RESEARCH SNAPSHOT

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Experiences of people with lived experiences in gambling harm reduction efforts

What this research is about

Lived experience (LE) refers to what people know from their experiences. Gambling-related harms (GRH) are complex and occur on a continuum. They include harms to relationships, health, crime, costs to the economy, and suicide. Strategies to address GRH are more effective when they incorporate LE-based perspectives. However, there is a lack of framework on how to engage LE appropriately in interventions for addressing GRH.

The Communities Addressing Gambling Harms (CAGH) intervention was delivered across a city-region in the UK. It included 12 community projects and an LE advisory panel (LEAP) that advised the community projects. The intervention presented multiple opportunities for LE involvement. This study explored the value of LE involvement as part of the regional intervention. The researchers obtained insights from people with LE, as well as project staff and senior stakeholders without LE.

What the researchers did

The researchers recruited three groups of people involved in the CAGH intervention to inform the evaluation:

- People with LE, including members of LEAP. These participants self-reported to be in recovery for at least 12 months prior to the intervention. In total, there were 14 participants aged 33 to 69 years. Eight were male and six were female. All were white British, except for one Indo-Caribbean participant.
- Project staff without declared LE, who were leading or administering the intervention locally. In total, there were 14 participants in this group.

What you need to know

Lived experience (LE) involvement has emerged in many sectors. This study explored the involvement of LE in a UK regional intervention for addressing gambling-related harms. The researchers conducted focus groups and interviews with people with LE who were involved in the intervention, as well as project staff and senior stakeholders without LE. The researchers identified four main themes: (1) personal journeys to LE involvement; (2) the value added by LE to interventions for addressing gambling-related harms; (3) emotional impacts on people with LE; and (4) collective LE and diverse lived experiences.

- Senior stakeholders without declared LE, who were public health professionals. In total, there were four participants in this group.

Both focus groups and interviews were carried out because of their potential to elicit rich storytelling from the participants. The first set of interviews took place at the midpoint of the CAGH intervention. The follow-up interviews occurred at the endpoint. Four participants were interviewed twice. The focus groups occurred after the first set of interviews.

What the researchers found

The researchers identified four themes, which all connect with each other.

Personal journeys to LE involvement

This theme focuses on how people with LE become involved in GRH reduction efforts through their unique, personal journeys. People with LE forge their own techniques and strategies for harnessing their LE to address GRH. This is often in response to gaps in current services. As the activities of people with LE

become more established, there are opportunities to formalize their roles into salaried roles. Formal roles with salary, training, and qualification can be beneficial. However, some people with LE raised concerns about professionalization and being incorporated into statutory health services.

Value added by LE to interventions for addressing GRH

The value of LE involvement is linked to its variety. LE contributes to public health efforts through (1) supporting people and (2) driving social change. Supporting people include informal support, such as through friendship networks, and formal support, such as peer support and counselling. Driving social change can occur through informal campaigns formed by people with LE or formal roles in advocacy, education, and consultancy. Through storytelling, LE involvement can negate the impact of shame and stigma and make the experience of GRH more relatable. However, there is considerable disagreement on whether people with LE should work with the gambling industry. This creates internal tension within the community of people with LE.

Emotional impacts on people with LE

Emotional impacts of LE involvement can be both positive and negative. Conflicting emotions range from frustration with policy inertia to hope and passion for change, as well as a sense of purpose and fulfillment. LE involvement requires considerable personal time and effort, which can be exhausting. Campaigning can be challenging as their stories may be scrutinized and contested. As such, adequate support and safeguarding need to be in place to protect people with LE and sustain their involvement.

Collective LE and diverse lived experiences

Participants discussed the role of LE in representing, and doing justice to, the diversity of people's experiences and viewpoints. There is a lack of ethnic diversity in LE within the gambling harm reduction sector. Diversity also means diversity in experiences, including forms of gambling, harms experienced, and strategies used to address such harms. For the participants, LE involvement is not just about a collection of representative voices; it should support a collective within in which there is space for the expression of diverse experiences and viewpoints.

How you can use this research

This research can be used to better understand the experiences of people with LE in gambling harm reduction efforts.

About the researchers

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About Greo Evidence Insights

Greo Evidence Insights is an independent, non-profit organization specializing in research, knowledge mobilization, and evaluation in the health and well-being sectors. Greo transforms research and insights into actionable strategies to prevent and reduce harm related to gambling, gaming, technology use, and substance use. To learn more about funding for Research Snapshots visit our website.