highlighted the importance of strong strategic leadership through a unified public health narrative on gambling harms that

counters industry influence, alongside clear and consistent support to local authorities on implementation of the statutory gambling levy and coordinated action on issues that extend beyond local boundaries, including online gambling.

Overall, the Reducing Gambling-Related Harms Symposium demonstrates the value of regional, practice-focused learning events in supporting system readiness for the statutory levy and embedding gambling harm prevention within local government public health practice. Building on the momentum and lessons from this symposium will help move local authorities from early awareness towards effective action to reduce gambling-related harms.

## 2. Background and Purpose

From financial year 2025/26, the Office for Health Improvement and Disparities (OHID) became the national commissioner for gambling harm prevention following the introduction of the statutory gambling levy. This reform marks a significant shift away from the previous voluntary, industry-funded system towards a transparent, industry-independent model for funding prevention activity.

The levy is expected to generate around £100 million annually, with 30% ring-fenced for prevention. For 2025/26, OHID anticipates receiving approximately £25 million to support gambling harm prevention work. A dedicated OHID gambling harms prevention team has been established to oversee this funding and to lead the development of a new national prevention programme. This includes managing the transition from the pre-levy system, where most prevention work was commissioned or delivered by GambleAware using voluntary industry contributions, to a new model where prevention activity is commissioned directly by OHID and funded through the statutory levy.

To support this transition and build national readiness, OHID funded six pilot projects in 2025-26. These pilots aim to generate practical learning, tools and insights that can be transferred across local authorities and regions to support wider implementation. The pilot programme focuses on: (1) producing transferable learning to inform future delivery; (2) supporting system readiness for the statutory levy model; and (3) targeting areas with existing gambling-related harms infrastructure to ensure delivery and impact within the pilot timeframe.

### *Haringey Pilot: Gambling Related Harms Symposium*

As part of this programme, Haringey Council was funded to deliver a symposium on gambling-related harms, in partnership with the London Association of Directors of Public Health (ADPH London). The aim of the symposium was to enable knowledge exchange among professionals, showcase effective practice, and strengthen regional networks.

This symposium report summarises key discussions, captures lessons learned, assesses impact and engagement and provides recommendations to inform next steps in this work area and improve future symposiums.

### 3. Symposium Overview

The Reducing Gambling-Related Harms Symposium, held on 12 March 2026 at the Coin Street Neighbourhood Centre in London, was a full-day event designed to support local authorities in preparing for the transition to the statutory gambling levy and to strengthen public health approaches to gambling harm prevention. 76 local authority and Integrated Care Board (ICB) delegates attended from East of England, London, South East, South West, and West Midlands regions, alongside 18 representatives from the Office for Health Improvement Department (OHID), ADPH London and expert speakers. Ahead of the symposium, a delegate pack was shared with participants, which in addition to the agenda and speakers' bios, included background reading materials about gambling-related harms, for those delegates newer to the topic.

The programme combined expert presentations, case studies, facilitated discussions and networking, structured to build knowledge, share good practice, and promote collaboration across regions (see Appendix 1 for the full agenda). The morning sessions focused on setting the national and evidence context, including a keynote on population prevalence data, an overview of changes introduced by the statutory gambling levy, and discussion of lived experience perspectives. Further sessions explored the role of local authorities in addressing gambling harms, including industry influence, public health levers, and licensing and planning considerations.

The afternoon programme centred on practical learning from local authority case studies, showcasing different approaches to needs assessment, whole-system prevention models, and place-based action across London, the West Midlands and the South East. Interactive table discussions throughout the day enabled participants to reflect on local activity, share experiences, and develop action-focused plans for implementation in their own areas.

The event concluded with facilitated action planning, reflections on next steps, and information on ongoing regional and national support available through OHID, alongside a post-symposium evaluation survey to capture learning and inform future activity.

### 4. Session summaries

The day started with a welcome from the Director of Public Health at Haringey Council and co-chair of the ADPH London, Will Maimaris, before our first discussion on local gambling harms reduction work. Professor Heather Wardle of the University of Glasgow was our first keynote speaker, and shared some of her work, past, present and future, including plans to model prevalence of gambling and harms in England and the UK. A description of changes to the gambling levy and funding was then shared by public health speciality registrar Mary Cronin who is currently working with OHID on this, before we heard from Tracey O'Shaughnessy and Annie Ashton from GamLEARN, providing a lived experience informed perspective, a clinical and academic GP working on gambling in London Jenny Blythe, Will Prochaska of CEQA, and representatives from various local authorities who shared case studies of local success.

### *Table discussion 1 – Connecting with your colleagues*

After a brief discussion within tables of local authority colleagues, attendees described largely poorly developed gambling harms reduction work within their areas, with most rating it 0 or 1 on a scale of 0-4. There were a handful of 3s and 4s. Discussions explained that many colleagues had newly acquired a role in gambling-related harms prevention work, frequently alongside existing roles in tobacco or alcohol harms prevention. In addition, many were not aware of significant existing or ongoing work within gambling and had limited confidence themselves. This chimes with what delegates informed us were topics of interest to them before the event, such as what the local authority role is, and further information on who is affected, where, and in what way, alongside support, treatment and evidence-based interventions for those in need.

*Keynote speaker: Gambling harms: what population prevalence data can and cannot tell us - Professor Heather Wardle, Professor of Gambling Research and Policy, University of Glasgow*

We were fortunate to have Professor Heather Wardle as our keynote speaker at this symposium. Professor Wardle spoke to her decades of academic experience, describing positivity around how attitudes towards gambling and its harms were finally starting to shift, and providing a valuable background to the current landscape of prevalence data in the UK. 4.75% of people are affected by severe harms of gambling by one measure. There were interesting insights such as the concordance of gambling behaviours within partners, and how this research has fed into NICE guidelines for gambling harms. Professor Wardle and her team are currently working on modelling work to provide local authorities with the granular data necessary to plan services and progress implementation of funds collected from the gambling levy to mitigate harms.

*Overview of changes to the levy – Mary Cronin, Public Health Specialty Registrar, Gambling Levy Team, OHID*

Mary Cronin, who is currently working at OHID, gave a presentation on the gambling levy and the changes that will impact on local authority practice over the next year. Alongside a helpful breakdown of anticipated funding, Mary outlined requirements for local authorities, before funding can be released (this included: completion of a Declaration of Interests, Maturity Assessment Survey and Memorandum of Understanding). She also explained that during the funding period of 2026-27 a needs assessment would need to be completed, in order to best advise the ensuing course of action to improve public health. There was also a description of the NIHR evaluation funding, with the applications closing 13<sup>th</sup> May 1pm.

### *Panel Q&A 1*

Engagement was high, with questions from the audience to the panel around intergenerational concordance, clarity around ringfencing/protection of the anticipated gambling funding/budget, National Lottery involvement, responsible gambling messaging and work alongside Voluntary, Community and Social Enterprise (VCSE) organisations.

*Lived experience perspective – Tracy O’Shaughnessy, Training and Impacted Others Lead, GamLEARN, and Annie Ashton, Co-Investigator, GamLEARN*

Two representatives from GamLEARN attended to share their expertise and lived experience with our delegates. They talked to the isolation that gambling causes, including of affected others, the intersections with the criminal justice system, and how harms can remain hidden if the right questions are not being asked.

The intersection between gambling, mental health, and the criminal justice system was raised, with the powerful point that “If the question is never asked the harm remains hidden” encouraging frontline services to train staff and screen opportunistically for gambling. Stepping away from funding provided directly by a ‘predatory industry’ was seen as a positive opportunity by our lived experience representatives, who hope that the insight they provide will help services become more compassionate.

Annia Ashton lost her husband in 2021 when he was 40 years old from gambling-related suicide. An inquest in 2023 found that gambling disorder was the medical cause of death. The distress caused by gambling industry involvement within gambling charities, leading to apparent and felt conflicts of interest, was raised in this powerful testimony. Tracy also described some of the most severe impacts of gambling harms, with her personal experience as an ‘impacted other’ of gambling leading to debt, loss of her career, family and friends, and culminating in attempted suicide.

Our lived experience speakers also wanted awareness raised around the value of those with lived experience, and that that experience is not the limit, but the start of the expertise. There is often knowledge beyond that from additional work that has been done. They urged against tokenism, and encouraged true co-production instead.

In two very powerful testimonies, which received very positive feedback and a request for further information, the potentially devastating impact of gambling was highlighted, in words that are sure to stay with our delegates throughout their ongoing involvement in gambling harms prevention.

*Levers and barriers to addressing gambling harms – Dr Jenny Blythe, GP and Senior Clinical Lecturer, Queen Mary University of London and LSHTM*

Dr Jenny Blythe described the levers and barriers to addressing gambling harms using public health approaches in London local government. Some positive work was highlighted, such as at Yorkshire and Humber, and the Greater Manchester Combined Authority, where well aligned legal documentation and whole council approaches respectively were described. There was also a clinical perspective, with news that gambling is now part of the national curriculum at medical schools and to be assessed for the first time this year, made possible due to the relatively newly-implemented national Medical Licensing Assessment of medical students by the General Medical Council (GMC).

*Harm, Profit and Influence – Will Prochaska, Director, Coalition to End Gambling Ads (CEGA)*

Will Prochaska shared his view on why local authorities could be the key to prevent gambling harms at the national level. With the stark statistics that 86% of profits are made from just 5% of customers, and the knowledge that ~£2billion is spent every year on advertising by gambling

companies in the UK, the importance of a collaborative countering of this dark nudging was emphasised. The UK has one of the most liberal regulatory environments for gambling advertising across Europe, and there's high visibility with sponsorships of premier league clubs for example. The negative economic impact of gambling is something that is rarely described, but there's evidence to suggest a drag on growth, particularly so in deprived areas, in a contrast to the well-versed argument that taxing the industry is damaging the economy. A recent study from Sheffield indicated that a 10% reduction in gambling would lead to a £1.25 billion boost and "over 22,000 new jobs". Will also described a shift in the mood amongst the general public, with gambling increasingly becoming an 'unpopular industry', providing a huge policy opportunity to enact real change.

### *Panel Q&A 2*

With significant engagement again from our delegates, several questions were posed to our panel of experts, including on transparency around industry funding, prevention messaging, support available for local authorities, and sharing of learning across areas.

### *Table discussion 2 – What's happening in your area*

Our second table discussion centred around what is happening in the delegates' local areas, with specific questions around any good practice that they could share, and any challenges they've experienced. Some of the challenges described were around framing and understanding of harms, intertwined with political drivers and changing landscape; staff resources and funding and availability of data to help communicate the need; and finally licensing and regulation abilities and co-working. Examples of good practice included commissioning guidelines, procurement practice, and an optimism around a menu of interventions and political buy-in. Hertfordshire, Thurrock, Brent, Hammersmith and Fulham, Yorkshire and Humber and Greater Manchester Combined Authority were all named as areas where good practice had been identified in this field.

Following a break for lunch, the afternoon session was chaired by Ruth du-Plessis, Interim Director of Public Health at Brent Council.

### *Case study – Walsall Needs Assessment – Hollie-Mae Janes, Wider-Determinants Lead, Walsall Council*

Our afternoon started with three case studies from local authorities. Approaches to data to estimate gambling harm within local areas was described, such as data collection from the Household Support Fund and a pilot observational study of betting premises, alongside new gambling harm prevention messaging. These two differing approaches can support with estimating harm from an industry that is increasingly operated online but with a lasting presence on high streets.

### *Case study – Insights and Lessons from Haringey's approach to reducing gambling Harm – Marlene D'Aguilar, Health in All Policies Strategic Lead, Haringey Council*

Our second case study provided stark evidence of the association between socioeconomic status and prevalence of gambling premises. Learning shared included a Health in All Policies approach, awareness raising and training, and guidance on how to get advice from established programmes as well as caution on underestimating the influence of industry. It was also raised that this is a fast-moving environment, and although challenging, it is important to keep up-to-date with the latest best practice and guidance. Leadership, co-production with residents, making the most of placements and trainees, local research to provide insights, and risks posed to children and young people from “gambification” were all key learnings shared with the symposium. Marlene also highlighted cross-borough North Central London gambling harms reduction alliance work and the benefits of working together including their forthcoming campaign during the FIFA World Cup 2026.

*Case study – whole system approach to prevention – Dr Lucy Gate, Public Health Principal, Surrey Council*

Finally, our third case study came from Dr Lucy Gate who shared a test and scale approach to prevention. As part of this, senior partners were engaged to identify local stakeholders and assess the feasibility and readiness for implementation at a whole-system level. Alongside lived experience insight, a launch event was held to showcase the journey from no gambling, to addiction, to serious harm, helping partners to identify opportunities for interventions across the experiences of those affected. An oversight group was then established, together with a workplan, and named leads.

Some of their key learnings included understanding the local needs using local intelligence and inputs from community and health leaders. Prevention of harms in children and young people was well supported and there was completion of training to support with brief interventions and embedding routine screening and new pathways within service providers. An enforcement checklist and protocol to support with licensing of gambling premises was used, with successful outcomes from a public health perspective.

Starting this work at a small local level enabled testing of the feasibility of the approach before the future work to scale it up across additional districts and boroughs.

### *Panel Q&A 3*

Some of the questions related to the licensing checklist, which will be shared with interested parties, and the impact of the local government reorganisation – changing to unitary authorities. An additional question was around monitoring of the impact of campaigns, with feedback suggesting an increase in enquiries and uptake of treatment in NHS services around the local authority where campaigns were implemented. The campaign is ongoing as is therefore the final evaluation.

There was an appreciation that it is difficult to avoid industry involvement entirely. Taking a holistic view to offerings from organisations (e.g. educational resources), to make sure that nothing is being presented in isolation to show a biased view, can support with limiting the impact of this influence.

### *Table discussion 3 – Action planning*

The final discussion centred around next steps. In terms of actions to be taken locally, partners suggested a range of options, including training staff on gambling-related harms, forming partnership groups and building on existing joint working, needs assessments, launch events to get senior and political buy-in, considering gambling in local survey production alongside additional local research, and gaining local insights from lived experience.

When asked what more support was needed, delegates suggested that summaries of organisations that are independent from industry would be helpful along with assurance framework to ensure this independence, evidence reviews on the impact of gambling including cost implications (benefits) of prevention. Case studies were also raised as a helpful guide for local authorities to emulate successful work, which ties in with other asks for improved sharing of work and learning across areas. Finally, there was an ask for support with raising awareness around gambling and gambling-related harms, such as with local members, particularly given imminent local elections.

### *Final reflection and next steps from OHID, Jason Mahoney, Regional Lead, OHID South East, on behalf of OHID Regional Leads*

James applauded everyone's energy and enthusiasm to do more on this topic. He recognised local authorities are at different points of the journey to reduce gambling-related harms. He noted the need to support regional collaboration and OHID will explore how they can support that. OHID now hopes that after initial fact-finding activities, meaningful joint decisions with local authorities can be made on next steps. Your OHID Regional Lead will work with you on that.

## **5. Evaluation approach**

A condition of this project was that the symposium incorporates an evaluation process to:

- Capture lessons learned.
- Assess impact and engagement.
- Provide recommendations to inform and improve future symposiums.

For the evaluation, pre- and post-event surveys were used to capture changes in participants' knowledge, confidence and intended practice relating to the statutory gambling levy, gambling-related harms, and local authority levers such as licensing and planning. Participants completed a survey before (n=95) and immediately after (n=63) the symposium.

The evaluation also gathered feedback on networking, engagement, barriers to action and priorities for future support, through the survey and table discussions. The findings were used to generate actionable recommendations to inform the design and delivery of future levy-funded prevention activity and to support successful delivery of interventions to reduce gambling related harms.

## 6. Assessment of Impact

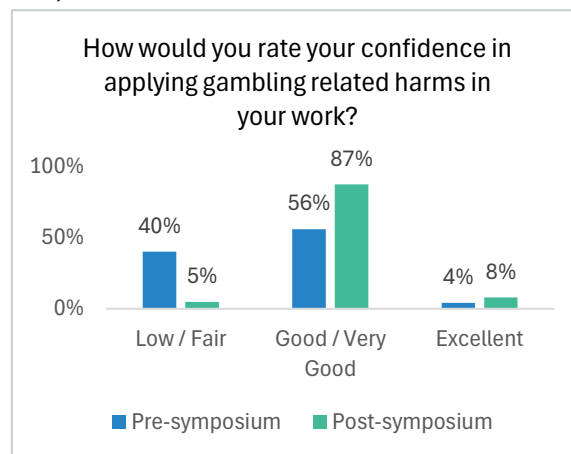
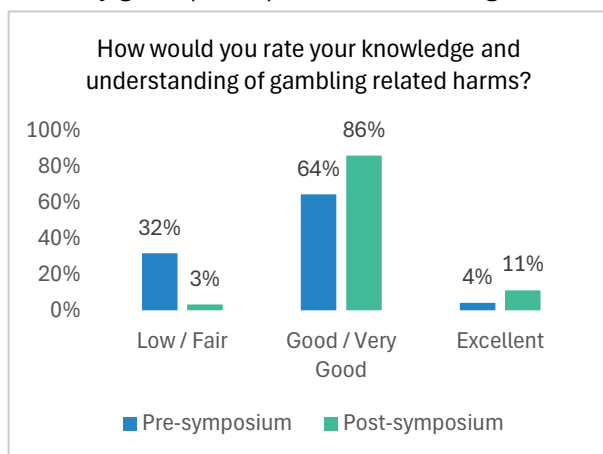
Impact of the symposium was assessed against participants' knowledge and confidence in applying the following in their work:

- gambling related harms,
- the national gambling levy,
- industry influence, licensing and planning in relation to reducing gambling related harms.

In addition, the evaluation explored the actions they intend to take as a result of the workshop and what factors can support them in turning the plans into reality.

### *Impact on participants' knowledge and confidence in applying gambling related harms*

Following the symposium, delegates' knowledge of gambling related harms improved, with 86% declaring it as good or very good (+22%) and 11% declaring it as excellent (+7%). Confidence in applying gambling related harms in their work also improved, with 87% declaring it is now good or very good (+31%) and 8% declaring it as excellent (+4%).



### *Impact on participants' knowledge and confidence in applying the national gambling levy in*

Figure 1 Knowledge and understanding of gambling related harms      Figure 2 Confidence in applying gambling related harms

Following the symposium, delegates' knowledge of the national gambling levy improved, with 79% declaring it as good or very good (+33%) and 10% declaring it as excellent (+10%).

Confidence in applying the national gambling levy in their work also improved, with those declaring it is as good or very good more than doubling (+44%) and those declaring it is excellent growing from 0 to 8%.

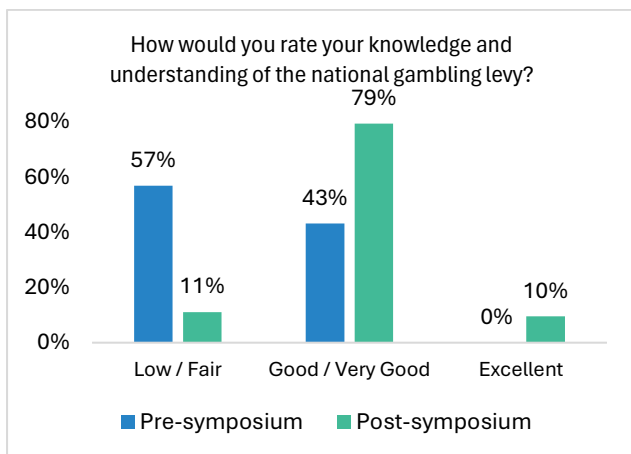


Figure 3 Knowledge and understanding of the national gambling levy

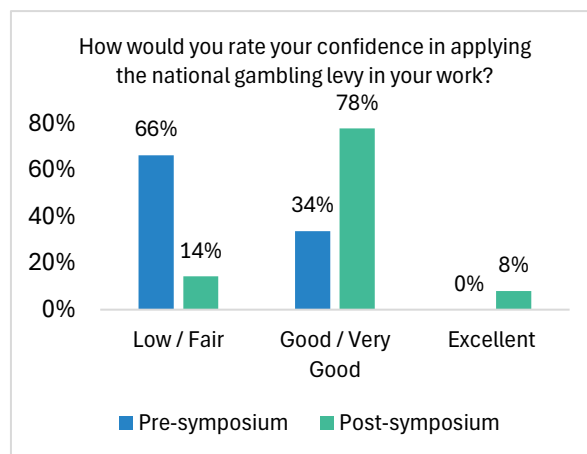


Figure 4 Confidence in applying the national gambling levy

*Impact on participants' knowledge and confidence in applying industry influence, licensing and planning in relation to reducing gambling related harms in their work.*

Following the symposium, delegates' knowledge of industry influence, licensing and planning improved, with almost three quarters declaring it as good or very good (+31%) and 6% declaring it as excellent (+4%). Their confidence similarly improved: almost three quarters declared it as good or very good (+40%) and 5% declared it as excellent (+3%).

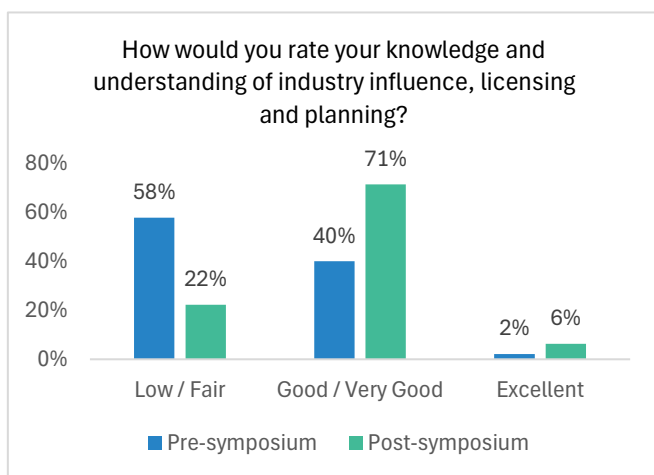


Figure 5 Knowledge and understanding of industry influence, licensing and planning

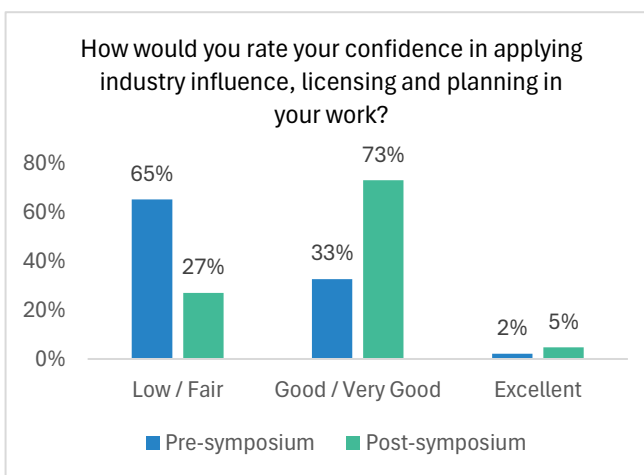


Figure 6 Confidence in applying industry influence, licensing and planning

Overall, the findings indicate that the symposium had a strong positive impact on participants' self-reported knowledge and confidence across all topic areas. The largest gains were observed in relation to the national gambling levy, where both knowledge and confidence in application increased substantially, suggesting the workshop addressed a clear gap. This was an important objective of the symposium, as the gambling levy was only recently introduced so it was a new topic for many participants.

Improvements in understanding and confidence in applying gambling-related harms were also notable, with over nine in ten participants rating their confidence as good, very good, or excellent after the symposium. This suggests that content on gambling-related harms was both accessible and directly relevant to participants’ professional roles.

Strong gains were also evident in relation to understanding industry influence, licensing and planning. Post-symposium knowledge and confidence in this area remains slightly lower than for the other topics but this may reflect the complexity of this topic and the need for further support in this area.

Taken together, these results suggest that the symposium was effective in building capability, while highlighting areas where further support could maximise impact.

*Impact on participants’ anticipated actions*

The post-symposium survey asked participants what actions they intend to take as a result of the symposium, to assess how the learnings may be translated into practical next steps. This was assessed through multiple-response question allowing respondents to tick all applicable options, with an open-text “Other” response.

Three quarters of respondents declared they will review levy opportunities and over half of respondents said they plan to conduct a needs assessment and initiate a conversation with licensing teams. Other actions include exploring regional peer networks, data collection and updating the Joint Strategic Needs Assessments (JSNA), exploring screening services, providing training and support to staff, and holding discussions with senior leaders.

The survey also asked what is the one most important thing that would help participants put these intentions into practice. The five most frequent factors that could support participants are presented in Table 2 below.

*Table 1 Anticipated actions post-symposium*

As a result of this workshop, which of the following actions do you intend to take?	n
Review levy opportunities	47
Conduct needs assessment	36
Initiate conversation with licensing	36

*Table 2 Factors that can help put intentions into practice*

Most important thing that would help you put these intentions into practice?	% times mentioned
Sharing learnings, e.g. through a Community of Practice	21%
Data and intelligence	18%
Leadership buy-in	10%
Capacity development	9%
Best practice information	9%

*Impact on strengthening networks and collaboration opportunities on gambling as a public health issue.*

The survey asked participants to assess if the symposium helped to build their confidence to collaborate with local peers and to build new connections to collaborate on this public health issues.

Almost all participants declared the event helped them make new connections and opportunities to collaborate on the issue of reducing gambling related harms (97%) and built their confidence to collaborate with local peers on this topic (95%).

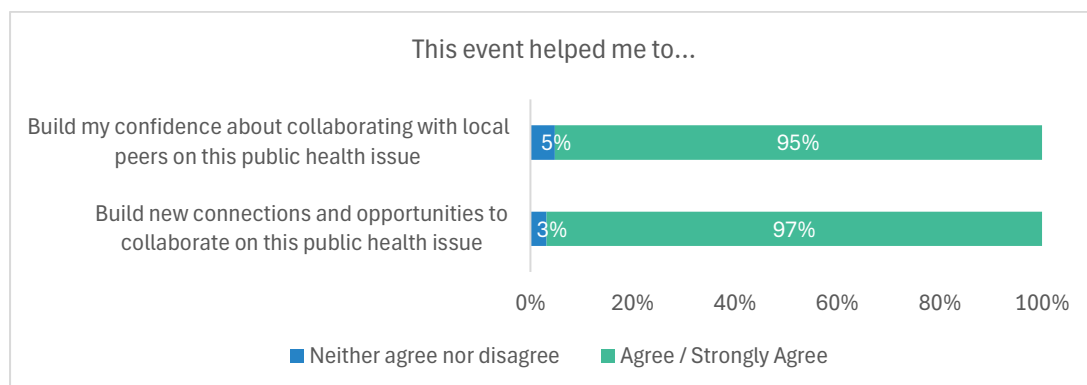


Figure 7 Impact on new connections and developing new collaborations

## 7. Assessment of Engagement

The table discussions received a really high level of engagement across the board. This was supported by place-based table allocations, so there was a general familiarity amongst the attendees, as well as support from facilitators to direct, document and feedback the discussions, encouraging active participation from attendees.

There was a variety of experience with the work on the table, with some differences around the ideas about next steps and what would support with that from a national perspective. Those newer to gambling work were a little less confident to share their views, and more keen to learn from others.

During the panel Q&A sessions, there were many important questions raised and insightful observations made by the participants, indicating the presentations were relevant, engaging and prompted critical reflection.

Attendees seemed to really appreciate the opportunity to come together to discuss work across such a spread of regions like this, as well as previous meetings they'd had around what the gambling levy changes meant for them.

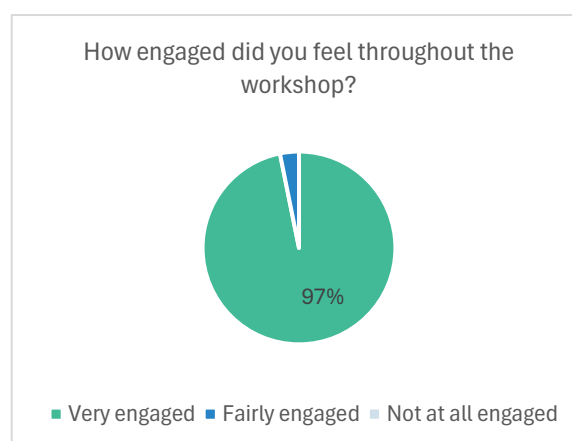


Figure 8 Participant engagement during the symposium

The post-symposium survey results confirmed that participants felt very engaged during the event (see figure 8).

## 8. Lessons Learned

The symposium showcased important learnings regarding work at local authorities to reduce gambling related harms, both in terms of barriers and opportunities.

### *Barriers to reducing gambling related harms*

- *Limited capacity, knowledge and skills*

Frequent themes that came up in discussions included concerns around capacity within teams, especially alongside an already increased workload for partners in licensing and planning, following on from work on the tobacco and vapes bill. In addition, participants felt there was limited knowledge about gambling-related harms among public health and wider local authority teams and leaders, and that there was lack of appropriate, independent training.

- *Licensing, planning and legislative constraints*

Some interesting discussion points centred around licensing and planning applications. The experience at some boroughs, and amongst those who have been working on gambling harms for a while, is that challenging appeals is difficult without strong, local evidence of harms, and that there is an asymmetry between capabilities within councils and gambling companies. To bring data on this together would require coordination between academic, local authority, education, policing, social care and NHS partners, which was felt to be very challenging to do for every application, thereby restricting powers to prevent additional high street stores opening up or extending their hours. Alongside challenges in the legislation itself and “aim to permit” of gambling activity, some felt less empowered to prevent harm at this level, with others hoping for additional advice and coordination from OHID.

Additional points were raised regarding access to legal expertise within public health, especially when contrasted with the resource afforded by gambling companies, and that this is a potential point for advice and coordination from OHID for strategies to approach such issues.

- *Uncertainty about available resources and funding<sup>1</sup>*

There was some uncertainty around specificities of funding from the gambling levy, such as how much a local authority can expect to receive and any stipulations around its use. There was also recognition that local authority funding is significantly smaller than funds the gambling industry has to influence the narrative.

- *Data and evidence gaps*

Participants noted that currently there is limited local data available and uncertainty over effective preventative interventions.

- *Industry influence*

Participants recognised that the gambling industry has a powerful lobby at local and national levels, with industry funding historically shaping narratives around gambling.

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<sup>1</sup> The symposium took place before the levy allocations for local authorities were announced.

- *Political and cultural barriers*

Participants noted that gambling is generally perceived as socially acceptable and that in some areas there is low political will to take action on it.

*Table 3 Barriers to gambling related harms work and % of times they were mentioned*

Barrier themes	% times mentioned
Lack of local data	17%
Lack of knowledge and awareness	15%
Funding	11%
Lack of capacity	11%
Industry influence	7%

*Opportunities to support work aimed at reducing gambling related harms*

- *Sharing practices, evidence and tools*

There was a general optimism throughout the day within the table discussions, with attendees sharing ideas, what had worked for them, what they knew had worked elsewhere, and other best practice. Particularly following the presentation around ongoing modelling work to help provide regions with data around gambling and gambling related harms, participants were looking forward to using this data to update existing needs assessments and guide their next steps. Discussions around the financial benefit of reducing gambling-related harms following the CEGA presentation raised hopes that this provided an ‘easy-win’ in communication with senior leaders and political partners.

**Examples of delegate suggested shared tools to improve efficiency:**

- Templates for needs assessments and core datasets.
- Standardised public health responses for licensing/planning applications.
- Trauma-informed guides on engaging people with lived experience.
- Introductory briefings for elected members.
- Guidance on engaging coroners.

*Box 1 Tools to improve efficiency of the work*

Many raised that they would appreciate additional opportunities to come together like this, with lots of discussion around partnership working, and to continue collaborating on next steps for regional support, training, and to avoid unnecessary duplication of work. As part of this, there was an ask for guidelines or blueprints, or additional case studies to support local authorities and to provide a unified approach to understanding the issues and solutions.

**9. Recommendations**

*Recommendations to support the reduction of gambling related harms work going forward*

As the work to reduce gambling-related harms is a relatively new focus for many local authorities, there is a need and opportunity to support this work across different levels. Based on the surveys, presentations and discussions during the symposium, below is a set of recommendations which will help local authorities deliver efficient and effective interventions.

1. Strengthening capacity, knowledge and skills at local levels

- Provide training (free of industry influence) and development opportunities for public health teams.
  - Improve collaboration with licensing and planning teams.
  - Engage people with lived experience.
  - Support engagement with senior leadership and councillors to strengthen political buy-in.
2. Strengthening collaboration and learning at regional levels
- Support development of appropriate regional platforms for local authority leads for practice and resource sharing and safe spaces for learning such as dedicated communities of practice, networks and KHubs
  - Avoid duplication by sharing evidence, case studies, templates and blueprints.
  - Link more experienced local authorities with less experienced ones to support peer learning.
  - Consider appropriate “do once” approaches such as joint statements, resource development, commissioning and training.
3. Provision of strategic leadership and coordination at the national level
- Development of a unified public health narrative on gambling and harms at the national level, countering industry influence.
  - Continuation of support to local authorities in relation to the gambling levy, including clearly communicating timelines and expectations.
  - Provide support on issues that extend beyond local authority boundaries, such as online gambling.

*Recommendations for future symposia*

Findings from the evaluation suggest that the overall symposium format was effective in meetings its objectives. The combination of expert presentations and peer case studies, panel Q&A sessions, facilitated table discussions and real-time feedback via Mentimeter supported knowledge sharing and learning, participation and networking. The survey asked participants what other participatory tools they find useful and those can be considered for future symposia, as relevant (see table 4), as well as what formats participants find useful to support their learning (see table 5). In addition, the survey asked about existing best practice in this work area that could be shared at future events, which can help plan (see table 6).

*Table 4 Suggestions of other interactive activities for future events*

Suggestions of other interactive activities for future events
Quizzes
More group work/ table discussion time
Padle for capturing comments
Moving around the tables to share contact details with more attendees

*Table 5 Preferred formats to support learning*

Top three formats to best support your learning in future events?	% times selected
Case studies	23%
Communities of practice	22%
Peer problem solving	19%

*Table 6 Existing best practice examples to reduce gambling related harms*

**Best practice examples / case studies to share at future events:**

**West Midlands:** Strategic partnership working, production of strategy, commissioned training for professionals and schools / educational sessions using a theatre company.

**London:** Sharing process and findings of qualitative research on gambling harms in Barnet.

**Southampton:** 1. Reducing Gambling-related harms Scrutiny Inquiry recommendations and Action Plan; 2. Internal Staff Comms campaign and Sharepoint to signpost staff to relevant support services.

## 10. Conclusions

The Reducing Gambling-Related Harms Symposium demonstrated clear value in strengthening local authority readiness for the transition to the statutory gambling levy and in advancing gambling harm prevention as a core public health priority. Evaluation findings show substantial improvements in participants' knowledge and confidence across all topic areas, particularly in relation to the national gambling levy, where understanding and confidence more than doubled. The symposium also strengthened participants' capability to apply public health levers such as licensing, planning and whole-system approaches, while recognising the ongoing complexity of this area and the need for continued support.

A consistent finding throughout the day was that gambling harm prevention is still an emerging area of work for many local authorities, with limited capacity, data and established practice. Participants identified significant variation in local maturity, alongside common challenges including workforce constraints, legislative limitations, uncertainty around funding, and the influence of the gambling industry. At the same time, the symposium highlighted strong opportunities to accelerate progress through clearer national leadership, improving access to local data, independent, industry-free funding, training, and practical tools such as needs assessment templates, case studies and standardised approaches to licensing and planning.

The symposium helped participants identify specific next steps they intend to take, including reviewing levy opportunities, undertaking or updating needs assessments, initiating conversations with licensing teams, and strengthening collaboration with their peers on the topic. The factors most frequently identified as enabling these actions emphasised the importance of shared learning, access to robust data and intelligence, leadership buy-in, and capacity development. This reinforces the value of regional and national coordinated approaches to support local delivery and reduce duplication.

Finally, the symposium played an important role in building and strengthening networks. Nearly all participants reported increased confidence to collaborate with peers and identified new connections to support ongoing work. The strong engagement observed throughout the day, combined with the clear appetite for continued collaboration, communities of practice and future knowledge-sharing events, suggests that this symposium model is an effective mechanism for supporting system readiness. By building on the momentum and lessons captured here, future activity can continue to support local authorities to move from emerging awareness to sustained, impactful action to reduce gambling-related harms.

## 11. Appendices

### Appendix 1. Reducing Gambling Related Harms Symposium Agenda

# Symposium on Reducing Gambling Related Harms

12 March 2026

Venue: Coin St Neighbourhood Centre, 108 Stamford Street, London SE1 9NH

Registration 9.30am for 10am start

10am - 3pm

## Aims

1. To help prepare for the changes to the national gambling levy
2. Foster networking and collaboration with peers
3. Build and share knowledge around gambling related harms
4. Share good practice and expertise from across the regions
5. Develop an understanding of industry influence, licensing and planning

**Chairs:** Dr Will Maimaris, DPH Haringey Council, Co-Chair ADPH London and Ruth du Plessis, interim DPH Brent Council

Time	Item	Lead
09.30	<b>Registration</b> - Delegates will be asked to sit at their assigned tables. Tea, coffee and small breakfast snacks will be available	
10.00-10.10 (10 mins)	<b>Welcome and housekeeping</b>	<b>Dr Will Maimaris</b> , DPH Haringey Council, Co-Chair ADPH London
10.10-10.20 (10mins)	<b>Table Discussion 1 - Connecting with your colleagues</b>	<b>Dr Will Maimaris</b> , DPH Haringey Council, Co-Chair ADPH London
10.20-10.35 (15 mins)	<b>Keynote speaker</b> Gambling harms: what population prevalence data can and cannot tell us	<b>Prof Heather Wardle</b> , Professor of Gambling Research and Policy, University of Glasgow
10.35-10.50 (15 mins)	<b>Overview of the changes to the levy:</b> National expectations	<b>Mary Cronin</b> , Public Health Specialty Registrar, Gambling Levy Team, OHID
10.50-11.05 (15 mins)	<b>Panel Q&amp;A</b>	<b>Prof Heather Wardle, Mary Cronin</b>
11.05-11.20 (15 mins)	<b>Break</b>	
11.20-11.35 (15mins)	<b>Lived experience perspective</b> - importance of support	<b>Tracy O'Shaughnessy</b> CJS Training and Impacted Others Lead, GamLEARN, <b>Annie Ashton</b> , Co-Investigator, GamLEARN

11.35-11.50 (15 mins)	<b>Levers and barriers to addressing gambling harms</b> using public health approaches in London local government	<b>Dr Jenny Blythe</b> , Senior Clinical Lecturer, Queen Mary University of London and LSHTM
11.50-12.05 (15 mins)	<b>Harm, profit, &amp; influence</b> – why local authorities could be the key to prevent gambling harm at the national level.	<b>Will Prochaska</b> , Director, Coalition to End Gambling Ads
12.05-12.25 (20mins)	<b>Panel Q&amp;A</b>	<b>Tracy O'Shaughnessy, Annie Ashton, Dr Jenny Blythe, Will Prochaska</b>
12.25-12.40 (15 mins)	<b>Table discussion 2 - What's happening in your area?</b>	
12.40-1.20 (40 mins)	<b>Lunch Break</b>	
1.20- 1.25 (5mins)	<b>Welcome Back</b>	<b>Ruth du Plessis</b> , interim DPH Brent Council
1.25-1.35 (10mins)	<b>Case Study:</b> Walsall Needs Assessment (West Midlands): Rethinking Rapid Insights: Novel Data Approaches to Estimating Gambling Harm	<b>Hollie-Mae Janes</b> , Wider-Determinants Lead, Walsall Council
1.35-1.45 (10mins)	<b>Case Study:</b> Insights and Lessons from Haringey's Approach to Reducing Gambling Harm' (London)	<b>Marlene D'Aguiar</b> , Health in All Policies Strategic Lead, Haringey Council
1.45-1.55 (10mins)	<b>Case Study:</b> Whole System Approach to Prevention: Testing and Scaling in a Two Tier System (South East)	<b>Dr Lucy Gate</b> , Public Health Principal, Surrey Council
1.55-2.15 (20 mins)	<b>Panel Q&amp;A</b>	<b>Hollie-Mae Janes, Dr Lucy Gate, Marlene D'Aguiar</b>
2.15-2.25 (10mins)	<b>Break</b>	
2.25-2.45 (20mins)	<b>Table discussion 3 - Action Planning</b>	
2.45-2.50 (5mins)	<b>Reflections</b> on next steps and support available	<b>Jason Mahoney</b> , on behalf of OHID Regional Leads
2.50-3.00 (10mins)	<b>Summary of the day and evaluation</b>	<b>Ruth du Plessis</b> , interim DPH Brent Council

## Appendix 2. Additional resources

### 2.1 Delegate pack (incl. symposium presentations)

Access the delegate pack [here](#)

### 2.2 Reflections from the symposium - interviews with speakers and chairs

Watch interviews with the speakers and symposium chairs [here](#)

### Appendix 3. Survey tool

#### Pre-symposium survey questions

#	Question	Answer				
1.	What topics would you like to learn about on the issue of gambling related harms?					
2.	What do you consider are the barriers to gambling related harms work in your area?					
3.	How would you rate your knowledge and understanding of:	Excellent	Very Good	Good	Fair	Low
3.1	<i>National gambling levy</i>					
3.2	<i>Gambling related harms</i>					
3.2	<i>Industry influence, licensing and planning</i>					
4	How would you rate your confidence in applying the following in your work:	Excellent	Very Good	Good	Fair	Low
4.1	<i>National gambling levy</i>					
4.2	<i>Gambling related harms</i>					
4.2	<i>Industry influence, licensing and planning</i>					
5	How well connected do you feel with your local peers who work on gambling harms prevention?	Very connected	Moderately connected	Slightly connected	Not at all connected	

#### Post-symposium survey questions

#	Question	Answer				
1.	What topics would you like to learn about on the issue of gambling related harms?					
2.	What do you consider are the barriers to gambling related harms work in your area?					
3.	How would you rate your knowledge and understanding of:	Excellent	Very Good	Good	Fair	Low
3.1	<i>National gambling levy</i>					
3.2	<i>Gambling related harms</i>					
3.2	<i>Industry influence, licensing and planning</i>					

4	How would you rate your confidence in applying the following in your work:	Excellent	Very Good	Good	Fair	Low
4.1	<i>National gambling levy</i>					
4.2	<i>Gambling related harms</i>					
5.	As a result of this workshop, which of the following actions do you intend to take? (tick all that apply)	Conduct needs assessment				
		Initiate conversation with licensing				
		Review levy opportunities				
		Other				
6.	What is the one most important thing that would help you put these intentions into practice?					
7.	Assess the following statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
7.1	The event helped me build new connections and opportunities to collaborate on this public health issue					
7.2	The event helped build my confidence about collaborating with local peers on this public health issue					
8.	How engaged did you feel throughout the workshop?	Very engaged		Fairly engaged		Not at all engaged
9.	Would you recommend any other interactive activities for future events?					
10.	What format(s) would best support your learning in future events? Select your top 3	case studies				
		panels				
		technical deep dives				
		practical exercises				
		peer problem solving				
		communities of practice				
		Other				