

## **Health evidence base for the emerging policy concerning retail provision**

NHS Haringey & LB Haringey, London

V3.2

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# 1 Executive summary

1.1.1 LB Haringey is preparing a Development Management Policy (DMP) as part of its Local Development Framework (LDF) to guide retail provision in the borough. The Public Health Directorate requested Ben Cave Associates Ltd (BCA) to review the health evidence that surrounds this policy. In this review we examine the health effects linked with three types of retail outlet: hot food outlets; betting shops and high street money-lenders (such as pay-day-loan shops). Haringey residents have also expressed concern about a growth in the number of these types of outlets.

## *Policy*

1.1.2 National and London planning policy supports actions within planning to address health. Local planning policy also addresses health and health inequalities but we find that the policies could be enhanced to support the use of spatial planning and distribution of Planning Use Class Order to influence the wider determinants of health and result in positive health outcomes, including physical health, mental health and social wellbeing. Such provisions could make specific reference to avoiding clustering of fast-food takeaways (linked to DMP28), betting shops and pay-day lenders in areas with vulnerable populations.

1.1.3 The Health and Wellbeing Strategy notes the importance of the wider social and economic environment for protecting and improving health and for reducing inequalities in health. The Strategy notes the links between hot-food outlets and obesity in children: it states that all planning avenues will be explored to reduce the proliferation of fast food outlets in the borough. It does not currently note the links between poor health and betting shops or payday lenders.

1.1.4 Health evidence can contribute to planning and licensing decisions. We see that public health issues can be material planning considerations and that the following points would characterise a robust public health argument:

- a link between the social objective and the proximity of the particular 'use class' [the science];
- a link between the social objective and the existing concentration of the particular 'use class' [the local conditions]; and
- the existence of local policy explicitly seeking to control proliferation of the particular 'use class' [the local policy].

1.1.5 We do not recommend a threshold test which would seek to demonstrate the effect of one additional retail outlet of a particular 'use class' on health. We find that this would require a detailed study for each planning application and so is not considered feasible.

## *Hot food takeaway outlets*

1.1.6 The consumption of unhealthy food is linked to obesity. Obesity causes cardiovascular disease, type-2 diabetes, obesity related cancers, osteoarthritis and some psychological conditions. Higher densities of hot-food take tend to occur in deprived areas which in turn are linked to higher local levels of obesity. The Health and Wellbeing Strategy shows how obesity in children is found predominantly in the east of the borough and how childhood obesity is a central concern for the borough.



## Betting shops

1.1.7 Betting shops provide opportunities to lay bets on sporting outcomes and they also increase the accessibility of slot machines and FOBTs<sup>1</sup>. Access to gambling venues increases gambling activity and problem gambling. Problem and pathological gambling is linked to poor health, low level and severe mental health problems and a co-dependence on alcohol. 'At-risk gambling' and 'problem gambling' are associated with area deprivation. There is a higher proportion of Betting Shops in the east of the borough. Betting shops have been the subject of a scrutiny review by the borough. The Health and Wellbeing Strategy seeks to address mental ill health and addictive behaviour.

## High street money lenders

1.1.8 Payday lending is linked to poor mental health via indebtedness and financial exclusion. Payday lenders flourish where mainstream financial services have withdrawn or if they do not offer low-value short-term loans to people on low incomes. Whilst payday lending may fill a void in community financial services it does not alleviate economic hardship and can trap users in a spiral of debt. Clustering of payday lenders may be a particular problem for people who borrow consecutively or simultaneously from multiple high street money lenders. Haringey Council has established a Credit Union to reduce financial exclusion in the borough. The Health and Wellbeing Strategy notes the pernicious effect of debt and seeks to address mental ill health.

## Conclusion

1.1.9 The vision of Haringey's Health and Wellbeing Strategy is for:

*A Healthier Haringey – We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.*

1.1.10 This requires action across many sectors and the strategy has been developed and will be delivered alongside other local developments. Hot food outlets, betting shops and high street money-lenders can, in different ways, be linked to poor health and to a disproportionate effect on people with low incomes. Public health can provide a supporting case for planning and licensing decisions by demonstrating local policies and local data in conjunction with scientific evidence. This supports arguments for preserving vitality and viability in Haringey. This will also contribute to protecting and improving health and reduce inequalities in health in Haringey.

1.1.11 This document focusses on the ways in which public health can support a planning policy. A seminar to examine these issues also identified ways in which the Public Health Directorate could reach out to people using these retail outlets and seek to promote good health.

1.1.12 This document can be reviewed as further evidence emerges.

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<sup>1</sup> FOBT: Fixed Odds Betting Terminals



## 2 Introduction

- 2.1.1 LB Haringey is developing a policy concerning retail provision (1). To support this policy LB Haringey requires a health evidence-base to support policy decisions.
- 2.1.2 LB Haringey has stated they are interested to know the health effects that are linked with the concentration of hot-food outlets, of high street money-lenders and of betting shops. For example: are health and wellbeing affected by a geographical concentration of these services? Do these services contribute to, or hinder, the LB Haringey health and wellbeing strategy (2)? These are:
- Outcome 1: Every child has the best start in life.
  - Outcome 2: A reduced gap in life expectancy.
  - Outcome 3: Improved mental health and wellbeing.
- 2.1.3 LB Haringey is also interested in the nature of the contribution that public health evidence can make to planning decisions.
- 2.1.4 In the following sections we look at planning policy and at past decisions to see how public health information is taken into account. We then examine the scientific literature regarding access to hot-food outlets, betting shops and payday loan shops. Each section concludes with a summary of information about the population in Haringey and about current policies and initiatives in the borough. In Appendix A we provide summaries of planning decisions concerning the three types of retail outlet (see page 48).
- 2.1.5 This has been a desk-based review. Officers from LB Haringey have provided useful comment and insight. LB Haringey also organised a seminar at which these issues were discussed and additional actions identified (see page 61).



## 3 Policy, case law and legislation

3.1.1 Councillors in Haringey have raised concerns that a predominance of certain types of premises can be problematic for an area (3). LB Haringey has suggested that such premises may include:

- hot food outlets,
- betting shops and
- high street money-lenders (such as pay-day-loan shops).

3.1.2 The number of these establishments has raised concerns, as well as the fact that they clusters can develop. These clusters occur particularly within deprived areas.

3.1.3 LB Haringey has sought to tackle such clustering through a variety of measures. Some types of premises, such as betting shops, require a licence from the local authority. LB Haringey may refuse to grant a licence for particular premises on the basis of demonstrating a clear link to:<sup>2</sup>

- crime; or
- the exploitation of vulnerable persons; or
- harm to vulnerable persons.

### Thresholds?

3.1.4 However in practice such links are difficult to demonstrate, particularly that a single additional outlet would result in adverse outcomes for the local population. A threshold test is required that could be broadly applicable to a variety of communities, but sensitive enough to mark a clear tipping point at which to refuse further licences. Currently the scientific evidence is incomplete, any such test would therefore have to take a pragmatic approach based on generalised principles. For example a target density of premises could be allocated based on the area's level of deprivation, or a set exclusion distance applied from indicators of particularly vulnerable groups, such as schools. Whilst such a test would be evidence based, it could be the subject of contrasting expert opinion if the decision to refuse a licence was challenged.

3.1.5 A more robust position could be obtained through detailed investigations and evaluations of sensitivity and impact in a particular community for an individual application. Whilst such an approach would be likely to produce more compelling evidence as to any tipping point or threshold, it is unlikely that this would be a financially viable option for the local authority in every licence application. The local authority may however consider undertaking such detailed study in communities with high levels of deprivation where the premises in question are already in high density and there are applications for further expansion of such uses.

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<sup>2</sup> In 2008 *The Haringey Independent* reported instances when Haringey Council lost appeals and had costs awarded against them for refusing to grant licences to gambling operators (4).





3.1.6 It should also be noted that, in the case of premises such as betting shops, hot food take-aways and pay-day-loan providers, the local authority does not have the option to introduce cumulative impact policies or to levy a fee to cover the additional resources the council must allocate to regulate adverse social and health outcomes. Indeed in the case of betting shops the Gambling Act 2005 makes a presumption in favour of granting an application (5). This is not the case with premises licensed to sell alcohol.

## Use Classes

3.1.7 An alternative approach adopted by LB Haringey has been to place the applications for change of use of premises in the context of the Unitary Development Plan. Using such an approach the local authority has made the case that a betting shop would both result in the loss of a valuable retail unit to the detriment of the town centre frontage, and harm the vitality and viability of the centre. However such a case can only be made where there is an application for a change of use. In many cases shifting between *use classes*<sup>3</sup> does not require planning permission (6). Figure 3-1 sets out some examples.

Figure 3-1: Examples of A classes Permitted Development changes of use

Lawful Use	Example of use	Permitted Development change
A5	<b>Takeaways</b> (i.e. premises where the primary purpose is the sale of hot food to takeaway).	To A3, or A2 or A1 (retail)
A4	Public House, Wine Bar, other Drinking Establishments (i.e. premises where the primary purpose is the sale and consumption of alcoholic drinks on the premises).	A3, A2 & A1
A3	Restaurants & Cafés (i.e. places where the primary purpose is the sale and consumption of food and light refreshment on the premises).	A2 & A1
A2	For example <b>Financial Services</b> , Banks, Building Societies, Bureau de Change. Professional Services, Estate Agents, Employment Agencies & <b>Betting Shop</b>	A1.

- For hot-food outlets: hot food takeaways are in ‘use class’ A5 (6). Change from other uses to a hot food takeaway will generally require planning permission.
- For betting shops: betting offices are in ‘use class’ A2 (financial and professional services) (6). Change from: restaurants or cafes; drinking establishments; or hot food takeaways to a betting shop will generally not require planning permission. Changes from other uses to a betting shop will generally require planning permission. Consequently there is currently a reasonable degree of freedom for companies to open betting shops without reference to the local planning authority.

<sup>3</sup> Use Classes are defined under *The Town and Country Planning (Use Classes) Order 1987 (as amended)*



- For financial services: money lenders are likely to also fall within ‘use class’ A2 (financial and professional services) (6). The same freedoms would therefore apply to them as do to betting offices.

3.1.8 Given the current freedoms to convert from other uses to betting shops a Bill was placed before parliament to give betting offices their own separate ‘use class’ category (7). This would allow local authorities greater control to restrict them as every application would require planning permission. The Bill did not complete its passage through Parliament before the end of the session. This means the Bill will make no further progress.

## A ruling by the Court of Justice for the European Union

3.1.9 In [Appendix A](#), section 8.1 on page 48, we review a recent case from the Court of Justice for the European Union (8;9). This was concerned with an Italian policy to impose minimum distances between licensed betting operators. The Italian Government justified this policy and the unequal treatment it affords prospective operators by stating that it was in the public interest in two ways.

- Restricting entry to the market for new operators would prevent consumers, who live close to betting establishments, from being exposed to an excess of supply.
- Rules on minimum distances would ensure the uniform distribution of betting outlets throughout the national territory and they would prevent the doubly harmful outcome which the accumulation of betting establishments in certain locations might have for consumers: for those who live close to such locations, exposure to excess supply; and for those who live in the most ‘poorly supplied’ areas, the risk of opting for clandestine betting or gaming.

3.1.10 The Court rejected both public interest arguments and pointed to other Italian policies that increased access to gambling. The Court also found that rules on minimum distances conferred a competitive advantage on existing operators.

3.1.11 This case illustrates that policies that appear to provide for unequal treatment (eg between existing and prospective businesses) must show overriding reasons in the public interest for this differential treatment. Any policies that are advanced using this public interest argument must also be consistent with, and not undermined by, other areas of policy. We see next that this finding is consistent with the ways in which social objectives (including health) can support planning policy and can also be ‘material planning considerations’ in planning applications.

## Social objectives can be ‘material planning considerations’

3.1.12 In [Appendix A](#) we provide summaries of planning appeal decisions concerning fast-food outlets, betting shops and pay-day loan shops. These indicate that councils face a high burden of proof in using clustering arguments to achieve social objectives. The purpose of this review is not to make the case for or against this approach but to examine what contribution evidence about effects on public health might make to the planning case.

3.1.13 The following sections discuss an addition to the case law that established that social objectives can be ‘material planning considerations’ (i.e. factors that can have weight in permitting or denying a planning application). The case concerned an application for change of a building’s use to a hot food takeaway (use class A5). Although the facts of



the case concerned a hot food take away, arguably this case could be cited as precedent for any use class change – e.g. to a betting shop or high street money-lender (such as a pay-day-loan shop).

3.1.14 The ruling was in the case of: *R. (on the application of Copeland) v Tower Hamlets LBC [2010]* (10). The High Court found that healthy eating and proximity to local schools was capable of being a material consideration. The case set a precedent for local planning authorities to consider how planning decisions impact on locally-set health and well-being priorities (11). However in that particular case the lack of local policy on the issue contributed to the takeaway being ultimately permitted.

3.1.15 The planning inspector who determined the final application made a number of important points in respect of citing health or social objectives as material planning considerations (12):

- The specific location of the application was not considered to be ‘over-concentrated’ with A5 uses. This was corroborated through a Council Land Use Survey.
- No evidence was provided demonstrating that “the location of a single take-away within walking distance of schools has a direct correlation with childhood obesity, or would undermine school healthy eating policies”.
- “There are no adopted or emerging local policies that would support refusal of the proposal in this location, or which seeks to take forward the Government advice in ‘Healthy Weight, Healthy Lives’, which seems to seek to control a proliferation of such outlets near schools”.

3.1.16 So although *R. (on the application of Copeland) v Tower Hamlets LBC [2010]* (10) establishes that social objectives (including health) can be material planning conditions, in practice some form of test must be applied to demonstrate the weight carried by such social objectives if they are to determine the planning application. Although not a legal test (being the planning inspector’s views, not those of the Courts), the following points should be considered:

- a link between the social objective (e.g. healthy eating / childhood obesity) and the proximity of the particular ‘use class’ (e.g. A5 fast-food outlets to schools);
- a link between the social objective (e.g. healthy eating / childhood obesity) and the existing concentration of the particular ‘use class’ (e.g. A5 fast-food outlets to schools);
- the existence of local policy explicitly seeking to control proliferation of the particular ‘use class’ (e.g. A5 fast-food outlets); and
- evidence that a single further instance of the particular ‘use class’ (e.g. A5 fast-food outlets) would affect the social objective (e.g. health), i.e. that some threshold for harm had been reached or already exceeded.

3.1.17 In February 2011 a planning appeal was lost by Domino’s Pizza UK Ltd in Barking and Dagenham LBC. Domino’s Pizza UK Ltd was appealing the refusal for grant of planning permission. The Planning Inspector dismissed Domino’s appeal for the following reasons (13):

- The proposal would materially harm the vitality and viability of the district centre. The inspector noted that: the policy limits for non-retail uses were already exceeded in the district centre; and the appellant has not demonstrated that there is a local need for the proposed A5 use.



- The 400m restriction set out in the Council's 'Saturation Point' Supplementary Planning Document was an important material consideration.

3.1.18 Interestingly although this appeal provides support for use of local limits and saturation points in Supplementary Planning Documents (SPD), the inspector applied a narrow approach to the potential health impact of the takeaway, noting that nutritional qualities and portion size were not considered to be matters which could be effectively controlled by planning conditions.

3.1.19 The following section notes some useful lessons from the London Borough of Waltham Forest for implementing successful supplementary planning document (SPD) that seek to limit certain types of business, in this case hot-food takeaways (14):

- spend time on community consultation to get a clear mandate from the local people as this will help drive the new policy through;
- work closely with other departments, such as environmental health, public health and education (including school food);
- have other initiatives to reinforce the policy objective, including raising awareness of unhealthy eating and working with local businesses to change the ingredients they are using in fast food; and
- work with the council's legal team to ensure it the policy is placed on a robust legal footing. Ideally a council needs to have a health inequalities policy in its core strategy or local development plan that the SPD can sit beneath.

3.1.20 We consider that these lessons from Waltham Forest could be usefully applied to SPDs not only for hot-food outlets, but also aimed at limiting betting shops and possibly high street money lenders (such a pay-day-loan shops).

3.1.21 It has been established in case law that public health issues can be material planning considerations where they are supported by appropriate evidence (10). Scientific research shows that adverse health outcomes are associated with proximity to fast food outlets, betting shops or high street money lenders. However, this research does not currently extend to being able to determine particular numbers or densities of outlets in any one area that are linked to a tipping point in health outcomes.

3.1.22 In the context of a planning decision public health arguments advanced in isolation are therefore unlikely to be successful. An application can be rebutted by jointly advancing both a public health argument and a planning argument that the application would be contrary to the vitality and viability of the area in question. In February 2011 a planning appeal was lost by Domino's Pizza UK Ltd in Barking and Dagenham LBC. The determination specifically notes the material nature of the public health argument alongside that of preserving vitality and viability of the neighbourhood.

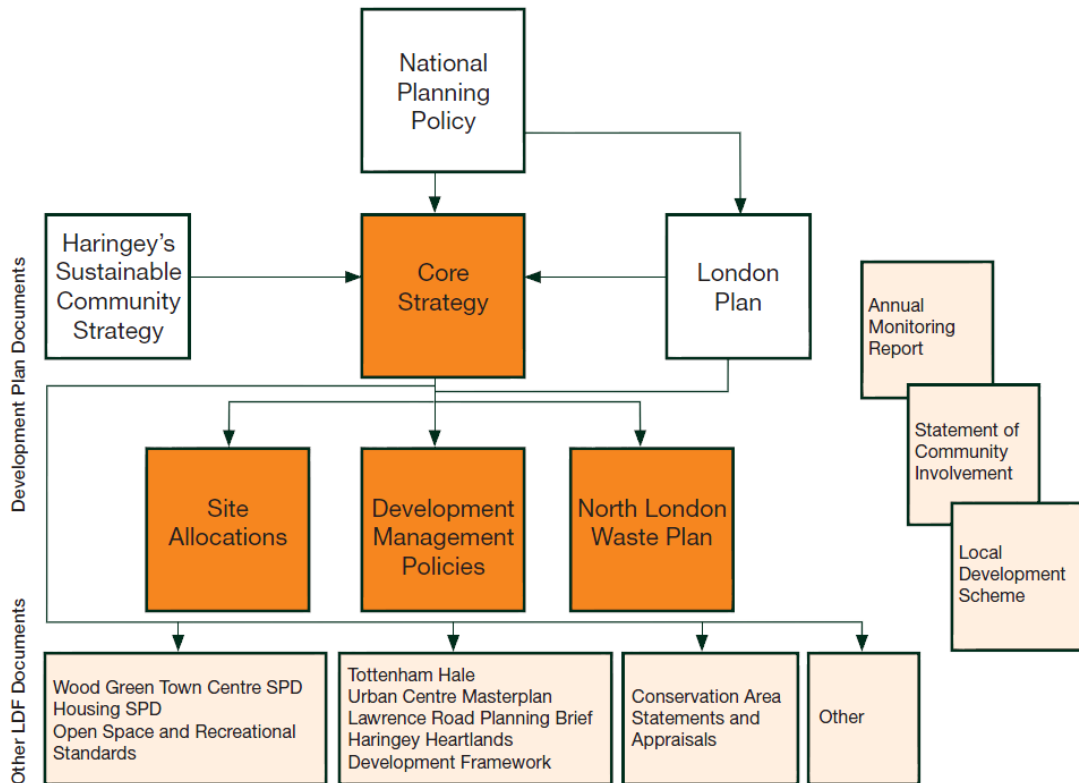
3.1.23 Public health input to the determination of planning applications should focus on providing a supporting argument for restricting the concentration, clustering or proximity of fast food outlets, betting shops and high street money lenders. Such an argument should support the case for preserving vitality and viability in an area.

## 3.2 Planning Policies

3.2.1 The following section sets out current and emerging planning policies related to the topics covered in the report.



Figure 3-2: Haringey Local Development Framework



From LB Haringey (15)

## Current

3.2.2 The Council's Unitary Development Plan (UDP) and the London Plan form the statutory Development Plan against which planning applications are determined. Figure 3-2 shows how these, and other, documents relate to each other.

### National Planning Policy

3.2.3 The National Planning Policy Framework (NPPF) (16) was published on 27<sup>th</sup> March 2012. This is a key part of Government reforms to make the planning system less complex and more accessible, to protect the environment and to promote sustainable growth.

3.2.4 The NPPF aims to achieve sustainable development by supporting strong, vibrant and healthy communities (16). To this end its core planning principles include: taking account of and supporting local strategies to improve health, social and cultural wellbeing for all.

3.2.5 The NPPF notes that to ensure that the Local Plan is based on adequate, up-to-date and relevant evidence, local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and well-being (16).



- 3.2.6 Local Planning Authorities (LPA) must base planning decisions on the statutory plan. The plan includes both local and regional policy documents. Furthermore the LPA must take into account any other material considerations (17: S.38 (6)), including any national guidance and local supplementary planning documents.
- 3.2.7 In the absence of national policy restricting a certain type of premises, it is for local policy documents to incorporate restrictions. LPAs are able to influence the proliferation of certain types of outlets through policies in development plans provided they are supported by a strong evidence base (18).
- 3.2.8 Local policy can be set out in a Supplementary Planning Document (SPD), as already implemented by Waltham Forest LBC since 2009 (19). However, there is in principle no reason why a local policy restricting certain premises could not be set out in a Development Plan Document (DPD) which would place it in the statutory plan.
- 3.2.9 The Council's Unitary Development Plan (UDP) and the London Plan form the statutory Development Plan against which planning applications are determined. Figure 3-2 shows how these, and other, documents relate to each other.

#### *City-wide*

- 3.2.10 The London Plan 2011 (20) is the overall strategic plan for London, and it sets out a fully integrated economic, environmental, transport and social framework for the development of the capital to 2031. It forms part of the development plan for Greater London. LB Haringey's local plans need to be in general conformity with the London Plan.
- 3.2.11 Policy 3.2 of the London Plan concerns improving health and addressing health inequalities. The policy notes that planning decisions should ensure that new developments are designed, constructed and managed in ways that improve health and promote healthy lifestyles to help to reduce health inequalities.
- 3.2.12 With regard to LDFs the London Plan notes that:
- boroughs should work with key partners to identify and address significant health issues facing their area and monitor policies and interventions for their impact on reducing health inequalities;
  - LDFs should integrate health policies to promote the health and wellbeing of communities; and
  - LDFs should ensure that the health inequalities impact of development is taken into account in light of the Mayor's Best Practice Guidance on Health Issues in Planning.
- 3.2.13 The London Plan specifically identifies that the detailed design of neighbourhoods is very important for health and well-being and can be complemented by other measures, such as local policies to address concerns over the development of fast food outlets close to schools (para 3.11; 20).
- 3.2.14 The London Plan therefore clearly sets a mandate for boroughs to create planning policies that address significant health issues facing their area, citing the proximity of certain commercial outlets to sensitive receptors as an example.



## Borough policies

- 3.2.15 The strategic plan for the borough is in the process of being updated. We trace how this is changing below.
- 3.2.16 The UDP (21) was adopted in July 2006 and it is currently the statutory plan relating to the development and use of land and buildings for the borough. The UDP contains policies on housing, jobs, leisure, transport education and health. These policies are used to help decide whether to allow or refuse planning applications. The UDP is made up of two parts:
- a Written Statement, containing policies with explanation for their purpose and arranged in topic chapters; and
  - a Proposals Map, identifying specific designations and sites where specific uses are sought.
- 3.2.17 In 2009 a three year extension was granted to a selection of these policies and proposals by the Secretary of State, pending the replacement of the UDP by the Council's Local Development Framework (LDF). These will remain saved as part of the Development Plan until they are replaced by policies in the Development Management Development Plan Document (DPD) of the LDF.
- 3.2.18 UDP Policy TCR5 is of particular interest to this review. It states that when the Council assesses proposals for restaurants, cafes, drinking establishments and hot food takeaway uses that fall within A3, A4 and A5 use classes they will, where appropriate, take into account the proportion of existing A3, A4 and A5 uses within the main town centres. This provision gives the Council some discretion in approving new fast food takeaways based on existing densities of such uses. TCR5 will be superseded by DMP18 (1) under the new LDF.
- 3.2.19 Much of the detail to support the UDP policies is contained in accompanying documents called Supplementary Planning Guidance (SPG). SPG are also a material consideration for development control processes. The draft SPG11c on Town Centre Retail Thresholds (22) sets out a maximum threshold of 20% in the main centres in Haringey for each of the A3, A4 and A5 use classes. The SPG also notes that those proposals falling outside the main centres will be assessed on their merits.

## Emerging

- 3.2.20 The Local Development Framework (LDF) is still in draft form, but as it is near adoption the relevant provisions are summarised below.
- 3.2.21 *Haringey's Local Plan: Strategic Policies (formerly Core Strategy)* (23) is the central document in the LDF, setting out the new plan for the future development of the borough up to 2026 through a set of Strategic Policies (SP). Haringey's development plan document (DPD) forms part of the Council's LDF, setting out a series of Development Management Policies (DMP). The DMPs contribute to achieving the Strategic Policies by setting out the detailed policies that the Council will use when determining future planning applications.
- 3.2.22 The DMP document is currently less advanced than the *Local Plan Strategic Policies* (23). The latter has been through an Examination by the Planning Inspectorate and is



close to adoption. The DMP document, and policies reviewed below (see para 3.2.26) were the subject of consultation in 2010. The Planning Policy team is currently revising the DMP to take account of changes since the initial publication (for example the London Plan (20) and the NPPF (16)).

3.2.23 The April 2012 draft of *Haringey's Local Plan: Strategic Policies* (23) sets out the Council's commitment to improving town centres in Haringey (Policy SP10). It is this policy that underpins the case for resisting certain types of outlet on the basis of maintaining vitality and viability in an area. Particularly relevant provisions include:

- Where it is possible, within the provisions of the Use Classes Order and the General Development Order, the Council will seek to ensure that there is a diverse range of shopping facilities provided to meet the everyday and longer term needs of residents. (5.3.12)
- New retail development that will have a negative impact on existing town centres will be resisted. Wherever possible, the Council will encourage proposals that add to the vibrancy and choice of shops in the existing centres. (5.3.16)
- To preserve the viability and vitality of the primary and secondary frontages, no more than two adjoining frontages should be in non-A1 use. (5.3.18)

3.2.24 'Haringey's Local Plan: Strategic Policies' also includes a commitment to improve health and well-being in Haringey (Policy SP14, source 23). The policy includes prioritising interventions to those areas of the borough where health inequalities are greatest. This provision is particularly relevant to targeting any intervention to restrict or limit certain outlet types to areas with high levels of deprivation.

3.2.25 The document specifically notes local research by Haringey Primary Care Trust in conjunction with the Institute of Child Health (24). This identified that the wards with the highest prevalence of child obesity broadly corresponded to those with a higher density of fast food outlets.

3.2.26 As noted above, the LDF includes a Development Management Policy (DMP18) that affords some discretion to the Council in approving new fast food takeaways based on existing densities of such uses, with a suggested threshold of 20% of in the main centres (and proposals falling outside the main centres being assessed on their merits). There is no similar provision that would apply to betting shops or pay day lenders. This policy currently only covers one of the three topics covered by this review, namely fast-food takeaways (Use Class A5). This policy could go further and also address concentrations of outlets in other use classes, such as betting shops and pay-day loan shops.

## Conclusion

3.2.27 National planning policy and policies in the London Plan support addressing health inequalities through planning policy.

3.2.28 Local policies also support this approach although it would be possible to enhance the ways that health is addressed. Whilst the LDF policies address physical health outcomes, such as improving healthy eating (particularly relevant to clusters of fast-food takeaways), there is a lack of emphasis on outcomes for mental health (including stress, anxiety and depression) and wellbeing. Poor mental health and wellbeing





outcomes are linked to this review's findings on clustering of betting shops and pay-day lenders.

3.2.29 DPD Section 7 (Healthier People with a Better Quality of Life) sets out the detailed policies relating to health. This section is currently limited to cultural, leisure and educational provisions. Whilst these are important determinants of health, the section could go much further. It could include policies to support the use of spatial planning and distribution of Planning Use Class Order to influence the wider determinants of health and result in positive health outcomes, including physical health, mental health and social wellbeing. Such provisions could make specific reference to avoiding clustering of fast-food takeaways (linked to DMP28), betting shops and pay-day lenders in areas with vulnerable populations.

3.2.30 In the following sections we examine the different forms of evidence that can support the DMP policies. These different forms of evidence are informed by the views of the planning inspector (see para 3.1.16 on page 7), namely that social objectives (including health) can be material planning conditions and that the following points should be considered:

- a link between the social objective and the proximity of the particular 'use class';
- a link between the social objective and the existing concentration of the particular 'use class'; and
- the existence of local policy explicitly seeking to control proliferation of the particular 'use class'.

3.2.31 The inspector also recommended a threshold test. This would require a detailed study for each planning application and so is not considered feasible.

3.2.32 The ruling from the European Court of Justice also emphasises how important it is to be aware of, and to justify, any unequal treatment that may result from a policy and to ensure that it is balanced by an overriding public interest in protecting a social objective.



## 4 Evidence review

4.1.1 The reviews in this section are broken down into the following component parts:

- a summary of the scientific evidence for links between hot-food outlets, betting shops or pay-day loan shops and health outcomes;
- maps of Haringey showing the location of the relevant outlets and pertinent health indicators; and
- a summary of current and proposed policies and other local initiatives which would be undermined by increasing the densities of hot-food outlets, betting shops or pay-day loan shops in Haringey.

4.1.2 These three sections aim to set out the available information in a manner that is useful in demonstrating three of the four suggested requirements noted for a public health argument in the planning determination following *R. (on the application of Copeland) v Tower Hamlets LBC [2010] (10)* namely:

- a link between health outcomes and the proximity of hot-food outlets;
- a link between health outcomes and the existing concentration of hot-food outlets;
- the existence of local policy explicitly seeking to control proliferation of hot-food outlets; and
- evidence that a single further hot-food outlet would affect health outcomes.

4.1.3 The fourth requirement (evidence that a single additional outlet would affect health outcomes) would need to be separately addressed by detailed local studies. This is a noted limitation for presenting a public health argument in isolation.

4.1.4 The scientific literature reviewed is drawn from a broad range of international studies in 'western style' countries (such as the US, Australia, New Zealand, Canada and European countries, as well as the UK). Although the evidence from the UK is more limited, the national studies stand alongside the international evidence.



## 5 Hot-food takeaways

- 5.1.1 We look first at the scientific evidence of the link between health outcomes and hot-food outlets. We then look at the local policies that seek to control proliferation and we look at ways in which the links between health outcomes and hot-food outlets have been mapped.

### 5.2 Links between health outcomes and the proximity of hot-food takeaways

- 5.2.1 The over consumption of food or consuming high calorie foods on a regular basis leads to weight gain (25).
- 5.2.2 Obesity has a clearly measurable impact on physical and mental health, health related quality of life, and generates considerable direct and indirect costs. Cardiovascular disease, type-2 diabetes, obesity related cancers, osteoarthritis and psychological disturbance generate much of the morbidity and years of life lost associated with increasing levels of obesity (26).
- 5.2.3 Environmental influences on diet often involve physical ease of access to food and drink, for example from takeaways and from restaurants. As eating habits become more unstructured the availability of, and access to, 'food on the go' is an important consideration (27).
- 5.2.4 Eating out accounts for an average of 7.6% of individual energy intakes. Foods purchased from fast-food outlets and restaurants are up to 65% more energy-dense than the average diet and are associated with lower nutrient intake among consumers. There is evidence that individuals who regularly consume these types of foods are heavier than others, even after controlling for confounding factors (28).

#### Socioeconomic status

- 5.2.5 The mix of shops in deprived areas tends to be weighted towards fast food chains and other unhealthy food options, making it harder to access healthy food, particularly fresh produce (29).
- 5.2.6 Perhaps partly as a consequence of such ready access to unhealthy food and food deserts (the unavailability of local food shops), low income groups are more likely to consume fat spreads, non-diet drinks, meat dishes, pizzas, processed meats, whole milk and table sugar than higher income groups (30).
- 5.2.7 Jones et al (28) discuss the evidence for links between the proximity to fast food outlets and obesity. They note that a number of studies have found an association between area deprivation and the provision of fast-food outlets. Provision is generally greater in more deprived areas. A study of the relationship between socioeconomic deprivation and the location of McDonald's fast-food restaurants in England and Scotland found that per capita outlet provision was four times higher in the most deprived census output areas compared to the least deprived census output areas (31).



## Location and obesity

- 5.2.8 Similarly a study by Maddock (32) found that the prevalence of fast-food outlets explained approximately 6% of the variance in obesity levels recorded between residents of American states.
- 5.2.9 However the evidence for an association between prevalence of fast-food outlets and obesity is not unanimous. Simmonds et al (33) found no relationships between obesity and proximity to take-away outlets for adults in Victoria, Australia. Similarly, no relationship was found by Burdette and Whitaker (34) in Cincinnati, Ohio.

## Schools

- 5.2.10 Schools are especially important environments that can shape the eating habits of young people, habits that may continue into adulthood (35). A Cochrane Review on obesity prevention in children noted that “obesity in childhood is known to be an independent risk factor for adult obesity” (36). Using spatial analysis techniques, Austin et al (37) found that fast-food restaurants in Chicago had a tendency to be clustered around schools.
- 5.2.11 In 2008 Sinclair and Winkler (38) found that food outlets in close proximity to, and surrounding schools were an obstacle to secondary school children eating healthily. The research by Winkler was a key component of the evidence base supporting Waltham Forest’s SPD.
- 5.2.12 In December 2009, Environmental Health Officers in 16 London boroughs monitored the buying habits of school children in takeaway queues near 45 local schools. The most popular meals were analysed for salt and fat content. Only four per cent of meals analysed did not fall into the red light labelling category, devised by the Food Standards Agency, which denotes the nutritional content of food (39).
- 5.2.13 A 2010 study from the US found that students with fast-food restaurants within one half mile of their schools consumed fewer servings of fruits and vegetables, consumed more servings of soda, and were more likely to be overweight or obese than were youths whose schools were not near fast-food restaurants (40).
- 5.2.14 Dr Foster Intelligence and Land Use Consultants reported to Tower Hamlets on policy issues around controlling fast-food outlets (12). That report highlights the systematic review by United States Department of Agriculture (USDA) in 2010 which concluded that there was moderately strong evidence indicating that the food environment is associated with dietary intake, especially less consumption of vegetables and fruits and higher body weight. Furthermore the USDA review concluded that there is limited but consistent evidence suggests that increased geographic density of fast food restaurants and convenience stores is also related to increased BMI (41).
- 5.2.15 The Dr Foster report draws heavily on the US scientific literature (which is the most complete and compelling) but also notes that there are strong associations in the UK and European context for links between over-concentration of fast-food outlets and obesity. The report notes the following associations: low income groups are more likely to consume ‘energy-dense’ foods; concentration of fast-food outlets are higher in



deprived areas; and levels of obesity tend to be higher in deprived areas than in wealthier areas.

## Policy statements

5.2.16 The report also notes that when it comes to applying the evidence from the scientific literature to policy statements by local authorities restricting hot-food outlets, London council's apply different interpretations and thresholds. There are varying uses of criteria for 'concentration', 'clustering' and 'proximity', as well as the percentages, numbers or distances quoted. Figure 5-1 provides some examples.

Figure 5-1: London council policy statements on concentration, clustering and proximity

Council	Concentration	Clustering	Proximity
Barking and Dagenham	5% limit on A5 units and/or frontage	No more than two adjoining frontages to be A5; at least two non-A5s between groups of A5	400m around primary and secondary schools (measured from school boundary)
Greenwich	25% limit on non-A1 frontage		400m around primary and secondary schools (measured from school boundary)
Haringey		No more than two adjoining frontages to be non-A1	
Havering	20% and 33% limits on non-A1 frontage	No more than two adjoining frontages to be non-A1	
Kensington and Chelsea	20% and 34% limits on non-A1 frontage	No adjacent non-A1 frontages; no more than three adjoining frontages to be non-A1 [in other areas]	
Newham			400m around secondary schools
Waltham Forest	5% limit on A5 frontage; no A5 within 400m of existing A5 [outside designated areas]	No more than two adjoining frontages to be A5; at least two non-A5s between groups of A5	400m around schools, youth centres and park boundaries

Source: Dr Foster Intelligence and Land Use Consultant (12).

5.2.17 The values (percentages, numbers or distances) cited by the various London authorities are a pragmatic approach based on local conditions rather than being based on findings in the scientific literature. For example Greenwich's adoption of a 400m exclusion zone from primary and secondary schools is based on their view that this constitutes an approximate 10 minute walk time for pupils. This is considered a distance that would deter visits to hot-food outlets during the lunch break.

## Conclusion

5.2.18 In conclusion there is good evidence for a link between obesity and eating food that is typically associated with hot-food outlets. Obesity is also clearly linked to poor health



outcomes such as cardiovascular disease, type-2 diabetes, obesity related cancers, osteoarthritis and some psychological conditions (26). There is a more limited, but growing, body of evidence for an association between densities of hot-food outlets and obesity. Many of the studies are from the US and it should be noted that not all studies find significant links between proximity to fast-food and increased obesity. A planning policy based on the current state of the scientific evidence could therefore make a reasonable case for limiting densities of hot-food outlets on public health grounds. However as the scientific evidence is not conclusive, and does not extend to predicting particular concentrations, cluster densities or proximities that are acceptable or unacceptable, caution should be exercised.

## 5.3 Local policy and other initiatives

### *Health and Wellbeing Strategy*

5.3.1 LB Haringey has a high child obesity rate and childhood obesity is a central concern for the borough (2):

- childhood obesity rates are higher in Haringey than the London and England average;
- one in four children aged 4-5 and one in three children aged 10-11 are overweight or obese and they are more likely to live in the east of the borough; and
- children in Year 6 from BME groups (Black Caribbean 30% and Black African 25.5%) are more likely to be obese than White British children (8.4%).

5.3.2 Outcome 1 of the Health and Wellbeing Strategy is that *every child has the best start in life*. The strategy states that (page 39, source 2):

*Regeneration will ... play a role in tackling unhealthy lifestyles for example by improving residents' access to green space and sustainable transport, and limiting the spread of fast food outlets, and will help in addressing mental health issues in the area.*

5.3.3 The Health and Wellbeing Strategy (2) maps out actions. These are shown in Figure 5-2.

5.3.4 This report and the investigation into ways in which health evidence may support the DMP in regulating the spread of, and access to, hot-food outlets is a clear intention to effect a strategic high impact change that can be embedded into service specifications, tenders and service level agreements. There is a stated intention to explore all planning avenues to reduce the proliferation of fast food outlets in the borough and work with existing outlets to make their food healthier.

5.3.5 Current activities that risk being compromised by a continued spread of hot-food outlets include ensuring that healthy eating and physical activity are key components of the Healthy Schools Programme.



Figure 5-2: Actions for Reducing Childhood Obesity

**What we plan to do**

- ... Raise awareness through the 2012 Director of Public Health Annual Report and through a resident debate.
- ... End the sale of fizzy sugary drinks and junk food from all Council premises; encourage schools to do the same.
- ... Explore all planning avenues to reduce the proliferation of fast food outlets in the borough and work with existing outlets to make their food healthier.
- ... Support schools to maintain their Healthy Schools status and achieve an enhanced Healthy Schools status with a focus on childhood obesity.
- ... Offer training to school nurses and other school staff on how to recognise child obesity and how to raise the issue with families in a sensitive way.
- ... Work with local leisure centres to ensure that they are affordable and encourage families to be active.

From LB Haringey (2)

## 5.4 Location of hot-food outlets and relevant health indicators

- 5.4.1 In 2007 Haringey PCT and the Institute of Child Health conducted a local study to enhance understanding of barriers to healthier eating and active lifestyles for children and their families in Haringey (24). This included qualitative research with local children which found that ease of access is was frequently reported as a reason for getting food from, or eating at, a certain place. Children often mentioned that they would get food from somewhere that was on their way or that they passed by.
- 5.4.2 The researchers mapped routine data and local information on the prevalence of obesity and the behavioural, social and environmental determinants of obesity. This data included height and weight of children in Haringey and the locations of food outlets and parks and open spaces.
- 5.4.3 Figure 5-3 and Figure 5-4 below are from the 2007 report. The subsequent maps use more recent data.
- Figure 5-5: Percentage of Reception age children who are overweight and obese;
  - Figure 5-6: Percentage of Y6 children who are overweight and obese;
  - Figure 5-7: Percentage of Reception age children who are obese, 2011 Haringey wards
  - Figure 5-8: Percentage of Year 6 children who are obese, Haringey wards, 2011;
  - Figure 5-9: Fast food outlets and percentage of Reception age children who are overweight and obese;
  - Figure 5-10: Fast food outlets and percentage of Y6 children who are overweight and obese.
- 5.4.4 The PCT analysis used the term fast-food outlets. The DMP focuses on hot-food takeaways. We use the DMP term unless we refer to the PCT study.
- 5.4.5 The results are not clear cut and the data has not been analysed to see if there is any level of association between the number of hot-food outlets in a ward and the



prevalence of childhood obesity for Reception or for Year 6 children in that ward. The Health and Wellbeing Strategy (2) notes that obese or overweight children are more likely to live in the east of the borough. Nevertheless the maps do appear to show that there is a higher density of hot-food outlets in the east of the borough (see Figure 5-3, Figure 5-9 and Figure 5-10). There are also higher percentages of children who are overweight and obese in the east of the borough.

5.4.6 Figure 5-4 and Figure 5-5 show that most wards in the borough have high percentages of overweight and obese children. These use data from 2006 for children aged 10-11 and from 2011 for Reception age children. Figure 5-6 also shows the percentage of children who are overweight and obese. This is for Year 6 children and for this age group there are higher percentages in the east of the borough. Figure 5-7 and Figure 5-8 show the percentages of children who are obese at Reception age and at Year 6 (2011). These maps, focussing on obesity, clearly show higher percentages to the east of the borough.

5.4.7 Figure 5-9 and Figure 5-10 map the location of fast-food outlets onto the maps showing the percentage of children who are overweight and obese at Reception age and Year 6 respectively.

Figure 5-3: Distribution of fast food outlets in Haringey at the ward level, 2005

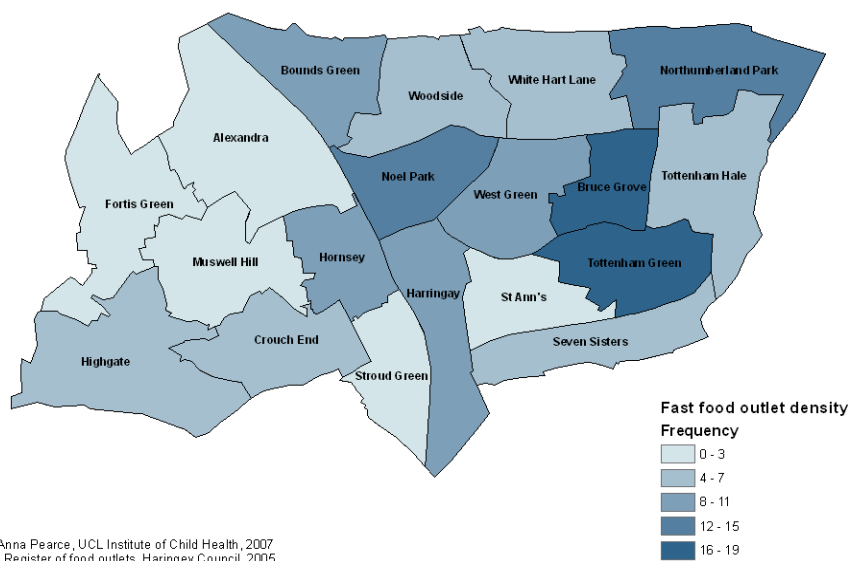






Figure 5-4: Percentage of overweight and obese children aged 10-11 years across Haringey by ward of residence, 2006

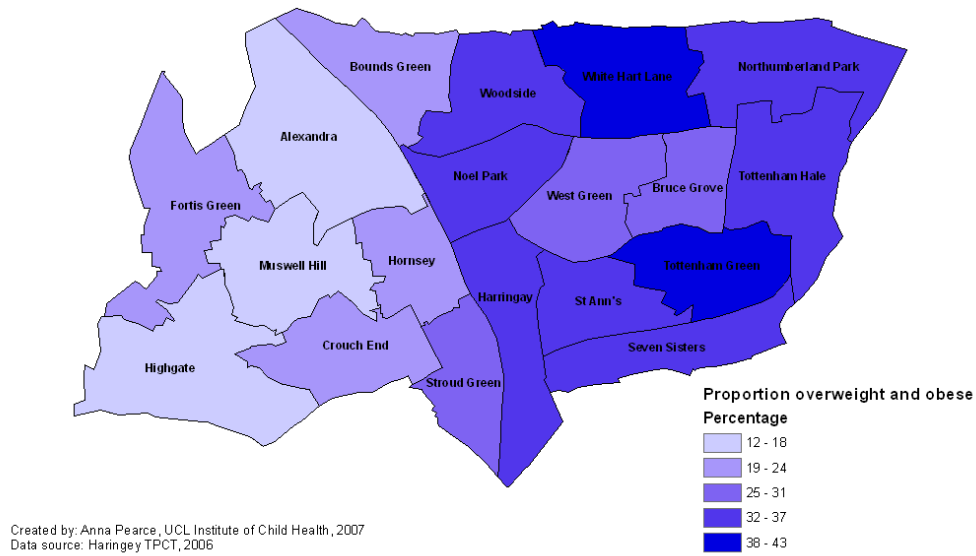


Figure 5-5: Percentage of Reception age children who are overweight and obese

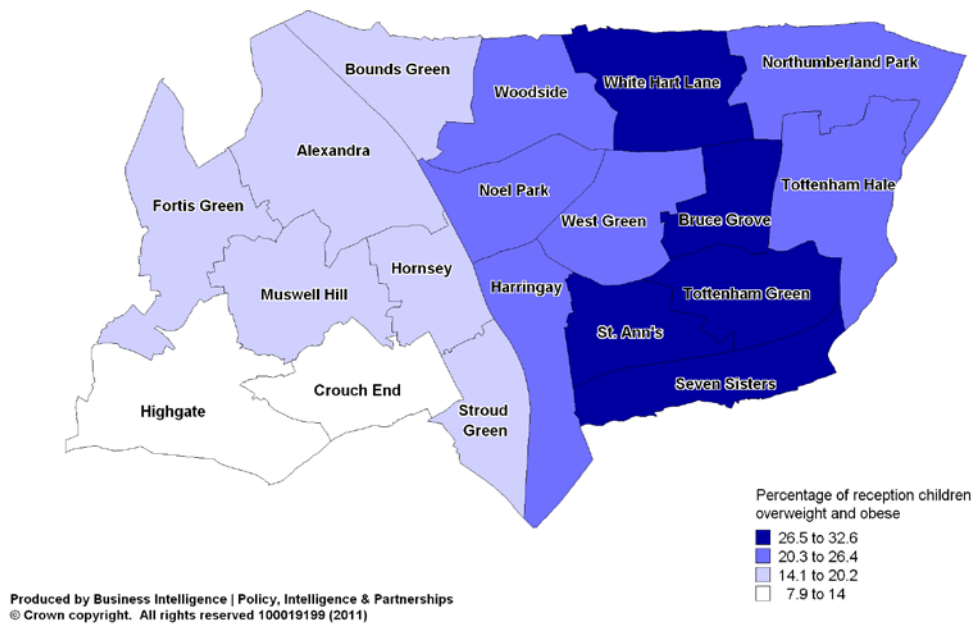




Figure 5-6: Percentage of Y6 children who are overweight and obese

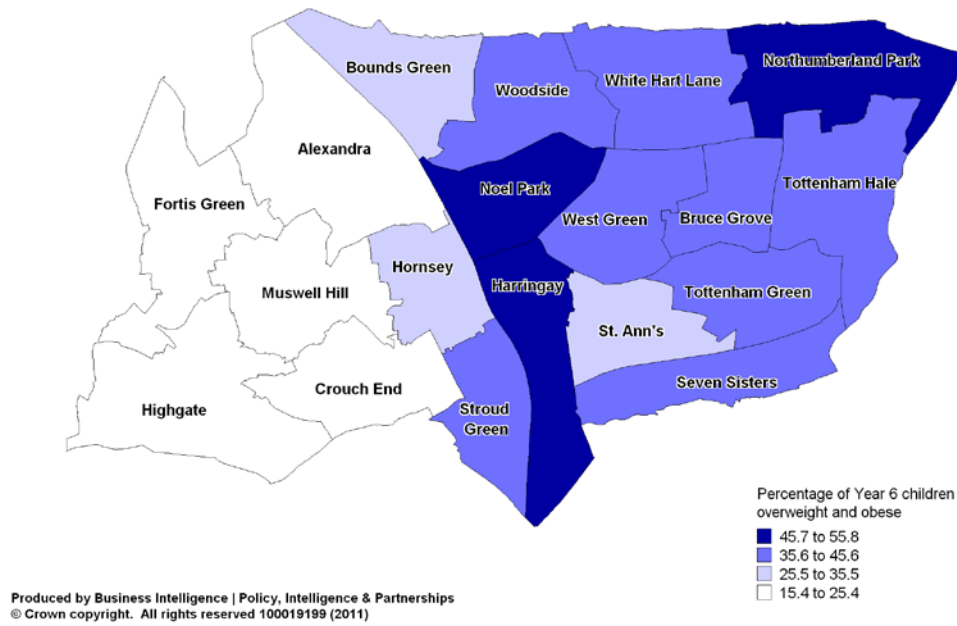


Figure 5-7: Percentage of Reception age children who are obese, 2011 Haringey wards

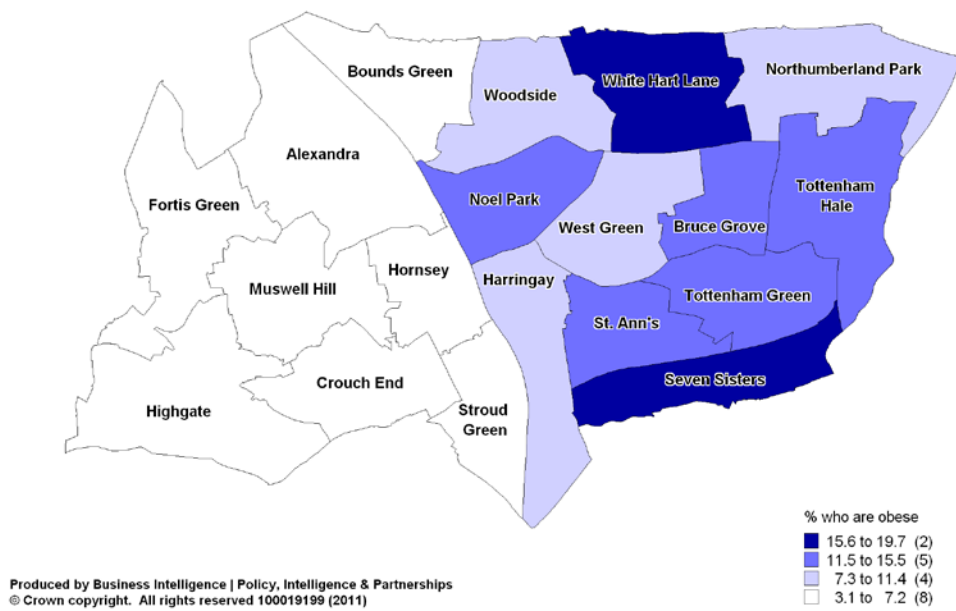




Figure 5-8: Percentage of Year 6 children who are obese, Haringey wards, 2011

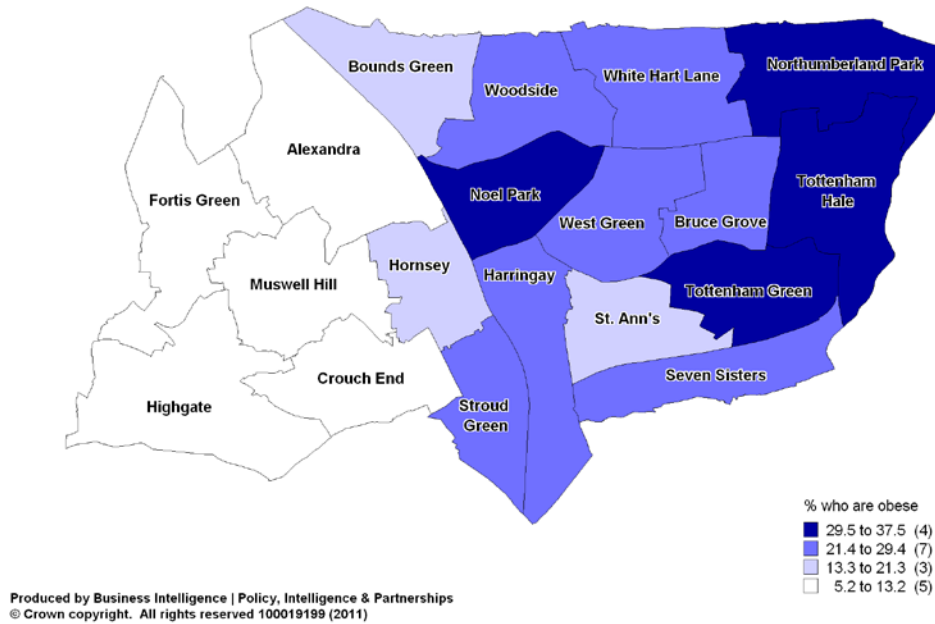


Figure 5-9: Fast food outlets and percentage of Reception age children who are overweight and obese

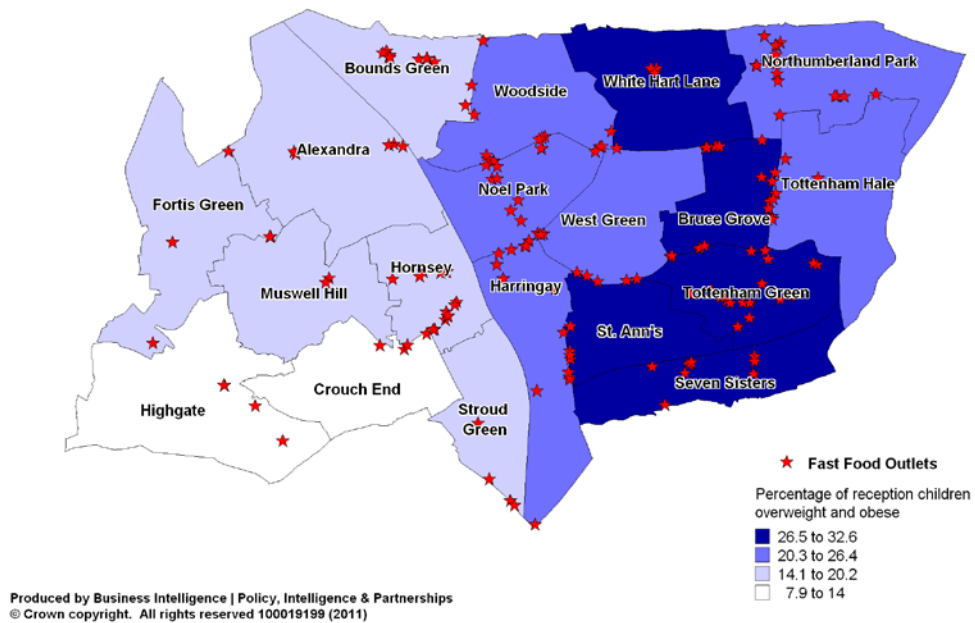
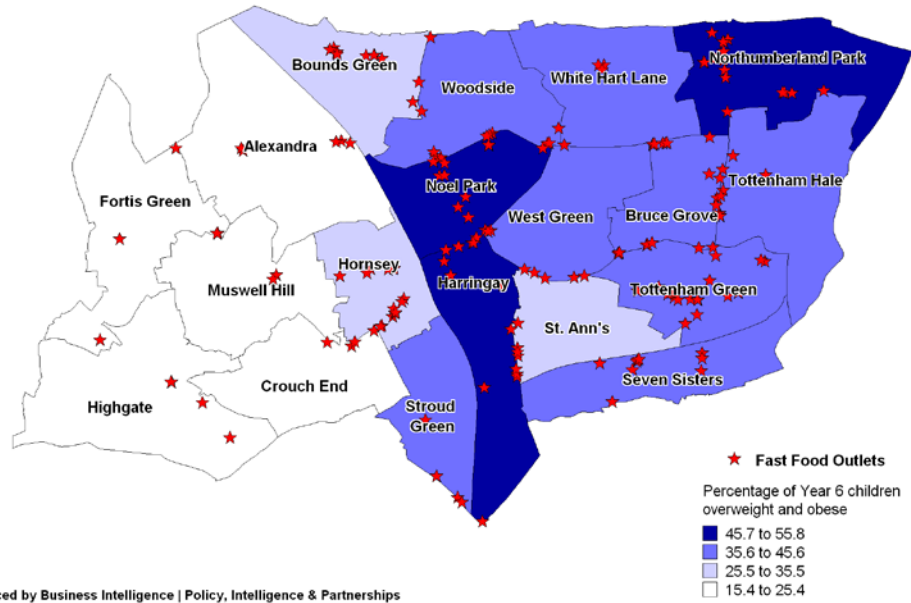




Figure 5-10: Fast food outlets and percentage of Y6 children who are overweight and obese



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## 6 Betting shops

6.1.1 The evidence for the effects of gambling on health comes from different countries each with its own regulatory system and it is thus important to carefully consider how this information applies to people living and working in LB Haringey. After a brief introduction to this section we consider the limitations of this rapid review. We then examine the following aspects of gambling:

- types of gambling;
- problem gambling;
- health outcomes;
- proximity;
- links to demographic and socioeconomic characteristics;
- young people; and
- links between gambling and debt.

6.1.2 We conclude by considering the role that public health evidence can play in supporting particular densities or exclusion/saturation distances for betting shops in any given area.

### 6.2 Links between health outcomes and the proximity of betting shops

#### Introduction

6.2.1 This evidence base builds on the review of policy and local betting shops undertaken by Haringey Council in 2011 (42).

6.2.2 The policy climate within which betting shop licences are now determined was changed by the Gambling Act (5). Prior to the 2005 Act, the approval of local gambling licences was exercised by the Local Magistrates Court. Magistrates had a greater degree of discretion in considering license applications. They were able to apply a 'demand test', where licenses could be withheld if it was considered that there were too many gambling premises to meet anticipated demand in a particular area. There is no such provision in the Gambling Act (5) which, instead, makes a presumption in favour of the Local Authority granting an application.

6.2.3 Prevalence studies have shown increased gambling rates among adults (43). There are several factors that appear to be motivating this growth in gambling activities:

- the desire of governments to identify sources of revenue without invoking new or higher taxes;
- tourism entrepreneurs developing new destinations for entertainment and leisure; and
- the rise of new technologies and forms of gambling.

6.2.4 The British Medical Association (BMA) Board of Science have recognised that the introduction of Gambling Act (5) may have had important implications for public health through changing patterns of gambling and hence rates of problem gambling (44).



6.2.5 The 2010 British Gambling Prevalence Survey found that 73% (up from 68% in 2007) of those interviewed reported gambling in the past year. Of these 0.9% (up from 0.6% in 2007) were problem gamblers (45).

6.2.6 The 2011 'Portas Review' (46) into the future of high streets states:

*... the influx of betting shops, often in more deprived areas, is blighting our high streets. Circumventing legislation which prohibits the number of betting machines in a single bookmakers, I understand many are now simply opening another unit just doors down. This has led to a proliferation of betting shops often in low-income areas.*

6.2.7 The review recommended putting betting shops into a separate 'Use Class' of their own (sui generis) to allow greater regulation by local authorities.

## Review limitations

6.2.8 It should be noted from the outset that whilst the evidence is strong for gambling venues in general, there is only limited evidence that addresses 'betting shops' specifically. Much of the evidence base concerns casinos and slot machines, games characterised by the participant's skill or pure chance. Betting shops used to be solely associated with gambling on the outcome of sporting fixtures although as we shall see the introduction of Fixed Odds Betting Terminals (FOBTs) into betting shops is changing this situation.

## Types of gambling

6.2.9 Betting on sporting fixture outcomes at betting shops is not identified in the literature as in itself carrying a particularly high risk of developing gambling problems. Research suggests that the highest risks of gambling pathology are associated with casino gambling, followed by lottery, cards, and bingo. However participation in a greater number of types of gambling is strongly predictive of gambling pathology, even after frequency of gambling and size of win or loss are taken into account (47).

6.2.10 The 2010 British Gambling Prevalence Survey found that overall, 73% of the adult population (aged 16 and over) participated in some form of gambling in the past year. This equates to around 35.5 million adults. This represents a return to rates that were observed in 1999 (72%) and an increase from the rate observed in 2007 (68%) (48).

6.2.11 When the 2010 survey results exclude those who had only gambled on the National Lottery Draw, 56% of adults participated in some other form of gambling in the past year. Comparable estimates for 1999 and 2007 were 46% and 48%. This highlights a significant increase in past year participation on other gambling activities, such as an increase in betting on other events, for example (48):

- events other than horse races or dog races with a bookmaker (3% in 1999, 9% in 2010);
- buying scratchcards (20% in 2007, 24% in 2010);
- buying other lotteries tickets (8% in 1999, 25% in 2010);
- gambling online on poker, bingo, casino and slot machine style games (3% in 2007, 5% in 2010); and
- gambling on fixed odds betting terminals (3% in 2007, 4% in 2010).



- 6.2.12 Furthermore the 2010 survey notes that among past year gamblers, 81% reported that they gambled 'in-person' only, that is they gambled using any offline method, such as placing a bet in a betting shop, visiting a casino or bingo hall, buying lottery tickets or scratchcards in a shop and so on. 17% of past year gamblers had gambled both online and in-person. Only 2% of past year gamblers had gambled 'online only' (48).
- 6.2.13 In terms of problem gambling by type of gambling, Griffiths (49) reports that there appear to be some consistent trends across European jurisdictions that have done research. Prevalence studies in Europe have tended to report that problem gamblers are most likely to be electronic gaming machine (EGM) players including Estonia, Germany, Holland, Norway, Sweden and Switzerland. Other studies have also found similar results with adolescents reporting that the main type of problem gambling among adolescents is related to EGM play (e.g., Great Britain, Iceland and Lithuania).
- 6.2.14 Furthermore, statistics from problem gambling helpline data show a growing proportion of problem gamblers contacting helplines or assessing treatment are identifying EGMs as their primary form of gambling (49). Many European countries reported that problem EGM gamblers were most likely to seek treatment and/or contact national gambling helplines including 60% of gamblers seeking help in Belgium, 72% in Denmark, 93% in Estonia, 66% in Finland, 49.5% in France, 83% in Germany, 45% in Great Britain, 75% in Spain, and 35% in Sweden. In Great Britain, the national gambling telephone helpline operated by GamCare has consistently shown that EGM gamblers account for a notable proportion of calls. In the latest report overviewing the 2007 call data (50) it was reported that 25% of all calls concerned FOBTs and a further 20% concerned fruit/slot machines (n = 37,806 calls). Thus, calls about EGMs comprised the most calls for help of all types of gambling. As for location, more than half of the callers said they gambled in betting shops, though callers often disclosed more than one facility. Griffiths, however, advises that caution may be required as these results tend to provide an indication of an association between problem gambling and machines and not a definitive proof (49).
- 6.2.15 Figure 6-1 shows estimates for the contribution of people with gambling problems to takings from different forms of gambling. Using secondary analysis of data from the 2010 British Gambling Prevalence Survey responses to questions about the frequency of gambling and average monthly spend on different forms of gambling were used to derive estimates of the percentage of all spend attributable to people with gambling problems. Estimates were calculated in two different ways and two different problem gambling screens (DSM-IV and PGSI) were used, yielding four separate estimates in all. These were averaged to produce one 'best estimate' of the percentage of all losses coming from the pockets of people with gambling problems. Although these estimates must be treated as approximations only, they are likely to be of the right order. This is the first time such estimates have been calculated for Britain and they suggest that people with gambling problems are making a substantial contribution to total gambling spend, particularly in the cases of certain forms of gambling (51).



Figure 6-1: Estimated contribution of people with gambling problems to takings from different forms of gambling

	% of spend by people with gambling problems (PGPs)	Total gross gambling yield (GGY)	PGPs' contribution to GGY
FOBTs in betting shops	23%	£1,295m	£297m
Table games in casinos	11%	£685m	£76m
Dog race betting	27%	£275m	£75m
Horse race betting	7%	£810m	£57m
Slot machines in arcades	12%	£396m	£47m
Football pools	5%	£324m	£18m
Bingo	4%	£386m	£16m

From Orford et al (52;53)

## Problem gambling

6.2.16 Gambling as a form of social entertainment may be a relatively safe social activity, but continued reliance on gambling because it is geographically and temporally accessible and provides a retreat from problems may lead to excessive and problematic gambling (54).

6.2.17 'Problem gambling' refers to patterns of gambling behaviour that compromise, disrupt or damage health, personal, family or vocational pursuits (55). The individual gambler is most likely to feel the most severe effects, but these can impact on close family members, friends and workplace colleagues. The gambling process can often take priority over other commitments and everyday routines, and where the gambling is sustained over many hours, the gambler will neglect eating and sleeping, resulting in poor physical health (56).

6.2.18 Whilst problem gambling is generally viewed as a continuum (57), in its most extreme form it has been viewed as an addiction, and hence it has been medicalised. In 1997 pathological gambling was included in the International Classification of Diseases (ICD9) coding, and thus recognised as an official psychiatric disorder (listed under Disorders of impulse control). A substantial body of the current research into problem gambling follows the medical model, based within the discipline of psychology. Research from Norway supports the view that gambling disorders are an addictive behaviour (58).

6.2.19 Psychosocial difficulties associated with problem gambling include

- poor perceived familial and peer social support;
- substance use problems;
- conduct problems;
- family problems; and
- parental involvement in gambling and substance use.

6.2.20 A set of predictor variables that may lead to problem gambling includes (59):





- having family problems;
- having conduct problems;
- being addicted to drugs or alcohol; and
- being male.

6.2.21 Bowden writing in the BMJ in 2012 notes that pathological gambling is an addiction that afflicts 0.9% of the population of the United Kingdom. This means that there are about 450,000 problem gamblers in the UK. In these people, gambling has a profound negative impact on mental health and quality of life, which leads to disrupted family and professional relationships, as well as to debt and possibly crime to fund further gambling activities (60).

6.2.22 The gambling industry often cites its contribution to local employment as a key benefit to high densities of betting shops. However it is worth noting that a possible relationship exists between heightened accessibility to gambling and the development and maintenance of gambling problems amongst employees at gambling venues (61). A US study found that casino employees have a higher prevalence of past-year pathological gambling behaviour than the general adult population, but a lower prevalence of problem gambling than the general adult population. The study also noted that casino employees tend to have a higher prevalence of smoking, alcohol problems, and depression than the general adult population (62).

6.2.23 From a public health perspective, individuals who experience gambling-related difficulties, but would not meet a psychiatric diagnosis for pathological gambling, are as much a concern as pathological gamblers as they represent a much larger proportion of the population.

## Health outcomes

6.2.24 The BMA Board of Science notes that although most people gamble occasionally for fun and pleasure, gambling brings with it inherent risks of personal and social harm. Problem gambling can negatively affect significant areas of a person's life, including their physical and mental health, employment, finances and interpersonal relationships (e.g. family members, financial dependents) (44).

6.2.25 Problem gamblers report poor self-related health, and high rates of depression, anxiety and stress (63). A study of pathological gamblers (64) noted that 15.4% of the women and 13.2% of the men reported stress or anxiety as a trigger for gambling.

6.2.26 Problem and pathological gambling has been associated with poorer health measures among both younger and older adults. Among younger people, poorer health measures were also found among recreational gamblers. However, among older respondents, recreational gambling was associated not only with some negative measures (e.g., obesity) but also with some positive measures (e.g., better physical and mental functioning) (65).

6.2.27 The impacts of problem gambling on health and well-being follow two, not-unrelated, pathways. The first is within mental health, where studies demonstrate relatively high rates of depression, schizophrenia, life-threatening behaviour and suicide among problem gamblers.



- An epidemiological study based in St. Louis, USA found significantly elevated odds ratios (risk) for major depression and schizophrenia in problem gamblers, alongside suicidal tendencies (66).
- DeCaria et al (67) also observed high rates of a wide range of mental health problems in problem gamblers.
- In 2002, 10% of users of an established telephone helpline for problem gambling in New Zealand reported considering suicide, with 30 of the 4,655 clients having attempted suicide in the past year (68).
- More women than men reported loneliness and isolation in connection with the development of a gambling habit, the majority of respondents reported significant family histories of gambling problems and alcohol dependence (64).

6.2.28 The second pathway relating to co-dependence on alcohol means that it is often difficult to explore problem gambling as a separate issue.

6.2.29 The results of a Canadian study show a link between poorer health status and problem gambling and that this association is independent of co-occurring mental disorders or substance abuse. The Canadian study identified that problem gambling appears to be modestly but significantly associated with proximity to casinos and racetracks with slot facilities (69).

## Proximity

*Gambling researchers have long argued that increased availability and accessibility to gambling products leads to an increase in the prevalence of problem gambling (70). The links between gambling, problem gambling, and accessibility to gambling have been examined in a number of studies (71-75), all of which have found evidence of positive relationships. While these relationships are complex and multidimensional, with accessibility being influenced by a wide range of factors (e.g., social, spatial, cultural, and economic, among others), the most common finding has been that regions with relatively high concentrations of gambling facility supply tend to have higher levels of gambling activity amongst the local population (76).*

6.2.30 Hodgins et al (77) note that although many genes confer vulnerability, environmental factors also contribute to developing gambling disorders. The structural and situational characteristics of gambling activities (e.g. accessibility to gambling or type of gambling establishment) are important factors involved in the maintenance of gambling behaviour.

6.2.31 The BMA Board of Science notes that availability of opportunities to gamble and the incidence of problem gambling within a community are linked (44). There is also some evidence that proximity to gambling venues is associated with problem gambling. Griffiths states that it has been clearly demonstrated from research evidence by psychologists outside the UK that where accessibility of gambling is increased, there is an increase not only in the number of regular gamblers but also an increase in the number of problem gamblers (78). More recently Welt et al, in findings from the US, also found that living close to casinos predicts gambling problems in adult males (79).

6.2.32 However a US review note that although the expansion of gambling is linked to increases in gambling-related problems among a population, the literature also raise questions about the durability of such effects. Some studies suggest that some people and some places might have adapted to the risks and hazards of gambling (80).



- 6.2.33 An Australia study that adjusted for individual and neighbourhood-level characteristics identified that the shorter the distance between place of residence and a gambling venue (with electronic gambling machines), the more frequently a gambling venue would be visited and the more frequently a person would participate in gambling. The study did not find a similar relationship for problem gambling, however it concluded that spatial accessibility of electronic gaming machines is an important determinant of gambling risk (81).
- 6.2.34 In the US a positive link was found between casino proximity and both gambling participation and gambling expenditure. However the same study did not find a link between casino proximity and pathological gambling or problem gambling. The authors suggest that as the study was conducted 10 years after opening of the casino, people who live in the vicinity of a casino may have adapted their behaviours in reaction to exposure (82).
- 6.2.35 A review of the international research evidence on social impacts of gambling, including casino gambling, was undertaken for the Scottish context. The review identified that increasing the availability of gambling also increases rates of problem gambling. Although the review noted that the prevalence of pathological gambling was two times higher among respondents living within 50 miles of a major gambling venue (83), the highest rates of problematic playing were associated with widely dispersed non-casino electronic machines. The review noted that longitudinal research suggested that the trend between proximity and problem gambling may level out or decline over time as communities adapt to the presence of gambling around them (84). However in the short term urban or suburban casinos tend to draw large numbers of local residents to them, meaning that the social costs of problem gambling that do arise often remain within the local community (84).
- 6.2.36 Research in Canada showed that people exposed to a new casino showed a significant increase in: gambling on casino games; the maximum amount of money lost in 1 day on gambling; and knowing a person who had developed a gambling problem in the last 12 months (85). An earlier Canadian study had also shown that opening a casino brought more gambling by local residents and an increase in reported gambling problems. The study noted that, at least in the short term, problems from the increased availability of gambling manifested themselves not in the public arena but rather in the arena of private life (86).
- 6.2.37 In New Zealand people living in neighbourhoods with the closest access to a gambling venue were more likely (adjusted for age, sex, socio-economic status at the individual-level and deprivation, urban/rural status at the neighbourhood-level) to be a gambler or problem gambler. The relationship held true when considering just non-casino gaming machines and sports betting venues. The study concluded that neighbourhood access to opportunities for gambling is related to gambling and problem gambling behaviour, and contributes substantially to neighbourhood inequalities in gambling over and above-individual neighbourhood characteristics (87).

### **Links to demographic and socio-economic characteristics**

- 6.2.38 The BMA Board of Science notes that there are significant co-morbidities with problem gambling, including depression, alcoholism, and obsessive-compulsive behaviours.



These co-morbidities may exacerbate, or be exacerbated by, problem gambling (44). The 2010 British Gambling Prevalence Survey found that around 30-50% of pathological gamblers have co-occurring substance misuse (45).

- 6.2.39 In the US low socio-economic status (SES) group members are associated with higher levels of gambling pathology than any other groups after all other factors are considered (47).
- 6.2.40 A 2009 review of risk factors for pathological gambling found very few well established risk factors (i.e. more than two studies to support the conclusions). Well established risk factors included demographic variables (age, gender), cognitive distortions (erroneous perceptions, illusion of control), sensory characteristics, schedules of reinforcement, comorbid disorders (OCD, drug abuse), and delinquency/illegal acts (88).
- 6.2.41 Evidence from the 2007 British Gambling Prevalence Survey suggests deprivation is significantly positively and linearly related to frequency and volume of gambling and to reports of close relatives having gambling problems (89). The study also identified that household social position may be more important than area deprivation for predicting the percentage of problem or moderate risk gamblers but that area deprivation might be the more important predictor of volume of gambling. This supports Welte et al.'s findings in the US (90) that neighbourhood deprivation was significantly associated with both frequency of gambling and problem gambling after controlling for a number of other variables (89). It also correlates with a Swedish study, which notes that the groups most at risk for gambling problems in Sweden are people disadvantaged or marginalized by international economic changes and the dismantling of the Swedish welfare system (91).
- 6.2.42 The 2010 British Gambling Prevalence Survey found that at-risk gambling and problem gambling were associated with area deprivation, educational qualifications and ethnicity. However area deprivation was not associated with either past year gambling prevalence or the mean number of gambling activities undertaken in the past year. The highest rates of low risk, moderate risk and problem gambling were observed among those who were male, single and were unemployed (48).
- 6.2.43 A review undertaken in Scotland noted that disadvantaged social groups who experience poverty, unemployment, low levels of education and household income are most likely to suffer the adverse consequences of increased gambling. Although individuals from these groups may not spend more on gambling in absolute terms, they do spend a higher proportion of their incomes than wealthier players (84).
- 6.2.44 It has been demonstrated that in parts of Australia, New Zealand and Canada gaming machines tend to be disproportionately sited in disadvantaged locales. This situation could potentially be influencing the emergence of higher levels of gambling-related problems in areas which can least afford them, and amongst populations that have a lesser capacity to respond to them. However, this does not suggest that problems will always emerge in less-advantaged areas with higher concentrations of gambling facilities. This is because processes influencing experiences and outcomes may operate differently in different places (76).



- 6.2.45 In the USA a positive relation has also been found between neighbourhood disadvantage and frequency of gambling and problem/pathological gambling (90). A later US study linked the presence of a casino within 10 miles of a respondent's home to increased problem/pathological gambling. These results were interpreted to mean that the ecology of disadvantaged neighbourhoods promotes gambling pathology, and that availability of gambling opportunities promotes gambling participation and pathology (79).
- 6.2.46 Although there is good evidence of an association between demographic or socio-economic characteristic and gambling behaviour, a 2009 review undertaken in Sweden notes that a positive correlation between gambling opportunities and a high frequency of problem gamblers in an area says nothing about cause and effect. Opportunity may cause gambling problems, but it may also be that populations with certain demographic profiles, which tend to cluster in socio-geographical space, have relatively high rates of problem gambling. Gambling opportunities may be more plentiful in the areas with such populations, since gaming operators realize that the demand for gambling is higher there than elsewhere (92).

## Young people

- 6.2.47 Studies from North America, UK, Australia, New Zealand and the Nordic countries suggest that 10-14% of young people are at risk of developing serious gambling problems and that between 5-7% of young people are problem gamblers. A noted public health issue is that there are higher rates of problem and pathological gambling amongst young people than amongst adults. Early exposure to gambling increases the risk of developing gambling problems later in life. The age of onset for problematic gambling in young people is estimated to occur around 10-11 years old suggesting that access to gambling at this age is of crucial importance. Key risk factors which may increase the likelihood of a young person developing a gambling problem include: having parents who introduce them to gambling at an early age; having parents who are heavy gamblers themselves; and having friends who are problem gamblers (93).
- 6.2.48 US adolescents (sample predominantly African-American) have been shown to have a high risk of being both at-risk from gambling (20.7%) and problem gamblers (12.8%). Boys were more likely to have gambling problems than girls. Perceiving parent and friend gambling were positively correlated with gambling problems, and friend gambling was also linked to more frequent gambling (94).
- 6.2.49 Rates of early negative childhood experiences, such as abuse and trauma, seem to be higher in individuals with gambling disorders than in social gamblers, with the severity of maltreatment being associated with the severity of gambling problems and an earlier age of gambling onset. Childhood exposure to gambling is also likely to affect gambling behaviour later in life (77). Young people who have developed problem gambling are associated with a range of mental health issues including depression and anxiety disorders, and suicidal thoughts/attempts. They are also more likely to (93):
- truant and perform poorly at school;
  - engage in alcohol and drug abuse;
  - exhibit anti-social behaviours (e.g. stealing); and
  - experience disruption to family and peer relationships.



6.2.50 High levels of gambling in children have been linked to the accessibility/availability of gaming machines. International studies suggest that the lack of availability of legal gaming machines for under 18s does not necessarily mean that adolescents are not able to access these forms of gambling. Rather studies in Australia, Canada, Norway, and the US shows that young people still manage to access gaming machines and in some cases casinos despite age restrictions (93).

6.2.51 While lotto is the most popular adult game in most European countries among adults the trend among adolescents seems to be influenced by availability. Wherever commercial games (such as the lottery or slot machines) are widely available, adolescents increase their participation even though in most jurisdictions they may not be legally permitted to play these games (49).

### Links between gambling and debt

6.2.52 Access to money is central to the activity of gambling, and significant debt can be caused by problem gambling for all but the wealthiest individuals. Gambling debts averaging more than £60,000 may be common among gamblers with unmanageable debt. Gambling-related debt also increased the likelihood of individuals taking out unsecured and secured forms of credit for consolidation purposes, and experiencing more serious forms of debt action by creditors. Gambling-related debt is also more likely to lead to relationship difficulties or relationship breakdown at the family level (compared to more usual forms of debt) (95).

### Conclusion

6.2.53 In conclusion, there is a reasonable body of scientific evidence that shows access to gambling venues (including betting shops) leads to increased gambling behaviour and that this, in turn, is associated with poor health outcomes. The characteristics that often facilitate and encourage people to gamble in the first place are primarily features of the environment, such as location of the gambling venue and the number of venues in a specified area. These variables may be important in both the initial decision to gamble and the maintenance of the behaviour.

6.2.54 Although many of these situational characteristics (e.g. concentration, clustering or proximity of venues) are thought to influence vulnerable gamblers, there has been very little empirical research into these factors and more research is needed before any definitive conclusions can be made (44). The scientific literature therefore falls short of supporting particular densities or exclusion/saturation distances for betting shops in an area.

## 6.3 Local policy and other local initiatives

### *Health and Wellbeing Strategy*

6.3.1 Outcome Three of Haringey's Health & Wellbeing Strategy (2) is *Improved mental health and wellbeing*. In Haringey many children experience poor mental health and wellbeing: of the 43,000 children aged 5-16, an estimated 2,534 children have mental health problems and this is predicted to rise to 2,633 by 2013. The borough has

- high levels of risk factors for poor mental health and wellbeing;
- high levels of common mental health problems among adults;



- high levels of severe and enduring mental illness; and
- a high level of drug misuse.

6.3.2 There are five priorities to deliver *Improved mental health and wellbeing*, namely:

- promote the emotional wellbeing of children and young people;
- support independent living;
- address common mental health problems among adults;
- support people with severe and enduring mental health needs; and
- increase the number of drug users in treatment.

6.3.3 We have seen above how gambling is associated with poor mental health and with addictive behaviour. The proximity and the availability of gambling outlets leads to increased gambling behaviour and that this, in turn, is associated with poor health outcomes. We have also seen how gambling amongst children and young people increases in line with availability. The Health & Wellbeing Strategy (2) has a priority to improve the emotional health and wellbeing of children and young people. It does not include explicit mention of betting shops.

6.3.4 Reducing the harmful effects of drug and alcohol abuse features prominently in the Health and Wellbeing Strategy (2). One of the predictors for problem gambling is being addicted to drugs and/or alcohol.

#### *Scrutiny Review of the Clustering of Betting Shops in Haringey*

6.3.5 The clustering of betting shops and the effect that this has on the vitality of the commercial centres has long been a concern for Haringey Council. In 2011 the council reported on their *Scrutiny Review of the Clustering of Betting Shops in Haringey* (42). The scrutiny was wide ranging and included statements from residents and from local businesses including betting shop operators. Extracts from the executive summary are provided in Figure 6-2



Figure 6-2: Findings from the *Scrutiny Review of the Clustering of Betting Shops in Haringey*

The clustering of betting shops in Haringey attracted considerable community concern in 2009 and 2010 and prompted substantial coverage in local media. The clustering of betting shops was discussed by local Councillors at Full Council in July 2010 and was subsequently picked up by Overview & Scrutiny for further examination.

There was considerable support for the review among local residents, community groups and business and community representatives. Over 70 people attended the review panel meeting and numerous written submissions were received. Betting shop industry representatives were also fully supportive of the review process, and provided helpful input in to the review and made themselves freely available for questioning by both the panel and broader public.

The panel received submissions from local residents, community groups, residents associations and local businesses on the impact that the clustering of local betting shops had within their community. From this evidence, the panel noted that clustering had:

- ... impacted on the retail appeal and character of areas in which local people live
- ... contributed to incidents of low-level crime and ASB (anti-social behaviour)
- ... contributed to increase levels of street litter and other related shop generated debris
- ... contributed to concerns about the longer term sustainability of local shopping centres.

In the course of the review, the panel received submissions from the local community regarding concerns over the operation of Fixed Odds Betting Terminals. It was perceived that, aside from having a possible role in the clustering of betting shops, FOBTs were also associated with low level crime and disorder in betting shops, mostly relating to criminal damage of the machines themselves. The panel also noted community concerns regarding the contribution that FOBTs make to betting shop turnover and profitability and the impact that they may have on financially challenged communities. The panel have made a number of recommendations to support further research into their use.

The panel noted submissions from the Gambling Commission and GamCare which suggested that there was no evidence to support an association between the clustering of betting shops and problem gambling. The panel also noted that any moves to restrict clustering would have little impact on problem gambling, given the availability of other betting mediums.

From Haringey Council (42)

- 6.3.6 In 2012 Haringey Council wrote to , the Secretary of State for Culture, Olympics, Media and Sport requesting that betting shops be made subject to specific planning regulations due to the detrimental effect that clusters can have on high streets (see Figure 6-3).

Figure 6-3: *Outlaw right for machine gambling in betting shops*

The Government should remove the automatic right of betting shop owners to install up to four Fixed Odds Betting Terminals (FOBTs) in each shop, says Haringey Council in a letter to Jeremy Hunt MP, the Secretary of State for Culture, Olympics, Media and Sport. This follows the council presenting evidence to the Select Committee Inquiry into Gambling, asking for





betting shops to be subject to specific planning regulations due to the detrimental effect that clusters can have on high streets.

Cllr Nilgun Canver, Cabinet Member for the Environment, says:

*FOBTs provide a very different form of gambling experience to that associated with sporting events. They are designed to be addictive and they generate a disproportionate percentage of the profit for average high street betting offices.*

*They are also particularly susceptible to criminal damage in part because they also can result in very large accumulative losses for the player. The player is encouraged to gamble for longer in the hope of chasing their losses.*

The council is asking government to look at making it a statutory requirement for operators to apply for licences for FOBTs and for councils to be able to limit or refuse to allow FOBTs where there is a record of relevant crime or disorder linked to premises.

From LB Haringey (96)

### Residents' concerns

6.3.7 Residents' concerns about betting shops continue to be voiced and to influence local policy. In February 2012, a workshop was held at Noel Park Primary School to identify priorities and prospective activity for the development of a Woodside, Noel Park & Bounds Green Area Plan. The workshop was attended by residents, service providers and local partners. The table below summarises the priorities, discussion and ideas for prospective activity that came out of the workshop. This information will form the basis of negotiations with services to agree content for a three year area plan. Figure 6-4 shows a selection of the issues that are of particular relevance to this review.

Figure 6-4: Resident comments: Issues and activities concerning betting shops: Woodside, Noel Park & Bounds Green Area Plan

Priority issue	Supporting comments	Activity
Community safety	Somali and Kurdish gangs gather outside betting shops.	Police activity to tackle gangs needs to be communicated locally (to residents it doesn't appear that anything is happening).
Young people (8-17 years old)	Under 18s are going into betting shops and selling drugs and betting shops let them in.	Encourage / incentivise betting shops to employ security

## 6.4 Maps of Haringey showing the location of betting shops and relevant health indicators

6.4.1 Local demographic characteristics associated with problem gambling include (42):

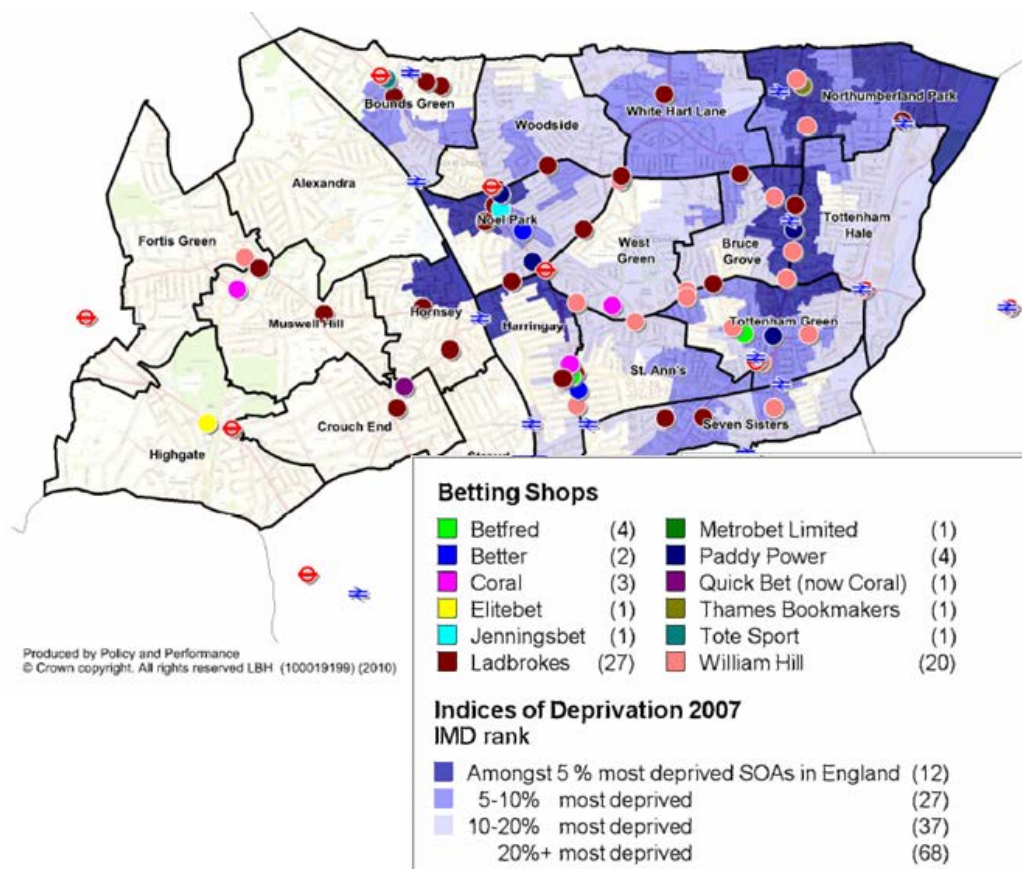
- young males;
- black and Asian communities;
- low income;
- the unemployed; and
- those in poor health.



6.4.2 Geographically such characteristics broadly correlate with the east of the borough, where 85% of the betting shops are located (see Figure 6-5). The overview and scrutiny review raised concerns that issues associated with problem gambling contribute to the cycle of social deprivation in the east of the borough (42): these issues include

- debt;
- ill-health;
- smoking;
- alcohol use;
- anxiety;
- depression; and
- relationship problems.

Figure 6-5: Betting shops in Haringey



From Haringey Council (42)

6.4.3 The following Freedom of Information request has been sent to the Gambling Commission. The response will be added when it is received.

*Please provide the following information*

*The number of pre-commitment agreements that bookmakers in the London Borough of Haringey have agreed with their customers in each of the years from 2005 to 2012.*



*The number of self-exclusion orders that bookmakers in the London Borough of Haringey have agreed with their customers in each of the years from 2005 to 2012.*

*The number of times the self-exclusion orders, that bookmakers in the London Borough of Haringey have agreed with their customers, have been breached in each of the years from 2005 to 2012.*

*Please also provide the definition of the breach of a self-exclusion order.*

*Please indicate how many individuals have agreed either pre-commitment agreements or self-exclusion orders with bookmakers in the London Borough of Haringey in each of the years from 2005 to 2012*

*For each of the requests above please provide, or direct me to, comparative data for other London boroughs.*

*For each of the requests above please provide this information by year and by name of bookmaker.*

6.4.4 Pre-commitment agreements and self-exclusion orders are agreements between the customer and the licenced betting operator. In a pre-commitment agreement a customer will state a financial limit and the licenced betting operator will not accept any bets over that limit. In a self-exclusion order licenced betting operators will agree with customers that they will not be allowed onto the premises. A study of a voluntary code of gambling practice in Queensland (97), which included self-exclusion orders, found that facilitators for this code, were:

- adequate staff training and education;
- industry association membership;
- understanding of the philosophy of the Code;
- appropriate support materials;
- legislative overlap;
- prior experience with responsible gambling;
- regular audits; and
- links to community support networks.

6.4.5 In contrast, impediments included:

- high staff turnover;
- managerial apathy;
- remote location; and
- being a busy small business manager.



## 7 Financial services

### 7.1 Links between health outcomes and the proximity of high street money lenders (such as pay-day-loan shops)

#### Introduction

- 7.1.1 Payday loan shops function as short-term, low-value lenders, providing high-interest loans in cash to those able to show proof of income. While payday lenders can be a convenient source of quick cash, filling a credit gap in many communities, they can also trap borrowers in a spiral of debt (98).
- 7.1.2 Fuller et al (99) note that in the UK, many low-income communities have seen the withdrawal of 'mainstream', high-street-based financial service infrastructure (bank and building society branches) from their local areas since the mid to late 1980s, whilst more costly sub-prime lenders have flourished, often in their place. Such changes have caused a spatial segregation in financial service provision. The study notes that financial exclusion is increasing being recognised as an important form of socioeconomic inequality particularly in relation to access to affordable and readily available credit. In the absence of mainstream sources of credit and finance, poorer communities have had to rely on more expensive 'sub-prime' lenders such as doorstep moneylenders, check-traders, pay-day loans or high-interest deferred payments for goods. Such credit is being provided at relatively high rates of interest by sources such as credit companies, pawnbrokers, catalogue companies, money shops and moneylenders.
- 7.1.3 The Audit Commission (100) note that a critical issue for some deprived areas is unscrupulous moneylenders who may take advantage of people with poor access to credit or with a poor credit history. The Audit Commission note that the situation is exacerbated during a recession, with vulnerable people being attracted to this source of finance.
- 7.1.4 The Office of Fair Trading (101) has recently announced that it is launching an extensive review of the payday lending sector. This is in part prompted by concerns that some payday lenders may be taking advantage of people in financial difficulty.
- 7.1.5 On 17<sup>th</sup> April 2012 Bermondsey Community Council refused planning permission for a payday loan shop to open on Tower Bridge Road, London (102). It was reported that Councillors noted:
- That the application was contrary to their Core Strategy of reducing inequalities.
  - That alterations to the National Planning Policy Framework (NPPF) now enable councillors to consider the social and environmental consequences of development as well as economic sustainability.



- In answer to suggestions that the new planning guidelines had yet to be tested on appeal, Cllr Mark Gettleson is quoted as saying: "Someone has to test the NPPF and it might as well be us."

7.1.6 Speaking after the meeting Cllr Hickson is reported to have noted that:

*"The recently published National Planning Policy Framework says sustainable economic development should be at the centre of all planning decisions.*

*"I argued that the presence of these shops is the opposite of sustainable economic development – they have grown rapidly in deprived areas while the economy and incomes decline. They send a bad signal about the health of our high streets".*

## Health outcomes

7.1.7 It is noted in Graves (103) that in addition to the financial costs of payday lending, the psychological costs may be just as damaging. Fitch et al (104) note that one in four people in Britain with mental health problems are in debt.

7.1.8 A review of the relationship between personal debt and mental health found that although methodological limitations make it difficult to definitively demonstrate whether indebtedness causes poorer mental health, plausible data exist which indicate that indebtedness may contribute to the development of mental health problems, and mediate accepted relationships between poverty, low income, and mental disorder (105;105).

7.1.9 In a US study Drentea et al (106) found that being in debt is more closely related to mental health than other traditional indicators of socioeconomic status (SES). The study also identified that being in debt is a cause of stress and anxiety due to concern over repayment.

7.1.10 In a study based on a random sample of 7,461 adults in England interviewed in 2007 Meltzer et al (107) identified that debt is one of the major risk factors for common mental disorders (CMD)<sup>4</sup>. Adults in debt were three times more likely than those not in debt to have CMD. The increased likelihood of CMD among those in arrears was found for all CMD and was irrespective of source of debt. The situation was exacerbated among those with addictive behaviours, such as alcohol or drug dependence or problem gambling. Those who borrowed from moneylenders had the highest rate of CMD, 58%, and those who borrowed from multiple sources also tended to have higher rates of CMD than single source borrowers.

7.1.11 In a review conducted for Scotland McQuaid et al (108) noted that financial pressures can increase stress and anxiety levels, especially if individuals have a large volume of debt and are bound by inappropriate repayment structures. The review noted strong link between financial capability and mental well-being. For example, those with lower financial capability are more likely to report greater levels of stress. Using evidence from the *British Household Panel Survey* (BHPS) it was found that an individual whose

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<sup>4</sup>CMD includes: generalized anxiety disorder, depression, obsessive-compulsive disorder (OCD), phobia, panic disorder and mixed anxiety and depressive disorder.



financial capability improves by changing from low to average levels of financial capability reduces their probability of suffering from anxiety and depression by 15%.

- 7.1.12 In a US review of payday lending, Kubrin (109) suggests there are wider community impacts due to associations between payday lending and crime. The study found a correlation between payday lending and violent and property crime remains statistically significant after a range of factors traditionally associated with crime have been controlled for. The study concludes that all residents pay when they reside in neighbourhoods with a concentration of payday lenders.

## Review limitations

- 7.1.13 Caution should be exercised in generalising the findings of the studies cited in this evidence review to different contexts where regulatory practices and socioeconomic patterns may vary. This is particularly true of studies originating from the US, where much of the research in this field has been undertaken.

## Links to spatial and socio-economic characteristics

- 7.1.14 In a US study Melzer (110) used geographic differences in the availability of payday loans, to estimate the real effects of credit access among low-income households. The study found no evidence that payday loans alleviate economic hardship; rather that loan access leads to increased difficulty paying mortgage, rent and utilities bills.
- 7.1.15 In an Irish study, Byrne et al (111) note that access to credit is now recognized as a central element of financial exclusion. This study notes that, while only a very small percentage of people have no access to credit whatsoever, many do not have access to mainstream sources of credit and have to borrow from high-cost alternatives. Being excluded from mainstream credit providers in this context is a form of financial exclusion. The study notes two groups of people. People with poor credit records or a history of bad debt often turns to illegal money-lenders as all other providers, including regulated money-lenders, are unwilling to lend. Whilst people living on low incomes tends to turn to regulated moneylenders who operate to meet their specific needs. The study notes that in the UK, there is little overlap between borrowing from a money-lender and using other sources of credit. Therefore, in the academic literature, borrowing from moneylenders is seen as an indicator of financial exclusion. The situation in Ireland is stated to be somewhat different, with the study finding that a significant number of people who borrow from moneylenders also borrow from mainstream sources of credit. The study concludes that borrower and moneylender relationship is complex and is not centred on access alone. The authors note that in Ireland there is a widespread credit union movement which provides access to affordable credit. Such access to affordable credit may differentiate the Irish context from that of Haringey.
- 7.1.16 Gallmeyer & Roberts (98) examine the social ecology of payday lending in the US. They note the rise in both economically distressed communities and industries which profit from them. Among those industries, payday lending stands out for its rapid expansion and near ubiquitous presence in some communities. The authors argue that payday lending outlets serve as an indicator of community economic distress and function as an exacerbating factor in that distress. They notes that payday lenders could be seen to



represent a financial hazard to communities, one which reminds residents of the economic uncertainty which surrounds them. The authors find that payday lenders are more likely to populate neighbourhoods that have lower income, moderate poverty (neither too high nor too low), and higher percentages of:

- ethnic minorities;
- immigrants;
- young adults;
- elderly;
- military personnel; and
- those working in non-management/professional occupations.

7.1.17 Particular links are noted to areas with high immigrant populations (who may be less able to access traditional banking services) and high elderly populations (whose low yet steady income streams may be attractive to payday lenders).

7.1.18 In a US study, Burkey et al (112) found that payday lenders tend to locate in urban areas with relatively higher minority concentrations, younger populations, and less-well educated citizens. The study also noted that homeownership and marriage rates are positively related to the number of payday lenders, whilst areas with high rates of households receiving some type of public assistance income are negatively related to the number of payday lenders. The study suggests that payday lenders do not target the most vulnerable groups in society (i.e. those on benefits), as they have limited capacity to repay loans. The same study also found a strong positive relationship between the number of payday lenders and the number of traditional banks in the same general geographic area. The study suggests that this correlation evidences a state of differing but complimentary service provision between payday lenders and traditional banks in an area.

7.1.19 Wheatley (113) revisits the work of Burkey et al (112). Wheatley concludes that the optimal market for payday lending businesses is in areas with large populations, high population density and lower levels of educational achievement. The study finds no evidence that payday lenders especially target the lowest income communities. The study suggests that policies that raise levels of education in an area may reduce the demand for payday lending services.

7.1.20 In contrast to Burkey et al's (112) spatial distribution finding, Smith et al (114) reached a different conclusion. In their US study of the spatial relationship between traditional banking services (Banks) and alternative financial service providers (AFSPs)<sup>5</sup>, they found evidence that AFSPs fill a financial void due to the lack of mainstream financial institutions in the same area. The study also notes that generally AFSPs provide some of the financial services offered by mainstream financial institutions, but typically at a higher price and that AFSPs do not supply the types of products and services that foster asset creation. Consequently it is concluded that consumers heavily reliant on AFSPs (typically minority and low-income households) might forego valuable wealth-building opportunities due to a lack of mainstream banking options in their area.

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<sup>5</sup> AFSPs includes: check cashing outlets, payday lenders, pawnshops, rent-to-own stores, auto title lenders, and money transmitters.



- 7.1.21 Graves (103) analyses the site-location strategies of banks and payday lenders in the US and finds that disenfranchised neighbourhoods are simultaneously targeted by payday lenders and neglected by traditional banks.
- 7.1.22 In a US review of payday loans, Stegman (115) noted the viewpoint that the prolific growth and profitability of payday lending reflect the failure of mainstream financial institutions to meet working peoples' demand for short-term credit. This is echoed in the UK by Fuller (99) who notes that banks have moved away from debt-related services towards investment related products, becoming much less willing to lend money to customers with low incomes or service low-income accounts.
- 7.1.23 The literature seems to suggest two main mechanisms that govern the location of payday loan shops. That either traditional banks and payday lenders coexist where their services do not compete with one another (i.e. banks do not offer short term small sum loan options); or if similar products are offered by both, that payday lenders only arise where traditional banking services have withdrawn their branches from an area (created a void).
- 7.1.24 In the case where banks offering similar short term low sum loans coexist with high numbers of payday lenders, a third mechanism may be operating. In a UK study Datta (116) estimated that 3 million people are excluded from mainstream credit sources in the UK and the recent financial crisis has increased levels of exclusion. The study suggests that low-paid migrant workers in London deliberately self-exclude themselves from mainstream financial services to keep their money safe from immigration/welfare authorities. This group is also reported to have limited access to formal credit and will often only deal in cash.

## Characteristics of payday loan customers in the US

- 7.1.25 Although no research was identified that provided a detailed characterisation of payday loan customers in the UK, a comprehensive review was undertaken by Elliehausen & Lawrence (117) in the US. Although there are clearly issues of differing social contexts the following points help to assemble a general profile of those using payday loans:
- Payday companies are distinct amongst lenders in their relatively heavy concentration (just over 50%) of customers with moderate incomes (\$25,000 to \$49,999). Although many payday customers have lower or higher incomes, these income groups are relatively less important to payday lenders than to other creditors.
  - Many payday customers do not have bank credit cards or have borrowed fully against their credit limits if they have bank credit cards.
  - Two-thirds of the payday customers are younger than 45 yr, and 36.4% younger than 35 yr. Relatively few payday customers are old.
  - More than half of payday customers are married or living with a partner, and nearly a quarter are divorced or separated. 65% of payday customers have children younger than 18 yr living in the household. The concentration of payday customers in families and in younger age groups indicates that payday customers generally are in lifecycle stages in which demand for credit tends to be high.
  - Payday customers are concentrated in the middle levels of educational achievement (38.3% of payday consumers have high school diplomas and 36.1% have some college).





- Use of payday loans is determined more by unplanned events than by the characteristics of the customer or the customer's financial circumstances (nearly two-thirds of customers reported unexpected expenses or shortfalls in income as the reason for their most recent payday loan sequence).
- Payday customers have few alternatives available to them (only 16.0% reported having sufficient funds savings accounts at the time of their most recent advance).
- Most payday loans were typically \$100–\$300, which suggests payday customers have very limited liquid assets.
- Only 56.5% of payday customers have bank cards. Those with bank cards typically only had one or two, suggesting a lower access to bank card credit than the average person. For those without any bank cards access to such cards is likely to be only part of the issue; it is likely that many payday customers do not have bank cards because they fear that they lack self-control to repay revolving debt.
- In terms of loan behaviour, around a third of customers had four or fewer advances, which includes both new credit and renewals. Renewals may be either a rollover, in which the customer renews the advance by paying only the finance charge, or a same-day advance, where the borrower takes out another loan on the same day he repays an outstanding advance in full. At the high end, 22.5% of customers had a total of 14 or more payday advances in the past 12 months prior to the survey.
- Almost 52% of customers used advances six or fewer times per year. But the remaining 48% of borrowers had seven or more advances during the year. The findings suggest that many borrowers use payday advances regularly for short periods of time (for half of customers the longest consecutive sequence of advances was a month or less, however for around a fifth of borrowers the period was over two months).
- Consumers who renew existing loans are particularly vulnerable to further unplanned expenses or changes in income.
- 47% of payday borrowers obtained credit from more than one company. Of the customers using more than one company, 63.7% used two, 23.6% three, and 12.6% four or more lenders. A little more than a third of customers who used more than one firm obtained an advance at one company to pay off a loan at another company at least once during the previous 12 months. The report also suggests that some customers may use multiple payday companies sequentially like using different credit cards to increase the amount of debt or availability of credit.
- The survey reports that overall, respondents had very favourable attitudes toward payday companies. Only 12.2% of customers expressed any level of dissatisfaction, largely for reasons of high cost. Approximately 92% of borrowers strongly agreed or somewhat agreed with the statement "Payday advance companies provide a useful service to consumers." The survey suggests this show that payday companies serve a real economic need for their customers.

## Conclusion

7.1.26 Payday lending is linked via issues of indebtedness and financial exclusion to reduced mental health outcomes. Common mental health disorders were most frequent amongst those people who used money lenders and who borrowed from multiple sources.

7.1.27 Payday lenders tend to occur in communities where either traditional banks offer limited short term low value credit options or where banks do offer these products but have withdrawn their branches from that area. Where both traditional banks and payday lenders coexist it may be that significant proportions of the population are



deliberately avoiding mainstream banking options due to mistrust over immigration or welfare monitoring.

- 7.1.28 Areas with high densities of payday lenders are generally characterised as having a population with large proportions from minority ethnic groups, having relatively low educational achievement and having income levels that are modest, i.e. levels of income that can manage repayments but are not large enough to cover unexpected expenses or fluctuations in earnings.
- 7.1.29 In their US profile of payday lenders, Lawrence & Elliehausen (117) identify the use of multiple payday lenders either consecutively or simultaneously. It seems likely that such behaviour would be exacerbated in areas with clusters or high densities of payday lending shops in an area.

## 7.2 Local policy and other local initiatives

### *Health and Wellbeing Strategy*

- 7.2.1 We have seen above how financial pressures can increase stress and anxiety levels, especially if individuals have a large volume of debt and are bound by inappropriate repayment structures.
- 7.2.2 Outcome Two of Haringey's Health and Wellbeing Strategy (2) is *A Reduced Gap in Life Expectancy*. The Strategy notes that the current recession and the associated increase in unemployment, debt and house repossessions will inevitably impact negatively on people's health and wellbeing. The adverse effects will be disproportionately larger on residents in the east of the borough, as poorer populations are more vulnerable.
- 7.2.3 Research evidence also notes strong links between financial capability and mental wellbeing. On page 34 we cite Outcome Three of Haringey's Health and Wellbeing Strategy (2) as being *Improved mental health and wellbeing* and we list the priorities that will help work towards achieving this outcome.
- 7.2.4 The Health & Wellbeing Strategy (2) is concerned with improving health outcomes, and reducing inequalities in health outcomes. The Strategy notes the importance of addressing poor physical and mental health. It recommends early intervention. It does not include explicit mention of payday lenders.

### *Credit Union*

- 7.2.5 Haringey Council is taking other steps to address indebtedness and financial exclusion. The council has worked in partnership with London Capital Credit Union to set up a credit union in the borough (118). Figure 7-1 shows how one of the main aims of this initiative is to support residents and to enable them to avoid using payday loan companies.

Figure 7-1: Council support for Credit Union

Haringey Council will help hundreds more residents to avoid the pitfalls of high interest payday loans by offering a £750,000 loan to the local credit union.

The council's Cabinet group last night agreed a package which will allow the Haringey, Islington and City Credit Union (website - external link) to protect more people from spiralling debt by offering



affordable loans and encouraging people to save. Haringey will offer the Credit Union an initial loan of £250,000 and hopes to follow this up with further investment of up to £500,000 depending on targets being met. The agreement could see more than 1,600 Haringey households become members of the Credit Union.

It will also allow the credit union to expand its outreach work to make more people aware of the alternative to expensive payday loan companies - with more than ten already operating in Tottenham and Wood Green

Cllr Alan Strickland, Cabinet Member for Economic Development and Social Inclusion, said:

*"We are determined to support our residents through the toughest economic times many of us have ever known.*

*"As rising unemployment, higher bills, steeper fares and cuts to benefits pile financial pressure on families, the demand for extortionate payday loans is rising.*

*"Payday loan companies- some of which charge annual interest rates in excess of 4,000 per cent - target the most defenceless. Their growth is a great threat to financially vulnerable residents and damages the vibrancy of our high streets.*

*"We are taking action to reclaim our high streets, with efforts to curb the number of betting shops and improve the variety of shops. Making clear that payday loan companies are not welcome in Haringey is part of that action.*

*"We are determined to show people that there is an alternative. We're proud to back the Credit Union to help to protect residents from a spiral of ever increasing debt and support them instead into the habit of saving."*

From LB Haringey (119)



## 8 Appendix A: Case Studies

### 8.1 Court of Justice for the European Union: a ruling

8.1.1 A recent case from the Court of Justice for the European Union (8;9) on 16<sup>th</sup> February 2012 was concerned with licensed betting operators in Italy. One of the points that was considered was whether national legislation to control the density of betting shops in an area was compatible with freedoms guaranteed under EU law namely those of:

- establishment (Article 49, source 120); and
- freedom to provide services (Article 56, source 120).

8.1.2 Restrictions on these freedoms may be justified by overriding reasons in the public interest (para 37, source 9), provided that:

- they are applied in a non-discriminatory manner;
- they are suitable for achieving the public interest objective invoked (principle of coherence or adequacy); and
- they do not go beyond what is necessary in order to attain that objective (principle of proportionality).

8.1.3 EU Law allows unequal treatment (in this case between existing and prospective operators) if there are overriding reasons in the public interest. The court ruled that a policy which requires minimum distances between outlets would be justifiable if it is not intended to protect the market position of the existing operators (and thereby closing the market to new entrants). The Italian Government had two arguments.

- Restricting entry to the market for new operators was justifiable as it prevented consumers, who live close to betting establishments, from being exposed to an excess of supply. This argument was rejected: the betting and gaming sector in Italy has long been marked by a policy of expanding activity with the aim of increasing tax revenue.<sup>6</sup> Accordingly, the fight against addiction to gambling and the curtailment of opportunities to gamble were not seen as credible objectives of Italian provisions on betting and gaming, particularly since the reforms of 2006 (para 42, source 9).
- The rules on minimum distances imposed on new licence holders. The Italian Government stated this was to ensure the uniform distribution of betting outlets throughout the national territory in order to prevent the doubly harmful outcome which the accumulation of betting establishments in certain locations might have for consumers: for those who live close to such locations, exposure to excess supply; for those who live in the most 'poorly supplied' areas, the risk of opting for clandestine betting or gaming. The Advocate General did not accept these lines of argument and noted, in addition, that the rules on minimum distances were imposed exclusively on new licence holders in relation to pre-existing licence holders (para 67, source 9). This was taken to indicate that the rules on minimum

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<sup>6</sup> It is conceivable that the presumption in favour of granting applications within the Gambling Act 2005 (5) could be seen in a similar light.



distances may be aimed at maintaining the 'market positions' of pre-existing licence holders, as it guarantees a competitive advantage over newcomers who might be obliged to establish themselves in less commercially attractive locations than those occupied by pre-existing licence holders.

## 8.2 Fast-food takeaways

### Concentration of takeaways harms residential amenity

*Inspector Rebecca Phillips; Hearing*

*Friday, 17 August 2012, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1145399/Concentration-takeaways-harms-residential-amenity/?DCMP=ILC-SEARCH>*

- 8.2.1 An inspector refused to extend the permitted opening hours of a takeaway in south Wales due to the impact on neighbours' amenity and on crime and disorder.
- 8.2.2 A condition on the permission prohibited opening between 2330 and 0900 each day. The appellant sought variation of the condition to allow opening until half past twelve on Friday and Saturday nights.
- 8.2.3 The inspector remarked that to allow later opening hours would generate increased activity in and around the premises late at night in an area where there was residential use and local concern regarding the high concentration of A3 use establishments. She noted that a local press article referred to people being increasingly disturbed by antisocial behaviour, particularly late at night.
- 8.2.4 An analysis by South Wales Police revealed a very strong correlation between the very high concentration of licensed premises, restaurants and fast food outlets in the road and high crime levels. Such premises attracted large numbers of people, many of whom were 'pre-loaded' with alcohol and the research supported the view that this significantly contributed to the existing problems of crime, antisocial disorder and disturbance. On the basis of the police evidence, the inspector decided that crime prevention should be given considerable weight as a material consideration. The concentration of takeaways already caused problems for local residents in respect of noise and disturbance. The proposal would exacerbate existing problems and be detrimental to their living conditions.

### Healthy eating initiatives not undermined by fast food restaurant

*Inspector Jacqueline North; Written representations*

*Friday, 20 January 2012, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1112566/Healthy-eating-initiatives-not-undermined-fast-food-restaurant/?DCMP=ILC-SEARCH>*

- 8.2.5 A Kentucky Fried Chicken restaurant and drive through was allowed in south Yorkshire, an inspector finding that it would not harm neighbours' living conditions or local healthy eating initiatives.
- 8.2.6 The site was a vacant area of land near a busy dual carriageway. It had previously contained a public house which had been demolished following fire damage. There



were residential properties some 15 to 20 metres from the site, with the customer vehicle entrance directly opposite two of them.

- 8.2.7 The main source of noise in the area was from traffic on the dual carriageway and a large factory. An acoustic assessment undertaken by the appellant estimated that the noise which would result from the proposal would be below the existing level of background noise. The inspector acknowledged that there might be some noise due to car doors slamming, music played in cars or loud conversations from customers. She considered, however, that acoustic fencing and the distance to the front of the dwellings would ensure that such noise would not result in harmful conditions for nearby residents.
- 8.2.8 The inspector was satisfied that any noise impact as a result of the development would be negligible and aurally indistinguishable from the existing noise climate. She was also satisfied that the installation of a fume extraction system would ensure that nearby local residents would not be significantly affected by smells.
- 8.2.9 The inspector noted that the restaurant would be approximately 40m from a primary school and registered concerns that it would undermine healthy eating initiatives. She acknowledged the finding in *R (on the application of Copeland) v Tower Hamlets London Borough Council* in respect of a fast food outlet. She understood, however, that this related to a takeaway near a secondary school where pupils would be able to leave at lunchtime. She pointed out that primary school children were not usually permitted to leave the premises at midday, and found it unlikely that they would travel to and from school unaccompanied by an adult. On this basis, she did not consider that the presence of the restaurant and drive through would jeopardize the local healthy eating initiatives.

### Takeaway opening hours restricted in shop subdivision

*Inspector Michael Moffoot; Written representations*

*Friday, 09 September 2011, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1089893/Takeaway-opening-hours-restricted-shop-subdivision/?DCMP=ILC-SEARCH>*

- 8.2.10 The subdivision of a shop in Yorkshire to facilitate the use of one unit as a hot food takeaway was approved provided the opening hours were restricted.
- 8.2.11 The premises comprised a small convenience store and off licence and an inspector noted that it attracted customers at a level commensurate with its suburban location. Although the takeaway would generate some customers travelling by car, it would not be at a scale which was likely to disturb local residents if the opening times were limited. In this regard the inspector accepted the appellant's offer to close the takeaway at 10pm on Fridays and Saturdays and 9pm on all other days. This would broadly align with the appellant's licence for the sale of alcohol.
- 8.2.12 With regard to the council's further concern about the need for people to adopt a health lifestyle and tackle childhood obesity, the planning system had a role to play. The government had published two documents in 2008 and 2010 setting out how local authorities could use their planning powers to control the number and location of fast



food outlets. The appeal site lay close to a college and was likely to attract some students during the daytime. The college actively promoted healthy lifestyles and accordingly the students had the ability to make an informed choice on whether to use the facility on a regular basis. Consequently, this issue did not count against the scheme.

## 8.3 Betting Shops

### Betting shop concentration concern improbable

*Inspector David Richards; Written representations*

*Friday, 14 September 2012, [dcservices.co.uk](http://dcservices.co.uk)*

[http://www.dcservices.co.uk/bulletin/planning\\_appeals\\_bulletin/article/1149260/betting-shop-concentration-concern-improbable/?DCMP=EMC-CONTheLatestAppealsBulletinfromDCS](http://www.dcservices.co.uk/bulletin/planning_appeals_bulletin/article/1149260/betting-shop-concentration-concern-improbable/?DCMP=EMC-CONTheLatestAppealsBulletinfromDCS)

- 8.3.1 A condition which had been imposed on a planning permission in east London was deleted because it was unnecessary to prevent its use as a betting shop.
- 8.3.2 The premises were currently occupied by Burger King who was due to close and a betting shop operator had expressed an interest in occupying the unit. The council however was concerned that a further betting shop would undermine the vitality of the centre and increase the risk of crime and anti-social behaviour. It stated that the top three betting offices which were linked to anti-social behaviour were sited in the same high street as the appeal site and it asserted that a further unit would increase on street drinking and rowdy behaviour.
- 8.3.3 In assessing this matter the inspector noted that the high street in general was the main hotspot for crime and related activities particularly in respect of gambling outlets. There was also a widespread perception that a high number of betting shops was linked to the decline of the high street and the government's analysis of such areas entitled the 'portas review' identified the influx of such uses in low income areas as having the potential to blight particular locations and deter retail investment.
- 8.3.4 Nonetheless the council's data contained a number of variables and in his opinion it was difficult to prove that a further betting shop would have the sort of deleterious impact the council alleged. In his opinion the council had not demonstrated a direct causal relationship between the number of such outlets and the incidence of crime in the area. The 'portas review' was not government policy and consequently this could be afforded only little weight in his decision.

### Betting shop concentration harm rejected

*Inspector Gary Deane; Written representations*

*Friday, 13 July 2012, [dcservices.co.uk](http://dcservices.co.uk)*

<http://www.dcservices.co.uk/news/1140767/>

- 8.3.5 The introduction of a betting shop in east London was secured notwithstanding the council's concern that it would undermine its regeneration objectives and would adversely impact on the vitality of existing centres.



- 8.3.6 An inspector noted that the existing vacant unit was within a parade of shops. There were no betting shops within the parade and the nearest outlet was over 300 metres from the site. This did not suggest that there was an over-concentration of such uses. Similarly, a nearby local centre appeared to be reasonably busy and there was little evidence to suggest that its vitality would be undermined. Therefore, although there were some problems of antisocial behaviour and crime linked to betting shops in the borough, the appeal site did not lie within a crime 'hot spot', and effective management of the business would reduce the likelihood of antisocial behaviour.
- 8.3.7 A partial award of costs in favour of the appellant was made in dealing with the council's claims that the scheme would lead to an over-concentration of such uses and adversely impact on the vitality and viability of existing centres. Little evidence had been submitted to substantiate these concerns.

### Betting shop hours restriction reasonable

*Inspector Nicola Linihan; Written representations*

*Friday, 01 June 2012, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1134519/betting-shop-hours-restriction-reasonable/>*

- 8.3.8 An appellant failed to secure an extension in the opening hours of a betting shop within a Middlesex town centre on the basis that it would adversely affect the amenity of local residents.
- 8.3.9 The disputed condition, attached to a permission which authorised the change of use from a shop, stipulated that the premises could open between 8.30am and 10pm on Mondays to Saturdays and between 10am and 5pm on Sundays and bank holidays. The appellant claimed that other betting shops in the area could open at 8am and he wished a similar allowance for his business with new hours restricted to between 8am and 10pm every day of the week including bank holidays.
- 8.3.10 The site was located on a busy main street, an inspector observed, which itself generated a level of noise and disturbance. Moreover, local residents living in adjoining side streets had not objected. This did not dissuade the inspector from ruling that the extension in the opening hours would nonetheless have the capacity to adversely impact on the amenity of neighbouring residents. Just because a degree of noise and disturbance took place did not mean that a relaxed approach should be taken to proposals which would lead to an increase in such activity. The advantages to the appellant's business did not outweigh this concern.

### Lack of evidence to support betting use in vacant shop

*Inspector Barry Scott; Written representations*

*Friday, 08 June 2012, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1135320/Lack-evidence-support-betting-use-vacant-shop/?DCMP=ILC-SEARCH>*

- 8.3.11 The use of a vacant retail unit in a south coast shopping centre as a betting shop was turned down because it would harm its vitality and viability.





- 8.3.12 A previous appeal for the change of use had been dismissed but the appellant argued that since that time various matters favoured the proposal. These included the recently published NPPF, the availability of better evidence and an absence of harm resulting from the continued vacant status of the premises.
- 8.3.13 The NPPF required planning authorities to support the viability and vitality of town centres, an inspector noted. He found that relevant local plan policies were consistent with the provisions of the NPPF, noting that emphasis was given to the importance of maintaining the continuity of shopping frontages. Evidence produced since the previous appeal decision concerned the occurrence of vacancies, shopping usage and customer surveys, retail capacity elsewhere, analysis of turnover changes at other betting shops and evidence from other appeal decisions. The inspector found, however, that the evidence was inconclusive due to the absence of critical information. Whereas elsewhere betting shops were shown to have improved their performance in the face of new competition there was nothing to show how it had been achieved, whether through behavioural, economic, numeric or geographic changes in the respective catchment populations. He was therefore unable to conclude that the development would bring significant trade to the shopping area in the face of existing competition to compensate for that lost through a retail use. He accepted that the shopping centre was vibrant to the extent that it had been able to carry the effect of the vacant premises during a time of recession. He considered, however, that without the results of rigorous and robust marketing it could not be concluded that the proposal would benefit the area in place of the retail use, in terms of mutually supporting services and facilities.
- 8.3.14 The inspector reasoned that in the absence of compelling evidence to the contrary the adverse impact arising from the vacant premises might be temporary. On the other hand, the adverse impact arising from the permanent loss of an A1 use would significantly and demonstrably outweigh the benefits of the A2 use, he concluded.

### **Betting shop undermines retail function**

*Inspector Michael Hetherington; Written representations*

*Thursday, 05 April 2012, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1125681/Betting-shop-undermines-retail-function/?DCMP=ILC-SEARCH>*

- 8.3.15 The change of use of a shop in a town centre in Dorset was judged to be unduly harmful to the retail function and vitality of the town.
- 8.3.16 The premises had formerly housed a mobile phone shop and lay within a primary retail frontage. The council estimated that only 63 per cent of the units were in retail use which fell below a 75 per cent minimum set out in a local plan policy. The appellant claimed, however, that a betting office would generate a high level of customers and would assist in reducing the 18 per cent level of vacant units within the retail frontage.
- 8.3.17 An inspector accepted that the vacancy level was above the level for the town as a whole, noting that since the appellant's survey had been undertaken some had been re-occupied. The unit had become vacant at the end of 2010 and in his opinion this was not an overly long period. A betting shop was materially different from a retail use due



to its non-retail nature and generally less active front windows. Introducing another non-retail use would reduce the proportion of shops in the frontage to less than 57 per cent and despite the claimed levels of customer attraction, this would diminish the retail function of this part of the town.

## Betting office generates significant numbers of customers

*Inspector Ian McHugh; Written representations*

*Thursday, 05 April 2012, [dcservices.co.uk](http://www.dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1125683/Betting-office-generates-significant-numbers-customers/?DCMP=ILC-SEARCH>*

- 8.3.18 A betting office was permitted in a district centre in northwest London, an inspector recognising that it would attract a significant number of customers and would not diminish the overall attractiveness of the centre.
- 8.3.19 The premises were vacant and lay within a secondary shopping area. The council claimed that the number of shop units fell below a 65 per cent minimum threshold set out within its UDP. The appellant claimed that the unit had been empty since the end of 2009 and no interest from retailers had been shown. The company also asserted that the level of customers would be higher than many retail uses.
- 8.3.20 The inspector decided that government guidance supported a more flexible approach to town centre uses particularly those which would secure re-occupation of vacant units. Although the council claimed that a betting office would generate modest numbers of customers, in his experience this was not the case and it was likely that overall it would have a positive impact on the vitality and viability of the centre as a whole.

## Betting office impacts district centre's health

*Inspector Nigel Burrows; Written representations*

*Friday, 02 March 2012, [dcservices.co.uk](http://www.dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1119623/Betting-office-impacts-district-centres-health/?DCMP=ILC-SEARCH>*

- 8.3.21 The change of use of a shop to a licensed betting office in a district centre in east London was rejected because it would lead to an unacceptable concentration of non-retail uses at an important gateway.
- 8.3.22 The main parties agreed that the site lay within a primary shopping frontage and would not result in a group of three or more shop units in non-retail use. It was also agreed that it would not result in the proportion of non-retail uses in the frontage exceeding 30 per cent. The appellant claimed that a betting shop would generate comparable levels of trade and customers to many retail uses and as a consequence would enhance the vitality and viability of the centre.
- 8.3.23 An inspector agreed that it was reasonable to assume that customer footfall might be comparable to some retail uses and some linked trips would occur. However, the site lay close to a junction which formed an important gateway into the centre. There were already a significant number of non-retail uses around or close to this junction and to permit the appeal would enhance their presence which would undermine the retail



function of this part of the centre. Despite the footfall which would be generated by occupying a vacant unit, a betting office 'was not a shop', he decided, and this counted against the scheme.

8.3.24 In so ruling the inspector found against the council in respect of its claim that it would lead to antisocial behaviour and crime. The police had provided information on the number of criminal incidents associated with betting shops in the area and the inspector agreed that these were troubling. He pointed out, however, that some betting shops generated far more incidents than others. Overall, he concluded that the scheme would not be likely to increase street crime nor result in the shopping centre becoming more intimidating to local residents. But this view did not outweigh his conclusion on the first issue.

### **Betting shop approved with costs to appellants**

*Inspector Christine Thorby; Written representations*

*Friday, 25 November 2011, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1105666/Betting-shop-approved-costs-appellants/?DCMP=ILC-SEARCH>*

8.3.25 The change of use of a shop in an east London district centre was allowed with an inspector also ruling that the council had acted unreasonably in refusing permission.

8.3.26 The council alleged that the scheme would undermine the vitality and viability of the centre and drew attention to other betting shops in the area. It asserted that a cluster of such outlets would arise if the appeal were allowed which would also be more likely to stimulate antisocial behaviour and crime.

8.3.27 The inspector noted that the site lay within a secondary shopping frontage where the council's UDP judged them to be acceptable. The council's claim that betting shops should be excluded from other Class A2 uses because they contributed to a poor quality environment was unfounded, as was the suggestion that a cluster of such outlets would arise. Other businesses were spread out within the centre on different parades and roads.

8.3.28 In so ruling the inspector concluded that the council had failed to demonstrate why betting shops should be treated differently from other Class A2 uses which were judged by its own UDP to be acceptable in secondary shopping areas. Moreover, the evidence to suggest an over-concentration of betting shops or other incompatible uses was lacking and in total this amounted to an unreasonable refusal of permission.

### **Betting shop in vacant unit would undermine retail health**

*Inspector David Richards; Hearing*

*Friday, 11 November 2011, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1103100/Betting-shop-vacant-unit-undermine-retail-health/?DCMP=ILC-SEARCH>*

8.3.29 The change of use of a vacant shop in Leeds' prime shopping quarter to a betting shop was rejected because it would harm the vitality and viability of the area.



- 8.3.30 A unitary development plan policy stated that within city centre primary shopping frontages change of use from retail to non-retail might be acceptable where the proportion of retail frontage remained at 80 per cent and did not result in more than 15 per cent continuous frontage in non-retail use. The premises occupied a prominent corner location. The council accepted that there would not be a significant shortfall against the policy requirement in one of the streets. There was, however, a clear conflict with policy in respect of the other frontage.
- 8.3.31 The appellant suggested that there were a number of considerations to outweigh policy conflict. Firstly, it was argued that the definition of primary shopping frontages was long overdue for review.
- 8.3.32 The inspector accepted that there had been major changes in shopping provision in Leeds since the shopping frontages were defined and that new patterns had been established which might justify looking at the definition again. He remarked, however, that it was not his role to undertake a detailed review of retail policy for Leeds, and any changes should be undertaken through the system of development plan documents. The location remained very much within the central area and on a primary pedestrian route. While he accepted that some locations within the primary shopping frontages might have become less attractive commercially he held that a further dilution of the retail frontage would undermine the vitality and viability of the shopping quarter.
- 8.3.33 Secondly, the appellant argued that there were major new city centre retail developments in the pipeline, each offering some 100000sqm of floorspace, which would make existing premises difficult to let. The inspector reasoned, however, that it was equally possible that the new developments would bring about increased flows, enhancing the attractiveness of the location.
- 8.3.34 Thirdly, it was argued that vitality and viability would be enhanced as a result of the occupancy of a vacant unit. The inspector considered, however, that there was potential for the prominent corner unit to be re-occupied for retail use, having regard to the importance and strength of the city centre as a regional shopping destination. He concluded that the change of use would result in an over-concentration of non-retail uses in a primary shopping frontage in the prime shopping quarter with consequent harm to vitality and viability.

### **Betting shop would harm mixed use character**

*Inspector Nicholas Taylor; Written representations  
Friday, 04 November 2011, [dcservices.co.uk](http://www.dcservices.co.uk)  
<http://www.dcservices.co.uk/news/1101945/Betting-shop-harm-mixed-use-character/?DCMP=ILC-SEARCH>*

- 8.3.35 The change of use of a souvenir shop in central London to a betting shop was turned down because it would harm the retail function of the area.
- 8.3.36 An inspector considered that the lively and comprehensive mixture of retail and commercial uses at ground floor level, with office and residential accommodation above, was the essence of the character and function of the area rather than the predominance of any one use. He noted the appellant's arguments that with the



proliferation of restaurants and cafes the road should be allowed to become a leisure destination, that allowing an A2 use would enhance the area's commercial viability and that the character of the road would deteriorate if an inflexible policy were applied. He considered, however, that the remaining A1 retail uses played a very important part in maintaining a balance that was essential to the vitality of the area and its role in providing services to residents, workers and businesses. He concluded that the proposed change of use would harm the mixed use character of the road and thereby conflict with development plan policy to maintain an appropriate balance of uses in the area. It would lead to a concentration of more than three non-retail uses, also contrary to development plan policy.

### **Betting shop would dilute retail mix**

*Inspector John Wilde; Written representations*

*Friday, 30 September 2011, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1095723/Betting-shop-dilute-retail-mix/?DCMP=ILC-SEARCH>*

- 8.3.37 The change of use of a shop in a town centre in Northamptonshire to a betting office was rejected despite claims by the appellants that it would generate a similar level of pedestrian movement and linked trips.
- 8.3.38 The premises were located within the primary shopping area. An inspector decided that the appeal had to be determined on its individual merits and not by reference to the decisions of other inspectors in different town centres. The frontage already contained a very high proportion of premises in non-retail use and increasing the proportion with a further non-retail use would dilute the retail mix. Linked shopping trips were less likely to occur where the retail mix had become eroded, he decided, and allowing a short term fix to the letting of a vacant unit was not acceptable where it would undermine the retail function of the town as a whole.
- 8.3.39 In so ruling the inspector refused to make an award of costs in favour of the council who claimed that the appellants had fundamentally misunderstood a policy within its area action plan. The latter it asserted, unambiguously excluded Class A2 uses from primary shopping areas. The inspector decided that there was no evidence for him to conclude that the appellants had purposefully misunderstood the policy and in any event they had submitted evidence to try and demonstrate that a betting office would contribute to the centre's vitality due to the level of footfall and linked trips. The fact that a previous appeal had failed in 2008 did not mean that the scheme had no reasonable prospect of success.

### **Betting office would lead to antisocial behaviour**

*Inspector David Smith; Written representations*

*Friday, 26 August 2011, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1086733/Betting-office-lead-antisocial-behaviour/?DCMP=ILC-SEARCH>*

- 8.3.40 An inspector redrafted a condition restricting the use of premises in southeast London to a building society in order to allow other A2 uses, but refused to sanction its use as a betting shop because it would increase antisocial behaviour.



- 8.3.41 The inspector pointed out that the proposal would not lead to the loss of a retail use and so would not harm the vitality or viability of the high street, as feared by the council. However, he noted that there was a strong body of evidence from local residents and shopkeepers that the five other betting offices in the core shopping area gave rise to antisocial behaviour, crime and disturbance. Representations referred to feelings of being intimidated and threatened by groups of people hanging around outside betting offices. There was a persistent thread of concerns about associated drinking, drug taking and begging as well as reports of verbal abuse, fighting and shouting. The appellant company regarded these views as subjective and prejudiced. The inspector acknowledged that the information provided was anecdotal but he reasoned that the frequency of the views being expressed painted a clear picture of the nature of the problems being experienced.
- 8.3.42 The local police sergeant also believed that another such venue would add to crime in the area. The inspector found that the evidence, such as that provided by the licensing officer, showed that betting offices in the area were associated with crime. However, it had not been established whether it was abnormally serious. He found the accounts of people familiar with the area more persuasive and judged that the evidence that premises in the high street acted as a magnet for miscreants was compelling.
- 8.3.43 The inspector concluded that the proposal would be likely to increase antisocial behaviour and disturbance although the implications for crime were less certain.

## 8.4 Pay-day loan shops

### Money shop secured in primary shopping frontage

*Inspector Chris Checkley; Written representations*

*Friday, 13 July 2012, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1140769/Money-shop-secured-primary-shopping-frontage/?DCMP=ILC-SEARCH>*

- 8.4.1 Permission was granted for the retention of a financial and professional services use in a primary shopping frontage in a Cambridgeshire town centre with a full award of costs being made in favour of the appellants.
- 8.4.2 The appellants stated that the outlet was open to the public and provided an important service, allowing people to secure cash and loans quickly and in addition receive other financial advice. They supplied information demonstrating the custom generated by its other 'money shop' outlets in other town centres and stated that it had invested £150,000 in fitting out the formerly empty shop. This has secured the longer term use of the grade II listed building, they asserted.
- 8.4.3 An inspector, in reviewing the evidence, concluded that there was little support for the council's claim that the use interrupted the shopping frontage. The use had many of the characteristics of a shop with large shopfront windows and was open during normal trading hours. The premises had been vacant for seven months prior to the appellants occupying the unit and the council's own policy accepted that some non-retail uses were acceptable within primary shopping areas.



8.4.4 In allowing the appeal the inspector decided that the council had acted unreasonably in refusing permission against the advice of its officers. The planning committee had failed to give appropriate weight to the wide range of factual evidence submitted by the appellants and had given weight to factors which were not relevant to the determination of the application. There was a suggestion that some of the committee members had a moral objection to the scheme. The most telling factor was the planning committee's subsequent decision to grant permission for a second application despite there being no material change in circumstances.

### **Loan shop would promote resort as a competitive centre**

*Inspector Wendy Burden; Written representations*

*Friday, 27 April 2012, [dcservices.co.uk](http://dcservices.co.uk)*

*<http://www.dcservices.co.uk/news/1128548/Loan-shop-promote-resort-competitive-centre/?DCMP=ILC-SEARCH>*

8.4.5 The change of use of a shop in an east coast seaside resort to premises for a cash loan company was allowed, an inspector finding that it would not harm the vitality and viability of the centre.

8.4.6 The site was in a protected shopping frontage where a local plan policy precluded a change of use which resulted in the loss of a shopping use. The explanatory text to the policy stated that an exception would be considered only where special advantages could accrue to the vitality or viability of the town centre as a direct result of the change from shopping use. The inspector remarked, however, that there was no clarification of what might constitute a special advantage. Furthermore, the prohibition on the loss of retail uses in the protected shopping frontages did not reflect the recognition in paragraph 23 of the national planning policy framework that uses other than retail were suitable for town centre locations.

8.4.7 The inspector observed that the site frontage was of limited width and there were retail uses to either side. It would be used to provide a financial service direct to shoppers, including cheque cashing services, money transfer and foreign currency exchange. From experience in other towns, the appellant estimated that store footfall would be in the region of 620 visits per day. The inspector considered that, as a result, the use would attract visitors to the shopping centre and help support the vitality and viability of other units within the frontage. She recorded that, at some 68 per cent of units, the dominant use within the frontage would remain as retail. She understood the council's wish to secure the availability of smaller retail units to rent which were more affordable for local retail businesses. In view of the high level of vacancies in the frontage, however, and the availability of other units for rental, she considered that the use of the premises by an occupier which would attract footfall and provide a secure tenancy for ten years would be a positive benefit to the health of the protected shopping frontage.

### **Financial services outlet maintains town's vitality**

*Inspector Martin Whitehead; Written representations*

*Friday, 14 October 2011, [dcservices.co.uk](http://dcservices.co.uk)*



<http://www.dcservices.co.uk/news/1098678/Financial-services-outlet-maintains-town-vitality/?DCMP=ILC-SEARCH>

- 8.4.8 Although the change of use of a shop in a Nottinghamshire town centre would lead to the creation of a continuous frontage of two non-retail uses, an inspector concluded that the provision of a loan shop would not undermine its overall vitality and viability.
- 8.4.9 The frontage already contained fewer than 80 per cent of the units in non-retail use and the premises adjoined a public house and amusement centre. The centre contained a relatively high number of vacant units and given its long period of vacancy and its narrow frontage, there was a benefit in securing its re-occupation. It would result in investment which would otherwise not be made and a condition could be imposed ensuring that the frontage remained active. National advice advocated taking a more balanced approach to development and there was a need to encourage economic development in existing centres. The benefit of securing a fully active frontage outweighed the small percentage increase in non-retail uses within the primary shopping area.





## 9 Appendix B: Seminar: health & vitality on our high street



Haringey Council



North Central London

### **BACKGROUND**

Gambling, debt and obesity are high profile topics. The council is tackling these issues head on and, through the Development Management Policy will look to control the numbers of fast food takeaways, betting shops and payday loan shops.

The Public Health Directorate have commissioned research to look at how health evidence can support the planning case. This joint work is at the forefront of national developments in planning and health.

We heard the health evidence and how it can support a planning case. We were also lucky to be joined by Professor Jim Orford who is an expert in the health effects of gambling and he gave a keynote presentation and placed this work into an international context.

### **KEY POINTS COVERED DURING SEMINAR**

1. Shared views on draft policy review
2. Made the links between Environmental Health and Licensing
3. Highlighted areas Public Health has had an impact on the three areas namely; Fast food, Betting shops and payday loans
4. Highlighted limitations of Planning, Licensing and Public Health efforts on areas named above
5. Prof Jim Orford brought to light a range of tools available to improve adherence to policies (with respect to gambling) concerning pre-commitment and self-exclusion of existing facilities

### **NEXT STEPS**

1. Update the draft policy review – *this review is focussed on the original question posed – namely what contribution can public health make to the planning decision*
2. Forge and strengthen links with environmental health, planning and licensing
3. Implement Public health activities to address areas of concern and develop harm reduction work within users of existing facilities
  - i. problematic gambling and betting shops, e.g harm reduction
  - ii. Use the places where men congregate to promote health
    - i. fast food (healthy eating)
    - ii. payday loan shops (mental wellbeing, Advertising Credit Union)



4. Develop Public health & planning learning network across Haringey/London, suggestions of learning include:
  - i. gambling similar focus to the policy review: how can planning and health co-operate and what can they do separately
5. Develop Evidence and policy support to planning and to licensing – pre-decision
6. Develop Evidence and support to Councillors



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