Gambling-related harms and homelessness: findings from a scoping review

Stephanie Bramley, Caroline Norrie and Jill Manthorpe

Abstract

Purpose – People experiencing homelessness are being identified as a potentially vulnerable group in relation to gambling-related harm. The purpose of this paper is to explore the links between gambling-related harm and homelessness.

Design/methodology/approach – A scoping review of the English-language literature was conducted in 2016-2017 using a wide range of international sources. Qualitative content analysis was employed to code and identify key themes within the literature.

Findings – Five themes were identified: emerging knowledge about why people experiencing homelessness may participate in gambling; emerging knowledge about the prevalence of gambling within the homeless population; the likelihood that gambling-related harm is under-reported within the homeless population; emerging knowledge about the extent that people experiencing homelessness access gambling support services; and limited awareness about the potential impact of gambling participation among people experiencing homelessness.

Originality/value – The paper reviews research concerning the links between gambling, gambling-related harm and homelessness, which may be relevant to those working with people experiencing homelessness.

Keywords Homeless, Scoping review, Homelessness, Gambling, Gambling-related harm, Housing instability

Paper type Literature review

Introduction and background

People experiencing homelessness are sometimes identified as a vulnerable group in relation to the risk of gambling-related harm (Wardle, 2015). Preliminary research suggests that people experiencing homelessness are ten times more likely to have a problem with gambling when compared with the UK population as a whole (Sharman et al., 2015). Another recent study estimated the excess fiscal costs to the UK Government incurred by people who are problem gamblers to be between £260 million and £1.16 billion per year for Great Britain (GB) (Thorley et al., 2016). The same study provided an illustrative estimate of the excess fiscal costs incurred by people who are problem gamblers in relation to statutory homelessness applications as between £10 and £60 million in GB (Thorley et al., 2016).

This population of homeless people at risk from their own or others’ gambling may include people experiencing “multiple exclusion homelessness” (MEH) which is defined as:

[…] people who have been “homeless” (including experience of temporary/unsuitable accommodation as well as sleeping rough) and have also experienced one or more of the following other domains of “deep social exclusion” (i.e. severe and multiple disadvantage): “institutional care” (prison, local authority care, mental health hospitals or wards); “substance misuse” (drug, alcohol, solvent or gas misuse); or participation in “street culture activities” (begging, street drinking, “survival” shoplifting or sex work) (Fitzpatrick et al., 2012, p. 1).
Such individuals often have complex needs, be vulnerable to different harms and may potentially “fall between the gaps” in policy and services (Cornes et al., 2011). While recent legal changes in eligibility for and the remit of publicly funded social care took place in England under the Care Act 2014 (CA 2014), there is still uncertainty within homeless organisations about referring individuals for assessment under the CA 2014 and some reluctance by social workers to engage with people experiencing homelessness due to a shortage of resources (Cornes et al., 2016). Although gambling is not included within the definition of MEH, other potentially addictive behaviours are (e.g. substance and/or alcohol misuse) and we would argue that gambling problems may be another factor associated with people either experiencing homelessness or experiencing harm as a result of participating in gambling whilst homeless.

Discourses concerning why individuals may experience gambling-related harm have tended to focus on whether “fault” lies in the person (i.e. individual characteristics, e.g., impulsivity), the product (i.e. specific features of gambling activities) or the environment (i.e. opportunities to gamble, availability of gambling, advertising of gambling products) (Orford, 2011, p. 96). Orford (2011, p. 229) argues that gambling products are intrinsically dangerous and addiction is the result of a complex interaction of the person, product and environment. However, the onus is largely on the individual to control their gambling participation through “gambling responsibly” by using gambling management tools, for example, setting their own limits on time and money spent, using blocking software and participating in self-exclusion, and to proactively engage in help-seeking behaviours should the need arise (GamCare, n.d.). Similar discussions have taken place in relation to explanations of homelessness and tended to fall into two categories – “individualistic” explanations and “structural” explanations which highlight broader forces such as housing market conditions, poverty and unemployment, again, similar to gambling, there seems a complex interplay between these explanations, with certain individual, social and structural factors associated with the odds of experiencing homelessness (Bramley and Fitzpatrick, 2018).

Gambling participation could also be considered as a “street culture” activity, given that the Gambling Act 2005 (GA 2005) liberalised gambling in the UK and gambling in the twenty-first century is becoming ever more varied, accessible and visible. Changes in gambling opportunities within the UK are reflected in: the abolition of the so-called “demand test” which previously outlined that gambling should only be meeting “unstimulated demand” and required gambling operators to provide evidence of such demand when proposing new gambling environments (Orford, 2011); new 24 hour online gambling services (Orford, 2011); large increases in gambling advertisements on television, online and social media (Ellson, 2017); the clustering of betting shops in some British high streets where people experiencing homelessness may frequent in order to participate in other “street culture” activities (e.g. begging or food distribution); a 10 per cent increase (between 2008 and 2015) in the number of Fixed-Odds Betting Terminals (FOBTs) (Gambling Commission, 2018a); and local authorities in England and Wales assuming responsibility for the licensing or issue of permits/notification for gambling premises (Local Government Association, 2015).

Concerns about the proliferation of betting shops in local communities have been raised within the media (e.g. Barford and Judah, 2013). A government-funded independent review (Portas, 2011) suggested betting shops should no longer be classified as a financial and professional service but put into their own “use class” so their numbers could be more easily monitored. This recommendation was adopted and betting shops became classified as “sui generis” meaning that planning permission is required for all new betting shops (Hewitson and Denton, 2015).

The number of UK betting shops has fallen recently (Gambling Commission, 2018a); however, concerns have been raised about FOBTs located in betting shops, casinos and bingo halls which currently enable gamblers to stake up to £100 every 20 seconds (Davies, 2017). Expenditure on FOBTs increased from just over £1 billion (April 2008 - March 2009) to over £1.8 billion (April 2016-March 2017) (Gambling Commission, 2018a), accounting for just over half of the profits from betting shops (Ahmed, 2017). Calls for the FOBT maximum stake size to be dramatically reduced have been voiced by some politicians (Davies, 2016), campaigners (Campaign for Fairer Gambling, 2017) and local authorities (Newham London, 2016). A recent government consultation on proposals for changes to FOBTs and social responsibility measures is expected to report in 2018 (Department for Digital, Culture, Media and Sport, 2017).
The Gambling Commission estimates that nearly half (45 per cent) of the adult population in GB participated in at least one form of gambling in 2017 (~3 per cent from 2016) and 18 per cent had gambled online in the previous four weeks (Gambling Commission, 2018b). In 2017, six out of 1,000 (0.6 per cent) (~0.1 per cent from 2016) respondents to Gambling Commission surveys were identified as problem gamblers (its definition of problem gambling is “behaviour related to gambling which causes harm to the gambler and those around them” and was measured using the short-form Problem Gambling Severity Index, Ferris and Wynne, 2001) (Gambling Commission, 2018c). In addition 51 out of 1,000 (5.1 per cent) (~0.4 per cent from 2016) were classified as at-risk gamblers (Gambling Commission, 2018c).

We undertook a scoping review (Arksey and O’Malley, 2005) of the literature relating to homelessness with the aims of examining the extent, range and nature of research about gambling-related harm and homelessness. This was part of a wider research project focusing on the nature and extent of gambling-related harm affecting “adults with care and support needs” as defined in English law under the CA 2014 (Bramley et al., 2017). The CA 2014 states that the “general duty of a local authority […] in the case of an individual is to promote that individual’s wellbeing” (s 1 (1) CA 2014) which includes aspects relating to “personal dignity; physical and mental health and emotional wellbeing; protection from abuse and neglect; suitability of living accommodation” amongst other aspects of an individual’s wellbeing (s 1 (2h) CA 2014). Once a local authority is satisfied on the basis of a needs assessment that an adult has needs for care and support, it must determine whether any of these needs meet the eligibility criteria, namely, that “the adult’s needs must arise from or be related to physical or mental impairment or illness”; “as a result of this, the person is unable to achieve two or more of the outcomes listed in the regulations” (e.g. maintaining a habitable home environment). The local authority then has to decide whether the adult’s needs and their inability to achieve the specified outcomes cause or risk causing a significant impact on their wellbeing (Cornes et al., 2016, p. 216). Some people experiencing homelessness may meet such high eligibility criteria; however, local authority social care resources are limited, social workers may be overworked, have limited experience of working with homeless people and housing officers, and/or homelessness workers may have little experience of working with adult social care which may impact upon homelessness organisations helping their clients to access support (e.g. advice, a care plan covering personal care assistance, reablement support, and other forms of social care) (Cornes et al., 2016).

Under the CA 2014, local authorities can also make safeguarding enquiries where they have reasonable cause to suspect that an adult in its area has needs for care and support (whether or not the authority is meeting any of those needs); is experiencing, or is at risk of, abuse or neglect; and as a result of those needs is unable to project himself or herself against the abuse or neglect or the risk of it (s 42 (1) CA 2014). Data, however, are not generally collected about the numbers of people about whom there are safeguarding concerns who are homeless.

Our synthesis included evidence about people experiencing homelessness who may be affected by, or at risk of, gambling-related harm as a result of their own or others’ gambling participation. Gambling-related harm is defined as “the adverse financial, personal and social consequences to players, their families and wider social networks that can be caused by uncontrolled gambling” (Responsible Gambling Strategy Board, 2009, p. 9). This paper is one of a series of outputs from the adults with care and support needs and gambling study (Bramley et al., 2017). We have presented elsewhere the findings related to social work (Manthorpe et al., 2017a), and on adult safeguarding policy and practice (Manthorpe et al., 2017b).

**Aims of this review**

We aimed to improve the understanding of gambling-related harm for people experiencing homelessness to inform policy and practice. The following research question is addressed in this paper:

**RQ1.** What does research tell us about the extent, range and nature of research about gambling-related harm and homelessness?
Methodology

Table I outlines the search strategy which was developed using the mnemonic PICo for qualitative studies: population, phenomenon of interest and context (Glasper and Rees, 2017). Our definition of homeless was that applied in several studies, namely the situation of people living in accommodation that is intended as only temporary (e.g. hostels) or where people are classed as “legally” or statutorily homeless such as people sleeping rough on the streets (Shelter, 2017). The following list outlines the data sources that were searched and the inclusion and exclusion criteria.

Data sources:

- Electronic databases: Psychinfo, Embase and Scopus, Web of science, Assia, Social Policy and Practice, AgeInfo, Social Care Online, NHS Evidence and British Nursing Index.
- Other sources: reports; legislation; statutory guidance; professional press; books; book chapters; newsletters; briefing papers; and industry statistics.

Inclusion criteria:

- English language, 2007-July 2017
- The experience of gambling-related harm for people experiencing homelessness.

Exclusion criteria:

- Publications that focussed on gambling by children and young people (i.e. under 18s).

Our work focused on the publications that had been published between 2007 and July 2017; this starting date reflecting the timing of the full implementation of the GA 2005. International literature was included as lessons may be learned from jurisdictions with long-standing de-regulation of gambling and high participation rates, as well as other countries’ initiatives to address risks of gambling-related harm; however, only English language material was accessed. EndNote X7 reference manager software was utilised to organise and manage the scoping review data (Figure 1).

The five stages of qualitative content analysis were followed (Arksey and O’Malley, 2005): identifying the research question; identifying the relevant studies; study selection; charting the data; and collating, summarising and reporting the results. For Stages 2 and 3, the first author identified relevant pieces of literature which were reviewed by the co-authors in order to select studies for inclusion within the scoping review. For Stage 4, the first author produced a brief summary of each piece of literature, including the methodology utilised, the study population and

<table>
<thead>
<tr>
<th>Table I</th>
<th>Search strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td><strong>Phenomenon of interest</strong></td>
</tr>
<tr>
<td>“adult” at risk” OR “at risk adult” OR “dependent adult” OR “vulnerable adult” OR “vulnerable person” OR “vulnerable population” OR “vulnerable group” OR “adult” in need of protection” OR “vulnerable older adult” OR “adult” in need of protection” OR “adult” with disab” OR “adult” with learning disab” OR “person with dementia” OR “dementia patient” OR “person with an acquired head injury” OR “older adult” OR “vulnerable older adult” OR “homeless” OR “homelessness” OR “housing instability”</td>
<td>Gambling</td>
</tr>
</tbody>
</table>
the important results. For Stage 5, the summaries were reviewed by the co-authors and patterns/themes were identified within the literature which formed the basis of this paper.

In all, 20 pieces of literature were included in this scoping review. Content analysis revealed five themes: emerging knowledge about why people experiencing homelessness may participate in gambling; emerging knowledge about the prevalence of gambling within the homeless population; the likelihood that gambling-related harm is under-reported within the homeless population; emerging knowledge about the extent that people experiencing homelessness access gambling support services; and limited awareness about the potential impact of gambling participation among people experiencing homelessness.

Findings

Emerging knowledge about why people experiencing homelessness may participate in gambling

There is limited knowledge about why people experiencing homelessness may participate in gambling. Some studies note that people experiencing homelessness may visit high-street gambling environments because they offer shelter, have extended opening hours (when other venues are closed), offer low-stake gambling, are warm and often provide free sustenance (Sharman et al., 2016; Wardle et al., 2014). Furthermore, rough sleepers may be victims of violence and abuse on the streets (Crisis, 2016). Therefore, individuals may consider high-street gambling environments as places of relative safety where they can seek refuge and escape life on the streets albeit temporarily (Sharman et al., 2016; Wardle et al., 2014).

In many studies, gambling is considered broadly without any acknowledgement of the multitude of gambling activities with which people experiencing homelessness may engage. Two recent studies are exceptions as they provide some insight into the popularity of gambling activities among people experiencing homelessness. Sharman et al. (2015) found that shop-based gambling activities, including electronic roulette on FOBTs, slot machines and sports betting, were the most common forms of gambling, while online and casino gambling were the least...
common among homeless problem gamblers. However, Borchard’s (2010, p. 462) ethnographic study of the leisure activities of people experiencing homelessness in Las Vegas, USA, located one participant who gambled whatever money he had left after his day at work on “video” poker indicating the need to take into account new gambling opportunities.

**Emerging knowledge about the prevalence of gambling within the homeless population**

The prevalence of gambling participation by people experiencing homelessness in the UK is currently unknown, although five studies have highlighted links between gambling and homelessness. Sharman *et al.*’s (2015) study contained a sample of people experiencing homelessness (456 individuals; 53.9 per cent = male) attending homeless services provided by Westminster Local Council in Central London, UK. The rate of problem gambling within this sample was 11.6 per cent, compared to 0.7 per cent in the general 2010 British Gambling Prevalence Survey and was higher among people sleeping rough compared to hostel residents who also had high rates of low-risk gambling participation (Sharman *et al*., 2015).

A later UK study conducted by Sharman *et al.* (2016) examined the extent to which problem gambling was a cause or consequence of homelessness. They recruited 72 mainly male participants (87.5 per cent = male) from homeless centres also in Westminster, London. Nearly two-thirds (61.5 per cent) of participants who had some level of gambling risk (i.e. Problem Gambling Severity Index score > 0) disclosed experiencing gambling problems prior to becoming homeless compared to a sixth (15.4 per cent) who reported only experiencing gambling problems after becoming homeless. Problem gambling was evident among just under a quarter (23.6 per cent) of the sample, of whom most (82 per cent) said that their gambling preceded their homelessness, while 17.6 per cent had experienced gambling problems after homelessness (Sharman *et al*., 2016).

In a study of FOBT use and problem gambling in Liverpool, UK, “several respondents” stated that they had become homeless, at least in part, due to their gambling problems (Liverpool Public Health Observatory, 2014, p. 35). Roberts *et al.* (2017) analysed data collected from the “Men’s Health and Modern Lifestyles Survey” which was administered in 2009 to 3,025 men (aged 18-64 years) living in England, Wales and Scotland at their home address. Respondents were asked about whether they had experienced homelessness after the age of 18. The authors administered the South Oaks Gambling Screen, a 20-item questionnaire based on DSM-III criteria for pathological gambling (Lesieur and Blume, 1987) to the sample and found that problem gambling (identified in 11.8 per cent of the sample) and “probable pathological” gambling (identified in 15.2 per cent of the sample) were associated with increased odds of homelessness (Lesieur and Blume, 1987).

Evidence of gambling participation by people experiencing homelessness has been gathered internationally. Moghaddam *et al.* (2015) analysed data collected within the 2001-2002 US’ National Epidemiologic Survey on Alcohol and Related Conditions and found low-risk (14.5 per cent prevalence), at-risk (23.7 per cent prevalence), problem (29.8 per cent prevalence) and pathological gambling (37.3 per cent prevalence) were all associated with homelessness.

Nower *et al.* (2015) investigated the prevalence of gambling disorder and comorbid psychiatric disorders among US African-American people experiencing homelessness (n = 275; 73.5 per cent = male). The sample comprised 60 non-gamblers, 152 recreational gamblers and 63 problem gamblers. Their lifetime rates of sub-clinical problem (46.2 per cent) and disordered (12 per cent) gambling were significantly higher than in the general population.

Matheson *et al.* (2014) examined the prevalence of problem and pathological gambling among 264 clients (88.5 per cent = male) of a homeless service agency in Toronto, Canada. The prevalence of lifetime problem gambling here was 10 per cent and that of pathological gambling was 25 per cent.

In Japan, Pluck *et al.* (2015) tested the cognitive function of a small sample of homeless men and assessed their problem gambling status. They found that five (31 per cent of the sample; n = 16) were pathological gamblers but found no correlation between cognitive function and gambling participation.
Rota-Bartelink and Lipmann (2007) interviewed 125 people aged over 50 (74.4 per cent = male) and their case/key workers to assess their understanding of the events and states that led to their client becoming homeless and about the use of homeless services in Australia. Less than a third of the respondents (28.8 per cent) reported gambling problems (comprising 37.6 per cent males and 12.6 per cent females). Men were significantly more likely to report having problems with gambling and also more likely than women to self-report their gambling (46 vs 16 per cent, Rota-Bartelink and Lipmann, 2007).

The likelihood that gambling-related harm is under-reported within the homeless population

Some researchers contend that gambling participation is under-reported within the homeless population. One reason for uncertainty is the British Gambling Prevalence Surveys, which are nationally representative surveys of gambling participation and the prevalence of problem gambling in GB, but only collect data from private households (Wardle et al., 2007, 2011). This approach therefore excludes people experiencing homelessness, together with people living in long-term care facilities, prisoners and other population sub-groups from participating in the surveys (Wardle et al., 2007, 2011). Australian researchers have also noted that large prevalence surveys often recruit via landline telephones. Generally they do not include questions on housing tenure making it difficult to include the homeless population and to determine whether there is any relationship between problem gambling and problems with housing tenure or the risk of homelessness (Miller, 2015).

Rota-Bartelink and Lipmann (2007) noted from key/case workers’ perspectives that problematic gambling together with excessive alcohol consumption was often under-reported by their clients. Holdsworth and Tyce (2012) conducted in-depth interviews with 17 people experiencing homelessness (58.8 per cent/9 = male) who were seeking assistance for housing and related problems, and 18 service providers (staff such as social workers, counsellors, and case workers) in the Northern Rivers region of New South Wales, one of Australia’s most disadvantaged areas. Both clients and service providers identified connections between homelessness and gambling. One practitioner emphasised that discussing matters such as finances and gambling was critically important, not only to uncover “hidden” problems, but also to provide a fuller understanding of each person’s situation and how assistance might best be offered (Holdsworth and Tyce, 2012, p. 479). However, others noted that some clients were reluctant to disclose private information and rarely admitted gambling problems (Holdsworth and Tyce, 2012, p. 480). Another practitioner observed that people experiencing homelessness may only be able to deal with one thing at a time, which meant that some become overwhelmed by accumulating problems that were difficult to disentangle (Holdsworth and Tyce, 2012). Others remarked that people experiencing homelessness often find it difficult to face up to their problems, especially gambling problems – some may deny that they have a problem or be unwilling to admit to it (Holdsworth and Tyce, 2012). Staff and clients reported these feelings could be related to identity, self-esteem and honesty, with some staff noting that gambling behaviour was often consciously concealed (Holdsworth and Tyce, 2012, p. 481). Staff spoke of the difficulties they faced when making decisions concerning the allocation of extremely limited resources suggesting that policy initiatives that seek only to measure the extent of problems may need to take these factors into account (Holdsworth and Tyce, 2012, p. 483).

Emerging knowledge about the extent that people experiencing homelessness access gambling support services

Knowledge about the extent to which people experiencing homelessness are aware of, or access gambling support services is also limited. Sharman et al. (2016) found that the majority (76.9 per cent) of their participants who gambled were aware of support services for gambling. However, such awareness was significantly lower than for alcohol services (94.7 per cent) or substance disorder services (95.7 per cent). Furthermore the actual use of treatment services by gamblers was significantly lower than for people with substance or alcohol problems (Sharman et al., 2016). Less than a third of gamblers (26.9 per cent) in the “some risk” group (i.e. PGSI score > 0) had sought help for gambling problems, whereas nearly half (46.2 per cent) of participants who had endorsed one or more DSM-IV alcohol disorder items had sought help for
alcohol problems and 67.9 per cent of participants who scored one or more of the DSM-IV substance disorder items had sought help for substance problems (Sharman et al., 2016).

Rota-Bartelink and Lipmann (2007) found over 40 per cent (41.6 per cent) of the case/key workers they interviewed had suspected a client had a gambling problem or thought that a gambling problem was evident. The majority (85 per cent) of those who reported gambling problems had not sought assistance for them. The authors compared their findings to those of a similar study carried out in England which had found few self-reports of gambling problems (5 per cent) and fewer occasions where case/key workers suspected their client to have a gambling problem or thought that a gambling problem was evident (5 per cent) (Warms and Crane, 2006) but this was prior to the major expansion of UK gambling.

Guilcher et al. (2016) interviewed 30 men who had experienced problem gambling and housing instability in Toronto, Canada, to capture their perception of and experiences with support services. Participants reported a loss of autonomy with their gambling behaviour and used various strategies to try and regain control. This approach was perceived to be useful because for some participants being “told what to do” and not feeling empowered led them to consider services as less helpful (Guilcher et al., 2016). Empathy, compassion and sincerity during interactions with service providers were also thought to be important to the recovery process. Participants wanted to feel valued and respected while interacting with services or service providers. Services which could support physical and mental health, education, employment, housing, interpersonal relationships and financial management were considered conducive to recovery. More practical support such as mechanisms which facilitated payments for housing and groceries to be taken from social assistance (social security) were also believed to help with money management. Person-centred engagement was a main theme comprising: empowerment and autonomy; empathy, compassion and sincerity; respectful communication; and tailored holistic life plans. Recommendations for service improvement included raising general awareness of services for problem gambling, delivering integrated services via a one-stop-shop to help address people’s complex and multiple needs in one place, addressing mental health problems through psychotherapy and pharmacotherapy, providing timely access to prevention and recovery services, and enhancing life skills by peer support (Guilcher et al., 2016).

Limited awareness about the potential impact of gambling participation among people experiencing homelessness

Gambling can affect individuals’ finances, relationships, emotional or psychological state, health and work/study/economic activity (Langham et al., 2016). Not surprisingly, gambling may be a contributing factor to homelessness (Gambling Commission, 2016a), suggesting that a public health approach should be adopted to acknowledge that gambling and social problems affect the nation’s health (The Lancet, 2017).

Homelessness may also be connected with illegal gambling activity (i.e. gambling which is not regulated) and therefore lead people experiencing homelessness to become known to the criminal justice service with its consequent impacts. A US study found that of 601 homeless young adults aged 18-24 (64.1 per cent male), 19.1 per cent engaged in illegal gambling in order to generate income, with young men (14 per cent) being significantly more likely to do so than young women (5.1 per cent) (Ferguson et al., 2016). Furthermore some individuals admitted to committing illegal acts specifically to fund their gambling, mostly theft (e.g. stealing, shoplifting and burglary) (Sharman et al., 2016).

As there are no visible signs and symptoms directly associated with problem gambling, it has been described as an invisible or hidden problem (Johnson, 2017). Although people experiencing homelessness and gamblers can experience physical and/or mental health problems (Cowlishaw and Kessler, 2016; Homeless Link, 2014), such symptoms may be treated at “face value” by practitioners, due to a lack of training and/or awareness resulting in the underlying difficulties remaining unrecognised (George and Bowden-Jones, 2014). Whilst practitioners working with individuals experiencing homelessness tend to ask clients about their alcohol and drug use, practice guidance and policy do not require practitioners to routinely ask people experiencing homelessness about their participation in gambling (Bramley et al., 2017).
Discussion

This scoping review sought to improve understanding of gambling-related harm for people experiencing homelessness and to examine the extent, range and nature of research about gambling-related harm and homelessness. We identified 20 pieces of literature related to this topic. The review outlined research covering why people experiencing homelessness may visit gambling environments, which gambling activities they may engage with, estimates of the prevalence of gambling participation by people experiencing homelessness, the possibility that gambling participation by this population is under-reported, the extent that people experiencing homelessness access gambling support and the impact of gambling-related harm on people experiencing homelessness.

The review found some evidence about why people experiencing homelessness may visit gambling environments. Such environments may help people experiencing homelessness to meet some basic needs such as finding sustenance and shelter, and obtaining social interaction, if only for short periods of time. Although our review did not identify any specific evidence of the risks potentially faced by people experiencing homelessness who gamble, they, together with other adults with care and support needs may be putting themselves at risk of exploitation in gambling environments by being coerced into gambling, or being observed by other gamblers and subsequently taken advantage of because of their vulnerabilities (Bramley et al., 2017). This risk has been little explored in practice or policy, although since 2016 land-based gambling operators in England have been required to outline how they will reduce risks in their local area such as being located near a “homeless shelter” (Gambling Commission, 2016b) and have to comply with requirements set out in the Licence Conditions and Code and Practice (Gambling Commission, 2017). Within the Social Responsibility Code, licensees must put into effect policies and procedures for interacting with customers where they have concerns that a customer’s behaviour may indicate problem gambling and provision for interacting with customers demonstrating signs of agitation, distress, intimidation, aggression or other behaviour (Gambling Commission, 2017, p. 47). Gambling venue staff may therefore be well-placed to identify incidents of possible exploitation or intimidation of people experiencing homelessness and take action such as refusing to serve the alleged perpetrator or asking them to leave the premises. Those working in homelessness services could assist in providing evidence about whether other people’s gambling habits lead to the coercion, exploitation or intimidation of people experiencing homelessness and, if so, how these risks could be managed.

We found some evidence of gambling participation among people experiencing homelessness, although we found no data indicating country-wide prevalence of gambling by people experiencing homelessness in the UK or other jurisdictions. However, some studies did find higher rates of problem gambling for people experiencing homelessness compared to general population gambling prevalence surveys (e.g. Sharman et al., 2015), suggesting that this population group may be a vulnerable group in relation to gambling-related harm and problem gambling. It should be noted that there may be a potential association between the rates of problem, at-risk and/or gambling-related harm experienced by people experiencing homelessness and the number of gambling venues and/or opportunities within the area in which they reside (e.g. Westminster and Las Vegas) compared to other areas of a jurisdiction (e.g. England and USA) which may have lower numbers of people experiencing homelessness and/or gambling opportunities. Wardle et al. (2017) identified areas of the UK where there may be heightened risk of people experiencing gambling problems either because of the types of people who live in those places (e.g. young people, those from minority ethnic groups, unemployed people and people with certain mental health diagnoses), the types of services offered in those areas (e.g. substance abuse/ misuse treatment centres, food banks, homelessness shelters, educational establishments and payday loan shops) or a combination of the two. Reflecting the gender profile of homeless populations most samples provided data related to men (e.g. Sharman et al., 2016), indeed more men participate in gambling than women in the UK (Gambling Commission, 2018c). However, a recent study has suggested that the intersection of disordered gambling and homelessness may be especially risky for women whose housing tenure is insecure (Rash and Petry, 2017). Future research and policy and practice development should therefore investigate the extent to which women experiencing homelessness participate in gambling, are affected by the gambling of others, and whether the types of gambling-related harm experienced by people experiencing homelessness differ by gender.
Our review observed that gambling by people experiencing homelessness may be under-reported and hidden for several reasons. Practitioners may be unsure of how gambling participation may impact on clients and therefore unsure of how to spot the signs of gambling-related harm in the context of other problems experienced by people experiencing homelessness or how to determine the extent that gambling is affecting their clients’ health and wellbeing. There is also evidence that many people experiencing homelessness who have multiple and complex needs may be excluded from social work support, which may negatively impact upon this population’s ability to access support that might address current or long-standing problems (Manthorpe et al., 2015). There also appears very little written about mobile and online gambling among this group, such forms of gambling are on the rise in the UK (Stradbrooke, 2018).

Some researchers have recommended that screening for gambling problems should be undertaken by homeless support services (Sharman et al., 2015, 2016; Nower et al., 2015; Matheson et al., 2014); however, in order for screening programmes to be effective support workers and managers should be engaged in debating whether this is feasible and, in particular, if there are sufficient local resources to assist following a positive screen. If screening was introduced, housing and homeless sector practitioners could have much to offer others about how, where and when people experiencing homelessness gamble, they could provide evidence about the potential impact of gambling for this population, the adequacy, availability and accessibility of gambling support services, user experiences and the potential effectiveness of gambling management tools (e.g. self-exclusion). They may also be able to work with others to develop effective and inclusive public health responses to gambling problems.

We found some evidence of the potential impact of gambling participation for people experiencing homelessness in relation to involvement in illegal behaviour. They may take part in illegal gambling and commit illegal acts in order to fund their gambling habits as well as other needs or addictions. However, little is known about whether people experiencing homelessness experience different types of gambling harm compared to other vulnerable groups and the general population, and the extent that gambling-related harm affects their relationships with support services and their housing situation.

It appears that the knowledge base about gambling-related harm and homelessness is small but emerging. For example, new research projects designed to screen for gambling-related harm in the homeless population, develop brief interventions and explore how to support to people experiencing homelessness who have gambling problems are being developed (e.g. GambleAware, 2017).

Our review was limited by its inclusion criteria of only drawing on material published in English, within a recent timeframe, and in relation to adults who might be at risk of harm from their own or others’ gambling. In light of the limited evidence, the studies were not subjected to critical quality appraisal. Furthermore, it is noted that much of the literature relating to gambling and people experiencing homelessness was concerned with men and therefore future research may wish to examine the extent that gambling-related harm is experienced by women experiencing homelessness. Furthermore, future research may wish to establish the prevalence of people experiencing homelessness who are experiencing gambling-related harm. This may identify a potential unmet need and provide an indication of the demand for gambling support services which could be accessed by people experiencing homelessness.

Conclusions

People experiencing homelessness may participate in gambling and consequently experience gambling-related harm. Efforts should be made among policy making and practice communities to raise awareness of the potential impacts of gambling for people experiencing homelessness to support workers and housing officers and in the context of public health approaches. Such practitioners may be well-placed to screen for gambling problems with people experiencing homelessness but they may need assurances that there are support options following this intervention. It may be helpful for gambling, addictions, homelessness and housing practitioners to jointly discuss challenges in common in order to mitigate the risk of people experiencing homelessness experiencing gambling-related harm.
References


Further reading

Corresponding author
Stephanie Bramley can be contacted at: Stephanie.bramley@kcl.ac.uk

For instructions on how to order reprints of this article, please visit our website:
www.emergdrouppublishing.com/licensing/reprints.htm
Or contact us for further details: permissions@emeraldinsight.com