

1.0.7 DOC EIA (2019)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Gambling-related harms: identification, assessment and management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

- Age – prevalence of gambling does not differ greatly across different ages but some groups (for example, young men) may be at a greater risk of harm.
- Disability – people with neurodevelopmental disabilities (for example ADHD, ASD) and acquired cognitive impairments may find it more difficult to access treatment services, or may require adaptations to treatment,

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- Gender reassignment – no issues identified
- Pregnancy and maternity – no issues identified
- Race – no issues identified
- Religion or belief – gambling may be proscribed or stigmatised in certain religions which may make accessing treatment more difficult
- Sex – participation in gambling is slightly higher in men than women; women are more likely to be ‘affected others’ by gambling of partners or sons; men are more likely to be receiving treatment than women
- Sexual orientation – people from the LGBT+ community may find it more difficult to access treatment
- Socio-economic factors – may impact on prevalence of harmful gambling (for example, living in a neighbourhood with a high number of gambling venues/betting shops); the financial impact of gambling may be greater in those from lower socioeconomic groups; access to treatment may be more difficult for people in lower socioeconomic groups
- Other definable characteristics:
 - prisoners and young offenders
 - homeless people
 - military veterans
 - people working in the gambling industry
 - people being treated with dopamine agonists
 - people with co-morbid mental health conditions or addictions

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

- Where possible the committee will give consideration to the specific identified subgroups when developing review protocols
- Methods to improve access for certain groups who may find it harder to access help and treatment will be examined in a specific review
- Recommendations will be adapted to meet the needs of people with disabilities or from any of the identified groups, where evidence is available to allow this.

Completed by Developer __ Hilary Eadon _____

Date __ 4/11/2021 _____

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Approved by NICE quality assurance lead Kay Nolan

Date 15.11.2021

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Based on stakeholder feedback the equality considerations relating to age, race and sex have been revised to reflect more closely the latest data on prevalence and on treatment in the national gambling treatment service. In addition, migrants have been added as a group who may have difficulties accessing treatment.

- Age – overall prevalence of gambling does not differ greatly across different ages but those aged 34 and under are more likely to be involved in problem gambling; those aged 16-24 are less likely to access treatment and may be at a greater risk of harm (due to effects on education, employment).
- Disability – people with neurodevelopmental disabilities (for example ADHD, ASD) and acquired cognitive impairments may find it more difficult to access treatment services, or may require adaptations to treatment,
- Gender reassignment – no issues identified
- Pregnancy and maternity – no issues identified
- Race – some ethnic groups are more likely to be involved in problem gambling but are less likely to access treatment
- Religion or belief – gambling may be proscribed or stigmatised in certain religions which may make accessing treatment more difficult
- Sex – participation in gambling is slightly higher in men than women and participation in problem gambling is much higher in men than women; women are more likely to be affected others than men; men are more likely to be receiving treatment for gambling than women, but women are more likely to seek help as affected others than men
- Sexual orientation – people from the LGBT+ community may find it more difficult to access treatment
- Socio-economic factors – participation in harmful gambling is higher in those from the most deprived group; the financial impact of gambling may be greater in those from more deprived groups
- Other definable characteristics of people who may be more at risk of gambling,

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find accessing treatment more difficult or require adaptations to services and treatment:

- people in contact with the criminal justice system
- homeless people
- migrants
- military veterans
- people working in the gambling industry
- people being treated with medication that may cause impulse control disorders
- people with co-morbid mental health conditions or addictions

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

The section of the scope describing the groups to which specific consideration will be given has been amended.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

The changes have reinforced that specific recommendations may be needed for people of different ages, sex, or ethnic groups, where the evidence and/or committee judgement allows for this. This will therefore be taken into consideration when developing review protocols and when developing recommendations.

Updated by Developer _____ Hilary Eadon _____

Date _____ 2nd March 2022 _____

Approved by NICE quality assurance lead Kay Nolan

Date 02/03/2022

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3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

- 1) Age – overall prevalence of gambling does not differ greatly across different ages but those aged 34 and under are more likely to be involved in problem gambling; those aged 16-24 are less likely to access treatment and may be at a greater risk of harm (due to effects on education, employment).

This issue was considered by the committee when making recommendations and although evidence was not available separately for people of different ages, the committee included advice to raise awareness that the different gambling products had different potential to lead to addiction and cause harm, and that different products may be used by people of different ages. The committee also recommended that information, treatment and support should be provided in formats that were acceptable to the person, and this may vary by age.

- 2) Disability – people with neurodevelopmental disabilities (for example ADHD, ASD) and acquired cognitive impairments may find it more difficult to access treatment services, or may require adaptations to treatment

The committee made separate recommendations for people with neurodevelopmental difficulties or acquired impairments in the section of the guideline on identifying people at risk, as certain groups are at an increased risk, in the section on pathways of care as appropriate care pathways will need to be developed for these groups, and in the section on principles of treatment as people's treatment may need to be planned differently to account for disabilities or comorbidities.

- 3) Race – some ethnic groups are more likely to be involved in problem gambling but are less likely to access treatment

The committee did not have any evidence on difference in treatment or support required for different racial groups and so did not make separate recommendations for different ethnic groups.

- 4) Religion or belief – gambling may be proscribed or stigmatised in certain religions which may make accessing treatment more difficult

There was evidence that people from some cultural backgrounds may face particular stigma, shame or fear of disclosure about gambling and so the committee made a recommendation to flag this, and also advised on the need to deliver culturally sensitive services.

- 5) Sex – participation in gambling is slightly higher in men than women and participation in problem gambling is much higher in men than women; women are more likely to be affected others than men; men are more likely to be receiving treatment for gambling than women, but women are more likely to seek help as affected others than men

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

There was evidence that women may face stigma which deters them from accessing gambling treatment, and may not wish to attend groups where the majority of the attendees are men so the committee made a recommendation advising women-only groups.

6) Sexual orientation – people from the LGBT+ community may find it more difficult to access treatment

There was no evidence for interventions or approaches specifically for people from the LGBT+ community so the committee did not make any separate recommendations for this group.

7) Socio-economic factors – participation in harmful gambling is higher in those from the most deprived group; the financial impact of gambling may be greater in those from more deprived groups

The committee advised that assessment of gambling-related harms should include a consideration of the financial impact of gambling in terms of money spent on gambling as a proportion of income, but did not have other evidence on different socio-economic groups that allowed them to make separate recommendations for this group.

8) Other definable characteristics of people who may be more at risk of gambling, find accessing treatment more difficult or require adaptations to services and treatment:

- a. people in contact with the criminal justice system
- b. homeless people
- c. migrants
- d. military veterans
- e. people working in the gambling industry
- f. people being treated with medication that may cause impulse control disorders
- g. people with co-morbid mental health conditions or addictions

The committee gave specific advice in their recommendations for people from all these groups. This included raising awareness of their increased risk of gambling-related harms (in the section on case identification and assessment), advising on access to information (in the section on information and support), advising that appropriate and coordinated services are provided (in the sections on models of care and service delivery and improving access), and taking account of comorbidities when planning treatment (in the section on general principles of treatment).

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3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee identified two other potential equality issues during the development of the guideline:

Occupation – the committee noted that sports professionals had not been identified during scoping as a group who were at particular risk of gambling-related harms, but based on the committee’s knowledge and experience they were aware that this group may be at an increased risk and so advised that these people should be asked about their gambling. This is described in evidence review A (factors suggesting harmful gambling).

Adapting gambling treatment for diverse groups – the committee noted that in the qualitative review on improving gambling treatment services there was no evidence from diverse populations such as those from diverse cultures, races, religions, the LGBTQ+ community or people with different levels of neurodiversity. To address this the committee made a research recommendation ‘How should gambling treatment services be adapted to meet the needs of diverse populations (for example different genders, different races or cultural backgrounds, or people with varying neurodiversity)?’. This is described in evidence review K (improving gambling treatment services).

3.3 Have the Committee’s considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee’s considerations of the equality issues as described above have been discussed in the Committee’s discussion of the evidence section in the relevant evidence reviews:

- 1) Age - evidence review C (information and support) and evidence review K (improving gambling treatment services)
- 2) Disability – evidence review A (factors suggesting harmful gambling) and evidence review D (models of care and service delivery) and evidence review K (improving gambling treatment services)
- 3) Race - no separate evidence or recommendations so not discussed

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

4) Religion or belief – evidence review I (access)

5) Sex – evidence review I (access)

6) Sexual orientation - no separate evidence or recommendations so not discussed

7) Socio-economic factors – evidence review B (tools for identification and assessment)

8) Other definable characteristics - evidence review A (factors suggesting harmful gambling), evidence review C (information and support), evidence review D (models of care and service delivery), evidence review I (access), and evidence review K (improving gambling treatment services)

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The preliminary recommendations do not make it more difficult in practice for a specific group to access services compared with other groups. The committee has made specific recommendations to advise that particular attention should be given to making access to services available for certain groups, to allow equitable access for all groups of people who may be affected by gambling-related harms.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, there is not a potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

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3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

Not applicable as no concerns raised in box 3.4

Completed by Developer _____ Hilary Eadon _____

Date _____ 17th August 2023 _____

Approved by NICE quality assurance lead Kay Nolan

Date 04/01/2023

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Stakeholders raised the following issues during consultation:

- 1) Age – older people: stakeholders commented that older people may need separate or different interventions to treat gambling that harms. The committee had not identified that as part of their evidence reviews. The recommendations already state that the treatments or their delivery should be modified for different groups, including making reasonable adjustments, and the committee had also made a research recommendation about adapting treatment services to meet the needs of diverse populations. Based on the stakeholder feedback the research recommendation was amended to include people of different ages.
- 2) Age – younger people: stakeholders commented that young people, particularly those leaving home for the first time to go to university may be a group that are at increased risk of gambling that harms. The committee agreed that, although this group had not been included in the evidence review on risk factors (as basic demographics such as age and sex were not included), they agreed this group may be at a particular risk and therefore added this group to the recommendations about people who may be at increased risk of gambling that harms.
- 3) Race – stakeholders commented that some ethnic groups may not trust NHS services and so may be more reluctant to access NHS services. The guideline had already been amended to clarify that although treatment services in the future will be NHS-commissioned, they are likely to be delivered by a range of providers and people will also have the option to self-refer to treatment pathways or for support from the voluntary sector. The committee had looked for evidence on interventions to improve access for under-represented groups including ethnic minorities but did not find any evidence and so had already made a research recommendation. No further changes to the recommendations were therefore made.
- 4) Race – stakeholders commented that some people from Black, Asian or minority ethnic backgrounds may have additional complexities as well as gambling-related harms. The committee recognised that a number of people presenting at gambling treatment services may have additional complexities and this wasn't limited to people from minority ethnic groups. The recommendations already state that the treatments or their delivery should be modified for different groups, including making reasonable adjustments, and the committee had also made a research recommendation about adapting treatment services to meet the needs of diverse populations. No further

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4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

changes to the recommendations were therefore made.

- 5) Sex – the stakeholders commented that women may need interventions delivered separately. The recommendations on improving access and overcoming stigma already suggest that gender-specific services such as women-only groups should be provided if needed. No changes have therefore been made to the recommendations.
- 6) Sexual orientation – the stakeholders commented that people from the LGBTQ+ community may be at higher risk of gambling-related harms, may face more serious harms, may be at a higher risk of relapse, may face more stigma, and may need tailored support and interventions. The committee did not find any evidence that people from the LGBTQ+ community may be at an increased risk of gambling that harms, relapse, or need tailored support. The committee agreed that people from this group would be assessed and receive treatment appropriate to their level of harms. The recommendations already advise that treatments or their delivery should be modified for different groups, including making reasonable adjustments, and the committee has also made a research recommendation about adapting treatment services to meet the needs of diverse populations. The committee looked for but found no evidence on interventions to improve access for under-represented groups including people from the LGBTQ+ community and so had made a research recommendation on this topic as well. No changes have therefore been made to the recommendations.
- 7) Socio-economic factors – stakeholders commented that people from deprived backgrounds are more likely to experience gambling-related harms, to distrust NHS services and seek help from other sources. The guideline has already been amended to clarify that although treatment services in the future may be NHS-commissioned, they may be delivered by a range of providers and people will also have the option to self-refer to treatment pathways or for support from the voluntary sector. The committee had looked for evidence on interventions to improve access for under-represented groups but did not find any evidence and so had already made a research recommendation. No further changes to the recommendations were therefore made.
- 8) People who are homeless – stakeholders commented that people who are homeless may find it more difficult to access treatment. The committee had already identified there were some groups where particular arrangements would be required to enable people to access services, (for example people in the armed forces and the criminal justice system) and so added people experiencing homelessness to this group.
- 9) People who do not have digital access – stakeholders commented that people who do not have digital access may be excluded from obtaining information, support or treatment if this is being provided online or via virtual consultations. The committee noted that all the recommendations including online or digital

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4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

methods suggest alternatives, such as information being made available in physical venues and support via in-person consultations, so no changes to the recommendations have been made.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The recommendations have changed after consultation but some of the changes have been made to reduce barriers (as described in 4.1) or widen the groups to whom special consideration or adaptations should be made. No changes will have made it more difficult in practice for a specific group to access services compared with other groups.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No changes to the recommendations will have an adverse impact on people with disabilities because of something that is a consequence of the disability.

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

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4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

No barriers or difficulties identified in 4.2

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The committee's considerations of the equality issues as described in 4.1 have been discussed in the committee's discussion of the evidence section in the relevant evidence reviews:

- 1) Age – older people – Evidence review K Improving gambling treatment services
- 2) Age – younger people – Evidence review A Factors suggesting gambling that harms.
- 3) Race – mistrust of NHS services - Evidence review I Access
- 4) Race – additional complexities - Evidence review K Improving gambling treatment services
- 5) Sex – Evidence review I Access
- 6) Sexual orientation – Evidence review J Interventions to improve access
- 7) Socio-economic factors – Evidence review I Access
- 8) People who are homeless – Evidence review I Access
- 9) People who cannot access digital support – Evidence review K Improving gambling treatment services

Updated by Developer _____ Hilary Eadon _____

Date _____ 28th March 2024 _____

Approved by NICE quality assurance lead Luke Sheridan Rains

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Date 27/01/2025

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5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

No changes from GE

Approved by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____

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NICE guidelines

Equality report EIA analysis form

Gambling that harms

Product Code		NGxxx							
Title / Topic		Gambling that harms							
If equality issues identified, how many?		12							
What was the breakdown of identified equality issues, by protected, socioeconomic, or 'other' characteristic?									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
2	1	0	0	2	1	1	1	1	3
How many issues had an impact on recommendations?		12							
If equality issues were identified, summarise what they were		Age – prevalence of gambling that harms may differ by age; younger people may be a higher risk; older people may need adaptations to services and treatments Disability – people with learning disabilities may need adaptations to treatment Race – people from certain ethnic groups may not trust NHS services; people will							

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<p>require culturally sensitive or adapted treatments or services Religion or belief – gambling may be proscribed or people may face additional stigma Sex – women may require adaptations to services such as women-only groups Sexual orientation – people from LGBTQ+ may find it more difficult to access services Socio-economic – people from deprived communities may have more distrust of the NHS and find it more difficult to access services Other – people from certain occupational groups may have an increased risk of gambling-related harms; people who are homeless may find it more difficult to access services; people who do not have digital access may have reduced options to access services</p>									
<p>What was the breakdown of equality issues with an impact on recommendations?</p>									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
2	1	0	0	2	1	1	1	1	3
<p>If equality issues had impacts on recommendations, summarise these impacts</p>			<p>Age – recommendations on groups at higher risk including young people; recommendations on modifying services to meet needs of different groups Disability – recommendations on making reasonable adjustments to services or treatments for people with disabilities Race – recommendations to allow a choice of treatment providers; recommendations on modifying services to meet needs of different groups Religion or belief – recommendations on culturally sensitive services to reduce stigma Sex – recommendations for women-only groups Sexual orientation – research recommendations on interventions to improve access and make adaptations to treatments Socio-economic – recommendations on modifying services to meet needs of different groups</p>						

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	Other – recommendations on recognising increased risk for certain occupational groups; recommendations on ensuring access for people who are homeless; recommendations on both location-based and in-person services for people who do not have digital access
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