



**GAMBLING ACT 2005
GAMBLING LOCAL AREA PROFILE
JANUARY 2022**

Introduction

1. This profile is published by Haringey Council as part of its role under the Gambling Act 2005 to assist holders of premises licences produce their local risk assessments required under the Gambling Commission's Social Responsibility Code provisions of the its Licence Conditions and Codes of Practise.
2. Risk assessments are to help operators further the statutory licensing objectives of:
 - preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime,
 - ensuring that gambling is conducted in a fair and open way, and
 - protecting children and other vulnerable persons from being harmed or exploited by gambling
3. Our definition of vulnerable persons mirrors that of the Commission in that they are:
 - people who gamble more than they want to
 - people who gamble beyond their means; and/or
 - people who may not be able to make informed or balanced decisions about gambling, for example because of mental health problems, learning disabilities, or substance misuse relating to alcohol or drugs.
4. However, for some, gambling can be problematic, affecting their ability to live and work. People with gambling problems often experience a range of negative effects, including health issues, relationship breakdown, and difficulties with debt. In more severe cases gambling problems can lead to crime, thoughts of suicide or suicide itself.
 - **Financial harms:** overdue utility bills; borrowing from family friends and loan sharks; debts; pawning or selling possessions; eviction or repossession; defaults; committing illegal acts like fraud, theft, embezzlement to finance gambling; bankruptcy; etc...
 - **Family harms:** preoccupied with gambling so normal family life becomes difficult; increased arguments over money and debts; emotional and physical abuse, neglect and violence towards spouse/partner and/or children; relationship problems and separation/divorce.
 - **Health harms:** low self-esteem; stress related disorders; anxious, worried or mood swings; poor sleep and appetite; substance misuse; depression, suicidal ideas and attempts; etc...
 - **School/college/work harms:** poor school, college or work performance; increased absenteeism; expulsion or dismissal¹
5. Data from Fingertips shows that an estimated 54% of Londoners aged 16+ have gambled, including the lottery², in the last year in 2012, and 35% have gambled in

¹ Royal College of Psychiatrists: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/problem-gambling>

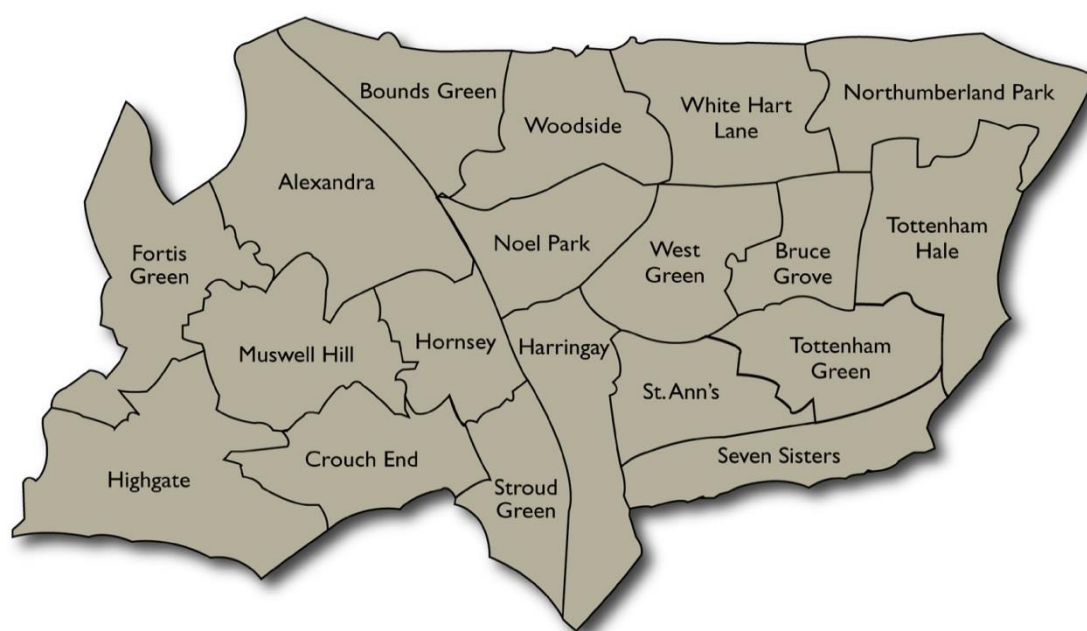
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<https://fingertips.phe.org.uk/search/gambling#page/1/gid/1/pat/15/ati/6/are/E12000007/iid/92418/age/164/sex/4/cid/4/tbm/1>

some form other than the lottery. If these figures hold true, around 82,000 Haringey residents would have gambled in the past year, excluding playing the lottery.

6. Gambling characteristics - Problem gambling disproportionately affects certain groups such as ethnic minorities, young people, those in the criminal justice system and homelessness. The Adult Psychiatric Morbidity Survey (2007) found that problem gambling is most common among young men, and prevalence generally reduces with age. However, there is also a slight peak among 65–74-year-olds, of both sexes. Overall, over-gambling was found to be more frequent among men, people of white ethnic groups, and for women it is most common among those in the second-lowest level of household incomes.
7. The Gambling Commission recommend, that as part of any policy refresh, which licensing authorities are required to do every three years, that authorities also produce a Local Area Profile. This document is to highlight areas of the borough inhabited or frequented by people who might be at risk of being harmed or exploited by gambling. Betting operators have a specific responsibility to assess local risks to the licensing objectives that come about due to the provision of gambling facilities at each of their premises. Whilst it is not a requirement for licensing authorities to complete a risk assessment of the local area, it is encouraged by the Gambling Commission that such risk assessments, known as the local area profile are a significant benefit to both the licensing authority and the operators. The Commission explains that this will have a number benefits for policy making in the future, including:
 - Enabling licensing authorities to better serve their local community, by improving Haringey's understanding of the community and the local risk profile;
 - Improved clarity for operators as to the relevant factors in licensing authority decision making. This will lead to improved premises license applications, with the potential operator already incorporating controls and measures to mitigate risk in their application;
 - Enabling licensing authorities to make robust but fair decisions, based on a clear, published set of factors and risks, which are therefore less susceptible to challenge; and
 - Encouraging a proactive approach to risk that is likely to result in better compliance and reduced enforcement action.
8. The Borough of Haringey
 - 8.1 Haringey is one of London's 32 Boroughs. It is located in the north of the capital and is more than 11 square miles in area. According to the 2011 Census nearly half of its 254,900 people come from ethnic minority backgrounds. It is often said that Haringey is an outer London Borough with inner London challenges.

Map of the London borough of Haringey, showing the 19 wards



- 8.2 Haringey is a vibrant place to live, with many different cultures mixing, and a fantastic variety of characterful High Streets – from the metropolitan centre at Wood Green to the boutiques and restaurants of Muswell Hill and Crouch End – creating a strong sense of local pride.
- 8.3 There are approximately 100,000 dwellings and approximately 8,200 businesses employing 64,700 people. The most recent indices of multiple deprivation (IMD) (2019) show that Haringey is one of the most deprived authorities in the country, ranking 13th out of 326 authorities, and it is ranked 4th in London, yet it is also a borough of contrasts, with great prosperity and affluence in some communities.
- 8.4 Persistent inequalities are manifest in the health and wellbeing of our residents. The life expectancy gap between the most and least deprived wards is 7 years for men and 3 years for women. The borough is facing an obesity crisis with 1 in 4 reception aged children, and 1 in 3 10/11 year olds, measured as overweight or obese. The number of people with long term conditions like diabetes and heart disease is increasing and there are approximately 4,000 adults with severe mental illnesses – three times more than would be expected, even given Haringey's level of deprivation.
- 8.5 There are also inequalities in educational achievement, access to employment and housing quality. The borough has seen twelve consecutive years of improvement in GCSE performance and A-levels scores, making Haringey one of the top 3 most improved areas. Yet too many of our young people still leave school without the skills needed to secure sustainable employment, blocking their access to one of the world's most dynamic economics at their doorstep.
- 8.6 The Council's response to these challenges is to meet them head on with ambition, innovation and a commitment to work ever more closely with residents, businesses and public sector partners. Nowhere is our ambition greater than in our most deprived communities in Tottenham. We are determined that regeneration will be shaped by the views of residents.

9. The Haringey Approach

- 9.1 The purpose of the Haringey Local Area Profile is to identify the areas' most vulnerable to gambling related harm. Therefore, the question that this profile attempts to better understand is – who is vulnerable to, or at risk of, gambling-related harm and where are such vulnerabilities likely to manifest in Haringey?
- 9.2 Gambling related harm was defined by the Gambling Commission in their 'Measuring Gambling Related Harms – A Framework for Action' report, published in July 2018: *"Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society"*
- 9.3 The Gambling Commission in 2012, whilst stating that it would not explicitly define who exactly is vulnerable in relation to gambling, could identify types of people that it is likely to impact more than others. This focuses on people who gamble more than they would want to, some examples include:
- Young people and students
 - Those with Mental Health problems
 - Those afflicted with substance use/misuse issues
 - Those with learning disabilities / difficulties
 - Homeless people
 - Those living in constrained /difficult economic circumstances
 - Those living in deprived areas
 - Those with personality / cognitive impairments
- 9.4 In accordance with the Gambling Commissions recent gambling harms framework and previous publications, the types of harms that have been considered as part of this local area profile are as follows:
- Gambling associated crime (acquisitive and those at a gambling premises)
 - Relationship breakdown/problems (reported domestic incidents)
 - Unemployment, financial stress and income deprivation
 - Health issues
 - Homelessness
 - Children being exposed to gambling (accidental or otherwise)
- 9.5 Haringey has modelled where such risks might be more acute in certain areas in comparison to others. This has included an assessment of the key characteristics of the borough to identify areas of higher risk of vulnerability to gambling-related harm. The approach is based on the possible risk to gambling-related harm and does not mean that just because an area is seen as being at higher risk, that all people in that area will suffer harm or be at risk of suffering harm.
- 9.6 Haringey will take specific note of whether an application relates to a premise that is:
- Close to an educational establishment, including colleges and universities;
 - Close to a centre dealing with addictions;
 - Close to general practitioners and supported housing that focuses on mental health;
 - Situated in an area of high, gambling associated crime;
 - Situated in an area of deprivation;

- Close to locations that are regularly visited by those who are unemployed such as job centres and food banks; or
- Close to the location of businesses providing instant access to cash such as payday loans, pawn shops

9.7 We would expect applicants for a new license to submit the completed assessment with their application. It must identify the risks and state what control mechanisms are to be employed at the premises to ensure that the licensing objectives are being met having regard to the local area profiles produced by this Authority. The assessment must consider at a minimum:

- **The local area**, including but not restricted to the types of premises and operation in the area surrounding the gambling premises; educational facilities; centres for vulnerable people; high crime area; high unemployment area; pawn broker/pay day loan businesses in the vicinity; other gambling premises in the vicinity
- **The gambling operation**, including but not restricted to what gambling products it provides in the premises; the staffing levels within the premises; the level and requirement for staff training; whether loyalty or account cards are used or not; the security and crime preventions arrangements it has in place; how it advertises locally and on the premises; the marketing material within the premises; the display and provision of information
- **The design and layout of the premises**, including but not restricted to whether the staff have obstructed views of gaming machines or entrances; whether the design is such that children can see gambling taking place;
- **The control mechanisms** to be put in place to mitigate the risks, for example; the use of CCTV cameras, the provision of magnetic door locks, employment of door supervisors, employing a challenge 25 scheme, increased number of trained staff.

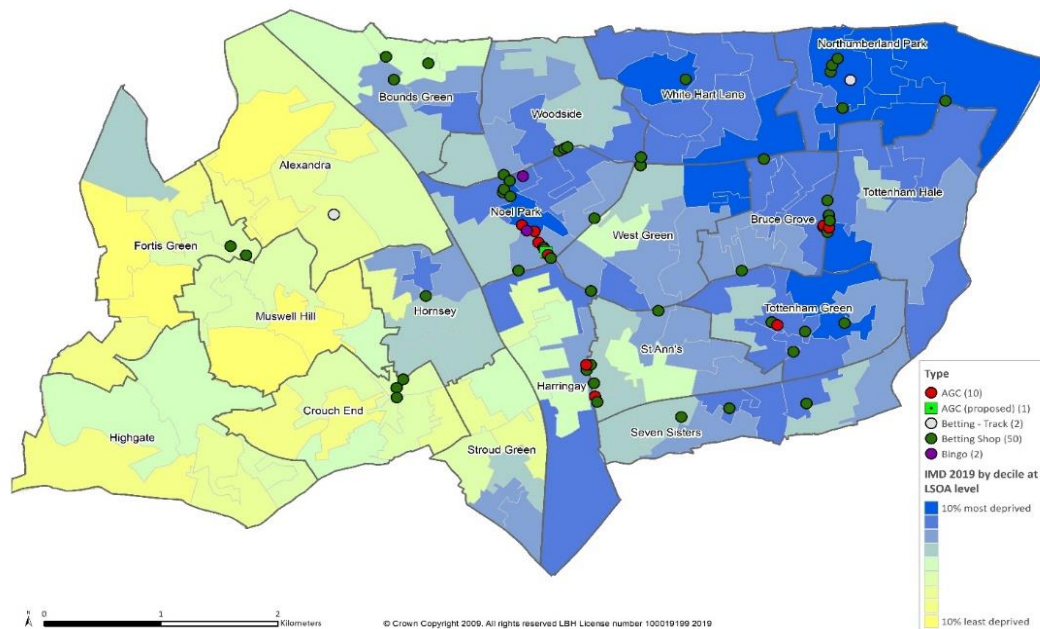
9.8 Problem gambling is defined as “to a degree that compromises, disrupts or damages family, personal or recreational pursuits” and there are many types of gambling activity which can become ‘problem gambling’. The most common gambling activities that become problematic are; spread betting, betting with a betting exchange, playing poker in pubs or clubs, betting offline on events other than sports or horse or dog racing, and playing machines in bookmakers.

9.9 This evidence was produced using research conducted by Natcen Social Research (Gambling Behaviours in Great Britain 2015) and Geofutures in 2016 (now Gambleaware). The latter defined higher concentrations to be locations where three or more betting shops are located within 400 meters of one another.

10. The Haringey Picture

10.1 In Haringey, we currently have 50 betting shops, 10 Adult Gaming Centres, 2 Bingo premises and 2 track betting premises. Gambling is a pressing health inequalities issue. More deprived wards have higher number of betting shops, adult

gaming centres and bingo and this is linked to deprivation levels. The map below (Map 2) shows the areas of deprivation indices across the borough:



9 Deprivation in Haringey

9.1 Haringey is the 4th most deprived borough in London, with deprivation more concentrated in the north east. Relative deprivation has reduced since 2015, though Haringey's London ranking has not shifted significantly

9.2 Haringey is ranked 49 out of the 317 local authorities in England with respect to deprivation, and is the 4th most deprived in London as measured by the IMD score 2019 (where 1 = most deprived). The Index takes into account a range of deprivation types, including income, employment, education, health, crime, barriers to housing and services and living environment. The risk factors associated with gambling-related harm in individuals such as a Ward with high deprivation indices, increased number of residents on Universal Credit, high numbers of people who are rough sleeping, high percentage of residents from minority ethnic background, families from very low median household income, high unemployment rates, high level of long-term health condition and disability (which may include mental health issues).

There is strong research which gives a clearer picture of those who are likely to be more vulnerable to gambling harm. Amongst the groups where the evidence base for vulnerability is strongest include those with a history of mental ill-health, substance abuse or gambling addiction; people with learning disabilities/difficulties; immigrants; homeless people; the unemployed or those on low income. This could include area-based vulnerability, such as demographics and areas of deprivation (London Council A 'whole council' approach to gambling, 2018)³.

9.3 The most deprived LSOAs (Lower Super Output Areas or small neighbourhood areas) are more heavily concentrated in the east of the borough, where more than half of the LSOAs fall into the 20% most deprived in the country. By comparison, in the west a very small proportion of LSOAs fall into that category, and in the westernmost wards – Highgate, Fortis Green, Muswell Hill, Alexandra and Crouch End –there are none. Although Haringey's overall IMD score has improved since 2015 (where it was ranked 30th in England), improvements have been seen across London meaning that Haringey still ranks among the most deprived boroughs in the capital (ranked 6th in London in 2015)

9.4 **Vulnerable areas at risk from gambling harm:**

The map above illustrates the wards with the highest betting facilities and the areas of deprivation in the East of the borough. crimes relating to betting shops within Haringey that will require additional consideration from operators wishing to operate in these areas:

- Noel Park Ward
- Woodside Ward
- Bruce Grove Ward
- Tottenham Hale Ward
- West Green Ward
- Tottenham Green Ward
- Tottenham Hale Ward
- Northumberland Park ward
- White Hart Lane.

These areas have been chosen due to:

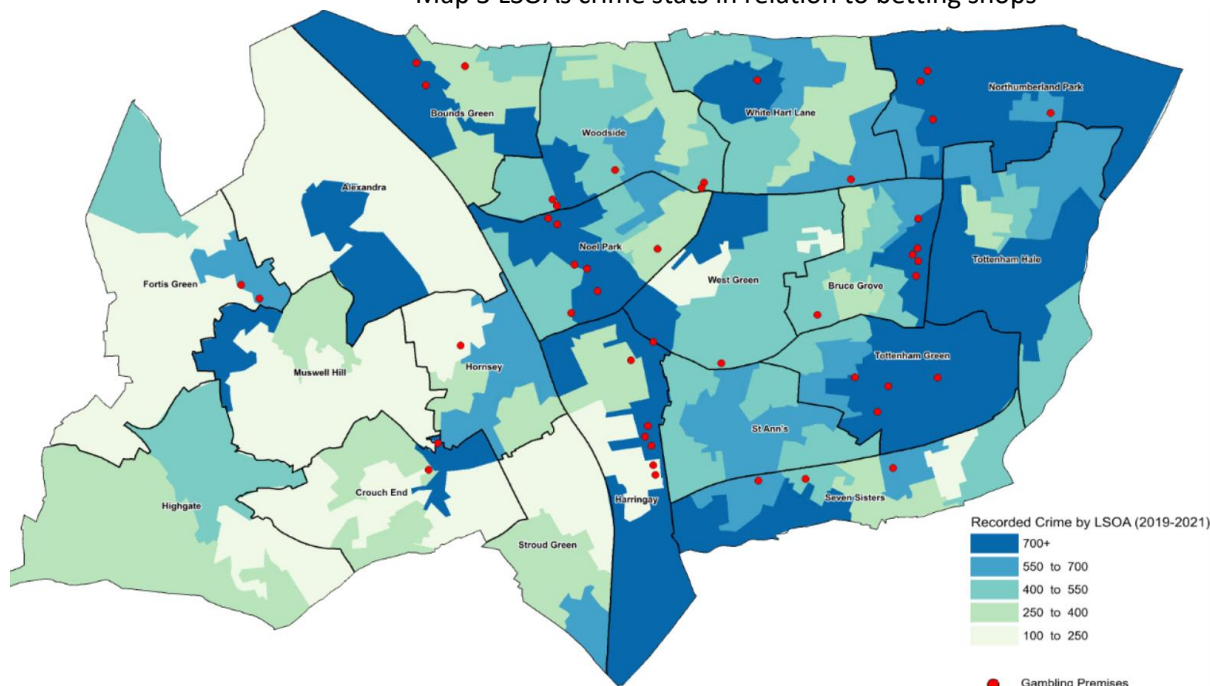
- Higher levels of crime
- Drug dealing and misuse
- Gang activity in the area
- Issues with street drinking and anti-social behaviour
- Issues with street begging
- Homelessness
- Mental health support accommodation

9.5 Based on these risks, gambling vulnerability and harm can be seen to be at risk in these particular areas. The purpose of highlighting these areas to current and future premises operators makes clear where gambling vulnerability is most acute.

9.6 The following maps demonstrate the levels of crime taking place across the borough and again the east of the borough is most affected. There is a further summary map below that shows areas within Haringey identified as being at risk from gambling harm.

9.7 The map below has used the LSOA crime stats, which have been overlaid with the betting shop locations.

Map 3 LSOAs crime stats in relation to betting shops



9.9 The table (Table 1) below shows crime levels in LSOAs which contain betting shops compared to those with no betting shops. The LSOAs with betting shops in them have experienced significantly more crime between 2019 and 2021 than those without.

Average Count of Total Recorded Crime per LSOA (2019-2021)	
LSOAs with no gambling premises	344
LSOAs with one or more gambling premises	572
LSOAs with three or more gambling premises	989

9.10 Table 2. Gambling premises (betting shops, adult gaming centres, bingo only) per

10,000 population in Haringey.

Ward	Ward Population	Number of Betting shops, Adult Gaming centres and Bingo	Premises per 10,000
Alexandra	11,758	1	0.9
Bounds Green	14,998	3	2
Bruce Grove	14,820	5	3.3
Crouch End	12,315	2	1.6
Fortis Green	6,341	2	3.1
Harringay	14,243	3	2.1
Highgate	10,713	0	0
Hornsey	13,003	2	1.5
Muswell Hill	10,636	0	0
Noel Park	12,787	14	10.9
Northumberland Park	9,224	6	6.5
Seven Sisters	17,744	3	1.6
St. Ann's	14,434	5	3.5
Stroud Green	11,568	0	0
Tottenham Green	16,516	4	2.4
Tottenham Hale	10,250	5	4.9
West Green	9,652	3	3.1
White Hart Lane	7,882	1	1.3
Woodside	10,724	5	4.7
	229,608	64	2.8

9.11 An analysis of the number of gambling premises in Haringey illustrates there are 2.8 betting shops, adult gaming centres and bingo per 10,000 of the population (Table 2) which is almost double than the national average of 1.6 per 10,000³

9.12 Gambling has the potential to cause harm to both individuals and to wider society (i.e., unemployment, debt, crime, relationship problems, physical and mental health conditions). This presents a challenge as it is linked to a range of services such as licensing, community safety, children and families and housing/homelessness and therefore it is an issue that cannot be tackled by interventions aimed solely at individuals.

^{3 3} According to the gambling commission there were 10,590 betting shops and bingo halls in the UK in March 2018, and according to population estimates by ONS the UK population in 2017 was 66.05 million; this gives a betting shop/bingo hall per 10,000 people of 1.6 ⁽¹⁵⁾

- 9.13 It is also estimated that up to seven other people are impacted for every problem gambler. Problem gambling in the UK is now endemic and it should be treated as a public health crisis – reducing gambling related harm is linked to our priorities set in the **Borough Plan** for people and place.

10 Risk factors in Haringey - Data

- 10.1 Although gambling is a legal entertainment activity it can, in some locations have a negative impact on individuals and the wider community. The Council has tried to understand how gambling can affect its residents and visitors.
- 10.2 All areas shown within the local area profile as being at high overall risk of Gambling related harm, are generally considered inappropriate for further gambling establishments, which could potentially raise the risk of gambling related harm to vulnerable people living in those areas. Operators are asked to consider very carefully whether seeking to locate new premises or relocating existing premises within these areas would be consistent with the licensing objectives and the local risks identified.
- 10.3 In order to protect its community's wellbeing and family life, the borough will require significant risk assessments and control methods to be available with any application for a premises licence. The east of the borough has particular heightened risk around anti social behaviour and deprivation, risk assessments for betting premises in these areas will need to show specific measures to deal with these issues that will not exacerbate existing problems. This does not mean that an assessment does not need to be made for the rest of the Borough only that assessments need to be relevant to the risks.
- 10.4 Haringey will take a robust and proportionate approach to licensing issues. Premises which will impact on the economy of this borough and its community will be expected to build into operational plans, sufficient measures to minimise the impact of the premise's operation on the residential, and other economic based activities. The local area profiles will enable us to better manage the expectations of the betting operator.

11 HEALTH

11.1 Mental Health

- 11.2 Haringey has one of the highest levels of mental health illnesses in London. Such factors increase the risk to mental health, such as deprivation, unemployment and homelessness, all of which are more concentrated in the east of the borough. 29 per 1,000 living in Haringey are on Employment and Support Allowance (ESA) claimants for mental and behavioural disorders. This is higher than the London (22.5 per 1,000) and England (27.3 per 1,000) averages (PHE, 2019). The estimated prevalence of common mental disorders in Haringey for ages 16 and over is 22.3%, which is higher than London (19.3%) and England (16.9%)(PHE, 2017). The proportion of residents living alone (24%) locally is greater than in London and England (22% and 18% respectively). Five in every 1,000 residents in Haringey are homeless, a rate which is higher than the London average (Source: DCLG). Joblessness is higher in the east and 48% of people claiming allowance have mental

health behavioral disorders. Increases in unemployment, debt, overcrowding and homelessness (driven by changes to the temporary accommodation subsidy system, combined with high rents) can potentially further increase the level of mental health problems in Haringey.

11.3 People with mental health conditions experience more physical ill health and earlier mortality than the rest of the population. Mental ill health, and the stigma and discrimination associated with it, can have negative impacts on every aspect of life, including social inclusion, employment and education, with economic hardship and physical ill-health leading to a significant risk of earlier death. Good mental health is also characterized by wellbeing, self-esteem and social inclusion.

11.4 There were 22,752 adults diagnosed with depression, anxiety or both registered with Haringey GP practices in 2018.

- Sixty-one per cent of people aged 18 and over diagnosed with depression and/or anxiety were women in 2013.
- 4,103 adults with a serious mental illness were registered with a Haringey GP practice in 2018.
- 64 suicide deaths were reported in Haringey between 2015-2017

11.5 In Haringey, 3% of people of Black or Black British ethnicity have a diagnosis of serious mental illness, higher than other ethnic groups.

- In Haringey, BME groups and LGBT people are more likely to be diagnosed with a psychotic disorder.
- In Haringey, people living in deprived areas are more likely to be affected by depression.

11.6 Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for CYP. 50% of mental health problems are established by age 14 and 75% by age 24. A child with good mental health is much more likely to have good mental health as an adult, to be able to take on adult responsibilities and fulfil their potential. It is anticipated that the levels of mental ill-health will increase over the coming years as the current economic climate of long term austerity causes more financial hardship and unemployment and fears of destitution. Unfortunately, no models exist which can account for these changes. However, assuming no change in underlying prevalence of mental health conditions, then we estimate that due to population structure changes alone:

- Approximately 300 additional cases of **serious mental illnesses**, rising to around 4,400 diagnosed cases overall.
- The number of adults with **depression and/or anxiety** will increase from 22,752 in 2018 to 30,900 by 2028. A part of this increase will come from the 5,500 16-24 year olds who are currently estimated to have depression or anxiety.

11.7 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.

11.8 People Rough Sleeping

11.9 Haringey has also seen an increase in the number of people who are rough sleeping with a range of overlapping and multiple disadvantages, such as addiction, poor physical and mental health, contact with institutions as children or adults and offending histories and experiences of trauma. In 2020, 280 Streetlink referrals (alerts raised by

members of the public) were made about people sleeping rough in the east of the borough and it was a key area of activity for the outreach team. Gambling problems are more prevalent in the population facing homelessness than the general population, 11.4% of the homeless population is found to have problem gambling. 61.5% of participants with some level of gambling risk had problems before homelessness, 15.4% reported experiencing problems after homelessness. Another research reinforces the assertion that problem gambling is a significant issue within the homeless population and is more commonly a cause than a consequence of homelessness (Sharman, Dreyer & Clark 2012).

11.10 Substance Abuse

11.11 There is frequently a link with alcohol or drugs as a way of coping with anxiety or depression caused by gambling problems (Griffiths, Parke & Wood, 2002). Availability of opportunities to gamble and the incidence of problem gambling within a community are known to be linked. As a result, the proposal use of the premise will attract a high level of residents who are highly dependent on alcohol and drugs. The vulnerable wards are key locations known to have an open drug market for a number of years. The hotspots for arrests for drug offences in Haringey are High Road Tottenham, West Green Road, Wood Green High Road, extending from Green Lanes / Bowes Road, southwards to Turnpike Lane.

12 ECONOMIC FACTORS

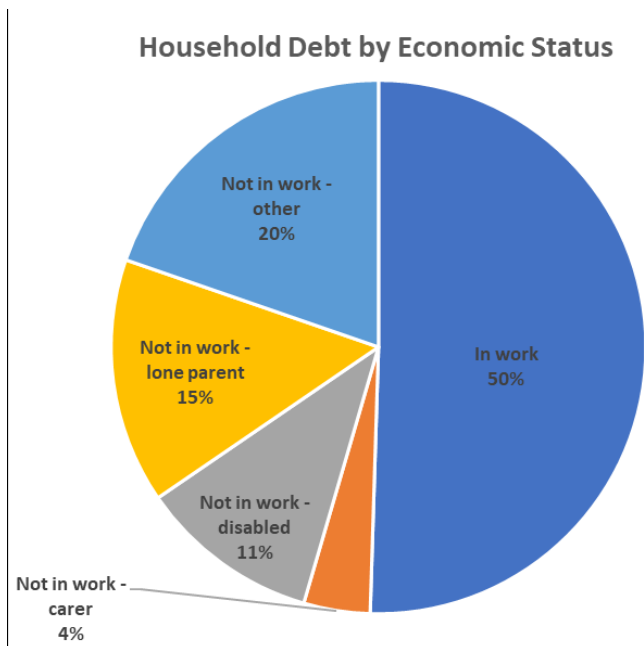
12.1 Haringey also currently has an estimated 5,000 5-16 year olds with an emotional or behavioural disorder. This indicates that hundreds of children will be transitioning to adult services in the coming years. It is estimated that there will be 378 new cases of **dementia** by 2028, as the population aged 65+ increases by 30%.

12.2 Haringey has a large independent supported housing provision for people with mental health issues. This provision is used by local authorities around London which places extensive pressures on Haringey services. Most of these services are placed in east of the borough.

12.3 Unemployment or Low Income Groups

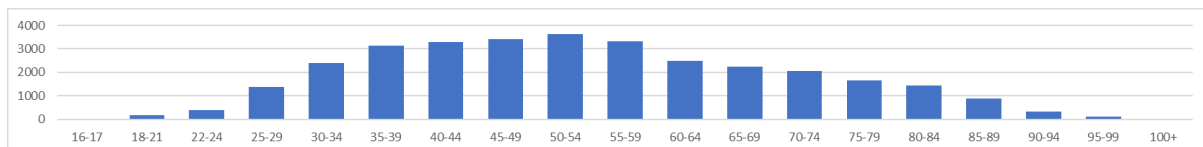
12.4 Increase gambling outlets densely populated in these wards may cause gambling addiction which is likely to fuel lack of money for families in these wards. The rate of claimants in Haringey is almost 25% higher than the London rate. During COVID, Haringey experienced the largest increase in unemployment claimant for benefits among the 11 Central London Boroughs and has now become the 6th highest in the UK. Of those who were in work in February 6% (660 households) had lost their job by May 2019. Tottenham Hale and Noel Park were particularly badly hit relative to the working age population of those Wards. This has become during worse during COVID.

- a. The Low Income Families Tracker (LIFT) draws information from a variety of datasets to enable LBH to examine poverty trends across Haringey's low income households and identify families in danger of crisis.



b. Approximately one third of Haringey households are in receipt of Housing Benefit; collectively these residents have accrued £6,300,000 of debt through rent and council tax arrears as of May 2020. 50% of the debt is owed by families where at least one person is in work, with a further 30% owed by either a lone parent, a carer or a disabled person.

Housing benefit age of claimants



- c. Analysis shows that 19.5% of the Haringey residents who claim housing benefit have
- d. outgoings greater than the amount of money that comes to them each month. When added up this shortfall comes to approximately £2 million per month.

Licensing Guidance

1. Haringey considers that local risk assessments are a key component of the overall assessment and management of the local risks. Each locality has its own challenges and applicants will be expected to address those local challenges in the undertaking

of their own independent gambling risk assessments, and when submitting an application to the Local Authority.

2. Gambling operators will be required to undertake a risk assessment for all of their existing premises. Operators must also undertake a review of those assessments when certain triggers are met. These are:
 - New premises applications;
 - Significant changes in local circumstances; and
 - Variations of the premises license
3. If a gambling premises operator does not put forward measures to overcome the local risks, or the mitigate such risks, the council will consider what measures are needed. The Authority expects that each premises will have a copy of its own independent local area risk assessment onsite for authorised officers to view on request.
4. The risk based approach provides a better understanding of, and enables a proportionate response, to risk. Risk is related to the probability of an event happening and the likely impact of that event. In this case it is the risk of the impact on the licensing objectives. This guide will assist gambling operators in undertaking and preparing their local (premises) risk assessments.
5. The policy is reflective of local issues, local data, local risk and the expectations a licensing authority has of operators who either currently offer gambling facilities or wish to do so in the future.
6. The existence of a clear and robust statement of policy provides greater scope for Licensing authorities to work in partnership with operators, other local businesses, communities, and responsible authorities to identify and to proactively mitigate local risks to the licensing objectives.
7. This local risk assessment process, although similar requires a much broader range of considerations when identifying local risk. Operators must consider the local area in which the premises are situated, the gambling operation and the premises both internally and externally.
8. The final control measures relate to specific physical measure that will address an identified risk factor. These physical control measures may, for example, include alarms, CCTV cameras, doors, magnetic locks, time locks on safes, window shutters, UV lights in toilets.
9. The control measures identified to mitigate a perceived risk may involve a combination of systems, design and physical measures. For example to address the risk factors relating to children gaining access to an over 18 restricted gambling premises, the operator may identify the following control measures:
 - Systems: PASS card or age verification policies, challenge 21 scheme, staff training and door staff.
 - Design: Exterior design which will not attract children into the premises, the entrance layout will enable staff and security to watch those entering the premises and challenge them on the grounds of age.
 - Physical: Magnetic door locks and ID scans.

10. If an application for a new licence or variation is submitted that is within 400 metres of premises/location where children, young persons and vulnerable persons are operators are encouraged to provide details of the measures to be implemented that would overcome the potential risks in the identified areas.
11. If the operator does not put forward measures to overcome the risks, or the Council considers that the operator's proposed measures do not adequately mitigate the risk, the Council will consider what measures are needed which can include additional conditions or even refusal of the application if appropriate. The Authority expects that each shop will have a copy of its local area risk assessment onsite for authorised officers to view on request.