



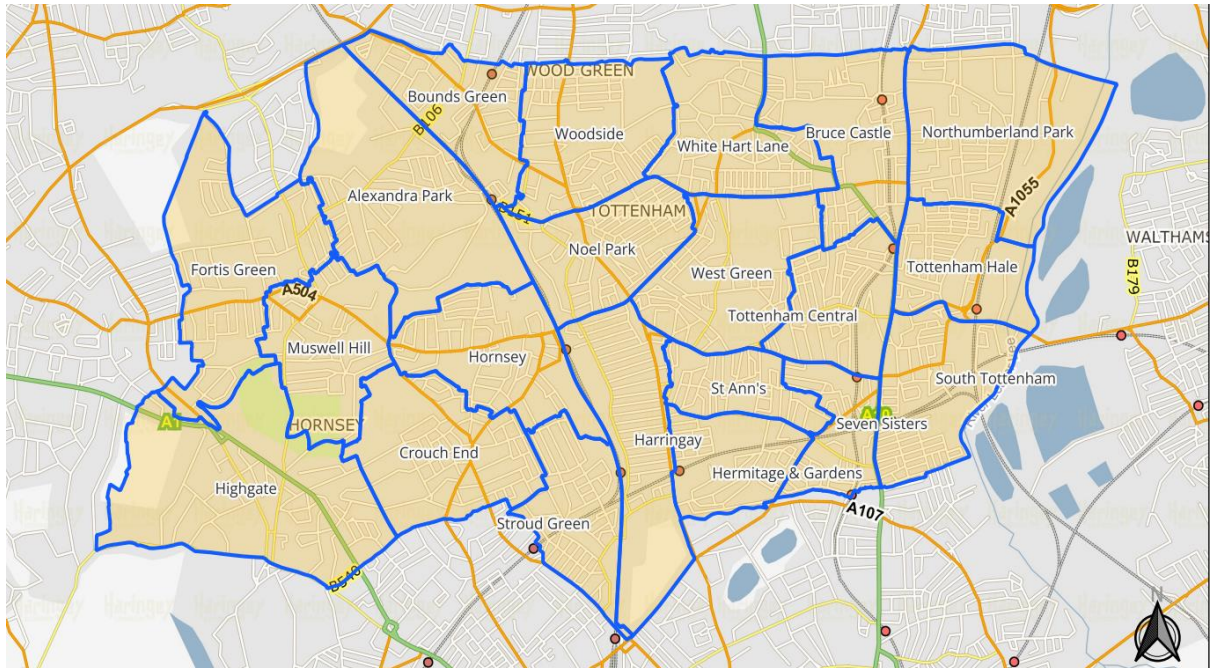
**GAMBLING ACT 2005
GAMBLING LOCAL AREA PROFILE
JANUARY 2025**

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.
5. 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.

6. The Borough of Haringey

- 6.1 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 2021 Census nearly half of its 264,300 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

- 6.2 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.
- 6.3 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 49th 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.
- 6.4 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.
- 6.5 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 economies at their doorstep.

- 6.6 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.

7. The Haringey Approach

- 7.1 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?
- 7.2 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"*
- 7.3 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
- 7.4 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)
- 7.5 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.

7.6 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

7.7 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:

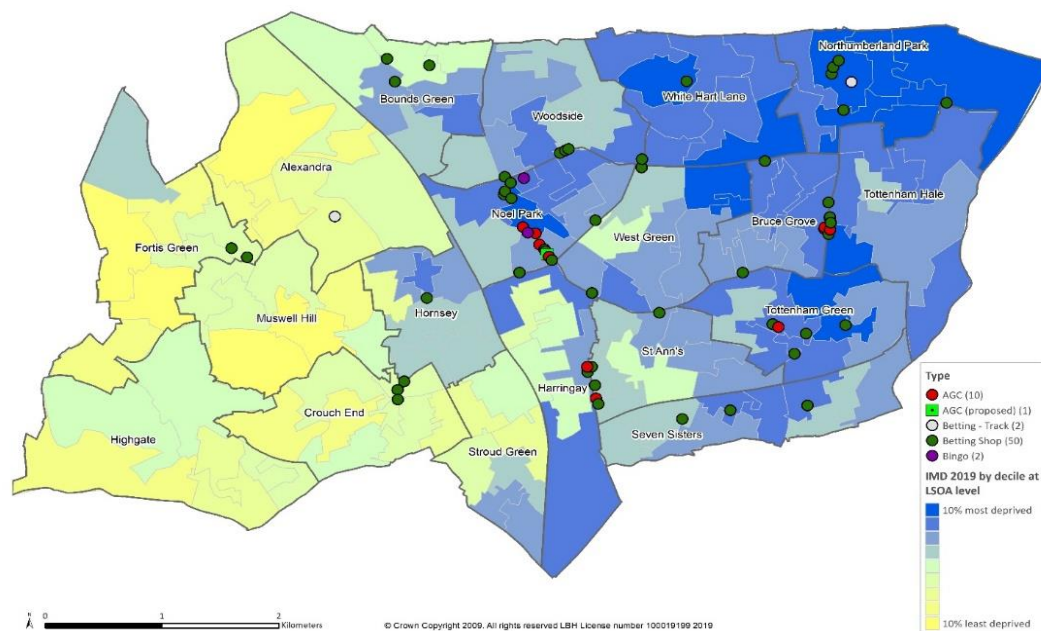
- **The local area**, including but not restricted to the types of premises and operation in the area surrounding the gambling premises; educational facilities; centres for vulnerable people; high crime area; high unemployment area; pawn broker/pay day loan businesses in the vicinity; other gambling 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.

7.8 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.

7.9 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.

8. The Haringey Picture

8.1 In Haringey, we currently have 50 betting shops, 10 Adult Gaming Centres, 2 Bingo premises and 1 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.

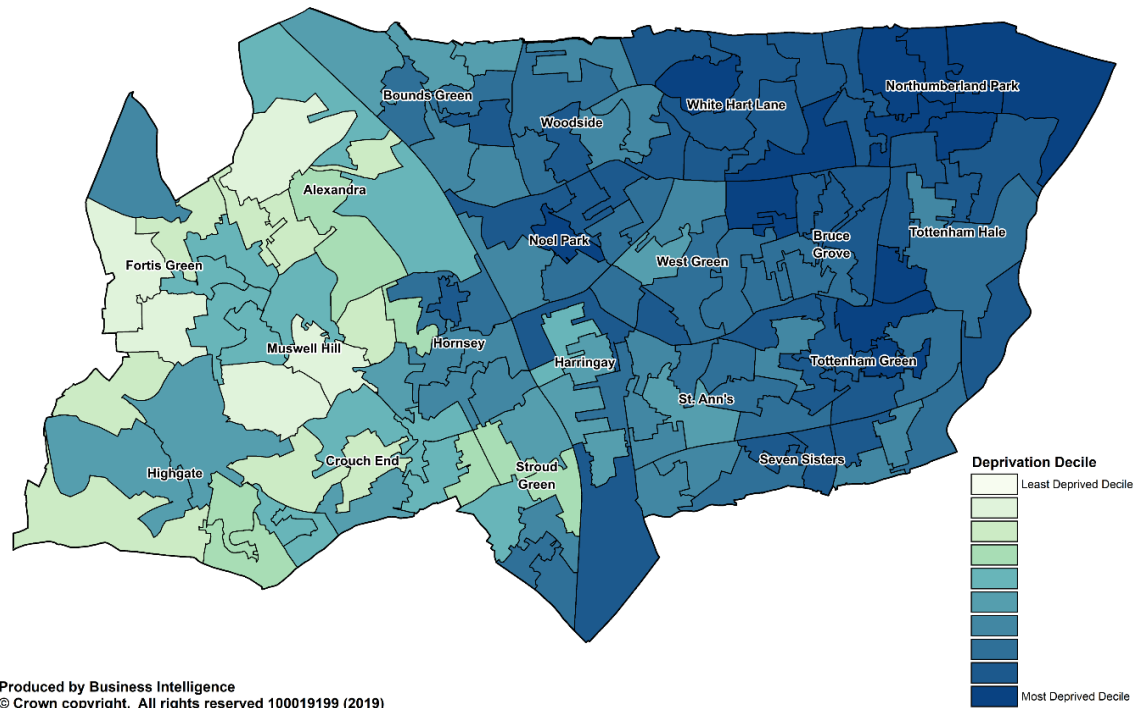


9 Deprivation in Haringey

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.

2019 IMD Decile Ranks



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.

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 Castle Ward
- Tottenham Central Ward
- Tottenham Hale Ward
- West Green Ward
- Hermitage & Gardens Ward
- Harringay Ward
- Northumberland Park ward
- White Hart Lane.
- South Tottenham Ward

- St Ann Ward

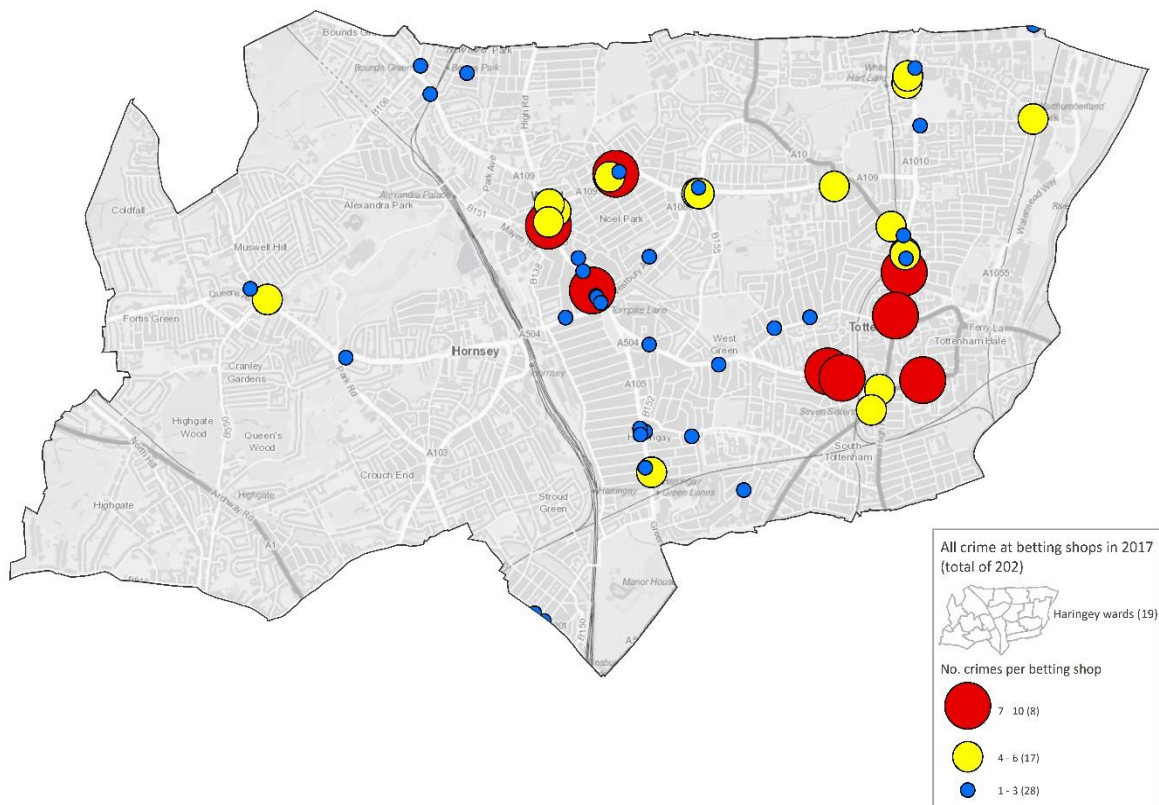
These areas have been chosen due to:

- 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

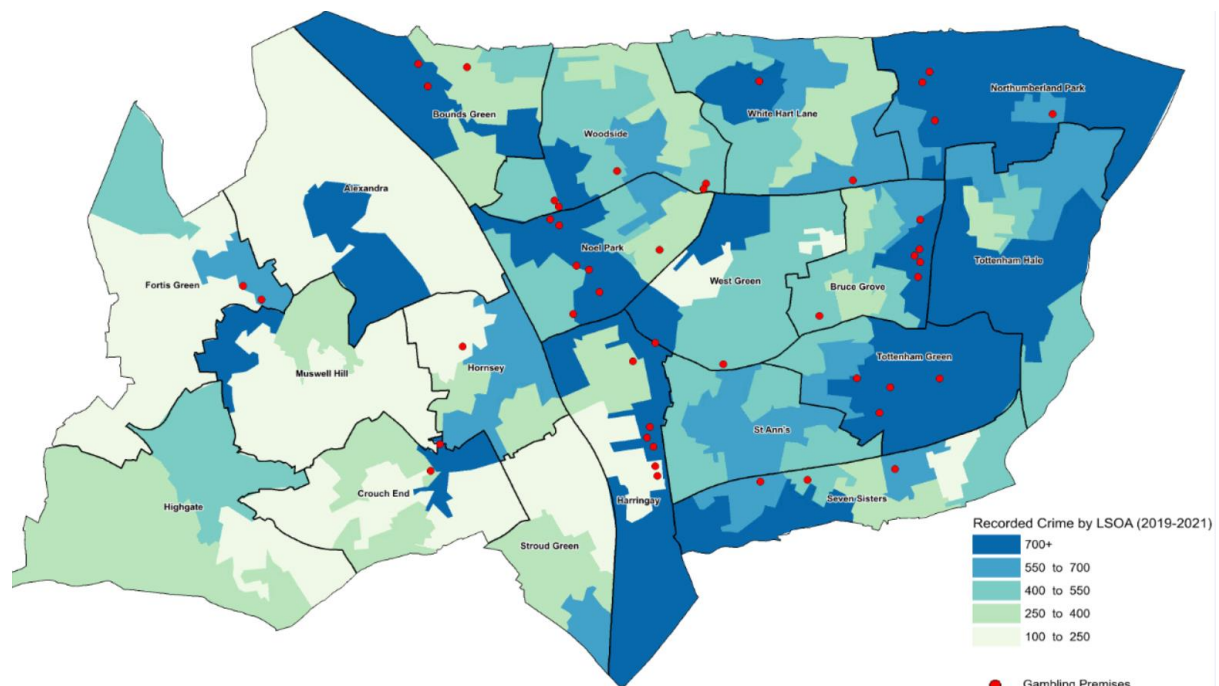
9.5 Based on these risks, gambling vulnerability and harm can be seen to be at risk in these particular areas. The purpose of highlighting these areas to current and future premises operators makes clear where gambling vulnerability is most acute.

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 Betting shop crime across the borough,



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



9.9 The table 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 1. Gambling premises (betting shops, adult gaming centres, bingo only) per 10,000 population in Haringey.

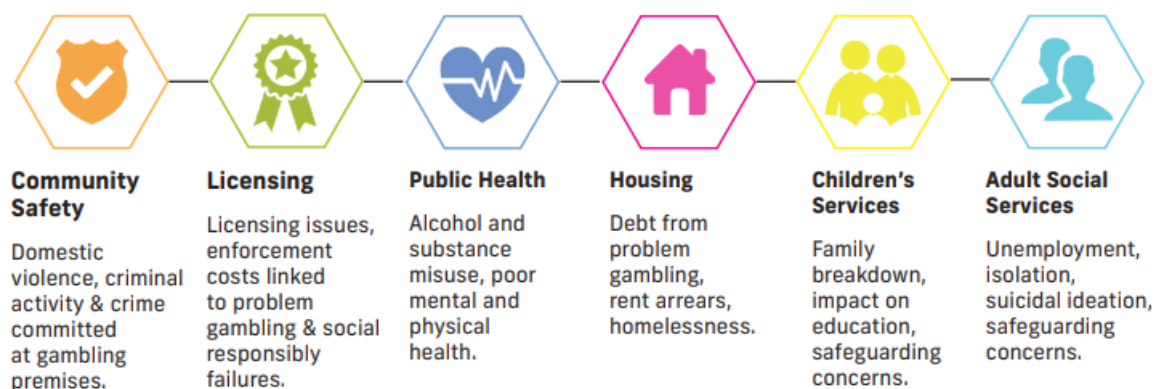
Ward	Ward Population	Number of Betting shops, Adult Gaming centres and Bingo	Premises per 10,000
Alexandra	11,758	1	0.9
Bounds Green	14,998	3	2
Bruce Grove	14,820	5	3.3
Crouch End	12,315	2	1.6
Fortis Green	6,341	2	3.1
Harringay	14,243	3	2.1
Highgate	10,713	0	0
Hornsey	13,003	2	1.5
Muswell Hill	10,636	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 1) which is almost double than the national average of 1.6 per 10,000¹

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.

¹ ¹ 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.



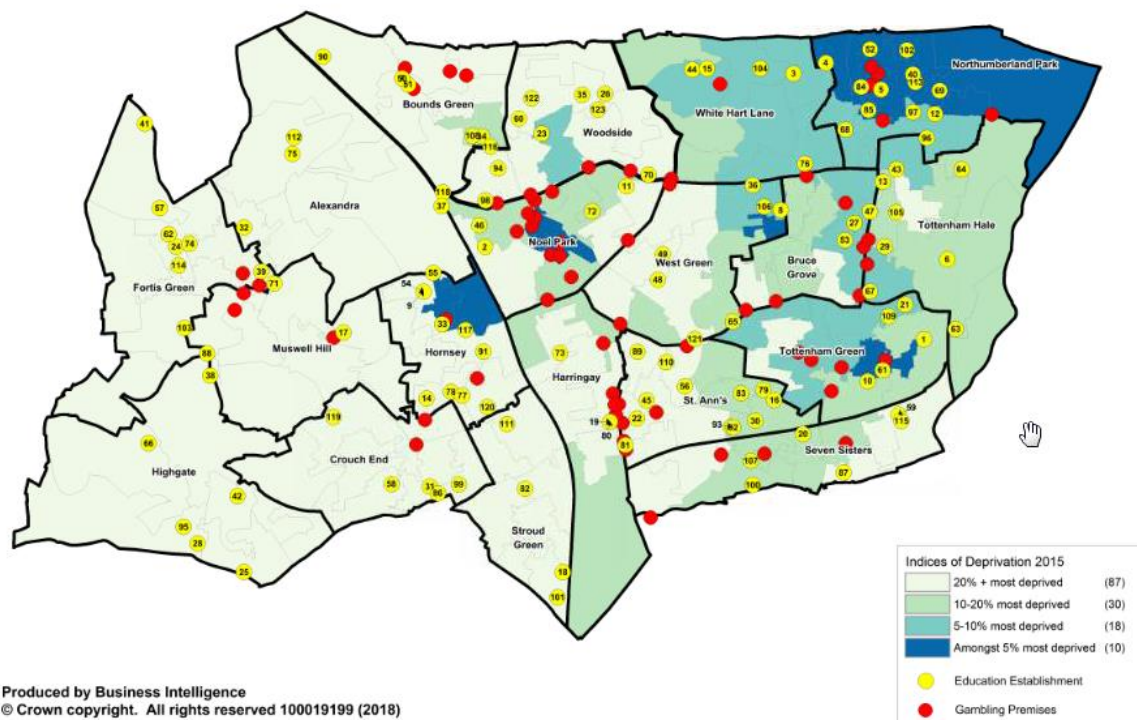
9.14 Within these areas we also have the highest number of betting premises within a 400metrs radius to nearest educational establishments

9.15 Schools with the highest number of gambling premises within the 400m radius

School Name	Number of Gambling Premises
(80,81) South Harringay Junior and Infant School	8
(53) Bruce Grove Primary School	7
(72) Noel Park Primary School	6

9.16 The map below illustrates the locations of the educational establishments overlay with the areas of deprivation data.

Gambling Premises & All Educational Establishments with Indices of Multiple Deprivation (IMD 2015)



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 Haringey has high level of factors that increase the risk to mental health, such as deprivation, unemployment and homelessness, all of which are more concentrated in the east of the borough. 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.
- 11.2 Mental health conditions are very common, affecting one in four people at some point in their life and one in six adults at any one time. Mental health conditions include depression, anxiety, psychosis, schizophrenia and dementia. Together, they account for the single largest source of disability and ill health in the UK. Although suicide is relatively rare, it is an important cause of preventable deaths with lasting, devastating impacts on those bereaved.
- 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

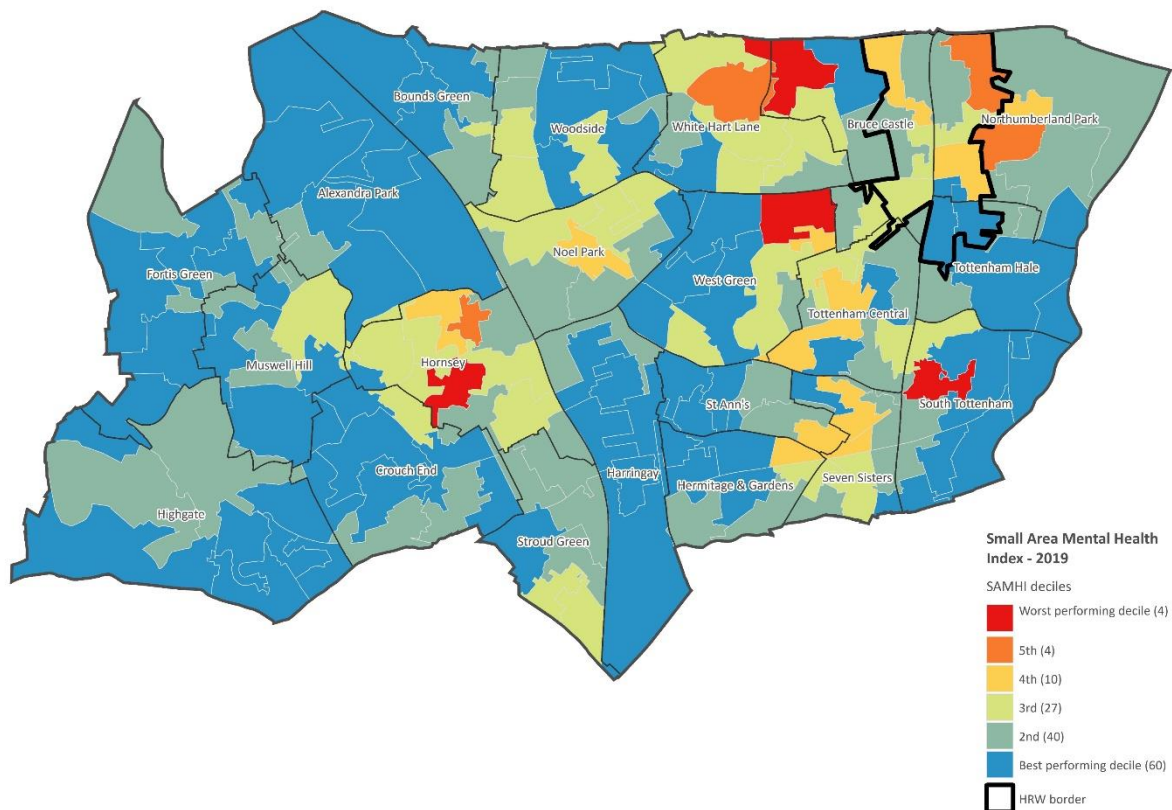
conditions, then we estimate that due to population structure changes alone:

- 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 Around 19,900 people in Haringey or 7.7% of the GP registered population were diagnosed with depression (2018/19), not significantly different to London. This is estimated to be only a third of people living with common mental illness in Haringey. Latest data shows NCL with a rate of 10.5%, above London at 9.45% but below England (13.25%) – all three are rising. We have 4,400 people diagnosed with severe mental illness in Haringey (1.37%), significantly higher than the London average of 1.1% (2018/19). Latest NCL figure for 2022/23 is 1.28% with London at 1.14%, and England at 1% (all three increasing slightly since last year)

11.8 Suicide rates in Haringey have significantly decreased over the last ten years, with Haringey now in line with the London average • Central and East Haringey exhibit high levels of risk factors for poor mental health, such as deprivation, unemployment and homelessness, and many people have experienced trauma. These are more concentrated in the East of the borough

The map shows LSOAs, grouped by decile across England. Haringey doesn't have any LSOAs in the England's worst performing decile (10), Haringey's worst performing LSOAs are in England's 6th decile - so areas shown shaded red are the worst performing LSOAs in Haringey (decile 6 for England), while areas shaded blue are the best performing 10% (decile 1 for England).



11.9 The SAMHI is a composite measure of population mental health for LSOAs in England. It combines data on the following into a single index

1. Mental health related hospital attendances (rate per person)
2. Prescribed antidepressants (rate per person)
3. QOF: Depression diagnosis (patients %)
4. Mental health incapacity benefit/ESA (claimant rate)

The table below shows performance for the 9 LSOAs covering HRW, including the four contributing metrics as well as the overall SAMHI. HRW's average SAMHI score (-0.10) is higher (worse) than Haringey's (-0.35) and London's (-0.39) but lower (better) than England's (0.7). HRW also has higher scores than Haringey for mental health related ESA claimants and mental health attendances to hospital. Two HRW LSOAs, Haringey 002A and 037D, are found in Haringey's top 10 SAMHI LSOAs, ranked 7th and 9th respectively. Haringey 002A also ranks 4th and 5th highest in Haringey for Incapacity benefit/ESA mental illness claimants and Mental health related hospital attendances metrics, respectively.

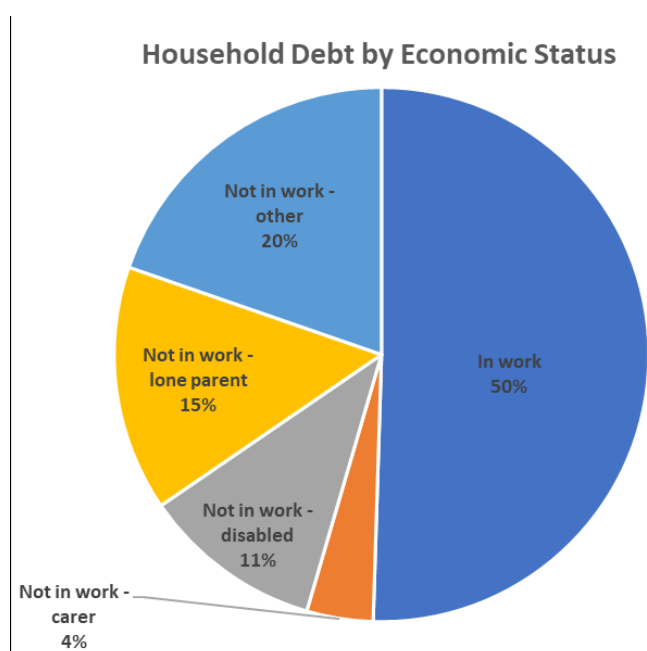
Source: <https://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi>

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%.

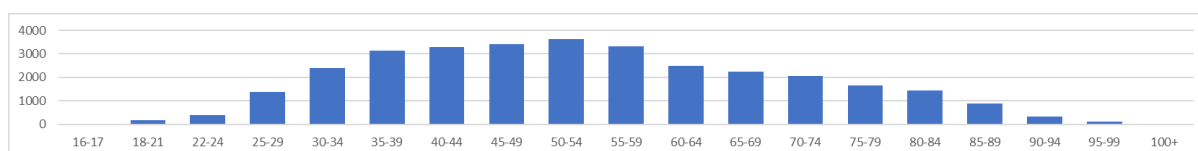
12.2 Haringey has a large independent supported housing provision for people with mental health issues. This provision is used by local authorities around London which places extensive pressures on Haringey services. Most of these services are placed in east of the borough.

- 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.

Areas in Haringey identified as being at risk to gambling-related harm			
Proximity or hotspot maps identify clusters of location and vulnerable persons incidents relative to each other compared to their overall dispersal throughout the borough (Maps 1, 2 & 3)			
PROXIMITY MAPS	Map 1. Licensed gambling premises proximity	Map 2. Locations criteria proximity	Map 3. Vulnerable persons criteria proximity
	Licensed gambling premises proximity	Locations criteria proximity	Vulnerable persons proximity
	Data source: LBH Licensing	Data source: See Table 1	Data source: See Table 2
Count or thematic maps total the sum of location and vulnerable person’s incidents by grid-cell. Each cell measures 560m x 560m and there are a total of 118 grids covering Haringey borough (Maps 4, 5, 6 &7)			
COUNT MAPS	Map 4. Licensed gambling premises count	Map 5. Locations criteria count	Map 6. Vulnerable persons criteria count
	Licensed gambling premises	Location criteria count	Vulnerable persons criteria count
	Data source: LBH Licensing	Data source: See Table 1	Data source: See Table 2

The Gambling Act 2005 prescribes in its licensing objectives the “protection of children and other vulnerable persons from being harmed or exploited by gambling”. Data shown in Table 1 and Table 2 below was collated and used to determine risk areas vulnerable to gambling related harm

Table 1. Location criteria data

Description	Datasets	Geography	Source
Area with high levels of organised crime	Suspected & convicted Child Sexual Exploitation (CSE) incidents, human trafficking, modern day slavery & drug offences	Ward	Haringey police
Areas with an over-concentration of similar existing licensed operation	Licensed gambling establishments in Haringey i.e. betting shops & adult gaming centres (AGC)	Building	LBH , Licensing
Community facilities & public buildings	Community centres, tenant halls, libraries & other public buildings	Building	Valuations Office
Leisure & recreational establishments used by families	Leisure centres, cinemas, theatres, cultural events, museums, galleries & community organisations	Building	LBH, Licensing, Planning
Education	Secondary schools and further education establishments	Building	LBH, Environments & Neighbourhood
Recreational grounds	Parks, open spaces, play areas/adventure playgrounds	Polygon	LBH, Environments & Neighbourhood
Places of worship	Churches and faith based premises	Building	LBH, Environments & Neighbourhood
Shops used by families & children	Shopping centres, supermarkets and take-away/chicken shops	Building	LBH, Licensing, Planning
Youth clubs	Youth clubs	Building	LBH, YJS

Table 2. Vulnerable persons criteria data

Description	Datasets	Geography level	Source
Young people	No. residents under 18	LSOA	Census 2011
Financial difficulties / debt	Food banks, pawnbrokers & payday loan shops	Building	LBH, Licensing
Homeless	Temporary accommodation	Building	LBH, Housing
Living in deprived areas	Index of Multiple Deprivation (IMD) 2019	LSOA	Dept. Communities & Local Government
Minority ethnic groups	Non- white ethnic groups i.e. Asian / African / Caribbean / Black British & Arab or other ethnic groups	LSOA	Census 2011
Poor mental health	Employment Support Allowance (ESA) claimants for mental health conditions	LSOA	Nomis
Problem gamblers seeking treatment	No data found for Haringey	NA	NA
Substance abuse / misuse	Drug & alcohol treatment services & needle exchange pharmacies	Building	LBH, Public health
Unemployed	Job Seekers Allowance (JSA) claimants	LSOA	Nomis

Methodology: Datasets were mapped using their Easting and Northing co-ordinates. Address-point level co-ordinates were created from building address information in datasets where co-ordinates were not provided. Datasets relating to areas such as parks/open spaces and deprivation data aggregated to LSOA - used their polygon centroid as co-ordinates. The distance used for measuring proximity and grid-cell size is 560m. This distance is based on the average of distances measured between residents’ homes and local facilities (post office, primary school, general store or supermarket and GP surgery) in Haringey as published by the Department for Communities and Local Government

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.